



**Barwon
Health**



Annual Report 2014-15

Care | Education | Research

BARWON HEALTH

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Report from the Chair and Chief Executive

Barwon Health has continued to lead and innovate this past 12 months with more emphasis than ever being placed on providing a service which is a pioneer of Consumer Directed Care.

Reflecting on the outgoing Strategic Plan we can report that our people have been vital in delivering our service, driving significant philosophical change at Barwon Health, the result being consumers embedded at all levels of service and a heightened focus on research and education. Service reform initiatives, auspiced under the outgoing plan, have taken five years to develop and ensure Barwon Health is seen as a safe and high-quality provider of health care. We believe the accolades received over the past five years, including Health Service of the year (twice) and the Victorian Clinical Training Award point to us achieving on our vision of being Australia's leading regional health service.

Our new incoming Strategic Plan maps out our vision for the next five years to 2020. It has our Consumers at the forefront and showcases our people at their best while practicing Right Care, Right Time, Right Place principles. This Plan will play a crucial role in allowing us to anticipate and meet the challenges of the future. It focusses on Consumers by ensuring we work to improve service integration, enhance communication and bolster our working relationships with all stakeholders. By sharing these specialised areas of knowledge across all channels and teams we can truly enhance the care provided to the community.

This is an exciting time for our health service as it allows us to evaluate how we have evolved over the past five years, as well as providing the opportunity to consider challenges and new opportunities to further improve for the next five years.

Our ongoing commitment to being a leading health service was evidenced by meeting all core and developmental criteria at our mid cycle National Safety and Quality Health Service Standards audit; with every single "Partnering with Consumers" action achieving "Met with Merit". This is an outstanding achievement for the organisation and one we intend to build upon to ensure we continue to deliver world-class standards-of-care for our community.

The biggest area of innovation, aimed directly at making our services more productive for our Consumers, has been the realignment of two Chief Operating Positions. The aim being to align clinical service delivery into two core streams; Acute Service led by Chief Operating Officer, Paul Cohen and Community Health, Rehabilitation, Palliative and Aged Care services under the leadership of Chief Operating Officer, Robyn Hayles.

The alignment under Chief Operating Officer Paul Cohen is aimed at enhancing the integration of services, with the consumer at the forefront, with the current development of an acute program structure which is well in progress.

The second component of this service realignment commenced in October 2014 with Aged Care aligning with Community Health, Rehabilitation and Palliative Care. The next phase will see Mental Health services organisationally move to align with Community Health, Rehabilitation, Palliative and Aged Care services under Chief Operating Officer Robyn Hayles.

Recognition of our productivity has been evidenced by completion of a program to treat all long waiting elective surgery patients within clinically appropriate timeframes. Over the past three years, Surgical Services has had a focus on reducing the 1,100 people who had waited for more than three months for a Category 2 procedure and 365 days for a Category 3 procedure to nil. This significant achievement happened before the financial year closed and will now provide the benchmark for coming years.

Further enhancing the Consumer experience has been the introduction of Consultants in the Emergency Department. This important initiative has assisted improvement in the number of people being treated and discharged home from around 60 per cent at the start of 2014 to 70 per cent by year end.

Over four years of work, planning, effort and financial investment from the State and Commonwealth governments came to fruition with the opening of the Baxter Wing.

The first area to move was the Orthopaedic Ward, followed by Oncology and Haematology, and then the Rapid Assessment Planning Unit (RAPU). Planning is underway for a Palliative Care Ward on level 7. These openings, in conjunction with a new helipad in 2016, will help address the future access demands on the University Hospital site.

Consumers are already enjoying the benefits of our recently completed major capital works projects, including our new Intensive Care Unit, Belmont Community Rehabilitation Centre and the new Baxter Wing. Planning for the new Barwon Health North facility has commenced. We are also expanding our Day Surgery and Recovery areas, providing more Day Surgery procedures across a variety of specialties and growing our Renal Dialysis facilities.

It has been inspiring to witness the ongoing support from the Cotton On Foundation and the Geelong community over the past two years. Through key fundraising events, including Run Geelong and the annual Hospital Appeal, we have been able to see the transformation of our Special Care Nursery to a state-of-the-art facility. We are thrilled that this centre will now match the high level of care provided by our staff to our youngest patients.

We would like to extend our thanks to all the organisations, groups and individuals who played a major role in this redevelopment. Particular mention must be made of our Special Care Nursery staff who demonstrated great cooperation and patience throughout this process.

It has been another productive year for Barwon Health, with a number of partnerships enhancing our services, funding for new projects and awards presented to our organisation in recognition of our effort to ever improving outcomes for all stakeholders.

Our performance throughout this year has been formally recognised through a number of prestigious awards, including a win at the Victorian Public Healthcare Awards for an Intensive Care Unit partnership between Barwon Health, Alfred Health and the Royal Children's Hospital. This triple partnership will allow children throughout the South West region to access high quality surgical care closer to home. This service is further supported by two dedicated Paediatric beds in the ICU. Our team also won the People in Health – Victorian Clinical Training Award.

As a natural evolution of this innovation, and commitment to clinical excellence and research, the organisation has been rebranded. We changed the organisation logo and renamed the Geelong Hospital site to University Hospital Geelong. This was an opportunity to replace ageing signage infrastructure and improve navigation around our sites, while positioning us for the future in a more contemporary way. We are proud to be aligned with Deakin University and want to accurately reflect Barwon Health's position as a major contributor to academia in Australia.

We would like to take this opportunity to thank our Board members, staff, support organisations and importantly our volunteers for all they continue to do to ensure consumers receive care of the highest standard. We continue to make strides towards our vision of becoming Australia's leading health service.



Professor David Ashbridge
Chief Executive



Dr John Stekelenburg
Chair

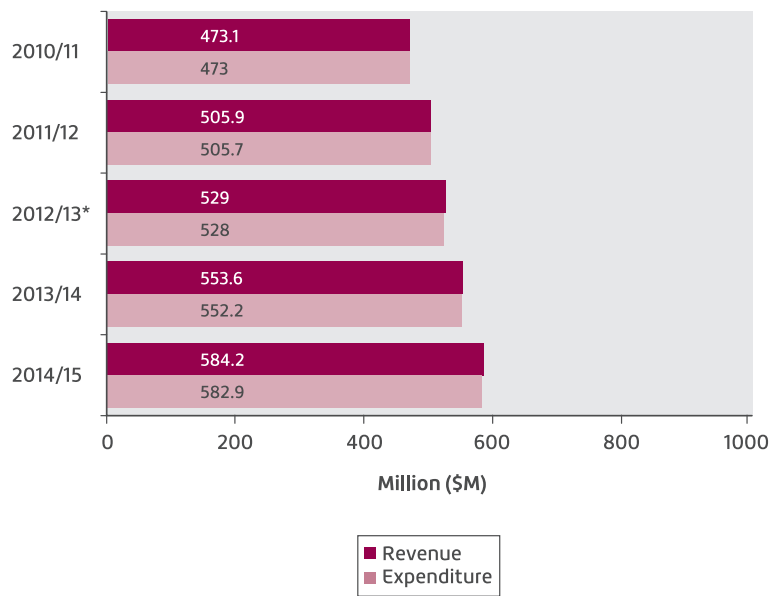


Above
Professor David Ashbridge
Chief Executive

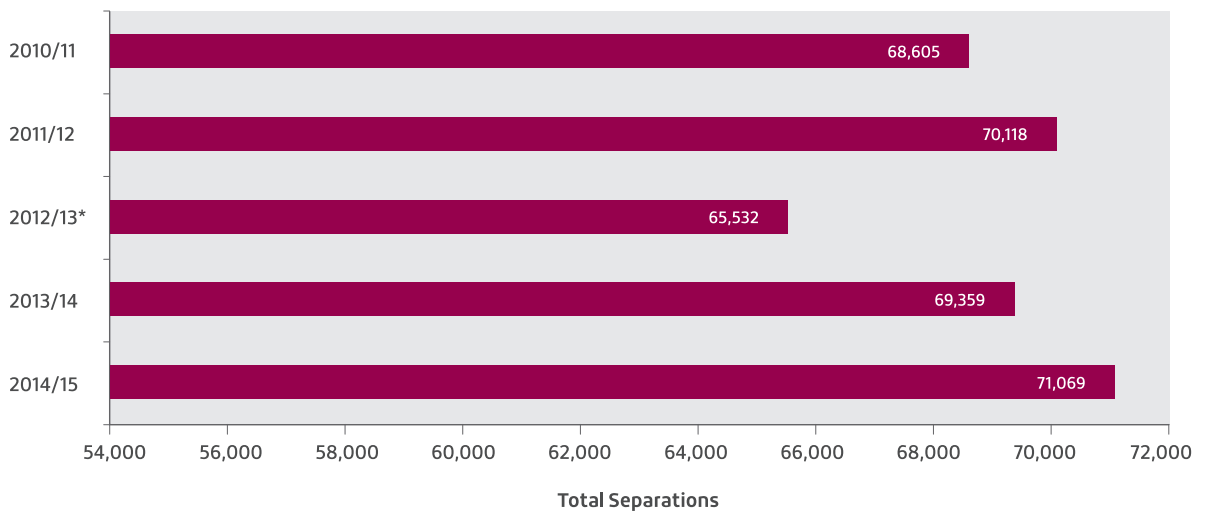
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Dr John Stekelenburg
Chair

Five year snapshot: at a glance

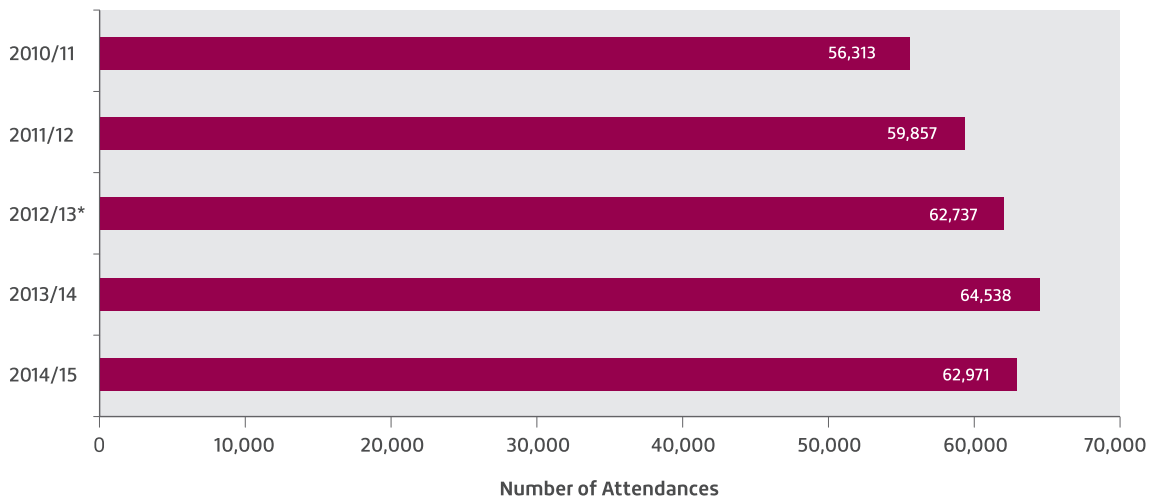
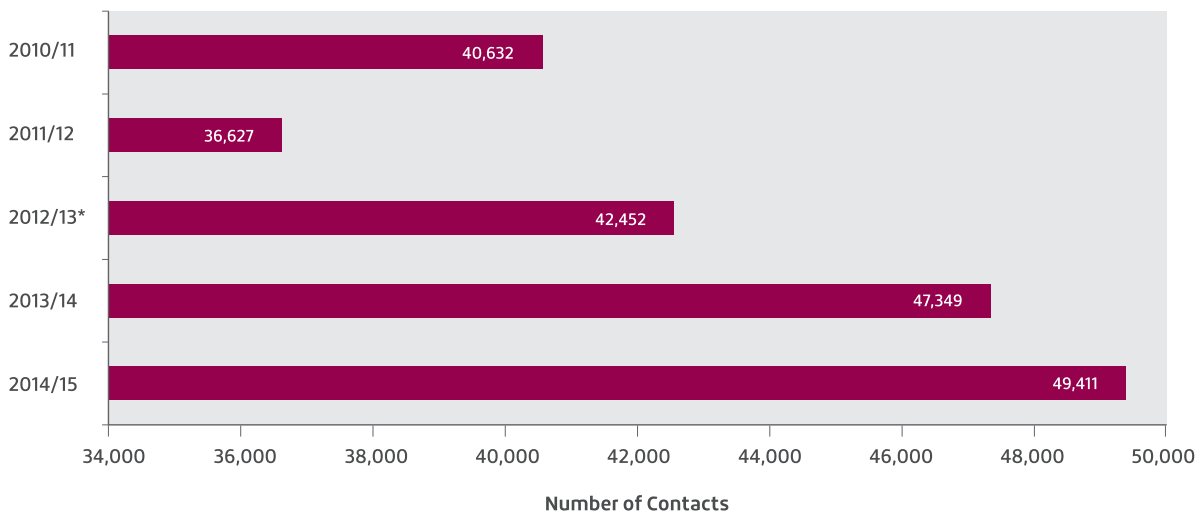
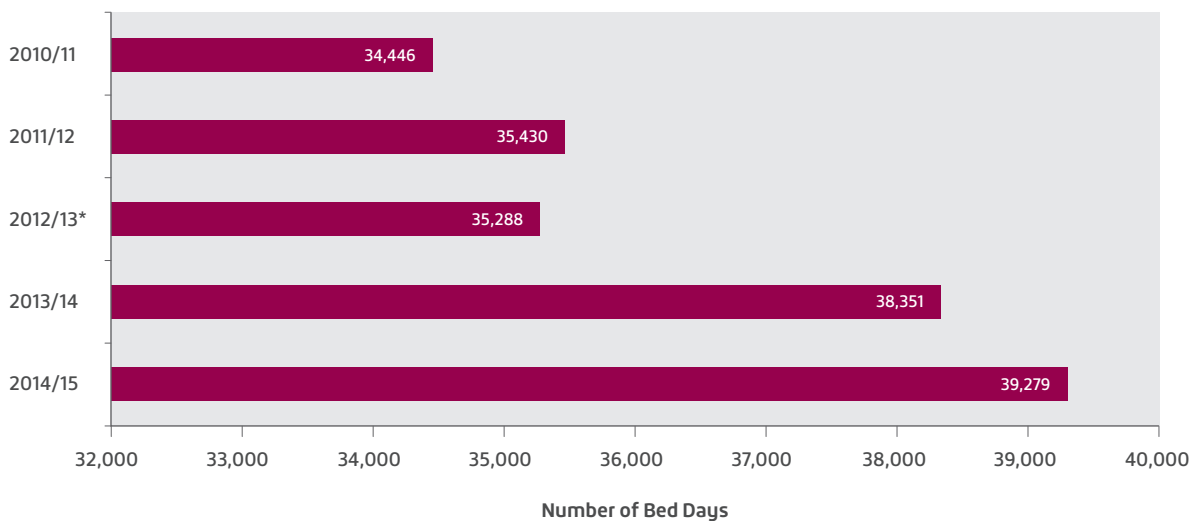
Revenue & Expenditure (past five years)



Inpatient Separations (past five years)



*Note: Inpatient Separations have changed definition from 1 July 2012 due to an alignment to the National standards for Admitted Patients; where a patient's entire episode of care occurs in the Emergency department, these will no longer be considered admitted care or have an Inpatient Separation.

