/ ANNUAL REPORT 2012

Teaching the next generation of health professionals

Barwon Health

OUR VALUES

RESPECT
COMPASSION
COMMITMENT
ACCOUNTABILITY
INNOVATION

BARWON HEALTH

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An electronic version of the Barwon Health 2011/12 annual report can be downloaded from **www.barwonhealth.org.au**

/ REPORT FROM THE CHAIR & CHIEF EXECUTIVE

Left to Right

Dr John Stekelenburg / Chair
Professor David Ashbridge / Chief Executive

The 2011/12 financial year has been a year of achievements. The highlight was seeing Barwon Health awarded the Premier's Regional Health Service of the Year at the Victoria Public Healthcare Awards. It is an honour to receive such recognition and brings us one step closer to achieving our vision of becoming Australia's leading regional health service. This award acknowledges the hard work of our staff and they are to be commended for their efforts.

As we entered into the second year of a new organisational structure, the result was a more integrated and innovative health service that continued to evolve to meet the changing and growing needs of the community. Our values are deeply entrenched in our work practices and behaviours and our staff are committed to delivering high quality, safe and effective care across all areas of our service. Barwon Health's Strategic Plan, launched in July 2010, is now well embedded across the organisation with initiatives clearly linked in all business plans to the four pillars of 'Your Health', 'Our Service', 'Our Region' and 'Our People'.

A heightened focus on innovation has led to improvements in many areas, enabling us to be both more productive and more efficient. We have never been busier in terms of patients treated.

We have finished the financial year is a positive position with a small operating surplus of $179,000.

Significant highlights:

- Recipient of the Premier's Regional Health Service of the Year at the Victorian Public Healthcare Awards.
- The State Government announced funding of $93.3 million for capital improvements. This funding will enable the expansion of capacity at Geelong Hospital and will include 64 new beds to cater for cancer patients, people needing palliative care and older patients with complex needs, and a cancer wellness centre.
- Construction commenced on a new outpatients facility in Bellerine Street, converting and extending the existing building that previously housed the Red Cross Blood Bank. This project, scheduled for completion in late 2012, will mean our outpatients service can expand its footprint, providing a more spacious environment and improved flow due to realignment of services.
- The Federally-funded Belmont Community Rehabilitation Centre redevelopment is well advanced. Moving from its old location to a purpose-built facility attached to the Belmont Community Health Centre will create better links to other services and will be of great benefit to the community.
- Barwon Health was awarded a research grant to study approaches to help hospital inpatients give up smoking. The prestigious grant was awarded by the Australian Research Council and industry partners and involves a consortium of three health services (Barwon Health, Austin Health, Alfred Health) working with researchers from Monash University and University of Newcastle.
- In an Australian first, cardiologist Associate Professor Sandy Black implanted a new bio-absorbable patch used to correct heart defects in patients. Developed in Europe, the trans-catheter patch is the only available device for heart defect correction which is made without wires. Once inserted, the patch disappears over time and is replaced with natural tissue. The introduction of the patch presents an alternative to open heart surgery, which can be riskier for patients and involves a longer stay in hospital.
- A new composting machine aimed at reducing the amount of untreated waste sent to landfill was trialled at Barwon Health's McKellar Centre – a first for a health service in Victoria. Known as the Closed Loop Organics Unit CLO100, the machine was installed and initially supported by the Department of Health and Sustainability Victoria. The unit reduces food waste to 10 per cent volume and weight within a 24 hour period.
- Geelong Hospital was among the first hospitals in the state to use a new procedure to treat hypertension. This ground-breaking procedure, known as Renal Denervation (RDN), uses radio frequency energy to deactivate the nerves responsible for high blood pressure. By accessing and disabling these nerves, RDN aims to reduce traffic throughout the nervous system and thus provides a durable reduction in blood pressure without compromising the renal artery.
- The Cotton On Foundation continues to be a major supporter of Barwon Health; in recognition of this the children's ward has been renamed the 'Cotton On Foundation Children's Ward'. The exemplary support shown by this organisation and the work they have done in driving the community's engagement with this project through Run Geelong is nothing short of amazing. We thank them for their support.
- Support groups and volunteers continue to shine with their commitment as strong as ever.
- A new accommodation facility for relatives visiting sick or elderly residents and patients was opened at the McKellar Centre in early 2012. Named after a benefactor, the renovation of 'White Cottages' was carried out by the Rotary Club of Geelong.

These highlights are just a snapshot of the initiatives across the organisation; they are foundations upon which Barwon Health can continue to grow and deliver the right care at the right time and in the right place for our community.

Special mention and thanks to two retiring Board members: John Frame who is leaving us after nine years and Lakshmi Sumithran who is leaving us after one year.

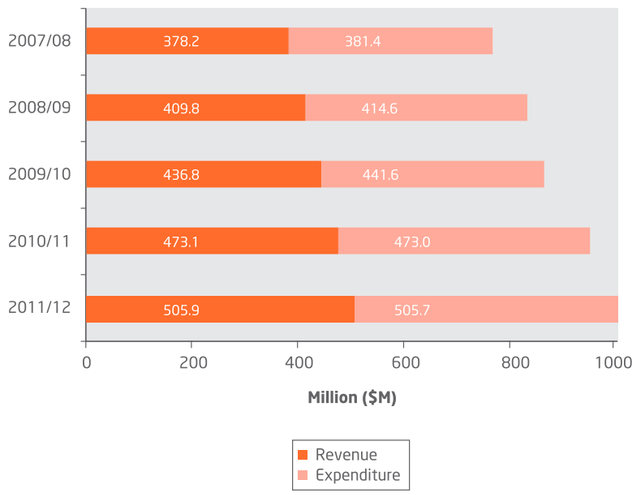
Thank you to all our staff, partners, volunteers, the Barwon Health Foundation Board, the Department of Health, State and Commonwealth governments and Ministers David Davis and Mary Wooldridge for their unfailing support of Barwon Health.

Professor David Ashbridge
Chief Executive

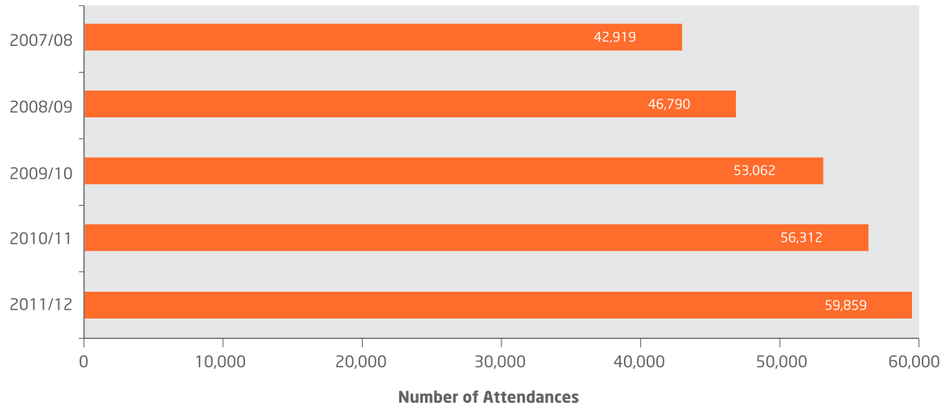
Dr John Stekelenburg
Chair

/ AT A GLANCE

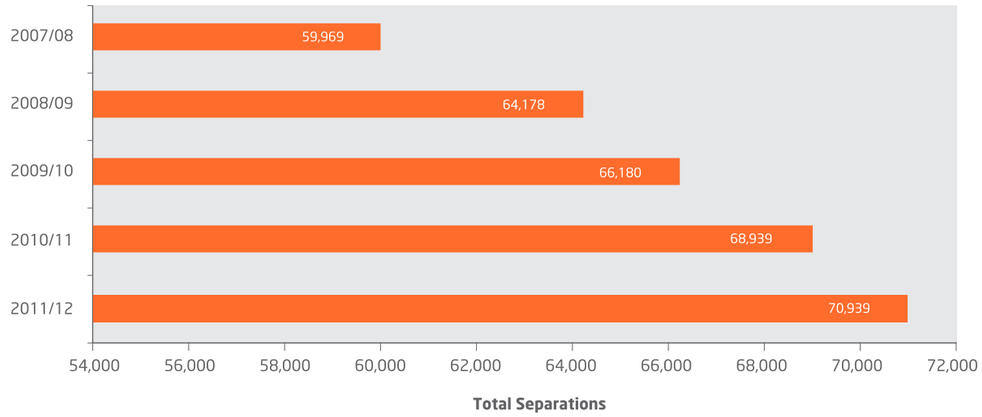
REVENUE & EXPENDITURE (PAST FIVE YEARS)



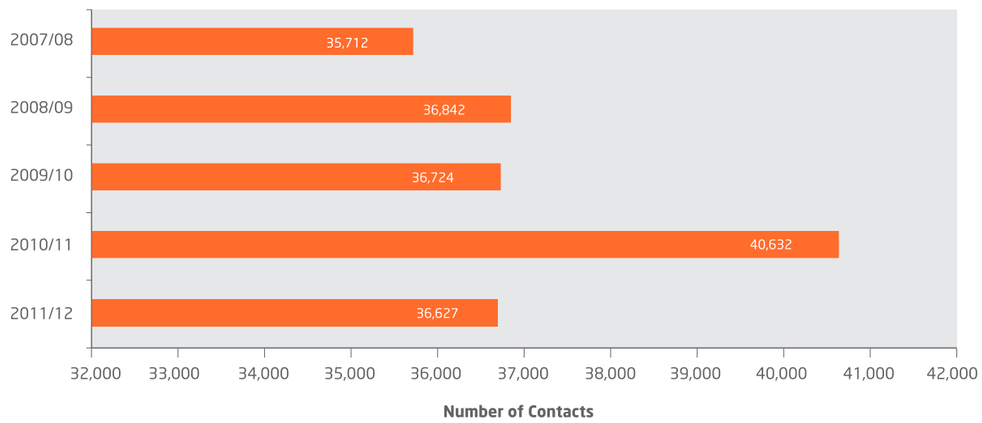
EMERGENCY DEPARTMENT ATTENDANCES (PAST FIVE YEARS)



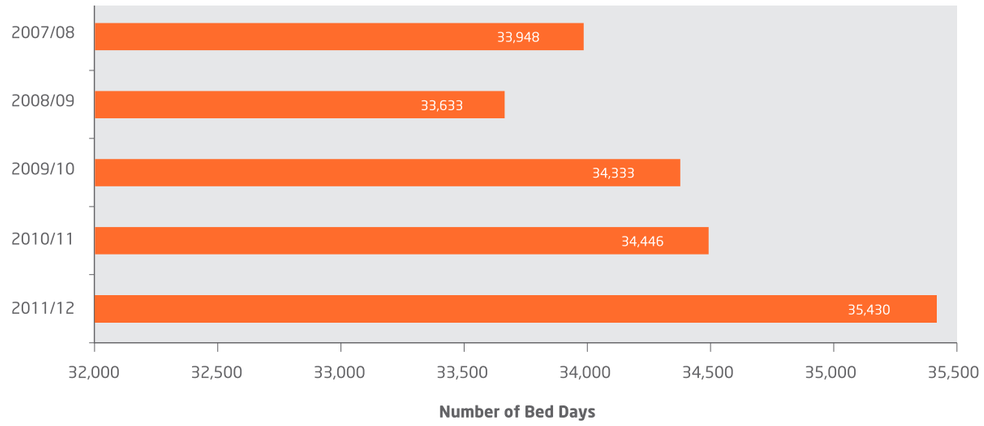
INPATIENT SEPARATIONS (PAST FIVE YEARS)



DENTAL CONTACTS (PAST FIVE YEARS)



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



/ ABOUT BARWON HEALTH

2011/12 has been a year of achievements 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 actions 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 6,000 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 across 21 sites.

Barwon Health is a major teaching facility with links to Deakin University, The Gordon and other tertiary education facilities around Australia. Barwon Health's Geelong Hospital is one of the busiest hospitals in Victoria. We provide care at all stages of life and circumstance through our comprehensive range of services from emergency and acute to mental heath, primary care, community services, aged care and sub acute 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 in meeting the health needs of our primary catchment - the greater Geelong area with a population in excess of 290,000 - and provide 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 the visiting population which in peak seasons can increase the population by over 70 percent or close to 195,000 people.

With a staff headcount in excess of 6,000 people, we are 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.

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. David Davis MP, Minister for Health, Minister for Ageing

Hon. Mary Wooldridge MP, Minister for Mental Health, Minister for Women's Affairs, Minister for Community Services.

NUMBER OF BEDS	
Acute	426
Transitional/Care (Off Site)	39
Aged Residential Care	408
Mental Health Acute	32
Mental Health Rehab & Secure Extended Care	15
Prevention & Recovery Care (PARC)	6
Sub Acute	100
TOTAL	**1026**

/ STRATEGIC DIRECTION & PRIORITIES

THE OVERARCHING PRIORITY FOR 2011/12 AND FUTURE YEARS

Barwon Health's current Strategic Plan was launched in 2010 and runs until 2015. 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.

This Strategic Plan is the result of an intense and rigorous process of thought, 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
- Barwon Medicare Local; and
- Communities themselves through meaningful engagement on key health issues

We continue to be excited and motivated by our Strategic Plan and we are working 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	HEALTH SERVICE STRATEGY	DELIVERABLE	OUTCOME
DEVELOPING A SYSTEM THAT IS RESPONSIVE TO PEOPLE'S NEEDS	Ensure health care is provided in the most clinically effective and cost effective environments	**YOUR HEALTH** Analyse services provided to communities across the Barwon region to determine if services are being delivered equitably and realign services to remove uneven provision by:	
		• Mapping mental health service provision for aged care, child and adolescent programmes (November 2011).	Completed
		• Analysis of elective surgical access to support 'treat-in turn' initiative (June 2012).	Completed
		• Review hospital in the home services (HITH) to increase and ensure appropriate utilisation of this service. (December, 2011)	In progress
		• Review outpatients to streamline processes and improve access for new patients to the outpatient department. (December 2011)	In progress
		OUR SERVICE	
		• Introduce the 'Perfect List' project	In progress
		• Reduce waiting lists, lower hospital initiated surgery postponements and reduce after hours surgery (March 2012).	In progress
		OUR REGION	
		• Complete service plan and undertake appropriate consultations across stakeholders and consumers. (May 2012)	Completed
		YOUR HEALTH	
		• Extend chronic disease management programmes.	Completed
		• Increase number of patients with a chronic illness who are on shared care plans across Barwon Health and general practice (March 2012).	Completed & ongoing
		YOUR HEALTH	
		• Partner with Geelong Council, primary care and other local health providers.	Completed & ongoing
DEVELOPING A SYSTEM THAT IS RESPONSIVE TO PEOPLE'S NEEDS	Reduce and prevent unnecessary hospital admissions by promoting provision of care in community settings where appropriate. Improve care planning and coordination of care for patients with chronic and complex conditions. Enhance individuals and families ability to make decisions that improve their health status and reduce the risk of ill health by improving health literacy.	• Promote health activities including: – Safe alcohol consumption – Supporting reduced rates of childhood obesity and smoking rates – 50% increase in advanced care plans available in Bossnet (June 2012)	Completed
IMPROVING EVERY VICTORIAN'S HEALTH STATUS AND EXPERIENCES	**OUR PEOPLE** Increase focus on a positive work environment that will incorporate wellness and health promoting activities, particularly for our ageing workforce.	• Encourage staff to participate in – Run Geelong – Tobacco-free programmes – Immunisation (November 2011)	Completed
	OUR REGION Undertake joint planning with Barwon Medicare Local	• Develop population based plan (December 2011)	Completed
		• Develop MoU in relation to unified primary mental health service between Barwon Health and Barwon Medicare Local (June 2012)	Completed
EXPANDING SERVICE, WORKFORCE AND SYSTEM CAPACITY	**YOUR HEALTH** Provide significant leadership and partnering with local health, education and training providers to develop a Rural Generalist Workforce Model to future-proof rural and regional access to workforce.	• Development of the model and implementation in the wider Barwon South West Region. (June 2012)	In progress
	OUR SERVICE Complete capital projects in line with the Master Plan	• 24 bed ward (January 2012)	Completed
		• Theatre refurbishment (March 2012)	In progress
		• Executive & finance areas (December 2011)	Completed
	OUR PEOPLE Extend leadership and accountability frameworks in line with the Workforce Strategy to account for the increasingly multigenerational nature of our workforce	• Leadership programmes will be extended across divisions (February 2012)	Completed
		• Education and training programmes will be provided for all cost centre managers (October 2011)	Completed
		• Deployment of a workforce capability training programmes in Service Redesign (December 2011)	Completed

VICTORIAN HEALTH PRIORITIES FRAMEWORK PRIORITY AREAS	HEALTH SERVICE STRATEGY	DELIVERABLE	OUTCOME
INCREASING THE SYSTEM'S FINANCIAL SUSTAINABILITY AND PRODUCTIVITY	**OUR REGION**		
	Support fellow health services in elements of service planning, management and development.	• Investigate opportunities to share corporate services and workforce planning (May 2012).	In progress
IMPLEMENTING CONTINUOUS IMPROVEMENTS AND INNOVATION	**OUR SERVICE**		
	Introduce the National Safety and Quality Health Service Standards.	• Standards introduced by March 2012	Completed
	Adopt extended quality of care indicators	• Indicators adopted by March 2012	Completed
	OUR PEOPLE		
	Analyse staff feedback from cultural survey	• Update People Strategy (October 2011).	Completed
INCREASING ACCOUNTABILITY & TRANSPARENCY	**OUR REGION**		
	Foster community involvement across Barwon Health	• Provide opportunity for community representatives to attend divisional committees (February 2012)	Completed
		• Increase volunteer programmes (June 2012).	In progress
IMPROVE UTILISATION OF E-HEALTH AND COMMUNICATIONS TECHNOLOGY	**OUR PEOPLE**		
	Enhance Clinical Inclusion	• Appointment of Clinical Directors to all programmes (December 2011)	Completed
		• Establishment of an electronic credentialing and scope of practice project (June 2012).	Completed & ongoing

ACTIVITY & FUNDING

ACTIVITY	ACTUAL 2011/12
Weighted Inlier Equivalent Separations (WIES)⁺	
WIES Public	42,392
WIES Private	7,807
Total WIES (Public and Private)	50,304
WIES Renal	768
WIES DVA	1,603
WIES TAC	385
WIES TOTAL	52,955
Sub-Acute	
CRAFT (Casemix Rehabilitation & Funding Tree)	339
CRAFT Private(Casemix Rehabilitation & Funding Tree)	255
Geriatric Evaluation & Management (GEM) - DVA	1,405
Geriatric Evaluation & Management (GEM) – Non DVA	5,928
Geriatric Evaluation & Management Private(GEM)	4,054
Inpatient Palliative Care - Rural	3,593
Palliative Care: Inpatient DVA - Rural	276
Inpatient Palliative Care Private- Rural	1,652
Rehabilitation – Level 1 Private	318
Rehabilitation – Level 1 – Non DVA	1,075
Rehabilitation – Level 2 - DVA	1,096
Rehabilitation – Level 2 - Non DVA	136
NHT Days - DVA	16
NHT Days – Non DVA	12
TCP Bedday	10,759
TCP Homeday	5,554
TCP Plus (Bed Days)	1,675

ACTIVITY	ACTUAL 2011/12
Ambulatory	
VACS – Allied Health	33,492
VACS – Variable	82,832
SACS – Non DVA	28,879
SACS – Paediatric	1,336
Post Acute Care	2,368
VACS – Allied Health – DVA	108
VACS – Variable – DVA	228
SACS – DVA	444
Post Acute Care – DVA	10
Aged Care	
Aged Care Assessment Service	3,272
Residential Aged Care	141,516
Mental Health	
MH – Inpatient	Not available*
MH – Ambulatory	Not available*
Community Health/Primary Care	
Community Health – Direct Care	97,297
Community Dental Care	36,627
RDHM Dental Care	0

*Note: Data is incomplete or unable to be supplied for the full year due to industrial action restricting the recording of data.

⁺ Note: Figures are estimated at time of reporting.