Emergency Department Attendances (past five years)**Dental Contacts (past five years)****Rehabilitation, Palliative and Geriatric Evaluation Management Bed Days (past five years)**

Five year snapshot

	2014/15	2013/14	2012/13	2011/12	2010/11
Surgical/Medical (past five years)					
Inpatient Separations	71,069	69,359	65,532*	70,118	68,605
Total Operations	21,916	21,693	21,014	19,595	19,201
Births	2,427	2,363	2,364	2,167	2,052
Waiting List	1,151	1,269	2,058	2,152	1,801
Outpatients	148,638	140,280	131,127	116,324	115,206
ED Attendances	62,971	64,538	62,737	59,857	56,313
Total Bed Days	167,572	165,740	162,861*	165,803	167,407
Aged Care/Rehabilitation					
Nursing Home Bed Days (inc hostel & Blakiston House)	125,338	131,053	135,763	141,156	141,438
Rehab, Palliative Care & Geriatric Evaluation Management Bed Days	39,279	38,351	36,406	35,430	34,446
Sub Acute/Rehab Separation Numbers	1,886	1,731	1,603	1,618	1,619
Community Rehab Centre Attendances	34,254	36,374	31,315	30,736	26,216
Falls & Mobility Clinic Attendances	893	537	456	498	502
Victorian Paediatric Rehabilitation Service Contacts	1,394	1,115	1,507	1,336	986

*** 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.

* Inpatient Separations have changed definition from 1 July 2012 due to an alignment to the National standards for Admitted Patients; where a patients entire episode of care occurs in the Emergency department, these will no longer be considered admitted care or have an Inpatient separation. This also applies to Bed Days.

	2014/15	2013/14	2012/13	2011/12	2010/11
Community & Mental Health					
Dental Contacts	49,411	47,349	42,452	36,627	40,632
Child & Adolescent MH Contacts	7,083	6,651	12,135	Not available [†]	10,595
Adult Mental Health Contacts	68,241	54,838	62,198	Not available [†]	62,483
Young Adults	29,456	20,865	14,123	Not available [†]	13,211
District Nursing Treatment Hours	61,888	57,115	41,209	38,044	41,303
Primary Care Nursing & Allied Health Hours	64,891	63,453	60,245	58,620	60,183
HARP Direct Clients	3,764	3,702	3,311	3,207	2,059
Individual Carers Assisted	2,543	2,790	2,746	2,509	2,889
Carer Respite Intakes	4,568	5,293	5,830	5,635	4,920
Additional statistics					
Fundraising income	\$3.8M	\$3.2M	\$4.0M	\$4.3m	\$4.5m
Volunteers numbers	1,053	1,018	1,000	600*	1,015
Compliments registered	Not available**	Not available [†]	721	382	340
Complaints registered	606	602	545	477	392

* 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.

[†] Due to an administrative error compliments were not accurately recorded; a definitive figure for the year is not available.

** Work is underway to develop an organisation wide system to accurately capture and record compliments.

About Barwon Health

*2014/15 has been
a year of challenges
and achievements*



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 West 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 University Hospital Geelong is one of the busiest in Victoria. We provide care at all stages of life and circumstances through our comprehensive range of services from emergency and acute medicine to mental health, primary care, community services, aged care and sub-acute care and 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 at 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 needs of our primary catchment-the greater Geelong area with a population in excess of 290,000-and provide more complex, specialist health care for 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 per cent or close to 195,000 people.

With a staff headcount in excess of 6,200 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

The Honourable Jill Hennessy MLA

Minister for Health
4 December 2014 to 30 June 2015

Martin Foley MLA

Minister for Mental Health
4 December 2014 to 30 June 2015

Minister for Housing, Disability and Ageing
4 December 2014 to 30 June 2015

Jenny Mikakos MLC

Minister for Families and Children
4 December 2014 to 30 June 2015

The Honourable David Davis MLC

Minister for Health, Minister for Ageing
1 July 2014 to 3 December 2014

The Honourable Mary Wooldridge MLA

Minister for Mental Health
1 July 2014 to 3 December 2014

Minister for Community Services
1 July 2014 to 3 December 2014

Minister for Disability Services and Reform
1 July 2014 to 3 December 2014

NUMBER OF BEDS	2014/15	2013/14
Acute	426	434
Transitional/Care (offsite)	20	39
Transitional/Care (onsite)	19	NA*
Aged Residential Care	389	408
Mental Health Acute	32	32
Mental Health Rehab & Secure Extended Care	15	15
Prevention & Recovery Care(PARC)	6	6
Sub Acute	108	108
TOTAL	1,015	1,042

*Note: these were all offsite in the last financial year until we moved 19 beds from the Belmont to Alan David Lodge

BREAKDOWN OF AGED CARE BEDS	BEDS
Blakiston Lodge: Consists of two secure units of 45 aged mental health beds and 45 dementia specific beds, North Geelong	90
Wallace Lodge: High Level Care, North Geelong	108
Alan David Lodge: 108 high level care beds in Grovedale	89*
Percy Baxter Lodges: 102 low level care beds, North Geelong	102

*Note: 19 beds taken for Transition Care this year



*Consumers benefit
from our efforts to
improve service across
all levels of business*

Strategic Direction & Priorities

OUR OVERARCHING PRIORITY

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

Our 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
- 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 the community health status will propel Barwon Health, its staff and partners into a national leadership role, and provide a model for change across Australia.



Statement of Priorities Part A: Strategic Objectives 2014/15

PRIORITY	ACTION	DELIVERABLE	OUTCOME*
DEVELOPING A SYSTEM THAT IS RESPONSIVE TO PEOPLE'S NEEDS	Develop an organisational policy for the provision of safe, high quality end-of-life care in acute and subacute settings, with clear guidance about the role of, and access to, specialist palliative care.	Policy developed and implemented and processes embedded in all programs.	Completed Organisational end-of-life strategy developed and implemented.
	Implement formal advance care planning structures and processes, including putting into place a system for preparing and/or receiving, and documenting advance care plans in partnership with patients, carers and substitute decision makers.	Increase the number of End of Life care plans undertaken in the community in partnership with Barwon Medicare Local and General Practitioners. Internal process in place to ensure enactment of care plans.	Completed 90% of referrals generated by GP's, 1,511 referrals resulted in 1,103 documents. Completed Plans are scanned and stored on patient electronic records and available across all clinical patient information systems.
	Develop opportunities for greater private sector collaboration, coordination and integration.	Robust and consistent process to support contractual arrangements within the private sector.	Completed and ongoing MOU's signed with St John of God Hospital and Barwon Medicare Local and Developing a new model of care at Epworth hospital in Waurin Ponds.
	Progress partnerships with other services to improve outcomes for regional and rural patients.	Collaborate with other services to deliver Strengthening the Region projects including telehealth. Work with health services to implement system improvements and coordination of emergency care services.	Completed and ongoing Reflected in the 2015-2020 Strategic Plan. Ongoing Engage with St John of God Hospital to support Emergency Services.

* Examples are listed against outcomes, further detail is contained in the Key Highlights section commencing on page 34.

PRIORITY	ACTION	DELIVERABLE	OUTCOME*
IMPROVING EVERY VICTORIAN'S HEALTH STATUS AND EXPERIENCES	Use consumer feedback to improve personal and family centred care, health service practices and patient experience.	Implement a real time patient feedback system – “Top 5 Things you need to know about me” and introduce a standardised template for Care Planning that incorporates client-centred goals.	Completed and ongoing Implemented staff training program “About Me”.
	Support local implementation of the Victorian Health and Wellbeing Plan 2011-2015 through collaboration with key partners such as Local Government, Medicare Locals, community health services and other agencies (for example Women’s Health Victoria and VACCHO).	Implement a smoke free environment.	Completed Additional signage and promotion installed across all sites.
		Implement healthy eating habits within Barwon Health facilities.	Completed Changes to Cafeterias to reflect new Food and Nutrition Policy.
		Increase alignment of Barwon Health’s Integrated Health plan with Healthy Together deliverables.	Completed Reflected in the 2015-2020 Strategic Plan.
	Improve health literacy and support informed choice and shared decision making by responding to the health information needs of service users.	Ensure consumer documentation meets health literacy best practice through improved quality of consumer-related information on website.	Completed and ongoing All consumer materials are reviewed via the Written Information Suitability Evaluation (WISE) process.

* Examples are listed against outcomes, further detail is contained in the Key Highlights section commencing on page 34.

Statement of Priorities Part A: Strategic Objectives 2014/15

PRIORITY	ACTION	DELIVERABLE	OUTCOME*
EXPANDING SERVICE, WORKFORCE AND SYSTEM CAPACITY	Develop and implement a workforce immunisation plan that includes pre-employment screening and immunisation for existing staff that work in high risk areas in order to align with Australian infection control and immunisation guidelines.	Plan is developed and implemented. We have 100 per cent compliance with pre-employment screening and immunisation. Full record kept of immunisation status of all staff.	Completed and ongoing Reflected in take up rates of Flu Vaccination across the organisation.
	Build workforce capability and sustainability for supporting formal and informal clinical education and training for staff and health students, in particular inter-professional learning.	Align clinical training and education to needs identified in the Workforce Strategy.	Ongoing Additional post graduate programs delivered and annual plan developed.
	Optimise workforce productivity through identification and implementation of workforce models that enhance individual and team capacity and support flexibility.	Prioritise Workforce Strategy with a focus on likely areas of future shortfall, retention and provision of specialist services regionally.	Completed and ongoing A Comprehensive Strategic Workforce Plan has been developed and accepted by the Board.
		Review rostering efficiency.	Ongoing A rostering effectiveness tool and associated business rules have been developed.
	Increase consultation with Medical Council and junior medical workforce to understand opportunities and improve engagement with organisation strategies and values.	Completed and ongoing Regular Medical Advisory Council meetings have been set up with representation from the Chief Resident group.	

* Examples are listed against outcomes, further detail is contained in the Key Highlights section commencing on page 34.

PRIORITY	ACTION	DELIVERABLE	OUTCOME*
EXPANDING SERVICE, WORKFORCE AND SYSTEM CAPACITY (continued)	Increase employment of Aboriginal people in mainstream health services in line with the strategic objectives of Koolin Balit: Victorian Government strategic directions for Aboriginal Health 2012-2022 and Karreeta Yirramboi workforce participation targets.	Increase representation of Aboriginal and Torres Strait Islander participation in the workforce in mainstream roles.	Ongoing Koorie Workforce Talent Acquisition Officer appointed and in increase in the number of Aboriginal / Torres Strait Islander employees from 7 to 24.
		Submit maximum number of Koolin Balit applications for skill enhancement training grants for Aboriginal employees.	Ongoing For grants were applied for; two were successful.
		Develop a culturally aware and inclusive workplace.	Ongoing Development of a Reconciliation Plan in progress.
		Develop and implement Managers and Staff Cultural Awareness training ensuring it reflects current and emerging needs specific to Barwon Health.	Completed and ongoing Promotion of Aboriginal e-learning tool to build organisational awareness.
		Complete e-learning tool by December 2014 with immediate roll out.	Completed E-learning tool launched and in use.
		Build ongoing collaborative partnerships with community stakeholders, governments, education providers and other relevant stakeholders.	Ongoing Well established working relationships with key groups, Northern Futures being an example.

* Examples are listed against outcomes, further detail is contained in the Key Highlights section commencing on page 34.

Statement of Priorities Part A: Strategic Objectives 2014/15

PRIORITY	ACTION	DELIVERABLE	OUTCOME*
INCREASING THE SYSTEM'S FINANCIAL SUSTAINABILITY AND PRODUCTIVITY	Identify and implement practise change to enhance asset management.	Strengthen lifecycle asset management planning to optimise equipment turnover and infrastructure replacement through proactive planning processes.	Ongoing Review is ongoing with data warehouse implementation in 2015/16 to further enhance analytical capability.
	Reduce health service administration cost.	Examine administrative and clinical costs against benchmarks in key program areas (Finance, Information and Communication Technology and Workforce).	Ongoing Implementation of the Procurement Systems Project.
		Streamline procurement practise using a newly implemented finance system to capitalise on both volume purchasing and narrowing width of medical supplies.	Ongoing Implementation of the Epicure system.
IMPLEMENTING CONTINUOUS IMPROVEMENTS AND INNOVATION	Develop a focus on 'systems thinking' to drive improved integration and networking across health care settings.	Continue to use R3 (Right Care, Right Time, Right Place) to drive service and flow improvements.	Ongoing R3 reflected in incoming five year strategic plan.
		Align all activities in the Service Reform division to initiatives which deliver R3 improvements, incorporating benchmark data.	Ongoing R3 reflected in incoming five year strategic plan.
		Develop the next 5 Year Strategic plan (2015-2020) with innovative strategies to be leaders in safety, quality and patient-centred care.	Completed and ongoing 2015-2020 Strategic Plan completed and endorsed by Minister.
	Drive improved health outcomes through a strong focus on patient-centred care in the planning, delivery and evaluation of services, and the development of new models for putting patients first.	Facilitate engagement from all key stakeholders including consumers, to understand and agree on strategic priorities.	Ongoing Consumers consulted in the development of the 2015-2022 Strategic Plan.

* Examples are listed against outcomes, further detail is contained in the Key Highlights section commencing on page 34.