/ FIVE YEAR SNAPSHOT

	2011/12	2010/11	2009/10	2008/09	2007/08
Surgical/Medical (past five years)					
Inpatient Separations	70,939	68,939	66,180	64,178	59,969
Total Operations	19,606	19,201	19,489	18,421	17,276
Births	2,167	2,052	2,089	1,968	2,024
Waiting List	2,168	1,801	2,033	2,369	2,108
Outpatients	116,324	115,206	112,956	105,315	101,606
ED Attendances	59,859	56,312	53,062	46,790	42,919
Total Bed Days	166,888	167,407	166,332	163,485	161,656
Aged Care/Rehabilitation					
Nursing Home Bed Days (inc hostel & Hilary Blakiston House)	141,156	141,438	138,014	143,999	143,992
Rehab, Palliative Care & Geriatric Evaluation Management Bed Days	35,430	34,446	34,333	33,633	33,948
Sub Acute/Rehab Separation Numbers	1,618	1,619	1,595	1,512	1,455
Community Rehab Centre Attendances	30,736	26,216	28,892	23,179	22,896
Falls & Mobility Clinic Attendances	498	502	534	505	577
Victorian Paediatric Rehabilitation Service contacts	1,336	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.

	2011/12	2010/11	2009/10	2008/09	2007/08
Community & Mental Health					
Dental Contacts	36,627	40,632	36,724	36,842	35,712
Alcohol & Drug Episodes of Care	Not available+	1,167	1,197	1,341	1,377
Child & Adolescent MH Contacts#	Not available+	10,595	11,206	7,993	5,371
Adult Mental Health Contacts#	Not available+	62,483	61,069	59,204	66,664
Young Adults	Not available+	13,211	12,975	12,238	12,993
District Nursing Treatment Hours	38,044	41,303	44,177	43,272	46,810
Primary Care Nursing & Allied Health Hours	58,620	60,183	47,644	62,498	57,272
HARP Direct Clients	3,207	2,059	3,965	3,995	8,694
Individual Carers Assisted	2,509	2,889	2,852	2,800	2,750
Carer Respite Intakes	5,635	4,920	4,892	5,726	5,741
Additional statistics					
Fundraising income	$3.78m	$3.63m	$2.84m	$3.22m	$2.63m
Volunteers numbers	600*	1,015	1200	934	750
Compliments registered	382	340	450	429	967
Complaints registered	477	392	393	410	510

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.

* A recent audit identified active volunteers.

\+ Mental Health data: Data is incomplete or unable to be supplied for the full year due to industrial action restricting the recording of data.

/ SERVICE PERFORMANCE

	TARGET	2011/12 ACTUALS
WIES ACTIVITY PERFORMANCE		
WIES (Public & Private) performance to target (%)	+/-2	101.4%

	TARGET	2011/12 ACTUALS
ELECTIVE SURGERY		
Elective surgery admissions – Quarter 1	1,585	1,669
Elective surgery admissions – Quarter 2	1,590	1,542
Elective surgery admissions – Quarter 3	1,425	1,669
Elective surgery admissions – Quarter 4	1,600	1,810
CRITICAL CARE		
Number of days below ICU minimum operating capacity	0	18
Number of days below NICU usual operating capacity and flex capacity	NA	N/A
QUALITY AND SAFETY		
Health service accreditation	Full	Full ACHS accreditation
Residential aged care accreditation	Full	Full ACAA accreditation
Cleaning standards	Achieved	Achieved
Submission of data to VICNISS (%)	Full	96.3%
VICNESS Infection Clinical Indicators	No Outliers	2 Outliers
Hand Hygiene Program compliance (%)	65%	76.7%
SAB Rate (OBDs)	2.0	0.9
Victorian Patient Satisfaction Monitor (VPSM)	73	Acute Care 81.6 Rehabilitation 77.9
MATERNITY		
Postnatal home care	100%	98.34%

	TARGET	2011/12 ACTUALS
MENTAL HEALTH		
28 day readmission rate (%) +	14%	10.7%
Post discharge follow up rate (%) +	75%	39.8%
Seclusion rate (OBDs) (per 1,000 BD) +	20%	14.95%
ACCESS PERFORMANCE		
% of emergency patients admitted to an inpatient bed within 8 hours	80%	77%
% of non-admitted emergency patients with length of stay of less than 4 hours	80%	70%
Number of patients with length of stay in the emergency department greater than 24 hours	0	0
% of triage cat 1 emergency patients seen immediately	100%	100%
% of triage cat 2 emergency patients seen within 10 minutes	80%	85%
% of triage cat 3 emergency patients seen within 30 minutes	75%	68%
** 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%	100%
% of cat 2 elective surgery patients waiting less than 90 days	80%	55%
% of cat 3 elective surgery patients waiting less than 365 days	90%	92%
Number of patients on the elective surgery waiting list	2,350 (Health service specific)	2,174
Number of Hospital Initiated Postponements (HiPs) per 100 scheduled admissions	8	9.4
OPERATING RESULTS		
Annual operating result ($000)	$0	$179
CASH MANAGEMENT LIQUIDITY		
Creditors	60 days	42 days
Debtors	60 days	32 days

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

+ Mental Health data: Data is incomplete or unable to be supplied for the full year due to industrial action restricting the recording of data.

/ BOARD OF DIRECTORS

CHAIR
DR JOHN STEKELENBURG
MB BS

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

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

MR MARCUS DRIPPS
B Physiotherapy

MR JOHN FRAME (OUTGOING)
APM, BA, Dip Crim

MR DAMIAN GORMAN
BA Recreation Management

DR DAVID MACKAY
BAgEC(Hons), MEc, GradDipComp,
PhD (Information Systems) FACS, GAICD

DR LAKSHMI SUMITHRAN (OUTGOING)
MB BS, MHA, FRACMA, FCHSM

MR STEPHEN WIGHT
CA

/ EXECUTIVE TEAM

CHIEF EXECUTIVE OFFICER

Professor 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 MEDICAL DIRECTOR / 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
Medical Services

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

EXECUTIVE DIRECTOR
Service Reform and Innovation

Alexander (Sandy) Morrison
M Bus, BHA, 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

CHIEF EXECUTIVE OFFICER
Dr David Ashbridge

MEDICAL SERVICES
Executive Director
Felicity Topp

Clinical Director
Paul Talman

Divisonal Nursing Director
Therese Cotter

- Aboriginal Health Liaison
- Allied Health
- Barwon Medical Imaging
- Cancer Services
- Cardiology
- Children's Services
- Emergency Services
- Endocrinology/ Diabetes
- General Medicine
- General & Specialist Medical Wards
- Infectious Disease
- Neurosciences
- Pharmacy
- Renal Services
- Gynaecological & Maternity Services

SURGICAL SERVICES
Executive Director
Peter Watson

Clinical Director
Simon Williams

Divisonal Nursing Director
Sue Brereton

- Department of Surgery:
- *Cardiac Surgery*
- *ENT*
- *General Surgery*
- *Gynaecological Surgery*
- *Paediatric Surgery*
- *Plastic Surgery*
- *Orthopaedic Surgery*
- *Ophthalmology*
- *Urology*
- *Vascular Surgery*
- Department of Anaesthesia & Pain Management
- Operating Theatres (Main & Day theatres)
- Intensive Care Unit
- Peri-operative medicine
- Central Sterilising Unit
- Surgical Wards
- Outpatients Department

COMMUNITY HEALTH & REHABILITATION SERVICES
Executive Director
Robyn Hayles

Clinical Director
Peter Martin

Director Community Health & Rehabilitation Programs
Jodie Cranham

- Care Link Services
- Carer Respite
- Community Health Centre Services
- Community Nursing
- Ethnic Health
- Health Promotion Unit
- Hospital Admission Risk Program (HARP)
- Hydrotherapy
- Immunisation Services
- Long Stay Older Patient Program
- Oral Health Services
- Palliative Care
- Regional Acquired Brain Injury (ABI) Program
- Sub Acute Ambulatory Care Services
- Rehabilitation Inpatient Centre
- Victorian Paediatric Rehabilitation Program

MENTAL HEALTH, DRUGS & ALCOHOL SERVICES
Executive Director
Tom Callaly

Clinical Director
Richard Harvey

- Adult Community Mental Health Teams
- Aged Mental Health
- Child & Adolescent Mental Health
- Drug & Alcohol Services
- Homeless Program
- Mental Health Acute Inpatient Unit
- Mental Health Community Rehabilitation Facility
- Mental Health Primary Care
- Mental Health Triage & Consumer Liaison
- Prevention & Recovery Care
- Secure Extended Care
- Youth Mental Health

Barwon Health GP Liaison Officer & Team

RESIDENTIAL AGED CARE
Executive Director, Nursing & Midwifery
Lucy Cuddihy

Clinical Director Aged Care
Rob Malon

Director Aged Care
Ann Hague

Director Access and Patient Flow
Julie Faoro

- Access and Patient Flow – Hospital in the Home
- Barwon Region Aged Care Assessment Service (BRACAS)
- Centre for Nursing & Allied Health Research
- Infection Prevention Service Governance
- Pastoral Care
- Practice Development
- Residential Aged Care

EXECUTIVE MEDICAL DIRECTOR
Tom Callaly

- Clinical Quality & Risk Management
- Medical Appointments
- Medico-Legal
- Research Office

BARWON HEALTH FOUNDATION
Executive Director
Gavin Seidel

COMMUNICATIONS & MARKETING
Director
Kate Nelson

SERVICE REFORM & INNOVATION
Executive Director
Alexander (Sandy) Morrison

- Barwon South West Region Integrated Cancer Service (BSWRICS)
- Clinical Networks
- Service Redesign Unit

PERFORMANCE PLANNING & RESOURCES
Deputy Chief Executive & Executive Director
Paul Cohen

Director Building & Support Services
Scott Randall

- Building Maintenance & Engineering
- Environmental Services
- Food Services
- LinenCare
- McKellar Centre Site Management
- Physical Infrastructure

Major Capital Works and Re-developments

Director Information Services
Ann Larkins

- Information Services
- Medical Library
- Privacy Officer
- Tele-communication

South West Alliance of Rural Health (SWARH)

Biomedical Engineering

Chief Financial Officer
Dale Fraser

- Audit
- Commercial Contracts
- Customer Services
- DVA Program
- Financial Services
- Supply

Director Human Resources
Perry Muncaster

- HMO Administration
- Human Resources
- Occupational Health & Safety
- Payroll
- Staff Clinic

Director Education & Training
Yvonne Hewitt

- Allied Health Education & Training
- Nursing Education & Training
- Medical Education & Training
- Non-Clinical Training & Development

Director Governance
Jo Bourke

- Consumer Liaison
- Governance Support Unit
- Volunteer Services

/ BOARD COMMITTEES

✓ Attended

A Apology

Chair / Dr John Stekelenburg / MB BS

Deputy Chair / Dr Sarah Leach / RN, BN (Hons), PhD, MAICD

Marcus Dripps / B Physiotherapy

Damian Gorman / BA Recreation Management

John Frame APM. B.A. Dip. Crim. (Outgoing)

Dr David Mackay / BAgEc (Hons); MEc; GradDipComp, PhD (Information Systems) FACS, GAICD

Stephen Wight / CA

Barbara Dennis / MA B App Sci (Occupational Therapy) GAICD

Dr Lakshmi Sumithran / MB BS, MHA, FRACMA, FCHSM (Outgoing)

BOARD & FINANCE MEETINGS

BOARD MEMBER	29 JUL 11	26 AUG 11	30 SEP 11	28 OCT 11	25 NOV 11	9 DEC 11	24 FEB 12	30 MAR 12	27 APR 12	25 MAY 12	29 JUN 12	% ATT
Ms Barbara Dennis	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	100
Mr Marcus Dripps	✓	✓	✓	A	✓	✓	✓	✓	A	✓	✓	82
Mr John Frame	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	100
Mr Damian Gorman	✓	✓	✓	A	✓	✓	✓	✓	✓	✓	✓	91
Dr David Mackay	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	A	91
Dr Sarah Leach	✓	✓	✓	✓	A	✓	✓	✓	✓	✓	✓	91
Dr John Stekelenburg (Chair)	✓	✓	✓	A	✓	✓	✓	✓	✓	✓	✓	91
Dr Lakshmi Sumithran	✓	✓	A	✓	✓	✓	A	✓	✓	✓	✓	82
Mr Stephen Wight	✓	✓	✓	A	A	A	✓	✓	✓	✓	✓	73

REMUNERATION COMMITTEE - ANNUALLY

BOARD MEMBER	5 AUG 11	% ATT
Ms Barbara Dennis	✓	100
Mr John Frame	✓	100
Dr David Mackay (Chair)	✓	100
Dr John Stekelenburg	✓	100

PRIMARY CARE AND POPULATION HEALTH - QUARTERLY

BOARD MEMBER	19 SEP 11	19 DEC 11	20 FEB 12	21 MAY 12	% ATT
Ms Barbara Dennis	✓	A	✓	✓	75
Mr Marcus Dripps (Chair)	✓	✓	✓	✓	100
Dr David Mackay	✓	✓	✓	✓	100
Dr John Stekelenburg	✓	✓	A	✓	75

QUALITY AND CLINICAL GOVERNANCE COMMITTEE - QUARTERLY

BOARD MEMBER	21 SEP 11	7 DEC 11	21 MAR 12	20 JUN 12	% ATT
Ms Barbara Dennis	✓	✓	✓	✓	100
Dr Sarah Leach (Chair)	✓	✓	✓	✓	100
Dr John Stekelenburg	A	✓	A	✓	50
Dr Lakshmi Sumithran	A	✓	✓	✓	75
Mr Stephen Wight	✓	A	✓	✓	75

COMMUNITY ADVISORY COMMITTEE - BI-MONTHLY IN 2011, QUARTERLY IN 2012

BOARD MEMBER	2 AUG 11	4 OCT 11	13 DEC 11	6 MAR 12	5 JUN 12	% ATT
Ms Barbara Dennis	✓	✓	✓	✓	✓	100
Mr Marcus Dripps (Chair)	✓	✓	✓	✓	✓	100
Mr Damian Gorman	✓	A	✓	✓	A	60
Dr John Stekelenburg	✓	A	✓	✓	✓	80

AUDIT & RISK COMMITTEE - QUARTERLY

BOARD MEMBER	5 AUG 11	9 SEP 11	9 DEC 11	10 FEB 12	11 MAY 12	% ATT
Mr John Fame	✓	✓	✓	✓	✓	100
Mr Damian Gorman	✓	A	✓	✓	✓	80
Dr Sarah Leach	✓	✓	✓	A	✓	80
Dr John Stekelenburg	✓	✓	✓	✓	✓	100
Mr Stephen Wight (Chair)	✓	✓	A	✓	✓	80

/ CARING FOR THE CARERS

WORKFORCE BREAKDOWN

LABOUR CATEGORY	JUNE CURRENT MONTH FTE*				JUNE YTD FTE**			
	CASUAL	FULL TIME	PART TIME	TOTAL	CASUAL	FULL TIME	PART TIME	TOTAL
Nursing Services	141	450	1072	1,663	152	442	1018	1,612
Administration & Clerical	25	321	241	587	26	311	237	575
Medical Support Services	9	228	93	329	9	222	92	323
Hotel & Allied Services	70	156	318	544	60	162	316	538
Medical Officers	1	50	7	58	1	52	6	60
Hospital Medical Officers	4	248	11	263	35	205	11	251
Sessional Clinicians	2	0	72	74	3	0	75	78
Ancilliary Services	9	168	147	324	10	156	145	310
TOTAL	**261**	**1,620**	**1,961**	**3,843**	**297**	**1,551**	**1,899**	**3,746**

Notes:

- Data is drawn from the minimum employee data Set (MDS)
- The FTE figures exclude overtime and do not include contracted staff (e.g. agency nurses and fee-for-service visiting medical officers as they are not regarded as employees)

June current month FTEs are calculated as follows:

- **For fulltime employee:** actual paid hours/employee's base hours = Fulltime 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 per 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' FTE 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 have up-to-date knowledge of best practice techniques and procedures.

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

OCCUPATIONAL HEALTH & SAFETY

Barwon Health complies with the Occupational Health and Safety (OH&S) Act. There are programs being developed to address the effect the ageing workforce has on OH&S and the prevention and management of psychological injuries.

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 Barwon community. Consistent with the Strategic Plan, StaffCare delivers and co-ordinates a work wellness program to improve the health and fitness of staff.

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 Director 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 2012 is given below.

RISK TYPE	TOTAL
Strategic	12
Business	84
Clinical	18
TOTAL	**114**

/ RECOGNISING OUR STAFF

AWARDS FOR STAFF

Delivering Sustainable & Efficient Healthcare Services Award

Solar-Assisted Haemodialysis
Gold winner

Visible Patient Journey – Building Capacity
Silver winner

Extending Orthopaedic Access Services (OAS) into Community Health: The Hip/Knee Group
Bronze winner

Improving Access Performance Award

Reducing Wait Time for Surgery Patients
Gold winner

Hospital Admission Risk Program (HARP) HIV Pilot Project
Silver winner

BMI McKellar Centre
Bronze winner

Improving Quality Performance Award

Maternity RAPid Response Procedure (MatRAP)
Gold winner

I See Red (iicccrred) – Improving doctor nurse communication
Silver winner

Central Lines Associated Blood Stream Infection (CLABSI) Prevention Project
Bronze winner

Reducing Inequalities Award

Expansion of JIGSAW Services to Colac-Otway
Gold winner

2010 G21 Month of Action
Silver winner

Freedom from Discrimination Arts-Based Community Awareness Raising Project
Bronze winner

Prevention And Promotion Award

2011 Blokes Day Out Event
Joint Gold winner

Carers' Calendar
Joint Gold winner

Responding To Mental Health And Drug & Alcohol Service Needs Award

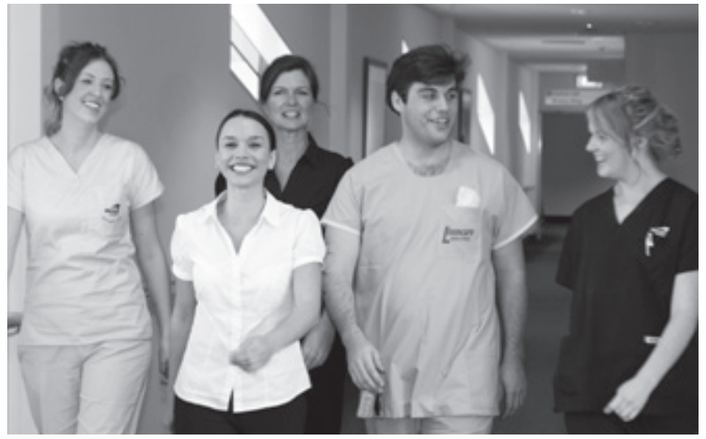
READ the PLAY
Gold winner

Responding To An Ageing Population Award

Roll out of 'Creative Ways to Care' across Barwon South West Region
Gold winner

Day Programs Creative Arts Project
Silver winner

Sustainable ACP in aged care facilities with dedicated time and funding
Bronze winner



/ KEY HIGHLIGHTS ACROSS BARWON HEALTH

AGED CARE / ACCESS / PATIENT FLOW / PASTORAL CARE / CENTRE FOR NURSING AND ALLIED HEALTH RESEARCH

RESIDENTIAL AGED CARE

Barwon Health's Residential Aged Care Division has 306 high level care beds and 102 low level care beds. Facilities are located on the McKellar Centre campus in North Geelong and at Alan David Lodge, in Grovedale.

The 408 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 at North Geelong
Alan David Lodge	108 high level care beds in Grovedale
Percy Baxter Lodges	102 Low level care beds at North Geelong

Wallace Lodge was commissioned in June 2006, Blakiston Lodge in May 2007 and Alan David Lodge in May 2008.

Percy Baxter Lodges is operating as a 102 bed low-level care residential aged care facility (105 low level care licences).

The Residential In-reach Program operates from the McKellar Centre and services over 1,000 aged care beds in both the private and not-for-profit homes in Geelong.

ACCESS AND PATIENT FLOW

The program consists of the following units:

- *Access and Resource Unit:* involves the coordination of patient flow to all bed-based services and provides central management of all casual clinical staff.
- *Care Coordination Team:* assist in the management of complex discharge planning across all inpatient units and the Emergency Department.
- *Home Referral Service:* provides an option for acute care in the hospital in the home or post-acute care programs.
- *Transition and Restorative Care Programs:* provide alternative bed and home care options for patients from the frail elderly population. There are 39 beds and 18 home-based care packages that support the transition to home or case management to an alternative long-term bed in the community.

PASTORAL CARE

Five staff chaplains offer pastoral and spiritual care 24/7 across all Barwon Health sites to all people irrespective of faith or belief. Staff chaplains coordinate six volunteer chaplains, nine denominational and faith visitors and have a data base to access any faith representative on request.

CENTRE FOR NURSING AND ALLIED HEALTH RESEARCH

The Centre for Nursing and Allied Health Research is jointly funded by Deakin University and Barwon Health and undertakes funded research, provides mentoring and supervision to higher degree students and writing workshops for nursing and allied health professionals addressing a range of research and writing issues. Publications in 2011/12 included 10 peer-reviewed papers, six other papers, 12 peer-reviewed conference abstracts and one evidenced-based guideline for managing diabetes in aged care facilities.

AWARDS & RECOGNITION

Distinguished Life Fellow Award

The Royal College of Nursing Australia conferred a life fellow award to Professor Trisha Dunning AM, Chair in Nursing, Deakin University and Barwon Health in October 2011 in recognition of outstanding achievement in the field of nursing.

Time Honoured Friendship

The McKellar Centre has had a formal relationship with the Taihu Lake Cadre's Sanitorium, Jiangsu Province in China for more than 20 years. This relationship involves a co-operation and collaboration agreement between the two centres on education and training programs. In October 2011, Ann Hague, Director Age Care, attended the 60th anniversary celebration of the Sanitorium whereby a further preliminary agreement was signed. A delegation from the Chinese Sanitorium plans to visit Barwon Health in 2012.

Vale Lynne Furness

Lynne Furness was a much-loved Lifestyle Officer in Wallace Lodge who passed away suddenly in June of 2012. Lynne is sorely missed by her colleagues, the residents and their families.

NEW INITIATIVES

Review of Hospital in the Home (HITH)

The Victorian Department of Health initiated a review of the State-wide HITH program at the end of 2010. There were three key recommendations from this review: access to the program; appropriate activity occurring within HITH; and governance arrangements. The program of work this year has focussed on identifying and maximising access and opportunity for growth of the program.

Transition and Restorative Care Program

The Transition Care Program (TCP) commenced in 2006 and provides goal oriented, time limited and therapy focused care to help older people at the conclusion of a hospital stay. The program has grown each year and a contract was negotiated with Tender Loving Care (TLC) Aged Care for the provision of services for 39 patients who are cared for in two facilities: The Homestead in Wallington and the Belmont Residential Aged Care Facility. A three-year contract was signed in September 2011 and has operated effectively this year.

Geriatrician Lead Transition Care Program

The appointment of geriatric medicine specialist Dr Chris Powers to lead the Transition Care Program has had an impact on managing the barriers (falls, continence and cognition issues) to discharge for vulnerable elderly patients. His appointment aids discharge planning and facilitates complex decision-making particularly regarding patient capacity and navigation of the aged care pathway.

Health Roundtable – Long Stay Patient Program

It is generally accepted that patients with a length of stay >21days are at risk of an increase in complications during their hospital stay. Geelong Hospital participated in a national project to decrease the number of patients in this category thereby reducing the time that patients stay in hospital. The project outcomes demonstrated that by coordinating the care across a number of teams not only improved quality and patient satisfaction but lead to substantially reduced bed days.

Northern Futures Partnership

The Aged Care Program has partnered with Northern Futures through one of their major initiatives and created employment for five graduates of the Certificate in Health. Through this corporate partnership, a specifically designed program in aged care nursing has been established to develop the skill and career opportunities for the graduates.

Community Health and Rehabilitation Services has had a year of continued growth and improvement

COMMUNITY HEALTH & REHABILITATION SERVICES

Community Health and Rehabilitation Services has had a year of continued growth and improvement. Consolidation of Area Health Teams that provide both centre and home-based services and continued improvement of our Rehabilitation and Palliative Care Services has been the focus for 2011/12.

AWARDS & RECOGNITION

'Active in Parks' 2012 Excellence in Parks (Social) Award

Awarded to Barwon Health in recognition of contribution to the success of the 'Active in Parks' program, presented at the 5th International Parks Management and Leadership Conference in Adelaide

Barwon Health Quality Awards 2011
***Silver* - Improving Access Performance Award**

Hospital Admission Risk Program (HARP)
HIV Pilot Program

2011 Victorian Public Healthcare Awards
Highly Commended

Hospital Admission Risk Program (HARP)
HIV Pilot Program

Barwon Health Quality Awards
***Gold* - Responding to Mental Health and Joint Drug & Alcohol service needs**

Read the Play

Barwon Health Quality Award
***Joint Gold* - Prevention and Promotion**

Blokes Day Out

G21 Region Alliance Award 2011
Significant contribution to action group leadership

Peter Kelly and Lynne Quick, Health Promotion Unit

G21 Region Alliance Award 2011
Significant contribution to strategic influence and leadership

Kathleen Doole, Health Promotion Unit

Smart Geelong Researcher of the Year Finalist "Health & Lifestyle Category"

Access Oral Health – An investigation of models for provision of dental services to isolated communities without reasonable access to public or private dental clinics - Dr Michael Smith

NEW INITIATIVES

- The Inpatient Rehabilitation Centre (IRC) has actively reviewed and redesigned ward practice to improve patient care. This work has included reviewing and improving our documentation to enhance safe patient care, introducing daily team huddles to ensure patient care is on track and improving the information patients receive about their care.
- A short film 'Maximising Your Health In Hospital' began airing on the free Patient Education Channel at Geelong Hospital and McKellar Centre. The film is aimed at patients, carers and staff and encourages patients to take ownership of minimising functional decline strategies whilst they are in hospital. Barwon Health is constantly striving to improve the care of our elderly and frail clients.
- Barwon Health has been a key partner in attracting the Preventative Communities initiative, a Department of Health health promotion initiative, to the Geelong region. This program will be led by the City of Greater Geelong offering a range of programs aimed at decreasing obesity, increasing fruit and vegetable intake, increasing exercise and decreasing smoking and alcohol intake in the region.
- Community Health and Rehabilitation Programs expanded its Respecting Patient Choices® Program this year by working in partnership with the Medicare Local and GPs. Barwon Health located staff in General Practice environments working to improve understanding and uptake of Advance Care Directives. An Advanced Care Directive enables a client to consider options and pre-plan major healthcare discussions before they may be required.

PERFORMANCE, PLANNING & RESOURCES

In 2011/12 a new 24 bed ward on level 2 of the Geelong Hospital was completed. Its initial use was for a decanting ward for paediatric patients whilst the children's ward on level 3 was completed. At the end of the year it was commissioned as an oncology ward. Oncology patients now have access to an improved facility which is bright and airy, and includes more single and double rooms. This is particularly beneficial to cancer patients as the design and layout is conducive to reducing the risk of infection and provides greater privacy which is important for patient wellbeing.

The refurbished children's ward on level 3 is approaching completion with the final phase of redevelopment underway. It will officially open in early 2013.

A joint renovation project between Geelong Rotary and Barwon Health has enabled the renovation of two units at the McKellar Centre site. The upgraded building 'White Cottages' will be used for short term accommodation for the families of patients in the Inpatient Rehabilitation Centre and Aged Care lodges.

Work on the new site for the Community Rehabilitation Centre in Belmont is well underway and it is anticipated the project will be completed by November 2012. The new centre will provide state-of-the-art rehabilitation facilities and be conveniently located next to Barwon Health's Belmont Community Health Centre.

AWARDS & RECOGNITION

Bronwyn Alymer received an achievement award from CMA EcoCycle for the Battery and Fluorescent Tube Recycling initiative at Barwon Health.

NEW INITIATIVES

- A major IT initiative was commenced that will make videoconferencing available throughout Barwon Health and allow clinical staff to access patient information wherever this is needed.
- Work has progressed substantially to ensure Barwon Health will continue to achieve full accreditation once we are audited against the new National Safety and Quality Standards.

MEDICAL SERVICES

It has again been a year of growth for the Medical Services program. Emergency Department presentations have continued on an upward trend with 59,859 presentations for the year, a 6.3 percent increase on the previous year. This trend was then reflected across the spectrum of services provided by the program. It is against this backdrop of increased demand that our staff have worked to improve the quality of care that we provide.

AWARDS & RECOGNITION

- Midwifery program MatRAP (MATernity Rapid Response Procedure) - Barwon Health Quality Awards Project of the Year. This program was established to provide Barwon Health with a mandatory and standardised call process to enable timely and appropriate escalation of care for an abnormal obstetric situation.
- Fiona Collier: Best Scientific Poster 2011: Barwon Health / Deakin University Research Poster Competition 2011 - Preliminary Flow Cytometric Analysis of Hematopoitetic Mononuclear Cells (MNC) Collected from Participants in the Barwon Infant Study (BIS).
- Tania Fernandes: Best Scientific Poster 2011: Barwon Health / Deakin University Research Poster Competition 2011- Macrophages drive osteoblast differentiation of human adipose-derived mesenchymal stem cells.
- Jason Hodge: Finalist 2011: Barwon Health / Deakin University Research Poster Competition 2011 - Selective serotonin re-uptake inhibitors (SSRIs) inhibit human osteoclast and osteoblast formation and function.
- Gavin Van Der Meer: Runner-Up Poster Presentation Award: Australian Organ & Tissue Authority – Donate Life Forum March 2012 - Comparison of Airborne Contaminants present during Total Hip Replacement Surgery in operating theatres using HEPA filtered and Laminar flow air handling systems.
- The Transplant / Apheresis unit achieved NATA Accreditation, credit and congratulations to the hard work of Susanne Burtt, Phillip Campbell, Jennifer Hempton.
- Sue Rowan seconded to undertake a project to implement the Best Practice Clinical Learning.
- Environment Framework (BPCLE framework) at Barwon Health. The BPCLE framework will be implemented as part of a Department of Health initiative.
- Roy Hoevenaars Participated on Department of Health project “Malnutrition in Victorian Cancer Services”.
- The Cardiac Catheter Lab Nurses collectively won the Leslie Oliver Downer Award - In recognition of excellent nursing care by a Barwon Health nurse for the successful STEMI (acute myocardial infarction coronary intervention service).
- Donna Campbell, received an award for Outstanding Leadership in Clinical Research, presented at the Association of Clinical Research Professionals (ACRP) at the ACRP 2012 Global Conference & Exhibition in Houston, Texas.
- Silver winner at Barwon Health Quality Award Winners in 2011 for I See Red (iiccrred) Improving, doctor/nurse communication.
- Silver winner at Barwon Health Quality Award Winners in 2011 for Visible Patient Journey – Building Capacity.
- Dr Michael Desmond was awarded a PhD from the University of Melbourne. His study examined the pathogenesis of nephrotic syndrome.
- Gold Winner at Barwon Health Quality Award Winners in 2011 for Solar-Assisted Haemodialysis.
- Dr Peter Mayall celebrated 30 years of service.

NEW INITIATIVES

- Pharmacists Leonie Abbott and Dr Diana Bortoletto led the implementation and evaluation of the MedView 1 project. MedView, an eHealth pilot, allows general practitioners, community pharmacists, hospital doctors and pharmacists to view a consenting patients’ consolidated medication information. The Commonwealth Government provided funding for MedView under the National eHealth Program and the Federal Government’s Personally Controlled Electronic Health Records (PCEHR) project.
- Barwon Health shared in a combined $500,000 research grant looking at approaches to help hospital inpatients give up smoking. The project is supported by an Australian Research Council grant and a Pfizer researcher initiated grant. The study involves a consortium of three health services (Barwon Health, Austin Health, Alfred Health) working with researchers from Monash University and the University of Newcastle. This project will implement and evaluate a multidisciplinary healthcare intervention initiated by hospital pharmacists and followed up by primary health professionals to assist smokers admitted to three Victorian tertiary public hospitals to give up smoking. This program could potentially reduce smoking-related death, illness and healthcare costs.
- An Antimicrobial Stewardship (AMS) program was established at Barwon Health. This project is aimed at reducing the inappropriate use of antimicrobials to provide the best clinical outcomes and reduce any adverse consequences that include drug toxicity, antimicrobial resistance and financial costs. An essential part of the AMS strategy is The Antimicrobial Management Team (AMT) which is a multi-disciplinary team consisting of infectious disease consultants and an AMS pharmacist, that monitors and makes recommendations regarding restricted antimicrobial therapy. The AMT has greatly influenced prescribing habits within Barwon Health which has positive ecological ramifications as it decreases microbial resistance, and the AMT’s interventions have also resulted in modest cost savings.
- Cancer Services - Research has identified increasing cancer survival rates, and the ongoing and often complex physiological and psychological needs experienced by survivors. As a result, a two year project supported by the Department of Health, has been established which involves a partnership between Barwon Health, Barwon Medicare Local (formally Geelong GP Association), the Otway Division of GPs, Western District Health Service, Deakin University and Barwon South Western Regional Integrated Cancer Service.
- To meet the growing demand in the Emergency Department (ED) a new model of care was introduced that allowed greater flexibility in staffing to meet demands at peak periods such as weekends. The department also participated in a research project to identify more clearly the reason why people attend the ED. The results of this project will see us working more closely with Barwon Medical Local to develop strategies to have patients with low acuity managed in the GP setting rather than in the ED
- The Cotton on Foundation Children’s Ward is near to completion, delivering a state-of-the-art facility to care for our region’s children.
- Barwon Medical Imaging (BMI) extended its service by opening a facility at the McKellar Centre in North Geelong. In doing this they have been able to significantly increase their productivity and reduce waiting times for key services. This against an increase of community imaging of 44 percent.

SURGICAL SERVICES

The surgical performance throughout this year has largely achieved all of the Key Performance Indicators agreed within the Statement of Priorities:

- The number of patients on the Elective Surgery Wait List was kept below the target number of 2,300 patients, finishing the year at 2,174
- 100% of Category 1 (urgent cases) were treated within the target of 30 days
- 55% of Category 2 patients on the waiting lists had been waiting for less than 90 days
- 92% 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 prescribed timeframes for their surgery was kept below the target of 700 and finished the year at 635.

NEW INITIATIVES

Outpatient Improvement Program

The Outpatient Services Improvement Program has completed its analysis across all clinician-led surgical and medical outpatient services. This has provided a better understanding of what constitutes 'outpatients' across Barwon Health and to identify current processes and issues, and key areas for improvement in a number of areas.

The work undertaken since January has involved detailed data collection, analysis and stakeholder consultations. We have completed a large patient survey and follow-up via focus groups, individual and staff group meetings, and a survey of General Practice in liaison with Barwon Medicare Local. The results have been translated into a number of key areas and activities for improvement. It is anticipated this will build for our outpatients environment, a high performing and well-supported IT infrastructure, clear lines of operational management, care pathways that interface well with the primary care sector and improved access and engagement for patients.

Operating Theatre Redesign – 'The Perfect List'

In February 2010 Surgical Services began a massive redesign project that brings together all elements of the workforce that are 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.

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 managed downward and a reduction in the number of cases where the elective surgery is cancelled.

This project has also focused on emergency surgery to great success. Weekly meetings of key staff involved in scheduling and booking of patients is assisting in refining this process. The long-term sustainability of the improvements achieved to date is now the challenge. There is greater accountability with manager's position descriptions now aligned with the Perfect List objectives which is building in sustainability and improving the culture.

Orthopaedic Flow Management Group

Whilst the patient demand for orthopaedic surgery continues to rise steadily, the results of the considerable service redesign work within the orthopaedic service over the past few years has produced significant improvements in patient flow through the hospital.

Much has been learned from a detailed end-to-end analysis of the orthopaedic patient's journey from the referral to outpatients through to the operating theatre, to the ward and finally to discharge from the acute hospital. In the past six months, many of the learnings from this demonstration project have been applied to other improvement programs such as acute to inpatient rehabilitation, acute to home with supports, and the outpatients improvement projects.

The extension of this work now is focusing on a program to develop interface processes that support consistently safe and timely transfer of orthopaedic patients out of acute wards and into inpatient rehabilitation or home with the necessary supports whilst ensuring equity of access to services.

The program is also developing a single point of referral for clinicians to refer any patient in a ward bed that requires community based health care support on discharge and equal access to support; with the right packages. As this project moves into the space of a management group, data sets have been developed that will be used by this group to monitor the on-going performance of orthopaedic services at all levels. Much of the success of this group is attributed to the clinical leadership of Dr Ric Angliss and the very engaged and committed project team representing all facets of the orthopaedic program.

Acute General Surgery Unit

The Emergency Surgery Project aligns with Barwon Health's goals to provide safe and effective patient care. Its aim has been to improve the pathway to surgery for emergency patients by improving systems and processes within the journey. In particular the focus has been to reduce pre-operative waiting times, out of hours operating and disruption of elective surgery and improve communication between surgical craft groups in relation to theatre access.

Initiatives adopted have included:

- Implementing a dedicated general surgery trauma list every day for all general surgery emergency patients
- Having a dedicated surgical consultant on-call for 24 hour periods
- Rearranging surgical registrars' workload to enable more time for other surgical tasks (e.g. reviewing patients in ED).

Since implementation in February 2011, the project has seen a significant reduction in out-of-hours operating for general surgery, an increase in in-hours operating on emergency patients whilst maintaining the elective surgery workload. Anecdotally, communication between surgical groups has improved significantly. Final evaluation through staff and patient surveys are currently being conducted along with a 12 month data analysis.

MENTAL HEALTH, DRUGS & ALCOHOL SERVICES

In response to the government reform agenda, Barwon Health's Mental Health, Drugs and Alcohol Service is undergoing significant change, working towards a more collaborative, recovery oriented approach when working with people who access the service. The concept of recovery refers to a unique personal journey, which is defined and led by that individual in relation to their own wellbeing. Essentially mental health services are being asked to have an active role in creating environments that support individual efforts of recovery, rather than simply a focus on medication and reduction of symptoms.

Mental Health, Drugs and Alcohol Services has been proactive throughout 2011 in strengthening its leadership approach, the rationale being that the implementation of health reform initiatives, including recovery oriented service delivery requires a major cultural shift within the workforce. Significant progress has been made with the leadership team having undergone a leadership feedback process and individual coaching around their leadership style.

The Mental Health, Drugs and Alcohol Service is leading in the deployment and use of paperless medical records systems for mental health and in the past year, the system has been extended to provide secure, encrypted clinical update messages to General Practitioners (GP). This enhanced system ensures each patient's GP is kept immediately updated about clinical progress, medication changes and reviews by the treating team.

AWARDS & RECOGNITION

Victorian Public Healthcare Awards 2011

JIGSAW Youth Service was awarded a Highly Commended Achievement in the Minister for Mental Health's Award for delivering innovative and integrated alcohol and drug and mental healthcare.

The JIGSAW program provides specialist mental health and drug and alcohol care for young people aged up to 26 years in the Barwon South West region. JIGSAW was recognised for its unique partnerships with headspace Barwon and Colac Area Health and integrated service provision delivered in youth-friendly primary healthcare settings across the Barwon region.

Barwon Health Quality Improvement Awards 2011

JIGSAW was awarded gold in the category of Reducing Inequality in Health Access in recognition of its expansion to the Colac-Otway region, and unique partnership with Colac Area Health. This project represented efforts by JIGSAW to respond to the challenges faced by rural communities in relation to the provision of accessible, high quality health care. Rates of health access by young people in rural communities are particularly striking. This is despite high rates of mental disorder in rural youth and significant rates of suicide, particularly in rurally located young men.

Promoting Mental Health and Drug and Alcohol Care

The Mental Health, Drugs and Alcohol service was also awarded gold in the category of Promoting Mental Health and Drug and Alcohol Care for the delivery and evaluation of the Read the Play program. This innovative health promotion program, supported by our community partner, Kempe, is delivered to young people within our local netball and football clubs.

Staff Awards

The mental health research team won a number of awards in the past year. Prof Michael Berk won the 2012 Royal Australian and New Zealand College of Psychiatry National Senior Researcher of the Year award as well as the Deakin University Senior research award. A/Prof Felice Jacka won the Deakin University Early Career Award.

NEW INITIATIVES

Barwon Health Eating Disorder Service

In 2011, the Barwon Health Eating Disorder Service embarked on a broad new service model focused on earlier, evidenced-based care for children and young people with an eating disorder in the region. Amongst other features, this new model recognises the role of families in the care of young people in delivering family-based treatment and the Building Hope Family Support group program.

Single Point of Entry – Phone Triage Service

Beginning in January 2012, the service launched a single point of access and enquiry for children and young people and their families. This newly established and integrated Phone Triage Service aims to provide a streamlined model of triage, intake and emergency assessment across the child and youth service, resourced by a single team of experienced clinicians. In line with the Victorian Mental Health Reform strategy, this important redevelopment is in keeping with our vision for earlier, accessible, age appropriate and integrated mental health care for children and young people in our region.

Family Inclusive Practice

Over the last few years, increasing in importance in 2012, the service has focused on improving capacity to provide family inclusive care to the people who use our services. It is one of the strategic priorities for our service to ensure that family members and significant others are included as partners in the care for the people who use our services. In partnership with Bethany Community Support, and the Gambler's Help Program, a large number of our staff participated in training from The Bouverie Centre, focused on Family Inclusive Practice; more training will be rolled out in 2012/13.

SERVICE REFORM & INNOVATION

The Service Reform and Innovation Program has had a very productive and successful 12 months.