PRIORITY	ACTION	DELIVERABLE	OUTCOME*
INCREASING ACCOUNTABILITY & TRANSPARENCY	Undertake an annual Board assessment to identify and develop Board capability to ensure all Board Members are well equipped to effectively discharge their responsibilities.	Annual review completed. All new directors to complete the Australian Institute of Company Director's Course.	Completed Review conducted. Completed and ongoing All Directors have either completed or are in the process of completing the AICD course.
	Demonstrate a strategic focus and commitment to Aged Care by responding to community need as well as the Commonwealth Living Longer Living Better reforms.	Review Aged Care strategic focus in line with new legislation and other provider responses to deliver a sustainable service model.	Completed Review and subsequent staff training in implementing Legislation completed.
IMPROVING UTILISATION OF E-HEALTH AND COMMUNICATIONS TECHNOLOGY	Utilise telehealth to better connect service providers and consumers to appropriate and timely services.	Move existing telehealth programs in ICU, ED and Cancer Services to a managed contract that improves patient services or outcomes for patients, embedding it as "business as usual".	Ongoing Increased use of Telehealth throughout the region, supporting Clinicians and patients.
		Increase telehealth activity between services across the South West region through implementation of the endorsed strategy (including paediatrics).	Ongoing Actively supporting other hospitals in the region via Telehealth, Hamilton Base Hospital ICU as an example.
	Ensure local ICT strategic plans are in place.	Rebuilding of the Data Warehouse providing the platform for improved data at point-of-care.	Ongoing Data Warehouse rebuilt and embedded in new intranet platform 'OnePoint'.

* Examples are listed against outcomes, further detail is contained in the Key Highlights section commencing on page 34.

Statement of Priorities Part B: Performance Priorities

FINANCIAL PERFORMANCE	TARGET	2014/15 ACTUALS
Operating result	\$1m	\$1.3m
WIES ACTIVITY PERFORMANCE		
Percentage of WIES (Public and Private) performance to target	100%	101%
CASH MANAGEMENT		
Creditors	<60 days	22
Debtors	<60 days	37

ACCESS PERFORMANCE	TARGET	2014/15 ACTUALS
EMERGENCY CARE		
Percentage of operating time on hospital bypass	N/A	N/A
Percentage of ambulance transfers within 40 minutes	90%	88%
NEAT - Percentage of emergency presentations to physically leave the Emergency Department for admissions to hospital, to be referred to another hospital for treatment, or be discharged within four hours (July-December 2013)	75%	53%
NEAT - Percentage of emergency presentations to physically leave the Emergency Department for admissions to hospital, to be referred to another hospital for treatment, or be discharged within four hours (January-June 2014)	81%	54%
Number of patients with length of stay in the Emergency Department greater than 24 hours	0	0
Percentage of Triage Category 1 emergency patients seen immediately	100%	100%
Percentage of Triage Category 1 to 5 emergency patients seen within clinically recommended times	80%	61%

ELECTIVE SURGERY	TARGET	2014/15 ACTUALS
Percentage of Urgency Category 1 elective patients treated within 30 days	100%	100%
NEST – Percentage of Urgency Category 2 elective surgery patients treated within 90 days	88%	75%
NEST – Percentage of Urgency Category 3 elective surgery patients treated within 365 days	97%	92%
Number of patients on the elective surgery waiting list	1275	1161
Number of Hospital Initiated Postponements per 100 scheduled admissions	8.0	5.8

SERVICE PERFORMANCE

ELECTIVE SURGERY	TARGET	2014/15 ACTUALS
Number of patients admitted from the elective surgery waiting list - quarter 1	1898	1977
Number of patients admitted from the elective surgery waiting list - quarter 2	1904	1787
Number of patients admitted from the elective surgery waiting list - quarter 3	1906	1946
Number of patients admitted from the elective surgery waiting list - quarter 4	2148	2023

CRITICAL CARE	TARGET	2014/15 ACTUALS
Number of days operating below agreed Adult ICU minimum operating capacity	0	2

Statement of Priorities Part B: Performance Priorities

QUALITY AND SAFETY	TARGET	2014/15 ACTUALS
Health service accreditation	Full compliance	Achieved
Residential aged care accreditation	Full compliance	Achieved
Cleaning standards (Overall)	Full compliance	Achieved
Cleaning standards (AQL-A)	90	95.5
Cleaning standards (AQL-B)	85	95.1
Cleaning standards (AQL-C)	85	94.4
Health care worker immunisation - influenza	75	76.9
Submission of data to VICNISS	Full compliance	Achieved
Hospital acquired infection surveillance	No outliers	Achieved
Hand Hygiene (rate)	80	82%
SAB rate per occupied bed days	<2/10,000	0.7
Victorian Health Care Experience Survey	Full compliance	Achieved
Patient Safety Culture	80	90

MATERNITY	TARGET	2014/15 ACTUALS
Percentage of women with prearranged post natal care*	100	99%

MENTAL HEALTH	TARGET	2014/15 ACTUALS
Mental Health 28 day readmission rate - percentage	14	16%
Mental Health Post - discharge follow up rate - percentage	75	88%
Mental Health Seclusion rate per 1000 bed days	15	0%

FLEXIBLE AGED CARE PLACES	CAMPUS	OCCUPANCY
Flexible Beds (370)*	Various	95.25%
Respite Care Bed Days	McKellar Centre	2,083

* Note: the distinction between High and Low Level Beds was removed by the Commonwealth July 1, 2014

Statement of Priorities Part C: Performance Priorities

ACTIVITY & FUNDING

FUNDING TYPE	2014/15 Activity Achievement
ACUTE ADMITTED	
WIES Public	45,626
WIES Private	10,383
Total PPWIES (Public and Private)	56,009
WIES DVA	867
WIES TAC	450
WIES TOTAL	57,326

ACUTE NON-ADMITTED	
Radiotherapy WAUs Public	35,930
Radiotherapy WAUs DVA	719

SUBACUTE & NONACUTE ADMITTED	
GEM DVA	867
GEM Private	4,160
GEM Public	10,096
Maintenance DVA	N/A
Maintenance Public	N/A
Palliative Care DVA	209
Palliative Care Private	1,899
Palliative Care Public	3,331
Rehab DVA	855
Rehab Private	7,828
Rehab Public	10,034
<i>Subacute admitted other</i>	
Transition Care - Bed days	10,976
Transition Care - Home day	5,310

ACTIVITY	2014/15 Activity Achievement
AGED CARE	
Aged Care Assessment Service	3,197
Residential Aged Care	125,338

MENTAL HEALTH AND DRUG SERVICES	
Mental Health Inpatient	10,886 bed days
Mental Health Ambulatory	41,314.26 hours
Mental Health Residential	2,935 bed days
Mental Health Subacute	1,880 bed days

HACC Allied Health Totals	31,140
HACC Assessment	7,957
HACC Nursing	59,555
HACC Planned Activity Group - Core	20,160
HACC Planned Activity Group - High	15,850

*Accomplishment of our aim
to fundamentally improve
the community health status
will propel Barwon Health into
a national leadership role*



Board of Directors

CHAIR

Dr John Stekelenburg
MBBS, MAICD

DEPUTY CHAIR

Barbara Dennis
MA, B.App.Sci (Occupational Therapy), GAICD

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Marie Thornton
TPTC (Geelong TC), FAICD

Stephen Wight
BCom, CA, GAICD

Executive Team

CHIEF EXECUTIVE OFFICER

Professor David Ashbridge

MBBS, M. Public Health, Dip. Child Health, Dip. Tropical Medicine, GAICD, Member of the Royal Australian College of General Practitioners

DEPUTY CHIEF EXECUTIVE OFFICER/CHIEF OPERATING OFFICER ACUTE SERVICES

Paul Cohen

BA (Pol&Gov) Hons

CHIEF MEDICAL OFFICER

Associate Professor Alastair Mah

MBBS, BMedSci, MHSM, MBA, FRACMA, FCHSM, FHKCHSE, GAICD

CHIEF NURSING AND MIDWIFERY OFFICER

Adjunct Professor Lucy Cuddihy

DN, RN, RM, BAppSc (Adv Nurs), MBA

EXECUTIVE DIRECTOR SURGICAL SERVICES

Peter Watson

CHIEF OPERATING OFFICER COMMUNITY HEALTH, REHABILITATION AND AGED CARE SERVICES

Robyn Hayles

MPH, BAppSc (Nursing)

MENTAL HEALTH, DRUGS AND ALCOHOL SERVICES

Executive Director (to February 2015)

Kevin Freele

BA (Psych), MSocWk

Director (from March 2015)

Jennifer Black

BAppSc (OT), MHLthMgt

CHIEF FINANCIAL OFFICER

Nicole Peck

CPA, GAICD

CHIEF OF KNOWLEDGE, INFORMATION AND REGIONS

Ann Larkins

MBT, CCRN, AAICD, Honorary Fellow Deakin University – Centre for Pattern Recognition and Data Analytics (PRaDA).

CHIEF OF WORKFORCE AND CULTURE

Perry Muncaster

Barwon Health Organisational Structure 2014/2015

<p>ACUTE SERVICES</p> <p>Deputy Chief Executive / Chief Operating Officer</p> <p>Paul Cohen</p>	<p>SURGICAL SERVICES</p> <p>Executive Director</p> <p>Peter Watson</p>	<p>COMMUNITY HEALTH, REHABILITATION AND AGED CARE</p> <p>Chief Operating Officer</p> <p>Robyn Hayles</p>	
<p>Aboriginal Health Liaison</p> <p>Allied Health</p> <p>Access and Patient Flow</p> <ul style="list-style-type: none"> - Bed Management - Planning & Referral Team (PaRT) - Hospital in the Home (HITH) <p>Barwon Medical Imaging</p> <p>Barwon South West Region Integrated Cancer Services (BSWRICS)</p> <p>Cancer Services</p> <p>Cardiology</p> <p>Central Resource Unit (CRU)</p> <p>Children's Services</p> <p>Emergency Services</p> <p>Endocrinology/Diabetes</p> <p>General Medicine</p> <p>General & Specialist Medical Wards</p> <p>Infectious Disease</p> <p>Neurosciences</p> <p>Pharmacy</p> <p>Renal Services</p> <p>Gynaecological and Maternity Services</p>	<p>Department of Surgery</p> <ul style="list-style-type: none"> - Cardiothoracic Surgery - Ear, Nose & Throat Surgery (ENT) - General Surgery - Gynaecological Surgery - Paediatric Surgery - Plastic Surgery - Oral and Maxillofacial Surgery - Orthopaedic Surgery - Ophthalmology - Urological Surgery - Vascular Surgery <p>Intensive Care Unit</p> <ul style="list-style-type: none"> - Central Vascular Access Service - MET Team - Deteriorating <p>Patient Response Team</p> <p>Department of Anaesthesia, Peri-Operative Medicine and Pain Management</p> <p>Operating Theatres</p> <ul style="list-style-type: none"> - Main Operating Theatres - Day Operating Theatres (Gretta Volum Centre) - Central Sterilising Unit - Elective Surgery Access Unit <p>Outpatient Department</p> <p>Surgical Wards</p>	<p>Care Link & Carer Respite Services</p> <p>Centre for Promoting Health Independence</p> <p>Community Services</p> <ul style="list-style-type: none"> - Community Health Centres - Community Nursing - Day Programs (PAG) - Ethnic Health - Health Promotion Unit - Hospital Admission Risk Program (HARP) - Immunisation Services - Oral Health Services <p>Information & Access Service</p> <p>Palliative Care Services</p> <ul style="list-style-type: none"> - Inpatient - Community - Home Based <p>Rehabilitation Services</p> <ul style="list-style-type: none"> - McKellar Inpatient Rehabilitation Centre - Community Rehabilitation Centres - Home Based Rehabilitation - Hydrotherapy - Regional Acquired Brain Injury (ABI) Program - Rehabilitation Specialist Services - Victorian Paediatric Rehabilitation Program 	<p>Respecting Patient Choices Transition Service</p> <p>Residential Aged Care</p> <ul style="list-style-type: none"> - High Level Aged Care - Low Level Aged Care - Dementia Specific - Residential Aged Persons Mental Health <p>Specialist Geriatric Medicine Services</p> <p>Geriatric Evaluation and Management (GEM)</p> <p>Transition Care Program (TCP)</p> <ul style="list-style-type: none"> - Residential - Domiciliary <p>Restorative Care Program</p> <p>Residential In Reach</p> <p>Barwon Region Aged Care Assessment Service (BRACAS)</p>

BARWON HEALTH BOARD OF DIRECTORS

CHIEF EXECUTIVE OFFICER

Professor David Ashbridge

BARWON HEALTH FOUNDATION

Executive Director
Jill Moodie

COMMUNICATIONS AND MARKETING

Director
Kate Bibby

MENTAL HEALTH, DRUGS AND ALCOHOL SERVICES

Executive Director (to Jan 2015)
Kevin Freele

Director (From March 2015)
Jennifer Black

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

CHIEF OF NURSING AND MIDWIFERY

Lucy Cuddihy

- Clinical Education and Training
- Volunteer Services
- Centre for Nursing and Allied Health Research
- Pastoral Care
- Practice Development
- Infection Prevention
- Service Governance

CHIEF OF WORKFORCE AND CULTURE

Perry Muncaster

- HMO Administration
- Workforce Partnerships
- Occupational Health & Safety
- Payroll
- Staff Clinic
- Workforce & Culture
- Environmental Services
- Food Services
- Linencare
- Corporate and Support
- Education and Training

CHIEF MEDICAL OFFICER

Alastair Mah

- Barwon Health GP Liaison Officer & Team
- Safety, Quality & Innovation Unit
 - Quality & Risk Management
 - Consumer Liaison
 - Consumer Centred Care
 - Accreditation
 - Medico-Legal
 - Service Reform & Innovation
- Medical Appointments
- Research Office

CHIEF FINANCIAL OFFICER

Nicole Peck

- Building & Engineering
- Capital Works
- Audit
- Customer Services
- Financial Services
- Procurement Services
- Supply

CHIEF OF KNOWLEDGE, INFORMATION AND REGIONS

Ann Larkins

- Privacy Officer
- Technology/ Information & Change Management Advisors
- Regional Health Library Services
- Biomedical Engineering
 - Communications support
- ICT Operations
 - Clinical Applications
- Specialists
 - Project Managers
 - Telehealth Program
 - SWARH services support
 - Medical Records Scanning/
- FOI
- Decision Support and Data Integrity Operations
 - Government Reporting
 - Business Analysts
 - Clinical Coding Team
 - Data Integrity Officers
- Regional Collaboration

Board Committees

✓ Attended

A Apology

CHAIR

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MBBS, MAICD

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BCom, CA, GAICD

BOARD OF DIRECTORS & FINANCE COMMITTEE

BOARD MEMBER	25 JUL 14	29 AUG 14	26 SEP 14	31 OCT 14	05 DEC 14	30 JAN 15	27 FEB 15	27 MAR 15	24 APR 15	01 MAY 15	01 JUN 15	% ATT
Dr John Stekelenburg (Board Chair)*	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	100
Jennifer Cromarty	✓	✓	✓	✓	A	✓	✓	✓	✓	✓	✓	91
Barb Dennis	✓	✓	✓	✓	✓	A	✓	✓	✓	✓	✓	91
Marcus Dripps	✓	✓	✓	A	A	✓	✓	✓	✓	✓	✓	82
Sarah Leach	A	✓	A	✓	✓	A	✓	✓	✓	✓	✓	73
David Mackay	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	100
Daniela Pavlovic	✓	A	✓	✓	✓	✓	✓	✓	✓	✓	✓	91
Marie Thornton	✓	✓	✓	✓	✓	✓	A	✓	✓	✓	✓	91
Stephen Wight	✓	✓	✓	A	✓	✓	✓	✓	A	✓	✓	82