The program is largely charged with leading and facilitating key reforms across Barwon Health with a focus on activities that not only improve health outcomes for patients, but strengthen organisational performance. This program incorporates both the Service Redesign Unit (SRU) and the Barwon South Western Regional Integrated Cancer Service (BSWRICS) teams.

The Service Redesign Unit continued to carry out key projects and activities that resulted in improved work practices that have benefited patients and staff alike. This has moved beyond individual departments and programs to an organisational-wide approach following the adoption of the Service Reform and Innovation operating framework in July 2011. This includes a well-developed capability-building (training) program for staff around the key fundamentals of service redesign.

Similarly, the BSWRICS team has had a very busy period focusing on effective client-centred cancer co-ordination and care throughout the region in alignment with the Victorian Cancer Action Plan. The BSWRICS team works actively both locally and across the Region in partnership with all referrers and health agency providers.

AWARDS AND RECOGNITION

CEO, Professor David Ashbridge, was a keynote speaker at the 8th Australasian Redesigning Healthcare Summit held in May in Brisbane. Other Barwon Health staff that provided presentations and had abstracts accepted for the summit included Dr Michael Ragg, Denis O'Leary, Tim Moore and Jeff Umbers. This highlighted Barwon Health's increased standing and leadership in driving improved performance, access, reform and innovation.

Key Highlights

- A planning workshop was held with Barwon Health's senior leaders in July 2011 which resulted in the development and implementation of an agreed Service Reform and Innovation governance and operating framework. Within this framework, Barwon Health's reform and improvement activities are constructed and undertaken in line with both our Strategic Plan and the annual business plan.
- An active 'Building Capability in Service Redesign' training program for staff has been adopted to enable all staff to work together on service improvement and reform. Over 200 staff have undertaken this training in the last 12 months and it is anticipated that this number will double in the coming year.
- In late October, Barwon Health hosted Southern Health, Eastern Health, Peninsula Health, South-West Healthcare and Barwon Medicare Local representatives to showcase our Service Reform and Innovation platform and the service redesign activities and outcomes that have been achieved over the last 12 months. Over 40 people attended this very successful event.
- Barwon Health launched an 'Improving Care Register' in December 2011, an expansion of the RiskMan system. This is the site for registering and reporting all improvement activities (for example, work process, access and flow, quality plans, safety, audit, consumer experience and clinical improvements). It includes improvements made in response to incidents and consumer feedback, and unit/department annual quality improvement plans. Improving Care is the contemporary banner for Barwon Health's collective improvement work.
- The BSWRICS Annual Forum was held at the Mercure Hotel Geelong in February 2012. The Forum showcased the BSWRICS Survivorship Project and included a presentation from the Director of the Australian Cancer Survivorship Centre. There were 70 attendees including representatives from the Department of Health, Regional Health Services, Primary Care, Private Hospitals, other ICS as well as a significant consumer presence.

NEW INITIATIVES

- A key improvement initiative this year was the Patient Status at a Glance (PSAG) project. The aim of the project was to provide an information tool that displays on wards and across the organisation the expected pathway and care plan for each patient. The tool is live and can now be monitored by all staff involved in a patient's care, allowing prioritisation of services and escalation of care for complex patients. It also allows ward, medical, nursing, allied health and other staff to more effectively update each patient's status and discharge (or transfer) plans.
- Following the launch of the Junior Doctors Redesign Program (JDRP) by the Department of Health, Barwon Health was allocated $50,000 in May 2012 to implement this innovative program in 2012/13. The JDRP is part of the broader capability building objective of the Redesigning Hospital Care Program (RHCP) and will provide a place for junior doctors to learn and share quality improvement and innovation initiatives.
- Specialist Clinics (Outpatients) Improvement major reform initiative to improve the delivery of outpatient services. The program team has completed its analysis across all clinician led surgical and medical outpatient services and acute allied health. The analysis has provided a better understanding of what constitutes 'outpatients' across Barwon Health and identified the key areas for improvement which will continue to be progressed and implemented in the coming six months to December 2012.

/ EDUCATION

The last financial year has seen the Education and Training Unit focus on building capacity for clinical placements and student supervision across all disciplines for professional entry students. Our 2011 student placement data placed Barwon Health amongst the largest five providers of student placements in Victoria, and the second largest provider of medical placements. Plans to further expand education and training infrastructure through purpose-designed spaces for students and staff have progressed with funding from Health Workforce Australia and the Victorian Department of Health. These will become vibrant, positive learning environments in which to develop the future and existing workforce and promote safe, high quality and collaborative practice through education and training.

Our partnerships with education providers, in particular Deakin University and The Gordon, have been strengthened through the identification of opportunities in common, and a shared interest in the development of the health workforce for the Barwon South West region. Barwon Health welcomed interns from the first cohort of graduates of the Deakin University Medical School in January 2012 – the culmination of more than a decade of contributing to the planning and establishment of a regionally based medical school.

Our staff development and clinical skills programs have continued to develop and expand with new systems being developed to align education and training priorities with the individual development needs of staff and the strategic objectives of the organisation. This work will continue in the coming year, supported by the roll out of e-Learning and other learning technologies that enable flexible delivery of resources and training content across a complex workplace with a diverse workforce.

Our dedicated and highly-skilled team has continued to support staff in the clinical areas and at the bedside, and with tutorials, lectures and study days as part of a number of formal programs of studies with their ongoing commitment and support recognised by colleagues and students alike.

AWARDS AND RECOGNITION

Medical Staff Group Sponsored Awards

Richard Hallows Prize - awarded at the HMO finale for excellence in Postgraduate Medical Teaching. This prize is voted on by the HMOs and the prize donated by the MSG. The joint recipients for 2011 were Dr Tom Reide and Dr Deb Friedman.

HMO Research Prizes - 1st, 2nd and 3rd prizes for Excellence in Research were awarded at the HMO finale. The recipients were:

1st prize: Sarah Boyd

Description of the Epidemiology, Clinical Features and Diagnosis of Mycobaacterium Ulcerans on the Bellarine Peninsula.

2nd prize: Joseph Kong

Internal validation of Barwon Health preoperative risk stratification for major colorectal surgery.

3rd prize (encouragement): Tom Cade

The accuracy of spot urinary protein to creatinine ratio in confirming proteinuria in preeclampsia.

Nursing Awards

Leslie Oliver Downer Memorial Award in recognition of excellence in nursing care

- Jemma Ugrin, Nurse
- Cardiac Catheter Lab STEMI Team

Deakin Undergraduate Nursing Awards

Marjory Taylor Prize
(Award of Excellence for Yr 3 Bachelor of Nursing)
Samantha Francis

Margaret Parkes Prize
(Acute Care Clinical Award for Yr 1 Bachelor of Nursing)
Fiona Macaulay

Mental Health Award
Lincoln Maslen

Mary Barry Prize
(Rehabilitation & Aged Care Clinical Award for Yr 3 Bachelor of Nursing)
Bianca Adamko

Joy Buckland Prize
(Community Care Clinical Award for Yr 2 Bachelor of Nursing)
Marnie Buchholz

Mary Lewis Prize
(Midwifery Award Bachelor of Nursing/Bachelor of Midwifery)
Brittney Long

Dr Carol Young Award for Critical Care post graduate nursing student

Claire Drake

Debbie Griffiths Prize for outstanding performance in Perioperative Specialist Year Nurse Program

Helen Garmaz

Education Bursaries were allocated to the following staff undertaking post graduate studies:

Semester 2, 2011

Elwynne Dunstan
Kelly Logue
Helen Arnold
Andrea Russell
Tracey Mandic
Erin Sharp
Colleen Morrison
Geraldine Hurley
Wendy Mahony
Tracy Goettler
Kim Hyde
Elizabeth Dickson
Colleen Ward
Marie Glover
Nicola Jones
Carley Harper
Machella Fowler
Justin Somerville

Semester 1, 2012

Gail Joordens
Fiona Bell
Meg Salmetti
Andrea Russell
Colleen Morrison
Margaret Considine
Alisha Douglas
Amanda Stow
Mandy Abbs
Katie McFarlane
Melanie Davies
Helen Newell
Jennifer McCarthy
Caroline Timanowicz
Sara Armstrong

Carollyn Williams published a book titled *'Unmasked: A History of the Victorian Perioperative Nurses Group'.*

Jane Wilding presented a paper on *'Weekend Day Stay Surgery'* at the ACORN National Conference in Darwin in May 2012.

Tania Elderkin presented a session *'Lung Protective Ventilator Strategy'* at the Critical Care Nursing Continuing Education 13th Annual Meeting ICE 2012 in June 2012.

Pam Dolley successfully completed her PhD in Public Health.

NEW INITIATIVES

Supervision Support

Barwon Health is leading a strategic project on behalf of the Barwon South West Clinical Placements Network in which allied health, medicine and nursing clinicians involved in student supervision across the region were invited to participate. Individual learning needs were identified and training provided to support these clinicians in their work with students. The project is designed to improve the capability of student supervisors and the quality of student placements in the region.

Barwon South West GP - Rural Generalist Program

2011/12 has seen success with a funding submission for the development of the Barwon South West GP - Rural Generalist (GP-RG) program, which will commence in 2013 and recognises the expanded skills and role of a rural procedural GP. A number of Victorian health services and communities rely on procedural GPs to maintain services, and the GP-RG program aims to support this career pathway and ensure a sustainable workforce development model is in place.

Learning Management System - DOTS

Barwon Health's Learning Management System 'went live' in 2011/12. The system is a critical tool in the implementation of a coordinated approach to education and training and provides a way to create and deliver content, monitor participation, and assess performance. The development of a range of interactive features, flexible and blended delivery solutions, and the creation of a single repository of information regarding an individual's training history and 'what's on offer' are important features of the environment of the future.

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

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

NURSING CLINICAL PLACEMENTS	2011
RN Div 1 (Undergrad)	1,348
Rn Div 2 (Undergrad)	265
Post Grad Students	15
Certificate III	31
Paramedics	0

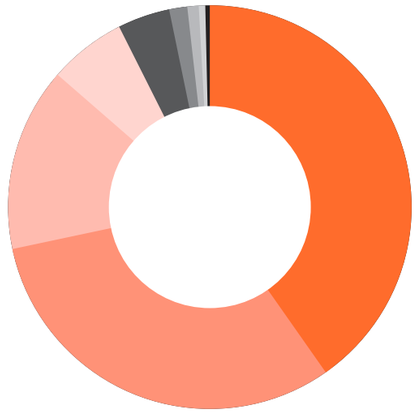
Note: Figures are for the calendar year ended 2011.

Our 2011 student placement data placed Barwon Health amongst the largest five providers of student placements in Victoria, and the second largest provider of medical placements.

/ RESEARCH

RESEARCH OFFICE

Barwon Health continues to work towards a robust research program in order to achieve better health care in our community and beyond. Research allows us to explore the complexities of modern health care. The number and type of research projects being undertaken by Barwon Health is growing and increasingly our research is undertaken with a consortium of contributors. This past year has seen formalisation of a number of collaborations with other institutions. This year saw our ethics committee being awarded National Accreditation.



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

Simon French (Chair)

Bernice Davies (Secretary)

Peter Ball

Lynsey Blakston

Patricia Boom

Thomas Callaly

David Dethridge

Rod Fawcett

Hans Fikkers

Vincent Haveaux

Lovonne Hunter

Lee Kennedy

Cate Nagle

Neil Orford

Cameron Osborne

Amutha Samual

Greg Weeks

Kevin Yelverton

Barwon Health welcomes the new members who have joined during the year

Tineke Barry

Allison Bone

Darryl Towers

Rosemary White

Barwon Health thanks the following outgoing members who have left during the year

Mary Lou Chatterton

Lucy Cuddihy

Michelle Heagney

Research Review Committee

Dr Mary Lou Chatterton (Chair)

Ann Lawrence (Minutes, outgoing)

Vanessa McBain (Minutes, incoming)

John Amerena

Bernice Davies

Olivia Dean

Pam Dolley

Trisha Dunning

Rod Fawcett

Jacqueline Hastings

Mustafa Khasraw

Mark Kotowicz

Paul Muir

Michael Smith

Barwon Health thanks the following outgoing members who have left during the year

Jack Beever

Tim Brennan

Sharon Brennan

Helen Fairweather

Tony Weaver

Allison Bone

Marjan Geertsema

Lucy Cuddihy

RESEARCH WEEK HIGHLIGHTS

Research Week

The Smart Geelong Network designated 24-28 October 2011 as Research Week and Barwon Health again contributed enthusiastically providing a series of sessions including:

- Barwon Health/Deakin University poster exhibition and award session
- Bio Grid Road Show
- A public forum presenting the latest research in Coeliac Disease
- Doing the impossible; the practice of evidence based medicine

The public forum was particularly well attended indicating how Barwon Health is aware of the community's needs.

Research Week Poster Contest Award & Winners 2011

Barwon Health thanks the following judges from Barwon Health and Deakin University.

Professor Catherine Bennett
Director, Deakin Epidemiology

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

Professor Gerard Gill
Alfred Felton Chair in General Practice for Rural and Regional Victoria

Mr Glenn Guest
Department of Surgery, Barwon Health

Associate Professor Mark Kotowicz
Department of Medicine, Barwon Health

Associate Professor Tes Toop
Acting Pro Vice-Chancellor (Research Development and Training), Deakin University

Winning Posters

Fiona Collier

"Preliminary Flow Cytometric Analysis of Hematopoietic Mononuclear Cells (MNC) Collected From Participants in the Barwon Infant Study (BIS)"

Tania Fernandes

"Macrophages drive osteoblast differentiation of human adipose-derived mesenchymal stem cells"

Audience Choice Award

John Agar

"Eco-Dialysis: Important steps into the future"

Smart Geelong Researcher of the Year Awards

Barwon Health Finalists

Sharon Brennan

"The influence of social and psychosocial factors upon musculoskeletal disease onset, progression and health utilisation"

Eileen Moore

"Cognitive impairment and vitamin B12. Vitamin B12, a novel predictor of cognitive decline in alzheimers disease"

Deb Schulz

"Building clinical education supervision capacity in Allied Health in the Barwon sub-region"

Seetal Dodd

"Tobacco smoking in mental illness; Impact on Illness and progress towards cessation"

Zoltan Nack

"Efficacy of a sanitizer based on weak organic acids against VRE"

Michael Smith

"Access Oral health - An investigation of models for provision of dental services to isolated communities without reasonable access to Public or Private Dental Clinics"

Eileen Moore won the TAC Living with a Disability Award.

This year saw our ethics committee being awarded National Accreditation.

/ LIST OF PUBLICATIONS

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ORAL HEALTH SERVICE

Process and Impact Evaluation of the Romp & Chomp Obesity Prevention Intervention in Early Childhood Settings: Lessons Learned from Implementation in Preschools and Long Day Care Settings Andrea M. de Silva-Sanigorski, B.Sc., M.H.N., Ph.D.,1,2 Andrew C. Bell, Ph.D.,3 Peter Kremer, Ph.D.,4 Janet Park, B.Ed.,5 Lisa Demajo, Adv Diploma Community Services,6 Michael Smith, BDSc, L.D.S.,7 Sharon Sharp, D.A.,7 Melanie Nichols, Ph.D.,8 Lauren Carpenter, BAppSci, BAppSc, B.A.,1 Rachel Boak, M.Sc.,1 and Boyd Swinburn, MBChB, M.D., FRACP 9 Childhood Obesity June 2012 | Volume 8, Number 3 © Mary Ann Liebert, Inc. DOI: 10.1089/chi.2011.0118

Splash!: a prospective birth cohort study of the impact of environmental, social and family-level influences on child oral health and obesity related risk factors and outcomes Andrea M de Silva-Sanigorski1,2*, Elizabeth Waters1, Hanny Calache2, Michael Smith3, Lisa Gold4, Mark Gussy5, Anthony Scott6, Kathleen Lacy7 and Monica Virgo-Milton1 BMC Public Health 2011, 11:505 doi:10.1186/1471-2458-11-505

Abstract: Splash! Mothers' views on the challenges to promoting good child oral health Andrea M de Silva-Sanigorski1,2*, Elizabeth Waters1, Hanny Calache2, Michael Smith3, Lisa Gold4, Mark Gussy5, Anthony Scott6, Kathleen Lacy7 and Monica Virgo-Milton1 (for submission to Population Health Congress – Adelaide, September 2012)

Abstract: Splash! Understanding the drivers and influences mothers face when choosing drinks for their children Andrea M de Silva-Sanigorski1,2*, Elizabeth Waters1, Hanny Calache2, Michael Smith3, Lisa Gold4, Mark Gussy5, Anthony Scott6, Kathleen Lacy7 and Monica Virgo-Milton1 (for submission to Population Health Congress – Adelaide, September 2012)

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ORTHOPAEDICS

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CARDIOLOGY

Right Atrial Mass Associated with a Dialysis Catheter - Justin Chan, jitendra Kumur, Adrew Cheng, Cheng-Hon Yap, Bo Zhang' J Card Surg 2011.

/ VOLUNTEERS

The Barwon Health Volunteer Service consists of more than 600 active 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 supportive roles. Volunteers at Barwon Health are an integral part of our service and are the gateway to the community, providing people of all ages with opportunities to become involved.

INITIATIVES

This year sees a number of major undertakings

- **New Volunteer Database & Audit of Records**
  We have successfully implemented a new volunteer database. This required an audit of all of our volunteers. The new data base can assist us to quickly identify what volunteers we have, where they work, the hours they are working and where we need new volunteers.
- **New Intake Processes & Updated Website**
  Volunteer services implemented a new volunteer intake process this year. We now advertise for role vacancies on the Barwon Health website and social media channels and are able to better match an applicant's interests and experience to the roles we have available. This year sees us welcoming approximately 120 new volunteers.
- **Occupational Health and Safety Standards**
  We have successfully completed driving assessments for our volunteer drivers. We have also reviewed position descriptions of our volunteers to ensure that we meet appropriate safety standards. This is an area we will continue to focus on as new OH&S laws come into place.

AWARDS AND RECOGNITION

December 2011 saw our annual Volunteer Christmas function attended by more volunteers than ever. At this function all of our 5, 10, 15, 20, 25, 30, 40, and 45+ years of service volunteers are recognised. There are too many to name, but we had over 50 volunteers who were recognised and one who was recognised for her 45 years service at Barwon Health. This year a number of our volunteers won awards, Norm Hobbs won the National Volunteer Award for his dedication to the palliative care unit. Colin Rodgers was also recognised for his long-term service of driving our patients attending Geelong Hospital appointments. Pat Hickford was nominated for her many years of service assisting with the volunteer program in the Emergency Department.

Volunteer Services consists of more than 600 active 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 services to our community. One of the ways we do this is by encouraging consumers to provide us with feedback. Barwon Health's Consumer Liaison has built up a reputation of providing a service built on transparency, open communication and delivering timely resolutions to complaints. The number of registered compliments received for 2011/2012 is 382.

Complaints Closure Rate

	< 1 day	30 days	>30 days	Total
2011-12	137	326	14	477

Financial Year Quarterly Results

	1st Q	2nd Q	3rd Q	4th Q	YEAR TOTAL
2009-10	136	93	80	88	410
2010-11	89	87	89	128	393
2011-12	126	103	128	120	477

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.

Table 1: Total number of interpreters provided annually

TIME PERIOD	NUMBER OF INTERPRETERS REQUESTED	NUMBER OF VARIANCE ON PREVIOUS YEAR	% OF VARIANCE ON PREVIOUS YEAR
Jul 08 - Jun 09	4,083	+700	20%
Jul 09 - Jun 10	4,458	+375	9%
Jul 10 - Jun 11	5,732	+1,274	28%
Jul 11 - Jun 12	5,382	-350	6%

Table 2: Number of interpreter bookings for new and emerging languages

New Language	Interpreters Booked 11/12	Interpreters Booked 10/11	Interpreters Booked 09/10	Interpreters Booked 08/09
Karen (or Burmese)	1175	1077	1053	823
Mandarin	238	193	175	79
Nuer	101	200	144	174
Kiswahili (or French)	203	187	0	0
Arabic	95	144	130	40
Dinka	72	66	81	129
Albanian	25	36	20	24

/ BARWON HEALTH FOUNDATION

The 2012 Face of the Geelong Hospital Appeal: Seven-year-old Olivia Skeen.

Olivia Skeen was diagnosed with cystic fibrosis as a baby. The Grade 2 Drysdale Primary School student requires physiotherapy and medication every day. Because of her illness, Olivia visits the children's ward on a regular basis. Olivia has a strong bond with the children's ward and the staff, and she is very excited to help raise awareness about the Cotton On Foundation Children's Ward redevelopment project.