*The Board Chair was an ex-officio member of the following Board committees:

Audit and Risk Management Committee

BOARD MEMBER	25 JUL 14	15 AUG 14	14 NOV 14	11 FEB 15	13 MAY 15	% ATT
Stephen Wight (Chair)	✓	✓	✓	✓	✓	100
Marcus Dripps	✓	✓	✓	✓	✓	100
Sarah Leach	A	✓	✓	✓	✓	80
David Mackay	✓	✓	✓	✓	✓	100
Daniela Pavlovic	✓	✓	✓	✓	✓	100

Community Advisory Committee

BOARD MEMBER	OCT 14	02 DEC 14	3 MAR 15	2 JUN 15	% ATT
Barb Dennis (Chair)	Postponed to Dec 2014	A	✓	✓	Majority of meetings
Jennifer Cromarty		A	✓	✓	Majority of meetings
Daniela Pavlovic		✓	A	✓	Majority of meetings
Marie Thornton		✓	✓	A	Majority of meetings

Primary Care and Population Health

BOARD MEMBER	18 AUG 14	17 NOV 14	16 FEB 15	18 MAY 15	% ATT
Marcus Dripps (Chair)	✓	✓	✓	✓	100
Barb Dennis	✓	✓	A	✓	75
Marie Thornton	✓	✓	A	✓	75

Quality and Clinical Governance Committee

BOARD MEMBER	17 SEP 14	10 DEC 14	18 MAR 15	17 JUN 15	% ATT
Sarah Leach (Chair)	✓	✓	A	✓	75
Jennifer Cromarty	A	A	✓	✓	50
Barb Dennis	✓	✓	✓	✓	100
Stephen Wight	✓	✓	✓	✓	100

Remuneration Committee***

BOARD MEMBER	12 SEP 14	% ATT
David Mackay (Chair)	✓	100
Barb Dennis	✓	100
Daniela Pavlovic	A	0

*** recommendations from the Remuneration Committee were made to the Board Meeting September 2014 for decision.

Caring for the Carers

WORKFORCE BREAKDOWN

LABOUR CATEGORY	JUNE CURRENT MONTH FTE*		JUNE YTD FTE**	
	2014	2015	2014	2015
Nursing Services	1,816	1,824	1,767	1,807
Administration & Clerical	666	706	646	689
Medical Support Services	375	389	370	382
Hotel & Allied Services	556	536	547	552
Medical Officers	65	66	64	67
Hospital Medical Officers	312	327	283	319
Sessional Clinicians	85	91	94	91
Ancillary Services	348	350	335	348
TOTAL	4,224	4,290	4,104	4,255

We aim to drive improved health outcomes through a strong focus on patient-centred care

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 full-time employee: actual paid hours/employee's base hours = Full-time FTE
- ↪ For a part-time or a casual employee: actual paid hours/employee's standard Award hours – part time and casual FTE
- ↪ June current month FTE for an employee = the aggregation of all individual FTEs for all pays ending during June divided by the number of pays 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 AND 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 AND 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 the current Strategic Plan.

OCCUPATIONAL HEALTH AND 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 continues to provide a range of services to support the health and wellbeing of our valued staff, including the Work Wellness program and a comprehensive vaccination program. The service is instrumental in achieving high levels of staff vaccinations, which ensures the safety of our vulnerable consumers. The service recently achieved accreditation under the new National Safety and Quality health care Standards. All core and developmental requirements were met, many with merit. Of particular note was all criteria in Standard 2 – Partnering with Consumers were met with merit.

RISK MANAGEMENT

Barwon Health has a strong commitment to managing risk and has actively worked to increase sound Risk Management practice throughout the organisation.

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 30 June 2013 is given below:

RISK TYPE	TOTAL
Strategic	11
Clinical	9
TOTAL	20

Key highlights across Barwon Health

ACUTE SERVICES

Key initiatives

There have been a number of significant achievements within the University Hospital Geelong campus over the past 12 months. Highlights include:

- Implementation of a program structure for the hospital. This aligns the delivery of services more closely with how our community experiences their journey through our services. It will also significantly improve long-term planning capability and has bought senior clinicians into top leadership roles.
- Completion of a program to treat all long wait elective surgery patients within clinically appropriate timeframes. Over the past three years, Surgical Services has had a focus on reducing the 1,100 people who had waited for more than three months for a Category 2 procedure and 365 days for a Category 3 procedure to nil. This significant achievement happened at the end of June and will now provide the benchmark for coming years.
- Introduction of Emergency Department consultants in the waiting room during business and extended hours. This is an important initiative to minimize risk for our community if they need to be in the Emergency Department waiting room. It has assisted by improving in the number of people being treated and discharged home from around 60 per cent at the start of 2014 to 70 per cent by year's end.
- Completion of four levels of the Baxter Tower and the Supportive Care Centre. These areas provide a further 112 beds for the expansion of hospital capacity and 24 beds for Palliative Care. This will be integral to meeting the demands of our growing and ageing population over coming years. Level 1 of the Tower will accommodate a fast-track RAPUW, Level 5 an Orthopaedic Surgery centre, Level 6 a new Cancer Ward and Level 7 is earmarked for a Palliative Care unit as demand arises.
- Barwon Health also launched our Aboriginal Employment Plan aimed at increasing the number of Aboriginal and Torres Strait Islander workers within our service and commenced work on our Reconciliation Action Plan. We also signed a Memorandum of Understanding with Wathaurong Health Service outlining how we will support the vital work undertaken by this important partner. These are all crucial milestones for our organisation as we improve our knowledge of, and collaboration with, our Aboriginal and Torres Strait Islander community.
- The new Paediatric Surgical Service in partnership with the Royal Children's Hospital commenced to expand services for our community and to keep those services available locally. This service is further supported with two dedicated paediatric beds in the Intensive Care Unit.

We will work with Wathaurong Health Service to improve outcomes for our Aboriginal and Torres Strait Islander consumers

COMMUNITY HEALTH, REHABILITATION, PALLIATIVE CARE & AGED CARE SERVICES

Key initiatives

There have been many new initiatives that have improved our services and outcomes for our consumers. Amongst others they include:

- **Utilising Volunteers, best practice bereavement screening and assessment.** Since July 2014, Palliative care is now providing best practice bereavement screening and assessment for the carers and family of all patients who have died whilst in the care of either Community Palliative Care (CPC) or the Palliative Care Unit (PCU). Volunteers, with appropriate support and supervision by members of the Supportive Care Team (SCT), along with the Palliative Care Volunteer coordinator, undertake a post death screening phone call four to six weeks post death. If appropriate, a one-off bereavement visit to the primary carer's home will provide invaluable support to our community.
- **Alan David Lodge Better Practice Award, "Drink, Drink, Drink" project.** This project was presented at the Better Practice Conference in Melbourne in May 2015. The aim of the project is to ensure all residents are adequately hydrated by reviewing opportunities to increase or encourage fluid intake.
- **Barwon Health's Mental Health, Drugs & Alcohol Service (MHDAS) recovery philosophy.** MHDAS has lead the reform agenda by creating a recovery oriented approach to service delivery. Key leaders in the service were invited to present our cultural approach at the launch of the new Victorian Mental Health Act in 2014. The work was also recognised with a National award at the annual Mental Health Service conference (MHS). This recognition has led to increasing interest from services around the country who are seeking to learn from our knowledge and experience.

Priorities

Palliative care

- Dignity Therapy – use of volunteers, ongoing training and support available to volunteers. We have provided over 50 Dignity Therapy interventions.
- Carer assessment toolkit – utilisation of assessment, engagement with Multi-cultural Aged Care services (MACs) program to provide adequate support to carers with an aim to ensure that care is provided in the place of choice.

Aged care

- Residential in Reach program – expansion of the program staffing to include a Nurse Practitioner Candidate and movement of the Nurse Practitioner role into the private aged care facilities.

Oral Health

- Model of Care – A focus on Minimal Intervention Dentistry & Oral Health Promotion.
- Research and promotion of our successful initiatives at conferences and forums.

Mental Health

- Our service was well prepared for the implementation of the Victorian Mental Health Act 2014 commencing last July. The new Act embeds a recovery philosophy in the legislation which has supported decision making and collaboration in care at the heart of change.
- Through a major focus on least restrictive practices, the service has managed to consistently decrease rates of seclusion to below the state wide target. Restrictive interventions, such as seclusion, can be traumatizing for people and the team has worked hard to create less restrictive alternatives leading to safer outcomes and a better experience of care for our consumers.

Key highlights across Barwon Health

KNOWLEDGE AND INFORMATION SERVICES

Key initiatives

The following initiatives and projects were implemented:

- Major organisation wide upgrade to our Patient Administration System (iPM) which provides us with additional functionality to store and manage patient information, appointments and scheduling as efficiently as possible.
- Free council WiFi was connected in April 2015 and made available for staff and consumers across all sites. This free internet access improved the consumer experience while visiting or being treated at any of our 21 sites.
- Our Intranet has also been upgraded and modernised to involve a more interactive and information rich experience for our teams. It has been built using the Microsoft Sharepoint platform and is now called "One Point".
- Launch of the Volunteer transport app – created to help manage the growing volunteer car booking service and allow the most efficient and modern capability of a key resource – our volunteers.
- Information Services (IS) and Information Technology (IT) Student Placements Program pilot was conducted during the second semester of 2015 enabling Deakin students to experience and possibly consider a future IT/IS career in healthcare, given the needs of our region in growing the health informatics workforce of the future.
- Implementation of the Information Management Framework commenced in support of our Data Warehouse rebuild, allowing all our data to be brought together in one place using State and National emerging standards and best practice governance for one of our most important assets as an organisation in managing the health of our community – our data.

Free council WiFi improved the consumer experience while visiting or being treated at any of our 21 sites



Education



Over the course of 2014-15 we have focussed on clinical training, with corporate training transferring to the Workforce Directorate. Our Education Service is now geared towards the needs of clinicians at all levels of training and across all disciplines. There have been increased collaboration opportunities in the area of interprofessional education to support our educational framework and learning models.

Professional entry students continue to gain valuable experience, knowledge and skills through placement at Barwon Health, and our junior workforce programs remain a strong and vital part of our work. Education and Training continues to translate evidence into practice and the provision of safe, quality care. There has been a significant emphasis on the systems and processes that ensure targeted, appropriate and consistent safety and quality training for clinical staff, and the engagement of clinical managers in this process has been excellent.

The commitment of Barwon Health clinicians to teaching, training and mentoring future generations is exemplary and provides quality learning experiences across all settings. Our standing as a training site-of-choice for students and clinicians in training is central to our workforce strategy, enabling us to attract a steady supply of quality workforce for the future.

HIGHLIGHTS

- Our Grand Round, coordinated by the Clinical Education and Training Unit, keeps getting grander. These sessions attract an audience from across health professions with wide interests in clinical practice, and continue to grow in popularity for the learning opportunities they offer, attracting international speakers from all over the world. In May 2015, we were joined by the first female President of the Royal College of Surgeons. London UK, Ms Clare Marx, who spoke about improving surgical outcomes using diligent and ongoing clinical audits. Other notable speakers included, Professor Julian Savulescu, the Uehiro Chair in Practical Ethics from the Oxford Uehiro Centre for Practical Ethics and Neuroethics. Also Associate Professor Kyle Lapidus from the Icahn School of Medicine, Mount Sinai New York spoke about oxidative stress and the management of treatment resistant depression. Barwon Health also paid tribute to 100 years of ANZAC, with a presentation by our own Professor David Watters OBE on the ANZAC Surgeons of Gallipoli.
- Sharing workforce and learning: our Regional Collaborative Graduate Programs. The Clinical Education and Training Unit piloted a collaborative graduate nurse program model in the region. The sites to which new graduate nurses are rostered on a 6 month rotation include Lorne Community Hospital and Corio Medical Centre. The provision of experiences in rural community nursing and general practice nursing for new graduates expands the range of nursing settings and roles in which graduates are supported to consolidate their practice.
- Advances in simulation. The Sims on the Run program, offering scenario based training in the real clinical setting has grown in popularity and has been embraced in settings outside the acute hospital. A particular focus has seen the embedding of in-situ simulation scenarios in staff education at multiple locations across the McKellar site. This program continues to receive overwhelmingly positive feedback from our participants and frequent requests for further sessions.
- In May, sponsored by the Department of Health and Human Services, in partnership with Deakin University school of Nursing and Midwifery, Barwon Health hosted a Simulation Showcase. Colleagues from across the region, from both health and education, and from public and private sectors, had the opportunity to experience simulation as a clinical teaching and learning modality, explore some of the tools, techniques and equipment that are used in simulation, and exchange ideas and knowledge about simulation with a view to promoting its value and supporting its sustainability in healthcare education.
- The Unit has invested in new technology, the Laerdal Quality Cardiopulmonary Resuscitation (Q CPR) mannequin and software. An inaugural "CPR Challenge" at University Hospital Geelong was a success. Employees from across the health service paired up to practice their skills and mastery of CPR techniques.

Research Directorate Report 2014/15

Barwon Health has a vibrant research culture and enviable track record in research achievements. The Research Directorate is focused on providing support for research activity, building research capacity and ensuring that Barwon Health continues to strengthen its commitment to evidence-based practice and world class health services. The Directorate has undergone a period of significant change and development over the year to enhance Barwon Health's research capacity and output.

A major reorganisation has seen the Research Directorate grow and establish specialist areas including a newly appointed Health Services Research Coordinator, a Research Librarian, a shared position with Library Services, and increased staffing for the rebadged Research Ethics Governance and Integrity Unit (REGI). REGI now has dedicated Research Governance and Research Ethics officers who, together with the REGI team have made significant improvements to the REGI website and research ethics review processes at Barwon Health. A REGI highlight has been the launch of the inaugural Barwon Research Bulletin to update the research community and showcase new research publications and grants. Another notable achievement has been the recent successful application for renewal of NHMRC HREC accreditation for a further three years and the addition of research involving Paediatrics to our HREC certification.

Our Biostatistics Unit has continued to provide on call support for research design and analysis and successfully commissioned a REDCap server to support Barwon Health staff conducting research and requiring data management and capture. REDCap is a secure web-based application designed to quickly and intuitively build and manage online surveys and databases. It is currently used by 24,000 researchers for 16,000 studies at more than 230 consortium partner sites worldwide.

A significant highlight for this year was the launch of the inaugural Education Training and Research Profile Fund (ETRPF). This internal grant scheme was implemented to encourage research activity and to support evidence based practice and innovation in health care. The first round of the ETRPF was highly successful attracting applications from a broad cross section of the Barwon Health community.

This year the Directorate organised another very successful Research Week with nearly 70 posters on display highlighting just some of the strength and breadth of Barwon Health research activities. Research week was launched with a key note address by distinguished

scientist scholar, Professor Terry Speed (Walter and Eliza Hall Institute, Melbourne), the 2013 Prime Minister's Award for Science recipient and a recent Eureka Prize winner for science engagement. Professor Speed gave an informative and entertaining talk to a large crowd on the topic of 'Epigenetics'. The popular Barwon Health Research Week Poster Competition culminated with prize giving and celebrations and an address from the new Chair of Orthopaedic Surgery, Professor Richard Page in his inaugural professorial address "Big Data- Big Difference"

In funding success, two Barwon Health based research groups, in collaboration with Deakin University researchers, were awarded highly competitive NHMRC Project Grants. Congratulations to Professor Michael Berk and his team for an award of \$767,594 over 4 years for the ASPREE project and an award of \$467,203 over 3 years for research into Bipolar disorder. Congratulations also to A/Professor Peter Vuillermín and his team on grant success for a 5 year project: exploring dietary intake and asthma which was awarded \$843,749. Professor Trisha Dunning's work on managing Diabetes in the elderly received International recognition with the publication of an article 'Diabetes in older people: new insights and remaining challenges' in The Lancet.

The Directorate has undertaken its own research project to review the research experience, interests and needs of our staff at Barwon Health and professional health colleagues across the South West Region. The launch of an online survey investigating research capacity will provide the Directorate with valuable information about our current research needs, to inform future programs in the Directorate and to develop and improve education, training and support for research activity across the region.

The work on the physical hub for the Geelong Centre for Emerging Infectious Diseases (GCEID) has progressed well with Level 3 and Level 2 of the Teaching, Training and Research Building being fitted out to accommodate a new laboratory, research offices, clinical review rooms and meeting spaces for GCEID staff and researchers and research groups investigating child health, mental health and the epidemiology of bone health.

The redevelopment of the former St Mary's Hall precinct acquired by Barwon Health has commenced, with building work due to complete in late 2015. The St Mary's Hall building will provide a dedicated space for the health library, research, and health library staff, learning spaces, meeting rooms and a café and promises to become a vibrant hub for knowledge exchange and research support activity.



*Research is central to our
organisation and reflects
our culture of innovation*

Volunteers

It's been another incredible year for Volunteer Services with 292 new recruits during 2014-15, the highest number in any year. That amounts to 77,000 hours of volunteer support donated to Barwon Health, with 15,000 consumers accessing transport through the Volunteer Transport Program. We also saw the launch of an Australian first, the Volunteer Transport Smartphone Application.

KEY INITIATIVES

Volunteer Health and Wellness Program

In preparation for the new 2015/2020 Barwon Health Strategic Plan, Volunteer Services has made a commitment to take a leading role in improving the health and wellness of the community, under the "Our Community's Wellbeing" Pillar. The Volunteer Health and Wellness Program aims to provide volunteers with an opportunity to improve their own physical, mental and spiritual health over a three month period. Each Volunteer will then in turn share that knowledge and skill base with at least five friends, family or community members.

Volunteer Services Smartphone Application

"My Transport" Smartphone Application was developed to cope with more than 1000 requests per month for non-emergency patient transport, with an average of 95 per cent of requests being accepted and completed. The purpose of the application is to improve and streamline the process of staff making Volunteer Transport bookings and to provide consumers with the opportunity to have a live record of their Volunteer Transport bookings. This technology will help minimise any unnecessary anxiety or confusion around transport to and from our health service.

New Corporate Volunteering Partner

Our most recent Corporate Volunteering Partner Turi Foods has helped raise \$4,466.75. The formalisation of this partnership has assisted the generation of funds for our Care Pack and Volunteer Transport Programs. In addition, they donate the time of one employee per week to offer a "Kiosk Trolley" to the consumers at the University Hospital, Geelong.

Life Membership

Life membership at Barwon Health is awarded to volunteers for valuable and admirable service to our organisation, above and beyond the expected level of contribution. Only the most deserving, passionate and committed individuals are inducted. The decision to induct is made by Barwon Health's Chief Executive and Deputy Chief Executive Officer and is formally announced at the annual National Volunteer Week celebration. Life membership is awarded on an individual basis and may not be awarded every year.

2015 Inductees:

Carmel Howes
Marli Thomas
Joy Marshall
Ian Diamond
Betty Murphy
Beryl Price
Bernie Santospirito

Minister for Health Awards

The Minister for Health Volunteer Awards highlight and celebrate volunteering and its significant contribution to the health sector. The awards also recognise the individuals and teams who demonstrate outstanding dedication and commitment to public healthcare in Victoria. Two of our Volunteers were honoured to receive awards:

- Opal Gallagher, Swanston Centre Therapy Support Volunteer. Opal was awarded 'Outstanding achievement by a young volunteer' for her commitment to the mental health consumer therapy support program.
- Our second awardee was the Volunteer Veteran Support Program which won the 'improving the patient experience' category. This team of volunteers contributes significantly to the veteran community by providing much needed, personalised support to veterans and war widows.



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.

COMPLAINTS CLOSURE RATE

Acknowledged within 5 days	575	95%
Closed within 35 days	321	53%

Note: Figures do not include June closure rate. At the time of going to print June figures were not entirely available. We are unable to report compliments as they were not actually recorded over this period.

Financial Year Quarterly complaints

	1ST Q	2ND Q	3RD Q	4TH Q	YEAR TOTAL
2010-11	89	87	89	128	393
2011-12	126	103	128	120	477
2012-13	121	116	142	166	545
2013-14	133	127	154	188	602
2014-15	116	100	212	178	606

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. This was recognised by the development and endorsement of the Consumer and Community Participation Framework, enabling 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 Program has been based at Barwon Health Corio for eight years. It is a multidisciplinary primary health program. This program responds to the complex health issues of newly arrived refugees and asylum seekers to the Geelong and surrounding areas.

The objectives of the program are

- Increase access to primary health services for refugees and asylum seekers.
- Improve access and response of the health services to this group of people's needs.
- To enable individual, family and community health and wellbeing improvements of newly arrived people.
- To assist newly arrived people with navigating the health service.

The demographics of newly arrived people change frequently with the different waves of settlement, currently the main countries of origin that we have seen over this last 12 month period have been Afghanistan, Burma, Northern Africa to name a few. The majority of these people have been displaced due to civil conflict and have lived in refugee camps for a significant amount of time.

We have two dedicated and highly skilled community health nurses who work in the area of refugee health with these communities. Our allied health staff and community health nurses who specialise in other areas have an extensive skill set working in this area. Our staff are working with clients who have had substantial trauma and displacement which impacts on health and wellbeing.

To support newly arrived individuals in accessing our services we work closely with interpreters to improve health knowledge. We also work with communities delivering health education programs with interpreters. We have trialled this approach with women's health, men's health and diabetes.

Barwon Health continues to build its leadership in this area and partner with other agencies around improving links and services for this client group. We continue to work on our own service improvement at a local and organisational level with the aim to make the experience better for our newly arrived communities.

Table 1: Total number of interpreters provided annually

TIME PERIOD	NUMBER OF INTERPRETERS PROVIDED	NUMBER OF VARIANCE ON PREVIOUS YEAR	% OF VARIANCE ON PREVIOUS YEAR
Jul 10 - Jun 11	5,732	+1,274	28%
Jul 11 - Jun 12	5,382	-350	6%
Jul 12 - Jun 13	6,302	+920	17.2%
Jul 13 - Jun 14	7,977	+2,129	36.4%
Jul 14 - Jun 15	8,015	+38	0.5%

Table 2: Number of interpreter services provided for new and emerging languages

NEW LANGUAGE	INTERPRETER SERVICES DELIVERED 14/15	INTERPRETER SERVICES DELIVERED 13/14	INTERPRETER SERVICES DELIVERED 12/13	INTERPRETER SERVICES DELIVERED 11/12	INTERPRETER SERVICES DELIVERED 10/11
Arabic	228	287	176	94	144
Burmese	151	108	63	83	11
Dari	952	1211	656	256	238
Farsi	673	757	168	30	57
Hazaragi	809	700	118	39	7
Karen	974	922	912	1043	1066
Karenni	84	97	54	0	0
Mandarin	274	84	181	228	193
Pushtu	116	142	118	25	50
Tamil	91	156	20	1	15
Thai	72	52	43	46	16
Urdu	69	19	20	3	17

Barwon Health Foundation

The past 12 months have been a busy and exciting time at the Barwon Health Foundation with the completion of one major project and the launch of another.

Geelong's smallest patients now have a brand new home, thanks to the generosity of the Geelong community.

The community came together for a very special 'Baby Shower' to formally open the new Cotton On Special Care Nursery at University Hospital Geelong on Thursday February 5. This event provided donors and supporters with a chance to view the beautiful new nursery.

The two year project was once again a result of a partnership between the Barwon Health Foundation and Cotton On, with strong support from the local community. The \$3.8 million Special Care Nursery redevelopment was totally community funded.

The previous nursery had outgrown the needs of families in the region with comfortable space for just 13 cribs. The new nursery now provides additional space for more cribs and storage, plus a separate treatment room and parents' room.

Catering for up to 20 cribs, the redeveloped nursery also provides more space for parents and their babies, along with two dedicated resuscitation/treatment rooms offering more privacy for families.

The new development also features overnight rooms for parents to stay close to their babies, a dedicated feeding room and milk preparation room, a parents room and a more spacious and comfortable environment for families who are going through a very stressful time.

Thank you to all sponsors, donors and supporters who understood the importance of investing in this special project.

In February we also revealed a new capital campaign.

#Projectlove is a two-year fundraising campaign, supporting the redevelopment of the Andrew Love Cancer Centre (ALCC) Chemotherapy Day Ward and Pharmacy. This redevelopment will make a big impact in the lives of people within the Barwon South West region fighting cancer.

#Projectlove is a completely community-funded project and is only made possible with strong local support. The target is to raise approximately \$3 million to contribute to the redevelopment of, and to purchase new equipment in both areas of, the Andrew Love Cancer Centre.

In our region, 2,394 people are diagnosed with cancer each year and 197 people are treated in the ALCC Chemotherapy Day Ward each week, as well as 600 medical outpatient appointments.

In our region, 2,394 people are diagnosed with cancer each year and 197 people are treated in the ALCC Chemotherapy Day Ward each week, as well as 600 medical outpatient appointments

Each patient, however, is an individual, with an individual treatment plan and chemotherapy made especially for them by the ALCC Pharmacy. This pharmacy supplies more than 16,500 products per year for patients treated at Barwon Health. Since 2010, the number of items prepared and supplied by the ALCC Pharmacy to Barwon Health patients has increased by more than 80 per cent.

To keep up with the increased demand, the pharmacy needs expanding to ensure each patient receives the best individual treatment possible. The redevelopment will feature more space and updated equipment to provide clinicians and pharmacists with the best facilities possible for this very important work.

Additionally, the current Chemotherapy Day Ward needs expanding and updating to ensure patients receive their treatment in the most comfortable environment at a very stressful time.

#ProjectLove has already received strong community support and I am continually inspired by the generosity of the Geelong community and believe we are all lucky to live and work in this amazing place.

The community support enables the Barwon Health Foundation to continue with our mission of investing in excellence in medical services, facilities, education and research to advance health and wellbeing for all.

I thank all of our donors, ambassadors, sponsors, staff, volunteers and supporters and look forward to another successful year of fundraising.



Jill Moodie
Executive Director



OUR DONORS

The Board of Directors, staff and volunteers wish to thank each and every donor who contributed during the past year.

List of donations received over \$1,000

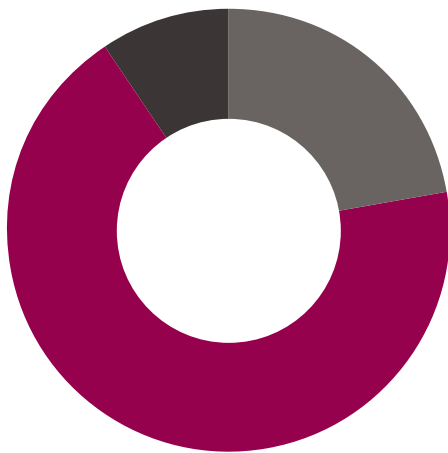
Bell Charitable Fund
 A & J Cameron
 Adams Print
 Alan Reekie
 Allsure
 Athletes With Attitude
 Barwarre Social Club
 Barwon Grove Golf Club Inc
 Barwon Prison
 Barwon Timber & Hardware P/L
 Ben Kawa
 Bev Blick
 Big U's Chop Shop
 Bill Steains
 Bryan Cooper
 C Richardson
 Cameron Hamilton
 Cameron Robottom
 Catherine Gray
 Chasing Balloons
 Citipower Pty and Powercor Australia Ltd
 Clifton Springs Golf Club
 Colin Pearson
 Collier Charitable Fund
 Combined Probus Club Belmont / Barwon
 David & Nancy Ednie
 Dawn Tait
 Deakin & Community Child Care Centre
 DHS Geelong Smart Centre - Social Club
 Dimmick Charitable Trust
 E. J. Whitten Foundation
 Elephant and Castle
 Emerald Ball
 Estate Allan J Johns
 Estate of Gwenneth E Pescott
 Estate of J.E.E. Widdicombe
 Estate of Patricia Williams
 Estate of Roy Lindsay Bockholt
 Estate of Willie Adriana Elings
 F & J Meesen
 First National N.H Abbey
 Ford Mustang Owners Club of Australia Inc
 Freemasons Public Charitable Foundation
 FWY
 Geelong Ballroom Dance Club
 Geelong Bowls Region
 Geelong Cross Country Club
 Geelong Harley Davidson
 Geelong's Gym Pty Ltd
 Geoff & Gillian Gubbins
 G-Force Employment Solutions
 Gloria Dodgshun
 Gold Diggers Social Club
 Gwentyth Raymond Trust
 Heather Austin
 Helen Reed
 Hilary Blakiston
 Hume Protection
 Ian Braybrook
 Ian Gill
 Jamie Crimmins
 Jarrod & Joanne Collins
 Jeffrey Sykes