MESSAGE FROM THE BARWON HEALTH FOUNDATION CHAIRPERSON

As Chair, thank you to the Barwon Health Foundation Board and staff, Geelong Hospital Appeal Committee, Barwon Health Board and staff, plus the volunteers for their ongoing support; without their valued advice and commitment we would not continue to develop partnerships and raise the necessary funds to improve Barwon Health's facilities and programs.

It is rewarding and greatly appreciated seeing the Geelong Hospital Appeal grow with a number of new businesses coming on board as Appeal Partners.

The support from individuals and businesses in the Geelong region continues to grow and we all value the generosity of our event sponsors and auction item donors, plus those who attend our events.

Our vision is to grow each event and this was evident with the Giving Weekend in June expanding to include tin shaking on the Friday morning at train stations and intersections, in addition to the annual Saturday merchandise selling and intersection collecting.

We also continue to receive excellent support from print and electronic media plus our wonderful Patron Peter Hitchener and our ambassadors.

Thank you for being part of our journey this year and we trust you will join us again in 2012/13 to ensure we continue to give the gift of good health.

Thank you.

Helene L. Bender

Helene Bender
OAM

/ GIVE THE GIFT OF GOOD HEALTH

WHERE THE MONEY GOES

The Annual Geelong Hospital Appeal

The Barwon Health Foundation works with the community to grow relationships to support the services of Barwon Health, under the fundraising banner of the Geelong Hospital Appeal. While the focus of the Appeal in 2011/2012 was on raising funds for the completion of the Cotton On Foundation Children's Ward redevelopment, more than $1.5 million of medical equipment was purchased with generous donations to support other clinical areas across Barwon Health.

The Andrew Love Cancer Centre, McKellar Centre, Geelong Hospital and community health centres were all recipients of vital pieces of medical equipment. The equipment supported mental health, cardiac, renal, cancer and aged care services. Funds were also provided to support research equipment for projects undertaken by Barwon Health.

The Cotton On Foundation Children's Ward

The Barwon Health Foundation has overseen the redevelopment of the children's ward at Geelong Hospital, a project completed in partnership with the Cotton On Foundation and the community of Geelong. In 2011/12, the final stages of the ward began, with completion expected in early 2013. Currently, the ward is fully functional with the exception of the playground and oncology and consulting rooms; these areas will be completed in the final phase leading up to December 2012.

Our Supporters

The Barwon Health Foundation extends its appreciation and gratitude to our Patron Peter Hitchener, appeal ambassadors, partners, support groups and donors for their contribution to Barwon Health.

Patron

Peter Hitchener

Geelong Hospital Appeal Ambassadors

Denis Walter, Tom Lonergan, Eloise Southby-Halbish, Grant Sutherland, Mike Hirst and Nathan Deakes

THE FUNDRAISING YEAR

The Launch

The 2012 Geelong Hospital Appeal was launched at the Deakin University Waterfront campus in February. The event featured 3AW radio personality Denis Walter as master of ceremonies and Dr Kym Anderson from the Geelong Paediatric Centre as guest speaker.

Events

Barwon Health Foundation events were well patronised and raised in excess of $300,000. The events were diverse and appealing to people of all ages. Unfortunately, Gala Day was severely affected by inclement weather. However, the tradition of the parade continued; we thank Gforce Employment Solutions for their sponsorship of this iconic event.

Catwalk for Cancer sold out quickly and was a popular fashion event raising funds for the Andrew Love Cancer Centre.

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

The Geelong Hospital Appeal 'Giving Weekend' took place over the Queen's birthday weekend in June. The proceeds from the day increased by more than 34 percent from the previous year, due in part to an additional day of tin shaking. Companies from across Geelong organised for their employees to shake tins at railway stations and intersections and helped make the event a success. The Barwon Health Foundation appreciates the support of our volunteers and donors.

The Barwon Health Foundation acknowledges and thanks all our patrons, major and minor sponsors for their contribution to the Geelong Hospital Appeal through their support of our fundraising events.

The Cotton On Foundation continues as a Major Project Partner and in recognition of the significant contribution to the redevelopment over the full term of the project, the Children's ward is now known as the 'Cotton On Foundation Children's Ward'. Run Geelong, their flagship event, continues to grow and in 2011 resulted in a contribution of $448,000 to support the redevelopment of the children's ward.

The Media

The Barwon Health Foundation appreciates the support of our media partners the Geelong Advertiser, BayFM and K-Rock.

THERE ARE MANY WAYS TO MAKE A DIFFERENCE

Community Groups and Service Clubs

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

- The Rotary Club of Geelong completed the $150,000 renovation of White Cottages at the McKellar Centre and the keys were officially handed over in March 2012. The cottages will provide accommodation for visiting families of palliative care, aged care and rehabilitation patients at the McKellar Centre.
- The City of Greater Geelong held their annual Mayoral Ball and raised more than $55,000 for the redevelopment of the Cotton On Foundation Children's Ward. Two other fundraising balls, the Blue Ribbon Foundation Ball and Bronte's Ball, also added significantly to our fundraising efforts whilst providing top class entertainment.
- Shell Refinery Geelong, Alcoa Australia and many other local businesses contributed greatly throughout the year, including the Business for Beds campaign; a fantastic initiative to purchase beds for the children's ward.
- The Our Women Our Children Volunteers ran yet another successful Easter egg hunt event and organised and hosted numerous debutant balls.
- Many individuals, businesses and community groups adopted a clinical area to support within Barwon Health and raised funds in various ways. These important fundraising relationships all make a difference to the level of patient care.

GIVING THE GIFT OF GOOD HEALTH

The Barwon Health Foundation acknowledges the support from our local community for the Geelong Hospital Appeal.

For all who have given we say thank you for your gift of good health as the greatest wealth is health.

Gavin Seidel
Executive Director

MEETINGS ATTENDED BY BARWON HEALTH FOUNDATION BOARD OF DIRECTORS

BOARD MEMBERS	4 AUG 11	6 OCT 11	1 DEC 11	2 FEB 12	6 APRIL 12	1 JUNE 12	% ATTENDED
Helene Bender OAM (Chair)	✓	A	✓	✓	✓	✓	83%
Dr John Stekelenburg	✓	A	✓	✓	A	✓	66%
John Frame	✓	✓	✓	✓	✓	A	83%
Tony McManus	✓	✓	✓	✓	✓	✓	100%
Pat Murnane	A	A	✓	A	✓	A	33%
Russell Malishev	✓	A	✓	✓	✓	✓	83%
Bob Eadie	✓	✓	✓	✓	✓	✓	100%
Diane Dahm	✓	✓	✓	✓	✓	✓	100%
Pat Ford – Resigned Feb 2012	✓	✓	✓	A	♦	♦	75%
Dr David Mackay	✓	✓	✓	✓	✓	A	83%
Peter Temple	♦	A	✓	A	A	A	20%
Andrew Jones	♦	♦	✓	A	✓	✓	75%
IN ATTENDANCE							
**Professor David Ashbridge	✓	✓	A	✓	A	✓	66%
**Gavin Seidel	✓	✓	✓	✓	✓	✓	100%

✓ In attendance **A** Apology ♦ Directors not on Board at time

MEMBER DETAILS

Helene Bender / OAM
Chair, Barwon Health Foundation

Dr John Stekelenburg
Chair, Barwon Health Board

John Frame
Board Member, Barwon Health

Pat Murnane
Bendigo Bank Regional Manager
Southern Victoria & South Australia

Russell Malishev
Malishev Homes

Tony McManus
Consulting Services

Bob Eadie

Diane Nelson
Geelong Chamber of Commerce

Peter Temple
Wharf Shed/Le Parisien

Dr David Mackay
Board Member Barwon Health

Andrew Jones
Nam Australia Pty Ltd

Pat Ford
Consultant

In attendance at meetings

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

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

DONATION INCOME DISTRIBUTION 2011/2012

GEELONG HOSPITAL APPEAL PARTNERS 2011/2012

Support Groups

Bronte's Ball – The Russell Family

Cancer After Care Group

East Geelong Auxiliary

Heartbeat Geelong

NAB Staff Geelong

Our Women Our Children Volunteers

Shane O'Brien Asthma Foundation

South Barwon Auxiliary

Victoria Police Blue Ribbon Foundation

Major Sponsors

Deakin University

Gforce Employment Solutions

Malishev Homes

Morris Finance

Rotary Club of Geelong

The Gordon

The Ryan Group

VECCI

LIST OF DONATIONS RECEIVED OVER $1,000

A & R Went
Adams Print
Aitken P Lawyers & Advisors
All Saints Anglican Opportunity Shop
Alliance Scaffolding Pty Ltd
Andreco Hurll
Anna Devonish
ANZ Trustees - Estate of Freeman-Dann Trust
Australian Machinery Wholesalers
Ben Kawa
Bendigo Bank, Lonsdale Golf Club Women's Charity Day
Bill & Jenny McKellar
Blue Cove Homes
Buckleys Entertainment Centre
Bush Inn Hotel
Cancer After Care Group Geelong Incorporated
Catherine Gray Trust
Mr & Mrs Mocibob
CHS Solar
Citipower
City Of Greater Geelong
Mr & Mrs Clarke
Clifton Springs Golf Club
Club Exec
Costa Family Foundation
Cotton On Foundation
Coulter Roache Lawyers
Daryl Heath
David Koch
Dimmick Charitable Trust - Wendy Dimmick
Elite Cranes
Equity Trustees - George Scott Charitable Trust Fund
Estate of Elizabeth Winstanley
Estate of Freeman-Dann Trust
Estate of Gerald Strachan
Estate Of Keith A Stanners-Bloxam
Estate of Owen Thomas Colbert
Estate of Roy Lindsay Bockholt
Geelong Ballroom Dance Club
Geelong Concrete Testing
Geelong Cross Country Club
Geelong Fidelity Club
Geelong Financial Group
Geelong Regional Walking Group
Geelong's Gym Pty Ltd
Geoffrey J Betts
Gladys Grace
Godfrey Hirst Australia Pty.Ltd
Hans Braun
Heartbeat Geelong
Ian Tait
J.A Neagle
Jack Malcolm
Jan McNeil
Kardinia International College
Kempe Services
Ken Booth
Kristopher Seabert
L Bisinella Developments Pty Ltd
Lions Club of Point Lonsdale
Lions Club of Winchelsea
Magistrates' Court of Victoria
MAP Financial Solutions
Mary Larkins
Michael Hirst
Mitchel Hill
Mitchell Burke & Co. Lawyers Estate of Roy Lindsay Bockholt
NAB Staff
National Serviceman's Association
Ocean Grove Bowling Club
Oswald Hearne Trust
Our Women Our Children Volunteers
Owen Thomas Colbert Estate
Paul Cunningham
P.J & E.V Killingsworth
Pearce Webster Dugdales B
Estate of Dorothy May Eichenberger
Ron & Joan Wilson
Rotary Club of Drysdale
Royal Antediluvian Order of Buffaloes - Geelong Lodge
Ruffin Hydraulics
Shane O'Brien Asthma Foundation
Shell Geelong Refinery
Signature Charity Foundation
South Barwon Hospital Auxiliary
State Trustees - Estate of Elizabeth Winstanley
Sulzer Chemtech Pty Ltd
Tannoch Brae Retirement Village
The Dress Up Place
The Geelong College and Geelong Grammar School
Carji Greeves & Newman Club
The Heat Shop
Trust Company Ltd - Oswald Hearne Trust
Turi Trust
United G Resources
USI
Veolia Enviromental Services
Victoria Police Blue Ribbon Foundation
WMC Accounting
Woolworths WECU

To all donors, sponsors and Appeal partners
THANK YOU

/ BARWON HEALTH FINANCIAL STATEMENTS

FINANCIAL REPORT

In 2011/12 Barwon Health recorded an operating surplus of $179,000, up against the previous year surplus of $109,000. Total revenue (excluding capital), rose $32.9 million (6.9%), from $473.1 million to $505.9 million, allowing the organisation to deliver more services across the spectrum of healthcare managed by Barwon Health.

Consumer and patient-related activity were up across the board, with substantial increases in hospital presentations, mental health contacts, and community and primary care interactions. The combined effect of the improvement to financial and activity performance has resulted in Barwon Health maintaining its performance above the minimum benchmark set by the Department of Health.

The comprehensive result after the inclusion of capital income and depreciation shows an overall deficit of $9.7 million ($11.9 million deficit, previous year). The key difference between the operating result and the comprehensive result remains the inclusion of unfunded depreciation expenses. Total unfunded depreciation expense for the year was $33.1 million ($31.7 million, previous year), and far exceeds total capital income. 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.

Barwon Health maintained its performance above the minimum benchmark set by the Department of Health

Overall liquidity rose during the year, as the organisation began to benefit from the impact of our cash management policies. Whilst below the benchmark established by the Auditor-General, the positive improvement in our cash position, coupled with our overall creditor payment day's indicator, is an indicator of the real liquidity within Barwon Health.

Fundraising efforts have continued to play a crucial role in the success of the organisation. The many generous supporters of Barwon Health raised more than $3.8 million (net) during the year, creating a valuable source of funding for many projects. The continuing support of the community is a vital element to continued success of Barwon Health.

FIVE YEAR FINANCIAL SUMMARY

	2011/12 $'M	2010/11 $'M	2009/10 $'M	2008/09 $'M	2007/08 $'M
Revenue and Expenses					
Operating Revenue	505.9	473.1	436.8	409.8	378.2
Operating Expenses	505.7	473.0	441.6	414.6	381.4
Operating Result (before Capital Income and Depreciation)	0.2	0.1	(4.8)	(4.8)	(3.2)
Operating Result (inclusive of Capital Income and Depreciation)	(9.7)	(11.9)	(9.4)	7.4	3.3
Balance Sheet Statistics					
Total Assets	582.5	571.1	582.7	585.2	425.4
Total Liabilities	127.5	106.7	106.3	99.6	92.9
Total Equity	455.0	464.4	476.4	485.6	332.5
Financial Indicators					
Surplus/(Deficit) of Net Current Assets ($'m)	(75.0)	(65.1)	(27.4)	(13.0)	(12.8)
Current Asset Ratio (numeric value)	0.34	0.31	0.69	0.85	0.85
Cash and Investments	**52.17**	**41.0**	**47.0**	**55.2**	**52.4**
Net Cash from Operating Activities (excluding Capital Income)	15.6	0.2	(0.9)	(0.1)	7.0
Capital Investment	28.9	24.0	38.4	24.2	49.2

SUMMARY OF FINANCIAL RESULTS

REVENUE	2011/12 $'M	2010/11 $'M	CHANGE %
Grants	410.4	384.8	6.6
Patient Fees	39.0	35.5	10.0
Non Cash Contributions	3.9	8.00	-51.3
Other	52.6	44.8	17.4
Total Revenue	**505.9**	**473.1**	**6.9**
Expenditure			
Employment Costs	(367.5)	(342.7)	7.2
Supplies and Consumables	(81.6)	(81.3)	0.3
Other	(56.6)	(49.0)	15.5
Total Expenses	**(505.7)**	**(473.0)**	**6.9**
Surplus/(Deficit) for the Year Before Capital Income and Depreciation	**0.2**	**0.1**	
Capital Income	25.9	21.2	
Depreciation	(33.7)	(32.0)	
Finance Costs, Impairments, Other	(2.1)	(1.2)	
NET RESULT	**(9.7)**	**(11.9)**	

DISCLOSURE INDEX

The Annual Report of Barwon Health is prepared in accordance with all relevant Victorian Legislation. This index has been prepared to facilitate identification of the Department's compliance with statutory disclosure requirements.

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STATUTORY REQUIREMENTS

FREEDOM OF INFORMATION REQUESTS

FINANCIAL YEAR	2012/11	2011/10	2010/09	2009/08	2008/07
No of requests	275	800	671	699	586

AVERAGE COLLECTION DAYS

FINANCIAL YEAR	2012/11	2011/10	2010/09	2009/08
Acute	59.36	46.80	49.40	46.8
Rehabilitation and Aged Care	59.66	54.44	54.58	68.1

CONSULTANCIES

CONSULTANCIES COSTING LESS THAN $100,000 PER CONSULTANCY	
Total number of consultancies	4
Total value of consultancies	$68,279
CONSULTANCIES COSTING MORE THAN $10,000 PER CONSULTANCY	Benchmark Group International Best Practice Australia Pty Ltd Edmore Pty Ltd

OUTSTANDING DEBTORS

	TOTAL	CURRENT	30-59 DAYS	60-89 DAYS	+90 DAYS
2011/12	9.59	5.15	3.06	0.46	0.92
	100%	53.7%	31.9%	4.8%	9.57%
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%)

EX-GRATIA PAYMENTS

	2011/12 $'000	2010/11 $'000	2009/10 $'000
Barwon Health has made the following ex-gratia payment to employees	-	-	64

COMPLIANCE WITH THE 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

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
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 2011-2012

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 abides by the Victorian Participation Policy Act 2003. In 2011/12 there were 2 contracts completed.

The Angiography Equipment (Cardiac Medical Imaging) Project to the value of $1.525M. The project will be using 56.20% local content and employment, and will create additional employment of 0.5 FTE and retain 1 FTE during the life of the contract.

The Transition Care and Restorative Care Project is using 95% local content and will create additional employment of 2 FTE and retain 14 FTE during the life of the contract.

[explanatory note: The following information for contracts commenced and/or completed in the financial year must be disclosed under the Victorian Industry Participation Policy (VIPP) Act 2003 (Refer to FRD 25 Victorian Industry Participation Policy Disclosures in the Report of Operations):

(i) the number and total value of contracts commenced and/or completed in the financial year to which the VIPP applied;

(ii) the regional or metropolitan split by number and value of commenced and/or

completed contracts;

(iii) for contracts commenced during the financial year, a statement of total VIPP commitments (local content, employment and skill/technology transfer commitments) made as a result of these contracts; and

(iv) For contracts completed during the financial year, a statement of total VIPP outcomes (local content, employment and skill/technology transfer outcomes) achieved as a result of these contracts.]

FRD 11 Disclosure of Ex-Gratia Payments requires the Health Service to disclose in aggregate, in the notes to the financial statements, the nature and amount of any exgratia payments incurred and written off during the reporting period.

[FRD 21A Responsible Person and Executive Officer Disclosures in the Financial Report prescribes the disclosure requirements and procedures in respect of Responsible Persons, Relevant Ministers and Executive Officers.]

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 2012.

Dr John Stekelenburg / Chair
Barwon Health Board

Geelong 8 August 2012

ATTESTATION STATEMENT

I, Dr John Stekelenburg certify that Barwon Heath 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 8 August 2012

ATTESTATION ON DATA ACCURACY

I, Professor David Ashbridge, certify that Barwon Health has put in place appropriate internal controls and processes 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.