Jennifer Andrews
Joan Taylor
John Brownbill
Josie Caruana
Journey Management Group
Kellie Reddington & Miranda Beck
Ken Drysdale
Kiwans Club of Geelong
L. Bisinella Developments Pty Ltd
Leopold Hall Incorporated
Libby Hogg
Linkfire Pty Ltd
Lions Club of Clifton Springs
- Curlewis Inc
Lions Club Of Geelong
Mabi Services
Maree Biscan
Margaret Carter
Maria Hamilton
Marion Mills
Marjorie Nall
Mayur Krishnaswamy
Medimime Productions Inc
Michael Rauber
Mill Markets
Mobile Plant Safety Services
Modewarre Auto Service
NAB Geelong Charity Luncheon
Nancy McIntyre
Naomi Deren
Ocean Grove Uniting Church Outreach Centre
& Opportunity Shop
Oswald Hearne Trust
Patricia Miles
Paul Oakley
Perpetual Trustees
Peter Stephens Pink Ribbon Ride
Research Raisers
Richard Mills
Robert Foster
Robert O'Keefe
Robyn Bull
Robyn Patterson
Rotary Club of Bayside Geelong
Rotary Club of Belmont Inc.
Rotary Club of Drysdale Inc
Rotary Club of Geelong West, Incorporated
Rotary Club of Grovedale Inc
Rotary Club of Queenscliffe Inc
Royal Antediluvian Order of Buffaloes - Geelong Lodge
Royce Kronborg
Schumacher AG Services
Shane O'Brien Asthma Foundation
Signature Charity Foundation
Stephen Hawkesworth Trust
Swann Insurance
TAC & VWA
Ted Fitzgerald
The Rotary Club of Geelong East Inc
Timothy Hill
Tom & Kate Meadows
Tombstone Country Club
Trevor Cole
Turi Foods
Vince Chiodo Charitable Foundation
Warree Committee
Wisey Muster
Woolworths Corio

SUPPORT GROUPS

- Cancer After Care Group Geelong Inc
- Heartbeat Geelong
- Our Women Our Children Volunteers
- East Geelong Auxiliary
- South Barwon Auxiliary

**BARWON HEALTH FOUNDATION
INCOME DISTRIBUTION 2014 - 2015**



- Special Care Nursery
- Medical Equipment
- Medical Research

HOSPITAL APPEAL PARTNERS 2014/2015





Financial Statements



FINANCIAL REPORT

Barwon Health recorded an operating surplus for the year of \$1.3 million (2014: \$1.4 million), with total operating revenues of \$584 million. The net result after depreciation and capital income was a surplus of \$8.9 million compared to a surplus of \$16.6 million in the prior year.

This solid financial result is a reflection of the organisations commitment to balancing financial outcomes with delivering an improved experience for patients and residents. There was substantial progress made on our surgical throughput, with all patients now seen within the clinical acceptable timeframe.

The Capital Works Program has seen a number of major projects come to fruition with the opening of the brand new Special Care Nursery at University Hospital, Geelong in February 2015 and the Orthopaedics and Oncology Ward on Baxter Wing in June 2015. The Rapid Assessment and Planning Unit has been completed on level 1 of the Baxter Wing, as well as the Supportive Care Centre due to open later this year.

In the coming year we will see the completion of a new Helipad which will significantly address the future access demands on the University Hospital, Geelong site. The library is being relocated to the old St. Mary's school hall and will incorporate accommodation units for visiting families and medical professionals. The Geelong Centre for Emerging Infectious Diseases (GCEID) project, in collaboration with Deakin University and the City of Greater Geelong, began fit out commencement in February 2015 with completion and handover scheduled for the last quarter of 2015.

These upcoming capital projects will continue to build our capacity to provide improved service and support to our community as we work together to build healthier lives.

FIVE YEAR FINANCIAL SUMMARY

	2014/15 \$'M	2013/14 \$'M	2012/13 \$'M	2011/12 \$'M	2010/11 \$'M
REVENUE AND EXPENSES					
Operating Revenue	584.2	553.6	529.0	505.9	473.1
Operating Expenses	582.9	552.2	528.0	505.7	473.0
Operating Result (before Capital Income and Depreciation)	1.3	1.4	1.0	0.2	0.1
Operating Result (inclusive of Capital Income and Depreciation)	8.9	16.6	2.7	(9.7)	(11.9)
BALANCE SHEET STATISTICS					
Total Assets	703.6	678.4	594.8	582.5	571.1
Total Liabilities	144.1	139.2	135.3	127.5	106.7
Total Equity	559.5	539.2	459.5	455.0	464.4
FINANCIAL INDICATORS					
Surplus/(Deficit) of Net Current Assets (\$'m)	(77.4)	(81.2)	(85.8)	(75.0)	(65.1)
Current Asset Ratio (numeric value)	0.38	0.34	0.29	0.34	0.31
Cash and Investments	49.67	67.73	59.16	52.17	41.0
Net Cash from Operating Activities (excluding Capital Income)	(8.5)	3.0	7.5	14.2	0.2
Capital Investment	78.4	50.1	36.5	28.9	24.0

SUMMARY OF FINANCIAL RESULTS

REVENUE	2014/15 \$'M	2013/14 \$'M	CHANGE %
Grants	477.3	460.4	3.7
Patient Fees	55.5	49.3	12.6
Non Cash Contributions	3.8	2.7	39.8
Other	47.6	41.2	15.3
Total Revenue	584.2	553.6	5.5
EXPENDITURE			
Employment Costs	(425.8)	(382.1)	11.5
Supplies and Consumable	(89.6)	(82.8)	8.2
Other	(67.4)	(87.3)	(22.8)
Total Expenses	(582.9)	(552.2)	5.6
Surplus/(Deficit) for the Year Before Capital Income and Depreciation	1.3	1.4	
Capital Income	51.9	51.7	
Depreciation	(40.9)	(34.6)	
Finance Costs, Impairments, Other	(2.0)	(0.5)	
NET RESULT	8.9	16.6	

DISCLOSURE INDEX

The annual report of the 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.

LEGISLATION	REQUIREMENT	PAGE REFERENCE
	MINISTERIAL DIRECTIONS	
	Report of Operations	
	Charter and purpose	
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FRD 22F	Purpose, functions, powers and duties	10-12
FRD 22F	Initiatives and key achievements	36
FRD 22F	Nature and range of services provided	10-12
	Management and structure	
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	Financial and other information	
FRD 10	Disclosure index	57
FRD 11A	Disclosure of ex gratia expenses	58
FRD 12A	Disclosure of major contracts	58
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FRD 22F	Application and operation of <i>Carers Recognition Act 2012</i>	60
FRD 22F	Application and operation of <i>Freedom of Information Act 1982</i>	59
FRD 22F	Compliance with building and maintenance provisions of <i>Building Act 1993</i>	59
FRD 22F	Details of consultancies over \$10,000	58 & 129
FRD 22F	Details of consultancies under \$10,000	58 & 129
FRD 22F	Employment and conduct principles	34-35
FRD 22F	Major changes or factors affecting performance	55
FRD 22F	Occupational health and safety	34-35
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FRD 22F	Significant changes in financial position during the year	56
FRD 22F	Statement on National Competition Policy	59
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FRD 22F	Summary of the financial results for the year	56
FRD 22F	Workforce Data Disclosures including a statement on the application of employment and conduct principles	34-35
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	<i>Victorian Industry Participation Policy Act 2003</i>	59
	<i>Building Act 1993</i>	59
	<i>Financial Management Act 1994</i>	67

Attestations

FREEDOM OF INFORMATION REQUESTS

FINANCIAL YEAR	2014/15	2013/14	2012/13	2012/11	2011/10
No of requests	983	1,034	975	275	800

AVERAGE COLLECTION DAYS

FINANCIAL YEAR	2014/15	2013/14	2012/13	2012/11	2011/10
Acute	48.48	55.64	53.05	59.36	46.80
Rehabilitation and Aged Care	46.01	50.17	60.03	59.66	54.44

Note: Slightly different composition making up balances as the above ratio includes inpatient fee debtors only.

CONSULTANT SPEND

CONSULTANT	PROJECT PARTICULARS	PROJECT FEES APPROVED	INCURRED
Ernst & Young	Strategic Planning Consultancy	171,748	171,748
Applied Aged Care Solutions Pty Ltd	Statewide ACFI Toolkit Project	139,031	139,031
Deloitte Private	Business Case Assessment Review	61,700	61,700

Note: further detail of consultant spend is contained in Appendix B, page 129.

OUTSTANDING DEBTORS

	TOTAL	CURRENT	30-59 DAYS	60-89 DAYS	+90 DAYS
2014-15	4.78	2.29	1.32	0.63	0.54
	100%	48%	28%	13%	11%
2013/14	10.07	6.17	2.10	0.73	1.07
	100%	61.3%	20.9%	7.3%	10.6%
2012/13	10.74	6.85	1.84	0.69	1.36
	100%	63.81%	17.10%	6.42%	12.67%
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%

EX-GRATIA PAYMENTS

	2014/15 \$'000	2013/14 \$'000	2012/13 \$'000	2011/12 \$'000	2010/11 \$'000
Barwon Health has made the following ex-gratia payment to employees	9.52	-	-	-	-

ATTESTATION ON DATA INTEGRITY

I, Professor David Ashbridge certify that Barwon Health has put in place appropriate internal controls and processes to ensure that reported data reasonably reflects actual performance. Barwon Health has critically reviewed these controls and processes during the year.



Professor David Ashbridge
Accountable Officer

Geelong, 12 August 2015

STANDING DIRECTION 4.5.5 RISK MANAGEMENT FRAMEWORK AND PROCESSES

I, Professor David Ashbridge certify that Barwon Health has complied with the Ministerial Standing Direction 4.5.5 - Risk Management Framework and Processes. The Barwon Health Audit Committee Verifies this.



Professor David Ashbridge
Accountable Officer

Geelong, 12 August 2015

COMPLIANCE WITH DATAVIC ACCESS POLICY

Consistent with the DataVic Access Policy issued by the Victorian Government in 2012, the information included in this Annual Report will be available at <http://www.data.vic.gov.au/> in machine readable format.

COMPLIANCE WITH THE BUILDING ACT

Barwon Health complied fully with the building and maintenance provisions of the Building Act 1993 – Guidelines issued 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 Bibby (formerly Nelson) as the Freedom of Information Officer – Corporate and Business, and Susan Bell as Freedom of Information Officer – Medical. A legislated fee of \$27.20 per application and access charges and \$5.00 per quarter hour for supervision charges apply.

COMPETITIVE NEUTRALITY

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

ENVIRONMENTAL PERFORMANCE

Barwon Health acknowledges that it has a role to play in making Victoria a more sustainable State for future generations; to this end there are measures in place to maximise our recycling through initiatives such as the 'Closed Loop Organics' project and recycling of office waste in partnership with St Laurence.

FRD 25A VIPP DISCLOSURE – CONTRACTS

Barwon Health abides by the Victorian Participation Policy Act 2003. In 2014/15 there were no contracts which required disclosure under the Victorian Industry Participation Policy. [check with Procurement/Finance]

RESPONSIBLE BODIES DECLARATION

In accordance with the Financial Management Act 1994, I am pleased to respires the Report of Operations for Barwon Health for the year ending 30 June 2015.



Dr John Stekelenburg / Chair / Barwon Health Board
Accountable Officer

Geelong, 12 August 2015

APPLICATION AND OPERATION OF THE PROTECTED DISCLOSURE ACT 2012 (THE ACT)

Barwon Health has in place appropriate procedures for disclosures in accordance with the Protected Disclosures Act 2012. No protected disclosures were made under the Act in 2014/15.

APPLICATION AND OPERATION OF THE CARERS RECOGNITION ACT 2012 (CARERS ACT)

The Carers Recognition Act 2012 recognises, promotes and values the role of people in care relationships. Barwon Health understands the different needs of persons in care relationships and that care relationships bring benefits to the consumer, their supporters and the community. Barwon Health takes all practicable measures to ensure that its employees, agents and carers have an awareness and understanding of care relationship principles and this is reflected in our commitment to a model of care that is consumer centred. It is also reflected in the important role consumers play in the day by day operations of our organisation and with consumers at the forefront being a key pillar of our 2015/2020 Strategic Plan.

DISCLOSURE OF MAJOR CONTRACTS

Barwon Health has disclosed all contracts greater than \$10 million in value, which were entered into during the year ended 2015.

Contractual details have not been disclosed for those contract that have been exempted from the Freedom of Information Act 1982 and/or Government guidelines.

Details of contracts that have been disclosed can be viewed on the internet at www.contracts.vic.gov.au

ADDITIONAL INFORMATION AVAILABLE ON REQUEST

Consistent with FRD 22F (Section 6.18) the Report of Operations should confirm that 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 requirements, if applicable):

- (a) Declarations of pecuniary interests have been duly completed by all relevant officers
- (b) Details of shares held by senior officers as nominee or held beneficially;
- (c) Details of publications produced by the entity about itself, and how these can be obtained
- (d) Details of changes in prices, fees, charges, rates and levies charged by the Health Service;
- (e) Details of any major external reviews carried out on the Health Service;
- (f) 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;
- (g) Details of overseas visits undertaken including a summary of the objectives and outcomes of each visit;
- (h) Details of major promotional, public relations and marketing activities undertaken by the Health Service to develop community awareness of the Health Service and its services;
- (i) Details of assessments and measures undertaken to improve the occupational health and safety of employees;
- (j) General statement on industrial relations within the Health Service and details of time lost through industrial accidents and disputes, which is not otherwise detailed in the Report of Operations;
- (k) A list of major committees sponsored by the Health Service, the purposes of each committee and the extent to which those purposes have been achieved;
- (l) Details of all consultancies and contractors including consultants/contractors engaged, services provided, and expenditure committed for each engagement.
- (d) A statement, to the extent applicable, that the information listed in Appendix 1 of FRD 15B, is available on request to the relevant Minister, Members of Parliament or the public; [FRD22F, Sec 6.17d]

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COMPREHENSIVE OPERATING STATEMENT

For the year ended 30 June 2015

	NOTE	2015 \$'000	2014 \$'000
Revenue from Operating Activities	2	577,666	549,172
Revenue from Non-Operating Activities	2	6,530	4,448
Employee Benefits	3	(425,849)	(397,150)
Non Salary Labour Costs	3	(10,294)	(9,676)
Supplies, Consumables and Purchased Services	3	(89,570)	(90,757)
Other Expenses from Continuing Operations	3	(57,155)	(54,599)
Net Result before Capital and Specific Items		1,328	1,439
Capital Purpose Income	2	52,310	54,747
(Loss) / Gain on Revaluation of Non Current Assets	2	431	(3,036)
Depreciation and Amortisation	4	(40,948)	(34,536)
Expenditure Using Capital Purpose Income	3	(1,344)	(1,149)
Specific Expenditure	3	(1,080)	-
Finance Costs	3	-	(22)
Impairment of Financial Assets	3	(205)	(154)
NET RESULT FOR THE YEAR FROM CONTINUING OPERATIONS		10,492	17,289
Share of Revenue from Joint Operation	24	4,861	7,363
Share of Expenditure from Joint Operation	24	(4,858)	(7,348)
Operational Profit/(Loss) from Discontinued Operation	30	(1,232)	(702)
Capital Profit/(Loss) from Discontinued Operation	30	(344)	-
NET RESULT FOR THE YEAR		8,919	16,602
OTHER COMPREHENSIVE INCOME			
Items that will not be reclassified to net result			
Changes in Physical Asset Revaluation Surplus	21	-	62,006
Items that may be reclassified to net result			
Changes in the fair value of available-for-sale financial assets	21	(755)	1,661
Total Other Comprehensive Income		(755)	63,667
COMPREHENSIVE RESULT FOR THE YEAR		8,164	80,269