Professor David Ashbridge / Accountable Officer

Geelong 8 August 2012

/ FINANCIAL REPORT

COMPREHENSIVE OPERATING STATEMENT

FOR THE YEAR ENDED 30 JUNE 2012

	Note	2012 $'000	2011 $'000
Revenue from Operating Activities	2	502,483	469,092
Revenue from Non-Operating Activities	2	3,455	3,977
Employee Benefits	4	(358,535)	(334,082)
Non Salary Labour Costs	4	(8,928)	(8,578)
Supplies and Consumables	4	(81,581)	(81,307)
Other Expenses from Continuing Operations	4	(56,715)	(48,993)
Net Result before Capital and Specific Items		**179**	**109**
Capital Purpose Income	2	25,676	21,228
Gain on Revaluation of Investment Property	2	202	-
Depreciation and Amortisation	4	(33,688)	(31,984)
Expenditure using Capital Purpose Income	4	(1,727)	(1,079)
Finance Costs	4	(166)	(208)
Impairment of Financial Assets	4	(174)	-
NET RESULT FOR THE YEAR		**(9,698)**	**(11,934)**
Other Comprehensive Income			
Net fair value gains on Available for Sale Financial Investments	21	605	106
COMPREHENSIVE RESULT FOR THE YEAR		**(9,093)**	**(11,828)**

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

BALANCE SHEET

AS AT 30 JUNE 2012

	Note	2012 $'000	2011 $'000
ASSETS			
Current Assets			
Cash and Cash Equivalents	22	13,111	4,424
Receivables	10	17,224	15,527
Investments and Other Financial Assets	11	3,779	5,485
Inventories	12	3,582	3,320
Property Held for Sale	13	527	527
Total Current Assets		**38,223**	**29,283**
Non-Current Assets			
Receivables	10	13,636	10,241
Investments and Other Financial Assets	11	35,294	31,116
Property, Plant and Equipment	14	481,392	486,572
Intangible Assets	15	1,190	1,297
Investment Properties	16	12,760	12,558
Total Non-Current Assets		**544,272**	**541,784**
TOTAL ASSETS		**582,495**	**571,067**
LIABILITIES			
Current Liabilities			
Payables	17	26,328	19,573
Monies Held In Trust	18	6,580	6,818
Interest Bearing Liabilities	19	162	277
Employee Benefits and related on-cost provisions	20	80,162	67,709
Total Current Liabilities		**113,232**	**94,376**
Non-Current Liabilities			
Interest Bearing Liabilities	19	98	180
Employee Benefits and related on-cost provisions	20	14,155	12,181
Total Non-Current Liabilities		**14,253**	**12,361**
TOTAL LIABILITIES		**127,485**	**106,737**
NET ASSETS		**455,010**	**464,329**
EQUITY			
Land and Buildings Revaluation Reserve	21	208,992	208,992
Available-for-Sale Revaluation Reserve	21	1,139	760
Restricted Specific Purpose Reserve	21	21,016	19,037
Internally Managed Reserves	21	24,436	40,795
Contributed Capital	21	215,405	215,405
Accumulated Surplus / (Deficits)	21	(15,978)	(20,660)
TOTAL EQUITY		**455,010**	**464,329**
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 2012

2012	Note	Land Reval Reserve $'000	Building 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	Contributed Capital $'000	Accumulated Surpluses/ (Deficits) $'000	Total $'000
Balance at Beginning of Reporting Period		35,113	173,879	760	-	19,037	40,795	215,405	(20,660)	464,329
Net Result for the Year		-	-	-	-	-	-	-	(9,698)	(9,698)
Transfer to Reserves	21	-	-	-	-	1,979	(16,359)	-	14,380	-
Movement in AFS Reserve	21	-	-	379	-	-	-	-	-	379
BALANCE AT END OF REPORTING PERIOD		**35,113**	**173,879**	**1,139**	**-**	**21,016**	**24,436**	**215,405**	**(15,978)**	**455,010**

2011	Note	Land Reval Reserve $'000	Building Revaluation 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	Contributed Capital $'000	Accumulated Surpluses/ (Deficits) $'000	Total $'000
Balance at Beginning of Reporting Period		35,113	173,879	887	6,335	26,411	40,568	215,405	(22,208)	476,390
Net Result for the Year		-	-	-	-	-	-	-	(11,934)	(11,934)
Transfer to Reserves	21	-	-	-	(6,335)	(7,374)	227	-	13,482	-
Movement in AFS Reserve	21	-	-	(127)	-	-	-	-	-	(127)
BALANCE AT END OF REPORTING PERIOD		**35,113**	**173,879**	**760**	**-**	**19,037**	**40,795**	**215,405**	**(20,660)**	**464,329**

CASH FLOW STATEMENT

FOR THE YEAR ENDED 30 JUNE 2012

	Note	2012 $'000	2011 $'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Operating Grants from Government		413,500	389,913
Patient and Resident Fees Received		39,292	37,008
GST Received from / (paid to) ATO		9,668	8,400
Pharmaceutical Sales		7,531	7,793
Linencare Fees		5,967	6,174
Pharmaceutical Benefits Scheme		5,079	5,255
Recoupment from Private Practice for use of Hospital Facilities		4,811	4,475
Investment Income Receipts		3,379	3,689
Other Receipts		32,340	24,858
Employee Benefits Paid		(356,431)	(340,240)
Payments for Supplies and Consumables		(91,780)	(91,273)
Repairs and Maintenance		(7,178)	(6,841)
Fuel, Light, Power and Water		(6,418)	(5,764)
Maintenance Contracts		(5,651)	(3,280)
Repayment of Leases		(166)	(1,195)
Other Payments		(38,290)	(39,774)
Cash Generated from Operations		15,652	(802)
Capital Grants from Government		21,749	16,996
Capital Donation and Bequests Received		3,775	3,633
NET CASH INFLOW / (OUTFLOW) FROM OPERATING ACTIVITIES	22(b)	**41,176**	**20,629**
CASH FLOWS FROM INVESTING ACTIVITIES			
Payments for Non Financial Assets		(28,869)	(24,032)
Proceeds from Sale of Non Financial Assets		354	419
Purchase of Investments		(47,606)	(54,097)
Proceeds from Sale of Investments		45,339	53,001
NET CASH INFLOW / (OUTFLOW) FROM INVESTING ACTIVITIES		**(30,782)**	**(24,709)**
CASH FLOWS FROM FINANCING ACTIVITIES			
Finance Costs		(1,811)	(206)
NET CASH INFLOW / (OUTFLOW) FROM FINANCING ACTIVITIES		**(1,811)**	**(206)**
NET INCREASE / (DECREASE) IN CASH HELD		8,583	(5,088)
CASH AND CASH EQUIVALENTS AT BEGINNING OF PERIOD		3,798	8,886
CASH AND CASH EQUIVALENTS AT THE END OF PERIOD	22(a)	**12,381**	**3,798**
Non-Cash Financing and Investing Activities	22(c)	37	317

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

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 30 JUNE 2012

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 AASs.

The annual financial statements were authorised for issue by the Board of Barwon Health on 3 August 2012.

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 2012, and the comparative information presented in these financial statements for the year ended 30 June 2011.

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. 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.

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

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

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 operations and 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 and CI) are funded by Barwon Health's own activities or local initiatives and/or the Commonwealth.

Residential Aged Care Service

The aged care service 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 non-reciprocal depending on the terms of the grant.

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

1.9 Indirect Contributions from the Department of Health

Insurance is recognised as revenue following advice from the Department of Health. Long Service Leave (LSL) 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. Unspent donations which are for a specific purpose may be appropriated to a specific purpose reserve.

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	
	2012 $'000	2011 $'000
Defined benefit plans:		
- Health Super	18,677	17,966
- Hesta	6,541	5,933
- Other compliant superannuation funds as selected by employee	623	545
Defined contribution plans:		
- Health Super	989	1,106
- GSO	223	245
Total	**27,053**	**25,796**

1.18 Depreciation

Assets with a cost in excess of $2,000 (2011: $2,000) are capitalised and depreciation has been provided on depreciable assets so as to allocate their cost or valuation over their useful lives. The exception is IT assets which are capitalised if in excess of $5,000 (2011: $5,000). 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.

	2012	2011
Buildings and Fit Out	5 - 50 years	5 - 50 years
Plant and Equipment	5 - 10 years	5 - 10 years
Furniture and Fittings	5 - 10 years	5 - 10 years
Linen	3 - 5 years	3 - 5 years
Leased Assets	1 - 3 years	1 - 3 years
Intangible Assets	4 - 5 years	4 - 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 the above 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

Investments and 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

Loans and receivables are financial instrument assets with fixed and determinable payments that are not quoted on an active market. These assets are intially recognised at fair value plus any directly attributable transaction costs.

Available for Sale Financial Assets

Shares and fixed and floating debt obligations 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 2012 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 (ASX) or Over the Counter (OTC) market. 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 surpluses are 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 (2011: 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 Properties

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 neither depreciated nor tested for impairment.

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.

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.

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 employees' 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

Barwon Health's Restricted Purpose Funds comprise funds for which Barwon Health exercises control over the use of those 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.

1.41 Commitments

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

1.42 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.

1.43 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.

1.44 New Accounting Standards and Interpretations

Certain new accounting standards and interpretations have been published that are not mandatory for the 30 June 2012 reporting period. As at 30 June 2012, the following standards and interpretations had been issued but were not mandatory for financial years ending 30 June 2012. Barwon Health has not and does not intend to adopt these standards early.

NOTE: 1.44

Standard / Interpretation	Summary	Applicable for Annual Reporting periods beginning on	Impact on Barwon Health Financial Statements
AASB 9 *Financial instruments*	This standard simplifies requirements for the classification and measurement of financial assets resulting from Phase 1 of the IASB's project to replace IAS 39 Financial Instruments: Recognition and Measurement (AASB 139 Financial Instruments: Recognition and Measurement).	Beginning 1 Jan 2013	Detail of impact is still being assessed.
AASB 11 *Joint Arrangements*	This Standard requires entities that have an interest in arrangements that are controlled jointly to assess whether the arrangement is a joint operation or joint venture. AASB 11 shall be applied for an arrangement that is a joint operation. It also replaces parts of requirements in AASB 131 Interests in Joint Ventures.	Beginning 1 Jan 2013	Not-for-profit entities are not permitted to apply this Standard prior to the mandatory application date. The AASB is assessing the applicability of principles in AASB 11 in a not-for-profit context. As such, impact will be assessed after the AASB's deliberation.
AASB 13 *Fair Value Measurement*	This Standard outlines the requirements for measuring the fair value of assets and liabilities and replaces the existing fair value definition and guidance in other AASs. AASB 13 includes a 'fair value hierarchy' which ranks the valuation technique inputs into three levels using unadjusted quoted prices in active markets for identical assets or liabilities; other observable inputs; and unobservable inputs.	Beginning 1 Jan 2013	Disclosure for fair value measurements using unobservable inputs are relatively onerous compared to disclosure for fair value measurements using observable inputs. Consequently, the Standard may increase the disclosures for public sector entities that have assets measured using depreciated replacement cost.

NOTE: 1.44 (continued)

Standard / Interpretation	Summary	Applicable for Annual Reporting periods beginning on	Impact on Barwon Health Financial Statements
AASB 119 *Employee Benefits*	In this revised Standard for defined benefit superannuation plans, there is a change to the methodology in the calculation of superannuation expenses, in particular there is now a change in the split between superannuation interest expense (classified as transactions) and actuarial gains and losses (classified as 'Other economic flows – other movements in equity') reported on the comprehensive operating statement.	Beginning 1 Jan 2013	Not-for-profit entities are not permitted to apply this Standard prior to the mandatory application date. While the total superannuation expense is unchanged, the revised methodology is expected to have a negative impact on the net result from transactions of the general government sector and for those few Victorian public sector entities that report superannuation defined benefit plans.
AASB 127 *Separate Financial Statements*	This revised Standard prescribes the accounting and disclosure requirements for investments in subsidiaries, joint ventures and associates when an entity prepares separate financial statements.	Beginning 1 Jan 2013	Not-for-profit entities are not permitted to apply this Standard prior to the mandatory application date. The AASB is assessing the applicability of principles in AASB 127 in a not-for-profit context. As such, impact will be assessed after the AASB's deliberation.
AASB 128 *Investments in Associates and Joint Ventures*	This revised Standard sets out the requirements for the application of the equity method when accounting for investments in associates and joint ventures.	Beginning 1 Jan 2013	Not-for-profit entities are not permitted to apply this Standard prior to the mandatory application date. The AASB is assessing the applicability of principles in AASB 128 in a not-for-profit context. As such, impact will be assessed after the AASB's deliberation.
AASB 1053 *Application of Tiers of Australian Accounting Standards*	This Standard establishes a differential financial reporting framework consisting of two tiers of reporting requirements for preparing general purpose financial statements.	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 in the Victorian public sector.
AASB 2009-11 *Amendments to Australian Accounting Standards arising from AASB 9* [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	No significant impact is expected from these consequential amendments on entity reporting.
AASB 2010-2 *Amendments to Australian Accounting Standards arising from Reduced Disclosure Requirements*	This Standard makes amendments to many Australian Accounting Standards, including Interpretations, to introduce reduced disclosure requirements to the pronouncements for application by certain types of entities.	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 in the Victorian public sector.
AASB 2010-7 *Amendments to Australian Accounting Standards arising from AASB 9 (December 2010)* [AASB 1, 3, 4, 5, 7, 101, 102, 108, 112, 118, 120, 121, 127, 128, 131, 132, 136, 137, 139, 1023 & 1038 and Interpretations 2, 5, 10, 12, 19 & 127]	These consequential amendments are in relation to the introduction of AASB 9.	Beginning 1 Jan 2013	No significant impact is expected from these consequential amendments on entity reporting.
AASB 2011-4 *Amendments to Australian Accounting Standards to Remove Individual Key Management Personnel Disclosure Requirements* [AASB 124]	This Standard amends AASB 124 Related Party Disclosures by removing the disclosure requirements in AASB 124 in relation to individual key management personnel (KMP).	Beginning 1 Jul 2013	No significant impact is expected from these consequential amendments on entity reporting.
AASB 2011-6 *Amendments to Australian Accounting Standards – Extending Relief from Consolidation, the Equity Method and Proportionate Consolidation – Reduced Disclosure Requirements* [AASB 127, AASB 128 & AASB 131]	The objective of this Standard is to make amendments to AASB 127 Consolidated and Separate Financial Statements, AASB 128 Investments in Associates and AASB 131 Interests in Joint Ventures to extend the circumstances in which an entity can obtain relief from consolidation, the equity method or proportionate consolidation.	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 in the Victorian public sector.
AASB 2011-7 *Amendments to Australian Accounting Standards arising from the Consolidation and Joint Arrangements Standards* [AASB 1, 2, 3, 5, 7, 9, 2009-11, 101, 107, 112, 118, 121, 124, 132, 133, 136, 138, 139, 1023 & 1038 and Interpretations 5, 9, 16 & 17]	This Standard outlines consequential changes arising from the issuance of the five 'new Standards' to other Standards. For example, references to AASB 127 Consolidated and Separate Financial Statements are amended to AASB 10 Consolidated Financial Statements or AASB 127 Separate Financial Statements, and references to AASB 131 Interests in Joint Ventures are deleted as that Standard has been superseded by AASB 11 and AASB 128 (August 2011).	Beginning 1 Jan 2013	No significant impact is expected from these consequential amendments on entity reporting.
AASB 2011-8 *Amendments to Australian Accounting Standards arising from AASB 13* [AASB 1, 2, 3, 4, 5, 7, 9, 2009-11, 2010-7, 101, 102, 108, 110, 116, 117, 118, 119, 120, 121, 128, 131, 132, 133, 134, 136, 138, 139, 140, 141, 1004, 1023 & 1038 and Interpretations 2, 4, 12, 13, 14, 17, 19, 131 & 132]	This amending Standard makes consequential changes to a range of Standards and Interpretations arising from the issuance of AASB 13. In particular, this Standard replaces the existing definition and guidance of fair value measurements in other Australian Accounting Standards and Interpretations.	Beginning 1 Jan 2013	Disclosures for fair value measurements using unobservable inputs is potentially onerous, and may increase disclosures for assets measured using depreciated replacement cost.
AASB 2011-9 *Amendments to Australian Accounting Standards – Presentation of Items of Other Comprehensive Income* [AASB 1, 5, 7, 101, 112, 120, 121, 132, 133, 134, 1039 & 1049]	The main change resulting from this Standard is a requirement for entities to group items presented in other comprehensive income (OCI) on the basis of whether they are potentially reclassifiable to profit or loss subsequently (reclassification adjustments). These amendments do not remove the option to present profit or loss and other comprehensive income in two statements, nor change the option to present items of OCI either before tax or net of tax.	Beginning 1 Jul 2012	This amending Standard could change the current presentation of 'Other economic flows - other movements in equity' that will be grouped on the basis of whether they are potentially reclassifiable to profit or loss subsequently. No other significant impact will be expected.
AASB 2011-10 *Amendments to Australian Accounting Standards arising from AASB 119 (September 2011)* [AASB 1, AASB 8, AASB 101, AASB 124, AASB 134, AASB 1049 & AASB 2011-8 and Interpretation 14]	This Standard makes consequential changes to a range of other Australian Accounting Standards and Interpretation arising from the issuance of AASB 119 Employee Benefits.	Beginning 1 Jan 2013	No significant impact is expected from these consequential amendments on entity reporting.
2011-13 *Amendments to Australian Accounting Standard – Improvements to AASB 1049*	This Standard aims to improve the AASB 1049 Whole of Government and General Government Sector Financial Reporting at the operational level. The main amendments clarify a number of requirements in AASB 1049, including the amendment to allow disclosure of other measures of key fiscal aggregates as long as they are clearly distinguished from the key fiscal aggregates and do not detract from the the information required by AASB 1049. Furthermore, this Standard provides additional guidance and examples on the classification between 'transactions' and 'other economic flows' for GAAP items without GFS equivalents.	Beginning 1 Jul 2012	No significant impact is expected from these consequential amendments on entity reporting.

NOTE 2 REVENUE

	Note	HSA 2012 $'000	HSA 2011 $'000	H and CI 2012 $'000	H and CI 2011 $'000	Total 2012 $'000	Total 2011 $'000
Revenue from Operating Activities							
Government Grants							
- Department of Health		365,169	347,296	-	-	365,169	347,296
- Dental Health Services Victoria		5,247	5,495	-	-	5,247	5,495
- Equipment and Infrastructure Maintenance		1,702	1,653	-	-	1,702	1,653
- Commonwealth Government							
- Residential Aged Care Subsidy		18,141	16,507	-	-	18,141	16,507
- PBS Income		14,693	9,522	-	-	14,693	9,522
- Other		5,408	4,303	-	-	5,408	4,303
Total Government Grants		**410,360**	**384,776**	**-**	**-**	**410,360**	**384,776**
Indirect Contributions by Deparment of Health							
- Insurance		545	5,716	-	-	545	5,716
- Long Service Leave		3,395	2,326	-	-	3,395	2,326
Total Indirect Contributions by Department of Health		**3,940**	**8,042**	**-**	**-**	**3,940**	**8,042**
Patient and Resident Fees							
- Patient and Resident Fees		32,836	29,117	-	-	32,836	29,117
- Residential Aged Care		6,213	6,358	-	-	6,213	6,358
Total Patient and Resident Fees	6	**39,049**	**35,475**	**-**	**-**	**39,049**	**35,475**
Business Units and Specific Purpose Funds							
- Pharmacy Services		-	-	11,085	11,668	11,085	11,668
- Laundry		-	-	4,254	3,837	4,254	3,837
- Laboratory Medicine		-	-	2,381	2,065	2,381	2,065
- Private Practice Fees		-	-	2,140	1,406	2,140	1,406
- Salary Packaging Admin Recoveries		-	-	1,520	1,490	1,520	1,490
- Property Income		-	-	1,444	1,180	1,444	1,180
- Other Revenue from Non-Operating Activities		-	-	3,907	3,012	3,907	3,012
Total Business Units and Specific Purpose Funds		**-**	**-**	**26,731**	**24,658**	**26,731**	**24,658**
Recoupment from Private Practice for use of Hospital Facilities		4,005	3,636	-	-	4,005	3,636
Other Revenue		18,398	12,505	-	-	18,398	12,505
Sub-Total Revenue from Operating Activities		**475,752**	**444,434**	**26,731**	**24,658**	**502,483**	**469,092**

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	Note	HSA 2012 $'000	HSA 2011 $'000	H and CI 2012 $'000	H and CI 2011 $'000	Total 2012 $'000	Total 2011 $'000
Revenue from Non-Operating Activities							
Interest - Investments Held to Maturity		-	-	3,068	3,375	3,068	3,375
Dividends - Available for Sale Investments		-	-	387	332	387	332
Profit on Sale of Available-for-Sale Investments		-	-	-	270	-	270
Sub-Total Revenue from Non-Operating Activities		**-**	**-**	**3,455**	**3,977**	**3,455**	**3,977**
Revenue from Capital Purpose Income							
State Government Capital Grants							
- Targeted Capital Works and Equipment		2,879	1,639	-	-	2,879	1,639
- Other		17,722	14,533	-	-	17,722	14,533
Commonwealth Government Capital Grants		-	-	1,148	825	1,148	825
Residential Accommodation Payments		-	-	266	773	266	773
Donations and Bequests		-	-	3,775	3,633	3,775	3,633
Net Gain / (Loss) on Disposal of Non-Current Assets	7	-	-	(114)	(175)	(114)	(175)
Sub-Total Revenue from Capital Purpose Income		**20,601**	**16,172**	**5,075**	**5,056**	**25,676**	**21,228**
Gain on Revaluation of Investment Property	16	-	-	202	-	202	-
Total Revenue from Ordinary Activities	3	**496,353**	**460,606**	**35,463**	**33,691**	**531,816**	**494,297**

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 3 ANALYSIS OF REVENUE BY SOURCE

2012	Note	Admitted Patients $'000	Outpatients $'000	EDS $'000	Ambulatory $'000	Mental Health $'000	RAC incl. Mental Health $'000	Aged Care $'000	Primary Health $'000	Other $'000	Total $'000
Revenue from Services Supported by Health Services Agreement											
Government Grants		235,024	23,221	17,279	42,526	35,028	29,237	13,512	6,764	7,769	410,360
Patient and Resident Fees	6	23,986	733	-	6,751	351	6,213	333	106	577	39,049
Capital Purpose Income		-	-	-	-	-	-	-	-	20,601	20,601
Indirect Contributions by Department of Health		2,362	187	183	306	292	303	141	88	78	3,940
Recoupment from Private Practice for use of Hospital Facilities		1,008	2,932	42	7	-	-	-	17	0	4,005
Other		4,126	524	478	885	2,548	477	408	1,446	7,506	18,398
Sub-Total Revenue from Services Supported by Health Services Agreement		**266,506**	**27,597**	**17,982**	**50,475**	**38,219**	**36,230**	**14,394**	**8,421**	**36,531**	**496,353**
Revenue from Services Supported by Hospital and Community Initiatives											
Interest										3,068	3,068
Dividends and Profit on Sale of Available-for-Sale Investments										387	387
Business Units and Specific Purpose Funds										24,591	24,591
Donations and Bequests										3,775	3,775
Capital Purpose Income										1,414	1,414
Private Practice Fees										2,140	2,140
Net Gain / (Loss) from Disposal of Non-Current Assets	7									(114)	(114)
Gain on Revaluation of Investment Property	16									202	202
Sub-Total Revenue from Services Supported by Hospital and Community Initiatives		**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**35,463**	**35,463**
TOTAL REVENUE FROM OPERATIONS		**266,506**	**27,597**	**17,982**	**50,475**	**38,219**	**36,230**	**14,394**	**8,421**	**71,994**	**531,816**

NOTE 3 ANALYSIS OF REVENUE BY SOURCE *continued*

2011	Note	Admitted Patients $'000	Outpatients $'000	EDS $'000	Ambulatory $'000	Mental Health $'000	RAC incl. Mental Health $'000	Aged Care $'000	Primary Health $'000	Other $'000	Total $'000
Revenue from Services Supported by Health Services Agreement											
Government Grants		226,612	24,372	15,499	38,799	31,441	24,774	12,226	6,287	3,061	383,071
Patient and Resident Fees	6	20,710	665	-	6,323	302	6,854	357	154	110	35,475
Capital Purpose Income		-	-	-	-	-	-	-	-	16,172	16,172
Indirect Contributions by Department of Health		4,797	473	342	758	633	563	269	145	62	8,042
Recoupment from Private Practice for use of Hospital Facilities		773	2,799	31	8	-	-	-	19	6	3,636
Other		4,425	512	428	794	1,895	1,508	364	1,218	3,066	14,210
Sub-Total Revenue from Services Supported by Health Services Agreement		**257,317**	**28,821**	**16,300**	**46,682**	**34,271**	**33,699**	**13,216**	**7,823**	**22,477**	**460,606**
Revenue from Services Supported by Hospital and Community Initiatives											
Interest										3,375	3,375
Dividends and Profit on Sale of Available-for-Sale Investments										602	602
Business Units and Specific Purpose Funds										23,252	23,252
Donations and Bequests										3,633	3,633
Capital Purpose Income										1,598	1,598
Private Practice Fees										1,406	1,406
Net Gain / (Loss) from Disposal of Non-Current Assets	7									(175)	(175)
Gain on Revaluation of Investment Property										-	-
Sub-Total Revenue from Services Supported by Hospital and Community Initiatives		**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**33,691**	**33,691**
TOTAL REVENUE FROM OPERATIONS		**257,317**	**28,821**	**16,300**	**46,682**	**34,271**	**33,699**	**13,216**	**7,823**	**56,168**	**494,297**

NOTE 4 EXPENSES

	Note	HSA 2012 $'000	HSA 2011 $'000	H and CI 2012 $'000	H and CI 2011 $'000	Total 2012 $'000	Total 2011 $'000
Employee Benefits							
- Salaries and Wages		306,209	285,983	10,414	9,392	316,623	295,375
- Superannuation		26,497	25,216	908	857	27,405	26,073
- Long Service Leave		10,631	8,672	253	198	10,884	8,870
- Workcover		3,302	3,531	169	90	3,471	3,621
- Departure Packages		149	65	3	78	152	143
Total Employee Benefits		**346,788**	**323,467**	**11,747**	**10,615**	**358,535**	**334,082**
Non Salary Labour Costs							
- Fee for Service		3,376	3,101	-	-	3,376	3,101
- Agency Costs - Other		4,479	3 ,665	104	172	4,583	3,837
- Agency Costs - Nursing		969	1,640	-	-	969	1 ,640
Total Non Salary Labour Costs		**8,824**	**8 ,406**	**104**	**172**	**8,928**	**8,578**
Supplies and Consumables							
- Medical, Surgical Supplies and Prosthesis		37,835	38,019	246	295	38,081	38,314
- Drug Supplies		23,781	25,648	7,634	5,923	31,415	31,571
- Pathology Supplies		6,941	6,400	35	68	6,976	6,468
- Food Supplies		5,070	4,933	39	21	5,109	4 ,954
Total Supplies and Consumables		**73,627**	**75,000**	**7,954**	**6,307**	**81,581**	**81,307**
Other Expenses from Continuing Operations							
- I.T. Services and Software		10,861	5,554	1,207	2,896	12,068	8,450
- Administrative Expenses		5,244	4,906	1,189	1,152	6,433	6,058
- Repairs and Maintenance		5,429	5,456	970	671	6,399	6,127
- Heat, Light and Power		5,603	5,060	118	105	5,721	5,165
- Maintenance Contracts		5,007	3,234	30	78	5,037	3,312
- Insurance Costs		4,924	-	-	-	4,924	-
- Domestic Services and Supplies		2,861	2,850	436	388	3,297	3,238
- Printing and Stationery		2,027	1586	106	118	2,133	1,704
- Continuing Medical Education Costs		1,267	1,003	690	492	1,957	1,495
- Patient Transport		1,787	1,466	14	14	1,801	1,480
- Lease Expenses		1,584	1,452	30	112	1,614	1,564
- Communication Expenses		984	993	16	14	1,000	1,007
- Rent Expenses		971	975	22	19	993	994
- Motor Vehicle Expenses		869	782	11	157	880	939
- Insurance costs funded by DH		545	5,716	-	-	545	5,716
- Audit Fees		332	306	-	-	332	306
- Bad and Doubtful Debts		108	272	-	-	108	272
- Other Expenses		670	867	803	299	1,473	1,166
Total Other Expenses from Continuing Operations		**51,073**	**42,478**	**5,642**	**6,515**	**56,715**	**48,993**

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	Note	HSA 2012 $'000	HSA 2011 $'000	H and CI 2012 $'000	H and CI 2011 $'000	Total 2012 $'000	Total 2011 $'000
Expenditure using Capital Purpose Income							
Employee Benefits (inc. termination benefits)		-	-	538	589	538	589
Other Expenses		-	-	1,109	453	1,109	453
Non Salary Labour Costs		-	-	80	37	80	37
Total Expenditure using Capital Purpose Income		**-**	**-**	**1,727**	**1,079**	**1,727**	**1,079**
Depreciation and Amortisation	14, 15	33,099	31,382	589	602	33,688	31,984
Finance Costs – Borrowings at Amortised Costs	9	166	197	-	11	166	208
Impairment of Available-for-Sale Financial Assets		-	-	174	-	174	-
		33,265	3 1,579	763	613	34,028	32,192
Total Expenses	5	**513,577**	**480,930**	**27,937**	**25,301**	**541,514**	**506,231**

NOTE 5 ANALYSIS OF EXPENSES BY SOURCE

2012	Note	Admitted Patients $'000	Outpatients $'000	EDS $'000	Ambulatory $'000	Mental Health $'000	RAC incl. Mental Health $'000	Aged Care $'000	Primary Health $'000	Other $'000	Total $'000
Services Supported by Health Service Agreement											
Employee Benefits		209,428	15,911	16,366	25,520	25,046	26,971	12,598	8,024	6,924	346,788
Supplies and Consumables		49,366	2,617	3,980	5,868	3,138	3,416	1,046	2,237	1,959	73,627
Other Expenses		32,423	2,131	2,301	4,414	1,994	3,551	1,624	1,763	872	51,073
Depreciation and Amortisation		10,334	4,520	3,110	1,965	2,794	8,615	373	1,293	94	33,099
Non Salary Labour Costs		6,198	107	186	1,025	534	477	86	48	163	8,824
Finance Costs		45	6	4	16	32	16	19	22	6	166
Sub-Total Expenses from Services Supported by Health Services Agreement		**307,794**	**25,292**	**25,948**	**38,808**	**33,538**	**43,046**	**15,747**	**13,387**	**10,018**	**513,577**
Services Supported by Hospital and Community Initiatives											
Employee Benefits		-	-	-	-	-	-	-	-	11,747	11,747
Other Expenses		-	-	-	-	-	-	-	-	5,642	5,642
Depreciation and Amortisation		-	-	-	-	-	-	-	-	589	589
Supplies and Consumables		-	-	-	-	-	-	-	-	7,954	7,954
Non Salary Labour Costs		-	-	-	-	-	-	-	-	104	104
Impairment of Available for Sale Financial Assets		-	-	-	-	-	-	-	-	174	174
Finance Costs		-	-	-	-	-	-	-	-	-	-
Sub-Total Expenses from Services Supported by Hospital and Community Initiatives	8	**-**	**-**	**-**	**-**	**-**	**-**	**-**	-	**26,210**	**26,210**
Services Supported by Capital Sources											
Employee Benefits		-	-	-	-	-	-	-	-	538	538
Other Expenses		-	-	-	-	-	-	-	-	1,109	1,109
Non Salary Labour Costs		-	-	-	-	-	-	-	-	80	80
Sub-Total Expenses from Services Supported By Capital Sources		**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**1,727**	**1,727**
Total Expenses from Ordinary Activities		**307,794**	**25,292**	**25,948**	**38,808**	**33,538**	**43,046**	**15,747**	**13,387**	**37,955**	**541,514**

NOTE 5 ANALYSIS OF EXPENSES BY SOURCE *continued*

2011	Note	Admitted Patients $'000	Outpatients $'000	EDS $'000	Ambulatory $'000	Mental Health $'000	RAC incl. Mental Health $'000	Aged Care $'000	Primary Health $'000	Other $'000	Total $'000
Services Supported by Health Service Agreement											
Employee Benefits		197,728	15,253	15,521	25,057	22,897	27,081	12,176	7,224	3,631	326,568
Supplies and Consumables		51,580	2,553	4,176	5,339	2,894	3,866	1,127	2,621	844	75,000
Other Expenses		23,414	2,612	1,881	3,844	2,296	3,329	1,660	1,769	1,673	42,478
Depreciation and Amortisation		9,798	4,286	2,949	1,863	2,649	8,168	354	1,226	89	31,382
Non Salary Labour Costs		2,586	74	98	970	467	875	62	78	95	5,305
Finance Costs		54	7	5	19	38	19	23	26	7	197
Sub-Total Expenses from Services Supported by Health Services Agreement		**285,160**	**24,785**	**24,630**	**37,092**	**31,241**	**43,338**	**15,402**	**12,944**	**6,339**	**480,930**
Services Supported by Hospital and Community Initiatives											
Employee Benefits		-	-	-	-	-	-	-	-	10,615	10,615
Other Expenses		-	-	-	-	-	-	-	-	6,515	6,515
Depreciation and Amortisation		-	-	-	-	-	-	-	-	602	602
Supplies and Consumables		-	-	-	-	-	-	-	-	6,307	6,307
Non Salary Labour Costs		-	-	-	-	-	-	-	-	172	172
Finance Costs		-	-	-	-	-	-	-	-	11	11
Sub-Total Expenses from Services Supported by Hospital and Community Initiatives	8	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**24,222**	**24,222**
Services Supported by Capital Sources											
Employee Benefits		-	-	-	-	-	-	-	-	589	589
Other Expenses		-	-	-	-	-	-	-	-	453	453
Non Salary Labour Costs		-	-	-	-	-	-	-	-	37	37
Sub-Total Expenses from Services Supported By Capital Sources		**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**1,079**	**1,079**
Total Expenses from Ordinary Activities		**285,160**	**24,785**	**24,630**	**37,092**	**31,241**	**43,338**	**15,402**	**12,944**	**31,640**	**506,231**

NOTE 6 PATIENT AND RESIDENT FEES

	2012 $'000	2011 $'000
Patient and Resident Fees Raised		
Inpatients		
- Acute	22,845	19,436
- Sub Acute	6,187	5,421
- Other	1,938	2,951
Residential Aged Care		
- Geriatric	5,525	5,721
- Mental Health	687	638
Other	1,867	1,308
TOTAL	**34,049**	**35,475**

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

	2012 $'000	2011 $'000
Proceeds from Disposal of Non Current Assets		
- Motor Vehicles	96	256
- Leased Motor Vehicles	111	163
- Equipment	-	-
- Medical Equipment	34	-
Total Proceeds from Disposal of Non Current Assets	**241**	**419**
Less: Written Down Value of Non Current Assets Sold		
- Motor Vehicles	47	178
- Leased Motor Vehicles	71	205
- Equipment	-	44
- Medical Equipment	56	158
- Furniture, fittings and equipment	-	2
- Building	181	-
- Plant	-	8
Total Written Down Value of Non Current Assets Sold	**355**	**594**
Net (Losses) on Disposal of Non Current Assets	**(114)**	**(175)**

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

	2012 $'000	2011 $'000
- Pharmacy Services	8,466	7,092
- Laundry	6,874	5,800
- Research	1,754	1,208
- Chronic Disease Management Project	805	2,534
- Staff Care	766	685
- Private Practice Expenses	1,796	1,221
- Laboratory Medicine	633	633
- Depreciation and Amortisation	589	602
- Salary Packaging Admin Charges	373	412
- Property	317	335
- Finance Costs	-	11
- Other Non-Operating Activities	3,807	3,689
TOTAL[1]	**26,210**	**24,222**

NOTE 9 FINANCE COSTS

	2012 $'000	2011 $'000
Finance Charges on Finance Leases	166	208
TOTAL	**166**	**208**

NOTE 10 RECEIVABLES

	Note	2012 $'000	2011 $'000
CURRENT			
Contractual			
Patient Fees		4,576	5,057
Less: Allowance for Patient Fee Doubtful Debts		(215)	(345)
Accrued Investment Income		655	579
Sundry Debtors		6,215	5,430
Accrued Revenue - Other		2,238	2,169
Prepayments		846	525
		14,315	**13,415**
Statutory			
GST Receivable		1,392	1,395
Accrued Revenue - Department of Health		1,517	717
TOTAL CURRENT RECEIVABLES		**17,224**	**15,527**
NON-CURRENT			
Statutory			
Long Service Leave - Department of Health		13,636	10,241
TOTAL NON CURRENT RECEIVABLES		13,636	10,241
TOTAL RECEIVABLES		**30,860**	**25,768**
(a) Movement in allowance for patient fee doubtful debts:			
Balance at beginning of year		(345)	(408)
Amounts written off during year		236	335
(Increase) / decrease in allowance recognised through profit and loss		(106)	(272)
Balance at end of the year		**(215)**	**(345)**

(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

	Special Purpose Fund		Capital Fund			
	2012 $'000	2011 $'000	2012 $'000	2011 $'000	2012 Total $'000	2011 Total $'000
Current						
- Australian Dollar Term Investments	2,034	1,034	-	-	2,034	1,034
- Fixed Bonds and Floating Rate Notes	800	3,750	945	701	1,145	4,451
TOTAL CURRENT	**2,834**	**4,784**	**945**	**701**	**3,779**	**5,485**
Non-Current						
- Australian Dollar Term Deposits	1,000	-	-	-	1,000	-
- Equities at Fair Value	4,414	4,634	-	-	4,414	4,634
- Fixed Bonds and Floating Rate Notes	24,975	20,991	4,905	5,491	29,880	26,482
TOTAL NON CURRENT	**30,389**	**25,625**	**4,905**	**5,491**	**35,294**	**31,116**
TOTAL	**33,223**	**30,409**	**5,850**	**6,192**	**39,073**	**36,601**
Represented by:						
Health Service Investments					33,223	30,409
Monies Held in Trust						
- Refundable Entrance Fees					5,850	6,192
TOTAL					**39,073**	**36,601**

(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

	2012 $'000	2011 $'000
Pharmaceuticals at cost	1,921	1,610
Medical and Surgical Lines at cost	1,292	1,306
Bulk Store at cost	369	404
TOTAL INVENTORIES	**3,582**	**3,320**

NOTE 13 PROPERTY HELD FOR SALE

	Net Assets 2012 $'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	117	117
	527	**527**

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

Property Held for Sale is held as carrying value which is management's assessment of fair value less costs to sell.

NOTE 14 PROPERTY, PLANT AND EQUIPMENT

2012	At Cost / Valuation $'000	Accumulated Depreciation / Amortisation $'000	Net Assets 2012 $'000
Plant and Equipment at Fair Value			
- Plant at depreciated replacement cost	9,461	5,592	3,869
- Motor Vehicles at depreciated replacement cost	5,827	4,554	1,273
- Other at depreciated replacement cost	27,488	16,350	11,138
	42,776	**26,496**	**16,280**
Medical equipment at depreciated replacement cost	51,819	31,298	20,521
Furniture and Fittings at Cost	437	317	120
Linen at Cost	4,751	2,526	2,225
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	68,949	320,218
At Cost			
Land at cost	2,744	-	2,744
Buildings at cost	51,823	2,063	49,760
Buildings Under Construction at cost	19,739	-	19,739
Leasehold Improvements at cost	854	158	696
	513,109	**71,170**	**441,939**
Leased Motor Vehicles at Cost	532	225	307
Total Non-Current Assets	**613,424**	**132,032**	**481,392**

Please refer to note 1.29 for more details on revaluation of 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	9,445	5,107	4,338
- Transport at depreciated replacement cost	5,646	4,562	1,084
- Other at depreciated replacement cost	26,360	14,467	11,893
	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 Motor Vehicles at Cost	639	189	450
Total Non-Current Assets	**591,150**	**104,578**	**486,572**

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:

2012	Land $'000	Buildings and Leasehold $'000	Plant and Equipment $'000	Medical $'000	Furniture and Fittings $'000	Linen $'000	Leased Motor Vehicles $'000	Total $'000
Carrying amount at start of year	51,526	392,647	17,316	22,399	127	2,108	449	486,572
Additions	-	22,281	2,050	3,049	14	819	37	28,250
Revaluations / Increments	-	-	-	-	-	-	-	-
Impairment of Assets	-	-	-	-	-	-	-	-
Disposals	-	(181)	(47)	(56)	-	(113)	(71)	(468)
Depreciation / Amortisation Expense	-	(24,334)	(3,039)	(4,871)	(21)	(589)	(108)	(32,962)
Carrying amount at end of year	**51,526**	**390,413**	**16,280**	**20,521**	**120**	**2,225**	**307**	**481,392**

2011	Land $'000	Buildings and Leasehold $'000	Plant and Equipment $'000	Medical $'000	Furniture and Fittings $'000	Linen $'000	Leased Motor Vehicles $'000	Total $'000
Carrying amount at start of year	49,695	407,835	14,688	21,169	135	1,863	476	495,861
Additions	1,831	8,460	5,667	5,970	12	345	317	22,602
Revaluations / Increments	-	-	-	-	-	-	-	-
Impairment of Assets	-	-	-	-	-	-	-	-
Disposals	-	-	(230)	(158)	(2)	-	(205)	(595)
Depreciation / Amortisation Expense	-	(23,648)	(2,809)	(4,582)	(18)	(100)	(139)	(31,296)
Carrying amount at end of year	**51,526**	**392,647**	**17,316**	**22,399**	**127**	**2,108**	**449**	**486,572**

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.

NOTE 15 INTANGIBLE ASSETS

	2012 $'000	2011 $'000
Financial and Resource Management Systems	1,190	1,297
Total Written Down Value	**1,190**	**1,297**

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

Financial and Resource Management Systems		
Balance at beginning of financial year	1,297	1,070
Additions	619	689
Amortisation	(726)	(462)
Balance at end of financial year	**1,190**	**1,297**
TOTAL	**1,190**	**1,297**

NOTE 16 INVESTMENT PROPERTIES

	2012 $'000	2011 $'000
Balance at beginning of the period	12,588	12,558
Net Gain / (Loss) on Revaluation to fair value	202	-
Balance at the end of the period	**12,760**	**12,558**

Baxter House which is under lease to Healthscope was revalued at 30 June 2012 by the Victorian Valuer General's Office, to determine the fair value of the building.

Rental income from Investment Properties for the year was $613,696 (2011: $594,930). Related operating expenses were $10,000 (2011:$ Nil).