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

BALANCE SHEET

As at 30 June 2015

	NOTE	2015 \$'000	2014 \$'000
ASSETS			
Current Assets			
Cash and Cash Equivalents	22	12,696	11,294
Receivables	9	21,803	16,394
Investments and Other Financial Assets	10	5,829	3,096
Inventories	11	3,698	3,691
Share of Assets in Joint Operation	24	4,773	4,278
Non-financial assets classified as held for sale	12	3,169	6,300
Total Current Assets		51,968	45,053
Non-Current Assets			
Receivables	9	20,873	17,091
Investments and Other Financial Assets	10	31,142	53,336
Property, Plant and Equipment	13	588,439	552,738
Intangible Assets	14	1,954	1,083
Investment Properties	15	13,028	12,598
Total Non-Current Assets		655,436	636,846
TOTAL ASSETS		707,404	681,899
LIABILITIES			
Current Liabilities			
Payables	16	26,941	28,010
Monies Held in Trust	17	8,105	6,192
Interest Bearing Liabilities	18	-	9
Share of Liabilities in Joint Operation	24	4,649	4,174
Employee Benefits and related on-cost Provisions	19	89,698	87,799
Total Current Liabilities		129,393	126,184
Non-Current Liabilities			
Interest Bearing Liabilities	18	-	-
Employee Benefits and related on-cost Provisions	19	18,507	16,501
Total Non-Current Liabilities		18,507	16,501
TOTAL LIABILITIES		147,900	142,685
NET ASSETS		559,504	539,214
EQUITY			
Land Revaluation Reserve	21	36,733	36,733
Buildings Revaluation Reserve	21	234,565	234,565
Available for Sale Revaluation Reserve	21	130	3,597
Restricted Specific Purpose Reserve	21	11,180	10,418
Internally Managed Reserves	21	4,532	29,959
Contributed Capital	21	230,243	215,405
Accumulated Surplus / (Deficit)	21	42,121	8,538
TOTAL EQUITY		559,504	539,214
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 2015

2015	NOTE	LAND REVAL RESERVE	BUILDING REVAL RESERVE	AVAILABLE FOR SALE FINANCIAL ASSETS RESERVE
		\$'000	\$'000	\$'000
Balance at 1 July 2014		36,733	234,565	3,597
Net Result for the Year	21	-	-	-
Transfer to Reserves	21	-	-	-
Movement in Reserves	21	-	-	(3,467)
Contribution from Victorian Government	21	-	-	-
BALANCE AT 30 JUNE 2015		36,733	234,565	130

2014	NOTE	LAND REVAL RESERVE	BUILDING REVAL RESERVE	AVAILABLE FOR SALE FINANCIAL ASSETS RESERVE
		\$'000	\$'000	\$'000
Balance at 1 July 2013		36,713	172,560	2,459
Net Result for the Year	21	-	-	-
Transfer to Reserves	21	-	-	-
Movement in Reserves	21	20	62,005	1,138
BALANCE AT 30 JUNE 2014		36,733	234,565	3,597

RESTRICTED SPECIFIC PURPOSE RESERVE	INTERNALLY MANAGED SPECIFIC PURPOSE RESERVE	CONTRIBUTED CAPITAL	ACCUMULATED SURPLUSES/ (DEFICITS)	TOTAL
\$'000	\$'000	\$'000	\$'000	\$'000
10,418	29,959	215,405	8,537	539,214
-	-	-	8,919	8,919
763	(25,427)	-	24,664	-
-	-	-	-	(3,467)
-	-	14,838	-	14,838
11,180	4,532	230,243	42,121	559,504

RESTRICTED SPECIFIC PURPOSE RESERVE	INTERNALLY MANAGED SPECIFIC PURPOSE RESERVE	CONTRIBUTED CAPITAL	ACCUMULATED SURPLUSES/ (DEFICITS)	TOTAL
\$'000	\$'000	\$'000	\$'000	\$'000
23,049	21,914	215,405	(12,651)	459,450
-	-	-	16,601	16,602
(12,631)	8,045	-	4,586	-
-	-	-	-	63,163
10,418	29,959	215,405	8,537	539,214

CASH FLOW STATEMENT

For the year ended 30 June 2015

	NOTE	2015 \$'000	2014 \$'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Operating Grants from Government		453,655	464,649
Patient and Resident Fees Received		54,763	47,740
GST Received from ATO		15,024	12,455
Pharmaceutical Sales		12,733	7,594
Linencare Fees		-	6,017
Pharmaceutical Benefits Scheme		19,864	5,121
Recoupment from Private Practice for use of hospital facilities		3,518	3,365
Investment Income Receipts		3,423	3,911
Other Receipts		30,139	34,906
Total Receipts		593,119	585,758
Employee Benefits Paid		(430,856)	(406,765)
Payments for Supplies, Consumables and Purchased Services		(139,319)	(102,548)
IT Services and Software		(10,594)	(15,677)
Repairs and Maintenance		(8,235)	(7,051)
Fuel, Light, Power and Water		(6,206)	(7,462)
Maintenance Contracts		(4,961)	(5,175)
Operating Lease Payments		(1,425)	(1,816)
Other Payments		-	(36,244)
Total Payments		(601,596)	(582,738)
Cash Generated from Operations		(8,477)	3,020
Capital Grants from Government		47,140	51,815
Capital Donation and Bequests Received		3,970	2,998
NET CASH FLOW FROM/(USED IN) OPERATING ACTIVITIES	22(b)	42,633	57,833
CASH FLOWS FROM INVESTING ACTIVITIES			
Payments for Non Financial Assets		(78,440)	(51,071)
Proceeds from Sale of Non Financial Assets		3,784	530
Purchase of Investments		(11,648)	(27,891)
Proceeds from Sale of Investments		30,158	21,060
NET CASH FLOW FROM/(USED IN) INVESTING ACTIVITIES		(56,146)	(57,372)
CASH FLOWS FROM FINANCING ACTIVITIES			
Contributed Capital from Government		14,838	-
Repayment of Finance Lease Liabilities		-	(127)
NET CASH FLOW FROM/(USED IN) FINANCING ACTIVITIES		14,838	(127)
Cash flows from/(used in) Discontinued Operation	30	(933)	-
NET INCREASE / (DECREASE) IN CASH AND CASH EQUIVALENTS HELD		392	334
CASH AND CASH EQUIVALENTS AT BEGINNING OF FINANCIAL YEAR		10,677	10,343
CASH AND CASH EQUIVALENTS AT THE END OF FINANCIAL YEAR	22(a)	11,069	10,677

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

Notes to the Financial Statements

FOR THE YEAR ENDED 30 JUNE 2015

NOTE 1: STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES

1.1 Statement of Compliance

These annual financial statements represent the audited general purpose financial statements for Barwon Health for the period ending 30 June 2015. The purpose of the report is to provide users with information about Barwon Health's stewardship of resources entrusted to it.

These financial statements are general purpose financial statements which have been prepared in accordance with the *Financial Management Act 1994* and applicable Australian Accounting Standards (AASs), which include interpretations issued by the Australian Accounting Standards Board (AASB). They are presented in a manner consistent with the requirements of AASB 101 *Presentation of Financial Statements*.

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

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

The annual financial statements were authorised for issue by the Board of Barwon Health on 12 August 2015.

1.2 Basis of Accounting Preparation and Measurement

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

The accounting policies set out below have been applied in preparing the financial statements for the year ended 30 June 2015, and the comparative information presented in these financial statements for the year ended 30 June 2014.

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

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

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

Non-current physical assets, which, subsequent to acquisition, are measured at a revalued amount being their fair value at the date of the revaluation less any subsequent accumulated depreciation and subsequent impairment losses. Revaluations are made 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 (i.e. other comprehensive income – items that may be reclassified subsequent to net result); and

The fair value of assets other than land is generally based on their depreciated replacement value.

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. Management have made judgements and estimates specifically in the following areas:

- Discount rates and inflation factors used in the calculation of employee benefits, disclosed further in Note 1.37 and 19;
- Bad debt write offs, disclosed further in Note 1.23 and 9; and
- Fair value of financial and non-financial assets, disclosed further in Note 12, 13, 14 and 15.

1.2 Basis of Accounting Preparation and Measurement continued

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

- The fair value of land, buildings, infrastructure, plant and equipment, (refer to Note 1.30);
- Superannuation expense (refer to Note 1.17); and
- Actuarial assumptions for employee benefit provisions based on likely tenure of existing staff, patterns of leave claims, future salary movements and future discount rates (refer to Note 1.37).

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.

Barwon Health determines the policies and procedures for both recurring fair value measurements such as property, plant and equipment, investment properties and financial instruments, and for non-recurring fair value measurements such as non-financial physical assets held for sale, in accordance with the requirements of AASB 13 and the relevant FRDs.

All assets and liabilities for which fair value is measured or disclosed in the financial statements are categorised within the fair value hierarchy, described as follows, based on the lowest level input that is significant to the fair value measurement as a whole:

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

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

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

The Valuer-General Victoria (VGV) is Barwon Health's independent valuation agency.

Barwon Health, in conjunction with VGV monitors the changes in the fair value of each asset and liability through relevant data sources to determine whether revaluation is required.

Valuation policies and processes used by Barwon Health are detailed further in 1.25, 1.26, 1.28, 1.29, 1.30, 1.31, 1.32 and 1.33.

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

- The fair value of land, buildings infrastructure, plant and equipment, (refer to note 1.30);
- Actuarial assumptions for employee benefit provisions based on likely tenure of existing staff, patterns of leave claims, future salary movements and future discount rates (refer to Note 1.37).

1.3 Reporting Entity

The financial statements include all the controlled activities of Barwon Health.

Its principal address is:
Ryrie 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 statements are rounded off to the nearest thousand dollars unless otherwise stated.

Minor discrepancies in tables between totals and sum of components may be present 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 Arrangements

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 arrangements. Details of the joint arrangement 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 Human Services, and are also funded from other sources such as the Commonwealth, patients and residents, while Services Supported by Hospital and Community Initiatives (H & CI) are funded by Barwon Health's own activities or local initiatives and/or the Commonwealth.

Residential Aged Care Service

The aged care service 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 Notes 3 and 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 sub total 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 Human Services, and the Victorian Government to measure the ongoing result of Barwon Health 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.

Other economic flows are changes arising from market remeasurements. They include:

- Gains and losses from disposals of non-financial assets;
- Revaluations and impairments of non-financial physical and intangible assets;
- fair value changes of financial instruments.

Specific income/expense comprising the revaluation increments/decrements of investment properties owned by Barwon Health, as described in Note 15.

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 1.26, 1.29 and 1.30.

Finance costs include interest on short-term and long-term borrowings and finance charges.

1.6 Scope and Presentation of financial statements continued

Balance Sheet

Assets and liabilities are categorised either as current or non-current (non-current being those assets or liabilities expected to be recovered / settled more than 12 months after reporting period) and are disclosed in the notes where relevant.

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.

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 from transactions

Income is recognised in accordance with AASB 118 Revenue. Revenue is recognised to the extent that it is probable that the economic benefits will flow to Barwon Health and the income can be reliably measured at fair value. Unearned income at reporting date is reported as income received in advance. Amounts disclosed as revenue are, where applicable, net of returns, allowances and duties and taxes.

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

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

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

1.9 Indirect Contributions from the Department of Health and Human Services

The Department of Health and Human Services meets certain costs on behalf of Barwon Health. Barwon Health recognises both the costs and contributions relating to these items as follows:

- Insurance is recognised as revenue following advice from the Department of Health and Human Services.
- Long Service Leave 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 05/2013 (update for 2013-14).

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 when the right to receive payment is established. Dividends represent the income arising from Barwon Health's investments in financial assets.

1.14 Interest Revenue

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

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

Defined Contribution Superannuation Plans

Contributions to defined contribution superannuation plans are expensed when incurred.

Defined Benefit Superannuation Plans

The amount charged to the Comprehensive Operating Statement in respect of defined benefit superannuation plans represents the contributions made by 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.

The name and details of the major employee superannuation funds and contributions made by Barwon Health are disclosed in Note 20.

1.18 Depreciation

Assets with a cost in excess of \$2,000 (2014: \$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 (2014: \$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 and Human Services.

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.

	2015	2014
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.

Amortisation

Amortisation is allocated to intangible non-produced assets with finite useful lives on a systematic (typically straight line) basis over the asset's useful life. Amortisation begins when the asset is available for use, that is, when it is in the location and condition necessary for it to be capable of operating in the manner intended by management. The consumption of intangible non-produced assets with finite useful lives is classified as amortisation.

The amortisation period and amortisation methods for an intangible asset with a finite useful life 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 asset concerned is tested as to whether its carrying value exceeds its recoverable amount.

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 Other Operating Expenses

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

Supplies and Consumables

Supplies and service costs which are recognised as an expense in the reporting period in which they are incurred. The carrying amounts of any inventories held for distribution are expensed when distributed.

Bad and Doubtful Debts

Refer to note 1.26 Impairment of Financial Assets

1.21 Financial Instruments

Financial instruments arise out of the contractual agreements that give rise to financial assets, financial liabilities or equity instruments of Barwon Health. Due to the nature of Barwon Health's activities, certain financial assets and financial liabilities, such as taxes, arise under statute rather than a contract and therefore do not meet the definition of financial instruments in AASB 132 *Financial Instruments: Presentation*. The following refers to financial instruments unless otherwise stated.

Loans and Receivables

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

Loans and receivables category includes cash and deposits, term deposits with maturity greater than three months, trade receivables, loans and other receivables, but not statutory receivables.

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 other comprehensive income 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 the net result for the period. Fair value is determined in the manner described in Note 23.

Financial Liabilities at Amortised Cost

Financial instrument liabilities include all of Barwon Health's contractual payables and deposits held and advances received. They are initially measured at fair value plus any directly attributable transaction costs. Subsequent to initial recognition, these financial instruments are measured at amortised cost with any difference between the initial recognised amount in the redemption value being recognised in profit and loss over the period of the interest-

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

Revaluations of financial instruments at fair value

The revaluation gain/(loss) on financial instruments at fair value excludes dividends or interest earned on financial assets.