NOTE 17 PAYABLES

	2012 $'000	2011 $'000
Current Contractual		
Trade Creditors	12,983	5,016
Australian Taxation Office	621	1,832
Superannuation	2,553	2,467
Salary Packaging	2,360	2,345
Accrued Expenses	4,708	4,866
Other	2,558	2,393
	25,783	18,919
Statutory		
GST Payable	545	654
TOTAL	**26,328**	**19,573**

(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	2012 $'000	2011 $'000
Current Contractual			
Refundable Entrance Fees		5,425	5,770
Residential Patient Monies held in Trust		1,155	1,048
TOTAL		**6,580**	**6,818**
Total Monies Held in Trust			
Represented by the following assets:			
Cash held - monies held in trust	22	730	626
Investments and other financial assets	11	5,850	6,192
TOTAL		**6,580**	**6,818**

NOTE 19 INTEREST BEARING LIABILITIES

	Note	2012 $'000	2011 $'000
Current			
Lease Liabilities	25	162	277
		162	**277**
Non Current			
Lease Liabilities	25	98	180
		98	180
Total Interest Bearing Liabilities		**260**	**457**

Barwon Health has 17 unsecured Finance Leases for Motor Vehicles. The facilities vary from 15 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

	2012 $'000	2011 $'000
Current		
- Unconditional Annual Leave expected to be settled within 12 months	21,305	20,800
- Unconditional Annual Leave not expected to be settled within 12 months (present value)	3,665	3,484
- Accrued Salaries and Wages	12,947	5,819
- Accrued Days Off	663	577
- Unconditional Long Service Leave Entitlements	34,986	31,036
	73,566	**61,716**
Provisions related to employee benefit on-costs		
- Annual Leave	2,717	2,406
- Accrued Days Off	72	66
- Unconditional Long Service Leave Entitlements	3,807	3,521
	6,596	**5,993**
Total Current	**80,162**	**67,709**
Non Current		
- Conditional Long Service Leave Entitlements (present value)	12,766	10,945
- Employee benefit on-costs for Long Service Leave	1,389	1,236
Total Non Current	**14,155**	**12,181**
Total Provisions	**94,317**	**79,890**
a) Employee Benefits and Related On-Costs		
Current		
- Unconditional Annual Leave	27,687	26,690
- Unconditional Long Service Leave Entitlements	38,793	34,557
- Accrued Salaries and Wages	12,947	5,819
- Accrued Days Off	735	643
Non Current		
Conditional Long Service Leave Entitlements	14,155	12,181
Total Employee Benefits and Related On-Costs	**94,317**	**79,890**
b) Movement in Long Service Leave		
Balance at start of year	46,768	43,264
Provision made during the year	11,041	8,595
Settlement made during the year	(4,860)	(5,092)
Balance at end of year	**52,948**	**46,768**

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 4.3125% 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 and Finance.

NOTE 21 RESERVES

	2012 $'000	2011 $'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	760	887
Movement for Sale of AFS Equities	(52)	(233)
Valuation Gain recognised	605	106
Impairment of Financial Assets	(174)	-
Balance at end of year	**1,139**	**760**
Linencare Business Unit Reserve		
Balance at start of year	-	6,335
Transfer from Internally Managed Reserve	-	(6,335)
Balance at end of year	**-**	**-**
Restricted Specific Purpose Reserve		
Balance at start of year	19,037	26,411
Transfer (to)/from Accumulated Surplus/(Deficit)	1,979	(7,374)
Balance at end of year	**21,016**	**19,037**
Internally Managed Reserve		
Balance at start of year	40,795	40,568
Transfer (to)/from Accumulated Surplus/(Deficit)	(16,359)	227
Balance at end of year	**24,436**	**40,795**
b) Contributed Capital		
Balance at start of year	215,405	215,405
Transfer from Internally Managed Reserve	-	-
Balance at end of year	**215,405**	**215,405**
c) Accumulated Surplus/(Deficit)		
Balance at start of year	(20,660)	(22,208)
Net result for the year	(9,698)	(11,934)
Transfer from Linencare Business Unit Reserve	-	6,335
Transfer (to)/from Restricted Specific Purpose Reserve	(1,979)	7,374
Transfer (to)/from Internally Managed Reserve	16,359	(227)
Balance at end of year	**(15,978)**	**(20,660)**
Total Equity at the end of the financial year	**455,010**	**464,329**

NOTE 22 CASH AND CASH EQUIVALENTS AND CASH FLOW RECONCILIATION

Note 22(a) Cash and Cash Equivalents

	2012 $'000	2011 $'000
Cash at Bank	13,090	4,404
Cash on Hand	21	21
TOTAL	**13,111**	**4,424**
Represented by:		
Cash for Health Service Operations (as per Cash Flow Statement)	12,381	3,798
Cash held for residential patient monies held in trust	730	626
TOTAL	**13,111**	**4,424**

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

	2012 $'000	2011 $'000
Net Result for the Year	**(9,698)**	**(11,934)**
Depreciation and Impairment	33,688	31,963
Lease Expenses	1,614	1,213
Impairment of Available for Sale Investments	174	-
Share of JV Profits	-	157
Provision for Doubtful Debts	(130)	(272)
Gain on Revaluation of Investment Property	(202)	-
Net (Gain) / Loss on Sale of Plant and Equipment	114	175
Monies Held in Trust non Cash Transfer	500	2,124
Increase / (Decrease) in Employee Benefits	11,032	1,233
Increase / (Decrease) in Trade Creditors	6,427	(4,909)
Decrease / (Increase) in Patient Fees Receivable	481	1,868
Decrease / (Increase) in Inventories	(262)	(310)
Increase / (Decrease) in Monies Held in Trust	(842)	68
Increase / (Decrease) in Other Payables	7	201
Decrease / (Increase) in Other Receivables	(1,727)	(761)
Net Cash Inflow / (Outflow) from Operating Activities	**41,176**	**20,816**

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

	2012 $'000	2011 $'000
Acquisition of Plant and Equipment by means of finance leases	37	317
TOTAL	**37**	**317**

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 2012 $'000	Carrying Amount 2011 $'000
Financial Assets				
Cash and Cash Equivalents	22	Cash and Cash Equivalents	13,111	4,424
Receivables	10	Loans and Receivables	11,305	12,718
Investments and Other Financial Assets	11	Available for Sale Financial Assets (at fair value)	36,039	35,567
Investments and Other Financial Assets	11	Loans and Receivables	3,034	1,034
Total Financial Assets			**63,489**	**53,743**
Financial Liabilities				
Trade Creditors and Other Payables	17	Financial Liabilities measured at amortised cost	19,538	19,967
Refundable Entrance Fees	18	Financial Liabilities measured at amortised cost	5,425	5,770
Interest Bearing Liabilities	19	Financial Liabilities measured at amortised cost	260	457
Total Financial Liabilities			**25,223**	**26,194**

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

			Past Due but Not Impaired					
	Carrying Amount $'000	Not Past Due and Not Impaired $'000	Less than 1 month $'000	1 - 3 months $'000	3 months - 1 year $'000	1 - 5 years $'000	Over 5 years $'000	Impaired Financial Assets $'000
2012								
Financial Assets								
Cash and Cash Equivalents	13,111	13,111	-	-	-	-	-	-
Receivables	11,305	7,077	3,065	821	557	-	-	215
Investments and Other Financial Assets	39,073	39,073	-	-	-	-	-	-
Total Financial Assets	**63,489**	**59,261**	**3,065**	**821**	**557**	**-**	**-**	**215**
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**

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 dicloses the contractual maturity analysis for Barwon Health's financial liabilities.

Maturity analysis of Financial Liabilities as at 30 June

			Maturity Dates				
	Carrying Amount $'000	Contractual Cash flows $'000	Less than 1 month $'000	1 - 3 months $'000	3 months - 1 year $'000	1 - 5 years $'000	Over 5 years $'000
2012							
Financial Liabilities							
Trade Creditors and Other Payables	19,538	19,538	17,360	2,178	-	-	-
Refundable Entrance Fees	5,425	5,425	71	122	466	4,766	-
Interest Bearing Liabilities	260	260	96	10	57	97	-
Total Financial Liabilities	**25,223**	**25,223**	**14,522**	**2,310**	**523**	**4,863**	**-**
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**	**-**

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

Exposure to interest rate risk might arise primarily through Barwon Health's interest bearing liabilities. Minimisation of risk is achieved by holding a large amount of fixed rate or non-interest bearing financial instruments. 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 Health'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 Liabilites as at 30 June

			Interest Rate Exposure		
	Weighted Average Effective Interest Rates %	Carrying Amount $'000	Fixed Interest Rate $'000	Variable Interest Rate $'000	Non Interest Bearing $'000
2012					
Financial Assets					
Cash and Cash Equivalents	3.50	13,111	-	13,111	-
Receivables	-	11,305	-	-	11,305
Other Financial Assets - Equities	-	4,414	-	-	4,414
Investments	6.42	34,659	15,506	16,461	-
Total Financial Assets		**63,489**	**15,506**	**29,572**	**15,719**
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		**53,743**	**15,506**	**20,885**	**17,352**

			Interest Rate Exposure		
	Weighted Average Effective Interest Rates %	Carrying Amount $'000	Fixed Interest Rate $'000	Variable Interest Rate $'000	Non Interest Bearing $'000
2012					
Financial Liabilities					
Trade Creditors and Other Payables	-	19,538	-	-	19,538
Refundable Entrance Fees	-	5,425	-	-	5,425
Interest Bearing Liabilities	6.85	260	260	-	-
Total Financial Liabilities		**25,223**	**260**	**-**	**24,963**
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**

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 +0.25% (25 basis points) and –0.75% (75 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.

		Interest Rate Risk				Price Risk			
		-0.75%		0.25%		-10%		10%	
2012	Carrying Amount	Profit $'000	Equity $'000	Profit $'000	Equity $'000	Profit $'000	Equity $'000	Profit $'000	Equity $'000
Financial Assets									
Cash and Cash Equivalents	13,111	(98)	(98)	(33)	(33)	-	-	-	-
Receivables	11,305	-	-	-	-	-	-	-	-
Other Financial Assets - Equities	4,414	-	-	-	-	-	(463)	-	463
Investments	34,659	(260)	(260)	(87)	(87)	-	-	-	-
	63,489	**(358)**	**(358)**	**(120)**	**(120)**	**-**	**(463)**	**-**	**463**
Financial Liabilities									
Trade Creditors and Other Payables	19,538	-	-	-	-	-	-	-	-
Refundable Entrance Fees	5,425	-	-	-	-	-	-	-	-
Interest Bearing Liabilities	260	(2)	(2)	(1)	(1)	-	-	-	-
	25,223	**(2)**	**(2)**	**(1)**	**(1)**	**-**	**-**	**-**	**-**
Total		**(360)**	**(360)**	**(121)**	**(121)**	**-**	**(463)**	**-**	**463**

		Interest Rate Risk				Price Risk			
		-0.50%		0.50%		-10%		10%	
2011	Carrying Amount	Profit $'000	Equity $'000	Profit $'000	Equity $'000	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)	-	463
Investments	31,967	(82)	(82)	82	82	-	-	-	-
	53,473	**(104)**	**(104)**	**104**	**104**	**-**	**(463)**	**-**	**463**
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**	**-**	**(463)**	**-**	**463**

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 proves (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).

	Hierarchy			
2012	Level 1 $'000	Level 2 $'000	Level 3 $'000	Total $'000
Available for Sale Financial Assets (at fair value)				
Other Financial Assets	36,039	-	-	36,039
	36,039	**-**	**-**	**36,039**

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

NOTE 24 JOINTLY CONTROLLED OPERATIONS AND ASSETS

Name of Entity	Principle Activity	Ownership Interest 2012%	Ownership Interest 2011%
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:

	2012 $'000	2011 $'000
Current Assets		
Cash and Cash Equivalents	394	-
Inventories	-	39
Receivables	453	867
Prepayments	38	116
Total Current Assets	**885**	**1,022**
Non- Current Assets		
Property, Plant and Equipment	32	39
Total Non Current Assets	**32**	**39**
Total Assets	**916**	**1,061**
Current Liabilities		
Cash and Cash Equivalents	-	84
Payables	327	402
Employee Benefits and Related On-Cost Provisions	367	352
Total Current Liabilities	**694**	**837**
Non- Current Liabilities		
Employee Benefits and Related On-Cost Provisions	59	49
Total Non Current Liabilities	**59**	**49**
Total Liabilities	**753**	**886**
Net Assets	**163**	**174**
Equity	**163**	**174**

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

	2012 $'000	2011 $'000
Revenues		
Operating Revenue	6,524	4,241
Total Revenue	**6,524**	**4,241**
Expenses		
Operating Expenses	(6,526)	(4,379)
Total Expenses	**(6,526)**	**(4,379)**
Net Result Before Capital and Specific Items	(2)	**(138)**
Capital Income	-	-
Capital Expenses	(7)	(9)
Depreciation	-	(10)
Net Result	**(8)**	**(157)**

NOTE 25 COMMITMENTS FOR EXPENDITURE

	Note	2012 $'000	2011 $'000
(a) Capital Commitments under Contract			
Building Projects		33,390	30,675
Equipment Upgrades		1,907	909
		35,297	**31,584**
Not later than one year		23,863	10,763
Later than 1 year and not later than 5 years		11,434	20,821
Total		**35,297**	**31,584**
(b) Operating Leases			
Equipment			
- Not later than one year		1,084	1,349
- Later than one year and not later than 5 years		3,472	5,359
		4,556	**6,708**
There are 2 MRI systems, a dialysis machine and 31 Photocopiers on non-cancellable operating leases.			
Motor Vehicles			
- Not later than one year		261	251
- Later than one year and not later than 5 years		205	222
		466	**473**
There are 32 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		162	277
- Later than one year and not later than 5 years		98	180
	19	**260**	**457**
Minimum lease payments		278	488
Less future finance charges		18	31
TOTAL		**260**	**457**
There are 17 non-cancellable finance leases for the purchase of motor vehicles.			
The weighted average interest rate implicit in leases is 6.85% (2011 6.55%)			
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		2,152	1,762
- Later than one year and not later than 5 years		3,108	3,991
- Later than 5 years		710	827
		5,970	**6,579**
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)		46,549	45,801
Less GST recoverable from the Australian Tax Office		4,655	4,580
Total commitments for expenditure (exclusive of GST)		**41,894**	**41,221**

NOTE 26 CONTINGENT LIABILITIES AND CONTINGENT ASSETS

As at balance date, the Health Service Union of Australia No.2 enterprise bargaining agreement remains unresolved. Upon the finalisation of this agreement, Barwon Health will have a legal obligation to make payment with respect of this agreement.

The finalisation of this agreement is not expected to materially affect the carrying value of liabilities within the balance sheet of Barwon Health.

NOTE 27 SEGMENT REPORTING

2012	Hospital $'000	RACS $'000	Linen $'000	Community and Mental Health $'000	Other $'000	Total $'000
REVENUE						
External Segment Revenue	360,612	49,923	4,241	46,086	67,501	528,363
Total Revenue	**360,612**	**49,923**	**4,241**	**46,086**	**67,501**	**528,363**
EXPENSES						
External Segment Expenses	397,748	58,759	6,873	46,898	31,070	541,349
Total Expenses	**397,748**	**58,759**	**6,873**	**46,898**	**31,070**	**541,349**
Net Result from ordinary activities	(37,136)	(8,835)	(2,633)	(812)	36,431	(12,986)
Interest Expense	(94)	(34)	(1)	(27)	(12)	(166)
Interest Income	1,948	701	13	554	239	3,455
Net Result for Year	**(35,282)**	**(8,169)**	**(2,620)**	**(285)**	**36,659**	**(9,697)**
OTHER INFORMATION						
Segment Assets	328,424	118,102	2,225	93,387	40,357	582,495
Total Assets	**328,424**	**118,102**	**2,225**	**93,387**	**40,357**	**582,495**
Segment Liabilities	80,162	16,191	1,535	22,657	6,940	127,485
Total Liabilities	**80,162**	**16,191**	**1,535**	**22,657**	**6,940**	**127,485**
Acquisition of Property, Plant and Equipment and Intangible Assets	16,335	5,874	111	4,645	2,007	28,971
Depreciation and Amortisation expense	18,991	6,829	129	5,400	2,334	33,683
Non cash expenses other than depreciation	307	110	2	87	38	545

NOTE 27 SEGMENT REPORTING *continued*

2011	Hospital $'000	RACS $'000	Linen $'000	Community and Mental Health $'000	Other $'000	Total $'000
REVENUE						
External Segment Revenue	346,606	46,074	3,807	41,651	54,267	492,406
Total Revenue	**346,606**	**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)	26,897	(15,687)
Interest Expense	(115)	(47)	(2)	(30)	(12)	(206)
Interest Income	2,219	903	30	586	222	3,959
Net Result for Year	**(22,842)**	**(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

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 Ministers			
The Honourable David Davis, MP, Minister for Health and Ageing	1/07/2011	-	30/06/2012
The Honourable Mary Woodridge, MLA, Minister for Mental Health	1/07/2011	-	30/06/2012
Governing Board			
Dr John Stekelenburg *	1/07/2011	-	30/06/2012
Dr Sarah Leach *	1/07/2011	-	30/06/2012
Mr John Frame	1/07/2011	-	30/06/2012
Mr Damian Gorman*	1/07/2011	-	30/06/2012
Dr David Mackay*	1/07/2011	-	30/06/2012
Mr Marcus Dripps*	1/07/2011	-	30/06/2012
Mr Stephen Wight*	1/07/2011	-	30/06/2012
Ms Barbara Dennis*	1/07/2011	-	30/06/2012
Dr Lakshmi Sumithran	1/07/2011	-	30/06/2012
* Board members who are in office as at date of signing the Financial Report			
Accountable Officers			
Professor 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 $			2012 No.	2011 No.
10,000	-	19,999	-	8
20,000	-	29,999	8	-
40,000	-	49,999	1	1
330,000	-	339,999	-	1
360,000		369,999	1	-
Total Number			**10**	**10**
Income received or due and receivable by Responsible Persons from Barwon Health amounted to:			**$566,723**	**$538,585**

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 $281,089 (2011, $1,765,574). Total payments made to AV for ambulance services in the financial year were $970,844 (2011, $650,843).

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 $4,626,929 (2011, $698,473) and total receipts were $2,430,252 (2011, $2,950,901). 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 $Nil (2011, $225) and total payments made to RMIT University in the financial year were $72,693 (2011, $2,000). Total payments received from RMIT were $ Nil (2011, $ Nil).

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 $Nil (2011, $3,218).

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 $178 (2011, $437).

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 $ Nil (2011, $6,600).

Dr Sarah Leach is a consultant for Bethany Community Support Inc. which provices services to Barwon Health on normal commercial terms and conditions. Total payments received from Bethany Community Support Inc. in the financial year were $420 (2011, $952).

Dr Lakshmi Sumithran is also a Director of the Royal Children's Hospital. Total payments made to and received from the Royal Children's Hospital during the year amounted to $37,975 and $1,149,515 respectively.

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 $6,974,351 (2011, $5,225,289) and total payments received from SWARH for the financial year were $256,145 (2011, $181,080

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.

	Total Remuneration		Base Remuneration	
Salary Range $	2012 No.	2011 No.	2012 No.	2011 No.
180,000 - 189,999	-	-	-	1
190,000 - 199,999	-	1	1	1
200,000 - 209,999	1	2	2	1
210,000 - 219,999	2	-	-	1
220,000 - 229,999	-	1	-	-
230,000 - 239,999	1	-	2	-
240,000 - 249,999	1	-	1	1
250,000 - 259,999	1	1	-	-
360,000 369,999	-	1	-	1
370,000 - 379,999	1	-	1	-
Total Number	**7**	**6**	**7**	**6**
Total Remuneration	**$1,748,106**	**$1,459,677**	**$1,694,106**	**$1,408,670**

NOTE 29 EVENTS OCCURRING AFTER REPORTING DATE

There were no events occurring after reporting date which require additional information to be disclosed.

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 2012 and financial position of Barwon Health as at 30 June 2012.

We are not aware of any circumstances, 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, 8 August 2012

Professor David Ashbridge / Chief Executive Officer

Geelong, 8 August 2012

Dale Fraser / Chief Financial Officer

Geelong, 8 August 2012

VAGO
Victorian Auditor-General's Office

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INDEPENDENT AUDITOR'S REPORT

To the Members of Barwon Health

The Financial Report

The accompanying financial report for the year ended 30 June 2012 of Barwon Health which comprises the comprehensive operating statement, balance sheet, statement of changes in equity, cash flow statement, notes comprising a statement of significant accounting policies and other explanatory information, 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, 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.

Opinion

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

Matters Relating to the Electronic Publication of the Audited Financial Report

This auditor's report relates to the financial report of Barwon Health for the year ended 30 June 2012 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 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 2012

for 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

OBD
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 and 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.

/ INDEX

/ BARWON HEALTH LOCATIONS

GEELONG HOSPITAL

Bellerine Street, 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 and Grindstone Creative

This report is printed on uncoated paper, the pulp of which is sourced only from responsibly managed forests.

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