1.22 Cash and Cash Equivalents

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

1.23 Receivables

Receivables consist of:

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

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

Receivables are recognised initially at fair value and subsequently measured at amortised cost, using the effective interest method, less any accumulated impairment. Trade debtors are carried at nominal amounts due and are due for settlement within 30 days from the date of recognition. Collectability of debts is reviewed on an ongoing basis, and debts which are known to be uncollectible are written off. A provision for doubtful debts is recognised when there is objective evidence that an impairment loss has occurred. Bad debts are written off when identified.

1.24 Prepayments

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

1.25 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.

Our interpretation of Standing Direction 4.5.6 relating to treasury risk management is that Barwon Health as a Health Service is exempt. The direction stipulates that public sector agencies must undertake all borrowings, investments and financial arrangements with a financial institution that is either a State owned entity or has a credit rating assigned by a reputable rating agency, that is the same as or better than the State of Victoria. Where specific borrowing and/or investing powers are provided e.g. investment powers for registered funded agencies under the Health Services Act 1988, this direction will not apply to those investments as directed by the explanatory note within direction 4.5.6. A registered funded agency has the power to "invest money in any manner authorised by law for the time being for the investment of trust funds". Had the exemption not existed, Barwon Health would only have been partially compliant. Barwon Health's current view is to work towards compliance over the coming year.

1.26 Impairment of Financial Assets

At the end of each reporting period, Barwon Health assesses whether there is objective evidence that a financial asset or group of financial assets are impaired. All financial instrument assets, except those measured at fair value through profit or loss, are subject to annual review for impairment. Receivables are assessed for bad and doubtful debts on a regular basis. Bad debts considered as written off and allowances for doubtful receivables are expensed. Bad debt written off by mutual consent and the allowance for doubtful debts are classified as 'other comprehensive income' in the net result.

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

Where the fair value of an investment in an equity instrument at balance date has reduced by 20 percent or more than its cost price or where its fair value has been less than its cost price for a period of 12 months or more, the financial asset is treated as impaired. In order to determine an appropriate fair value as at 30 June 2015 for its portfolio of financial assets, Barwon Health obtained a valuation based on the best available advice using an estimated market

value through a reputable financial institution. This value was compared against valuation methodologies provided by the issuer as at 30 June 2015. These methodologies were critiqued and considered to be consistent with standard market valuation techniques.

1.27 Net Gain / (Loss) on Financial Instruments

Net gain / (Loss) on financial instruments is made up of the disposals of financial assets.

1.28 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.

1.29 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 of disposal, and are not subject to depreciation.

1.30 Property, Plant and Equipment

All non-current physical assets are measured initially at cost and subsequently revalued at fair value less accumulated depreciation and impairment. Where an asset is acquired for no or nominal cost, the cost is its fair value at the date of acquisition.

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

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

1.31 Revaluations of Non-current Physical Assets

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

Revaluation increments are recognised in 'other comprehensive income' and are credited directly to the asset revaluation surplus, except that, to the extent that an increment reverses a revaluation decrement in respect of that same class of asset previously recognised as an expense in 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 103F, Barwon Health's non-current physical assets were assessed to determine whether revaluation of the non-current physical assets was required.

1.32 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 (2014: 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, in accordance with AASB 136 *Impairment of Assets*. 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.

1.33 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. Fair values are determined based on a market comparable approach that reflects recent transaction prices for similar properties. 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.

1.34 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.

1.35 Payables

Payables consist of contractual payables which consist predominately of accounts payable representing liabilities for goods and services provided to Barwon Health prior to the end of the financial year that are unpaid, and arise when Barwon Health becomes obliged to make future payments in respect of the purchase of those goods and services. The normal credit terms for accounts payable are usually 30 days. Statutory payables are also included, such as goods and services tax and fringe benefits tax payables.

Contractual payables are classified as financial instruments and are initially recognised at fair value, and then subsequently carried at amortised cost. Statutory payables are recognised and measured similarly to contractual payables, but are not classified as financial instruments and not included in the category of financial liabilities at amortised cost, because they do not arise from a contract.

Monies 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.

1.36 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 the net result over the period of the interest bearing liability using the effective interest method. Fair value is determined in the manner described in Note 23.

1.37 Employee Benefits

Wages and Salaries, Annual Leave and Accrued Days Off

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

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

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

- Undiscounted value – if Barwon Health expects to wholly settle within 12 months; or
- Present value – if Barwon Health does not expect to wholly settle within 12 months.

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 Liabilities

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.

Employee Benefit On-Costs

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

1.38 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. The leased asset is not recorded in the balance sheet.

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.

1.39 Contributed Capital

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

1.40 Land and Buildings Revaluation Reserve

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

1.41 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.

1.42 Specific Restricted Purpose Funds

Barwon Health's Specific 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.

During the current year, there has been a re-mapping of the comparative Specific Restricted Purpose Fund Reserve balance to align with the current year.

1.43 Commitments

Commitments for future expenditure include operating and capital commitments arising from contracts. These commitments are disclosed by way of a note (refer to note 25) at their nominal value and are inclusive of the GST payable. In addition, where it is considered appropriate and provides additional relevant information to users, the net present values of significant individual projects are stated. These future expenditures cease to be disclosed as commitments once the related liabilities are recognised on the balance sheet.

1.44 Contingent Assets and Contingent Liabilities

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

1.45 Goods and Services Tax (GST)

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

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

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

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

1.46 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.

1.47 Investments in Joint Operations

In respect of any interests in joint operations, Barwon Health recognises in the financial statements:

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

1.48 Changes in Accounting Standards

Subsequent to the 2013-14 reporting period, the following new and revised Standards have been adopted for the first time in the current period with their financial impacts disclosed.

AASB 10 Consolidated Financial Statements

AASB 10 provides a new approach to determine whether an entity has control over another entity, and therefore must present consolidated financial statements. The new approach requires the satisfaction of all three criteria for control to exist over an entity for financial reporting purposes:

- (a) The investor has power over the investee;
- (b) The investor has exposure, or rights to variable returns from its involvement with the investee; and
- (c) The investor has the ability to use its power over the investee to affect the amount of investor's returns.

Based on the new criteria prescribed in AASB 10, Barwon Health has reviewed the existing arrangements to determine if there are any additional entities that need to be consolidated into the group. As a result of this review, it was identified that the Barwon Health Foundation Future Fund Limited (BHFFF) is controlled by Barwon Health. However, given the current size of the operations of BHFFF, management have determined that it is not material to the organisation. In making this determination, the net result of the BHFFF was assessed, as well as the size retained cash and cash equivalents. As a result, the BHFFF was not consolidated into Barwon Health on the basis of materiality, applying AASB 1031.

As at 30 June 2015, the BHFFF holds \$125,000 of cash and cash equivalents. As a result, the only lines affected if consolidation occurred would be Cash and Cash Equivalents on the Balance Sheet, in addition to Capital Purpose Income from donations on the Comprehensive Operating Statement. As at the date of signoff of these Financial Statements, the BHFFF was not audited.

AASB 11 Joint Arrangements

In accordance with AASB 11, there are two types of joint arrangements, i.e. joint operations and joint ventures. Joint operations arise where the investors have rights to the assets and obligations for the liabilities of an arrangement. A joint operator accounts for its share of the assets, liabilities, revenue and expenses. Joint ventures arise where the investors have rights to the net assets of the arrangement; joint ventures are accounted for under the equity method. Proportionate consolidation of joint ventures is no longer permitted.

Barwon Health has reviewed its existing contractual arrangements with other entities to ensure they are aligned with the new classifications under AASB 11. It has been determined that Barwon Health's existing arrangement with South West Alliance of Rural Health (SWARH) is to be classified as a joint operation under this standard. Therefore, Barwon Health will recognise its contractual rights to assets and contractual obligations in accordance with applicable standards for those assets and liabilities. Previously, this entity was treated as a jointly controlled entity, and therefore was proportionally consolidated.

SWARH currently treats their lease arrangements with lessors as finance lease arrangements under AASB 117 Leases. As a result, the entity is in breach of section 30 of the Health Services Act which prohibits borrowings unless they have been approved. Management are currently taking steps to ensure compliance going forward, and are liaising with the Department of Health and Human Services and the Department of Treasury and Finance to obtain the necessary approvals during the 2016 financial year. It should be noted that SWARH has not been audited for the year ended 30 June 2015 as at the date of signing these financial statements.

AASB 12 Disclosure of Interests in Other Entities

AASB 12 Disclosure of Interests in Other Entities prescribes the disclosure requirements for an entity's interests in subsidiaries, associates and joint arrangements; and extends to the entity's association with unconsolidated structured entities. Barwon Health has disclosed information about its interests in associates and joint ventures, including any significant judgement and assumptions used in determining the type of joint arrangement in which it has an interest.

1.49 Restatement of Prior Year Lease Arrangements

The lease arrangements with lessors that are currently held by SWARH have been determined to be finance leases under AASB 117 Leases. Historically, these were treated as operating leases. As a result, a restatement of prior year balances was required to account for these leases correctly in the comparative period. The net effect on the financial statements was to increase both total assets and total liabilities by \$3,460,000. This has been reflected in the Share of Assets in Joint Operation and Share of Liabilities in Joint Operation on the face of the Balance Sheet.

1.50 New Accounting Standards and Interpretations

Certain new accounting standards and interpretations have been published that are not mandatory for the 30 June 2015 reporting period. As at 30 June 2015, the following standards and interpretations had been issued but were not mandatory for financial years ending 30 June 2015. Barwon Health has not and does not intend to adopt these standards early.

NOTE: 1.50

STANDARD / INTERPRETATION	SUMMARY	APPLICABLE FOR ANNUAL REPORTING PERIODS BEGINNING ON	IMPACT ON BARWON HEALTH FINANCIAL STATEMENTS
AASB 9 Financial Instruments	The key changes include the simplified requirements for the classification and measurement of financial assets, a new hedging accounting model and a revised impairment loss model to recognise impairment losses earlier, as opposed to the current approach that recognises impairment only when incurred.	1 Jan 2018	<p>The assessment has identified that the financial impact of available for sale (AFS) assets will now be reported through other comprehensive income (OCI) and no longer recycled to the profit and loss.</p> <p>While the preliminary assessment has not identified any material impact arising from AASB 9, it will continue to be monitored and assessed.</p>
AASB 15 Revenue from Contracts with Customers	The core principle of AASB 15 requires an entity to recognise revenue when the entity satisfies a performance obligation by transferring a promised good or service to a customer.	1 Jan 2017 (Exposure Draft 263 – potential deferral to 1 Jan 2018)	<p>The changes in revenue recognition requirements in AASB 15 may result in changes to the timing and amount of revenue recorded in the financial statements. The Standard will also require additional disclosures on service revenue and contract modifications.</p> <p>A potential impact will be the upfront recognition of revenue from arrangements that cover multiple reporting periods. Revenue that was deferred and amortised over a period may now need to be recognised immediately as a transitional adjustment against the opening returned earnings if there are no former performance obligations outstanding.</p>
AASB 2014 1 Amendments to Australian Accounting Standards [Part E Financial Instruments]	Amends various AASs to reflect the AASB's decision to defer the mandatory application date of AASB 9 to annual reporting periods beginning on or after 1 January 2018 as a consequence of Chapter 6 Hedge Accounting, and to amend reduced disclosure requirements.	1 Jan 2018	This amending standard will defer the application period of AASB 9 to the 2018-19 reporting period in accordance with the transition requirements.
AASB 2014 4 Amendments to Australian Accounting Standards – Clarification of Acceptable Methods of Depreciation and Amortisation [AASB 116 & AASB 138]	Amends AASB 116 Property, Plant and Equipment and AASB 138 Intangible Assets to: <ul style="list-style-type: none"> – establish the principle for the basis of depreciation and amortisation as being the expected pattern of consumption of the future economic benefits of an asset; – prohibit the use of revenue based methods to calculate the depreciation or amortisation of an asset, tangible or intangible, because revenue generally reflects the pattern of economic benefits that are generated from operating the business, rather than the consumption through the use of the asset. 	1 Jan 2016	The assessment has indicated that there is no expected impact as the revenue-based method is not used for depreciation and amortisation.

NOTE: 1.50

STANDARD / INTERPRETATION	SUMMARY	APPLICABLE FOR ANNUAL REPORTING PERIODS BEGINNING ON	IMPACT ON BARWON HEALTH FINANCIAL STATEMENTS
AASB 2014 9 Amendments to Australian Accounting Standards – Equity Method in Separate Financial Statements [AASB 1, 127 & 128]	Amends AASB 127 Separate Financial Statements to allow entities to use the equity method of accounting for investments in subsidiaries, joint ventures and associates in their separate financial statements.	1 Jan 2016	The assessment indicates that there is no expected impact as the entity will continue to account for the investments in subsidiaries, joint ventures and associates using the cost method as mandated if separate financial statements are presented in accordance with FRD 113A.
AASB 2014 10 Amendments to Australian Accounting Standards – Sale or Contribution of Assets between an Investor and its Associate or Joint Venture [AASB 10 & AASB 128]	AASB 2014-10 amends AASB 10 Consolidated Financial Statements and AASB 128 Investments in Associates to ensure consistent treatment in dealing with the sale or contribution of assets between an investor and its associate or joint venture. The amendments require that: <ul style="list-style-type: none"> ↪ a full gain or loss to be recognised by the investor when a transaction involves a business (whether it is housed in a subsidiary or not); and ↪ a partial gain or loss to be recognised by the parent when a transaction involves assets that do not constitute a business, even if these assets are housed in a subsidiary. 	1 Jan 2016	The assessment has indicated that there is limited impact, as the revisions to AASB 10 and AASB 128 are guidance in nature.
AASB 2015 6 Amendments to Australian Accounting Standards – Extending Related Party Disclosures to Not-for-Profit Public Sector Entities [AASB 10, AASB 124 & AASB 1049]	The Amendments extend the scope of AASB 124 Related Party Disclosures to not-for-profit public sector entities. A guidance has been included to assist the application of the Standard by not-for-profit public sector entities.	1 Jan 2016	The amending standard will result in extended disclosures on the entity's key management personnel (KMP), and the related party transactions.



This solid financial result is a reflection of the organisations commitment to balancing financial outcomes with delivering an improved experience for patients and residents

NOTE 2: ANALYSIS OF REVENUE BY SOURCE

2015	NOTE	ADMITTED	NON-
		PATIENTS	ADMITTED
		\$'000	\$'000
Government Grants		329,476	25,254
Indirect Contributions by Department of Health and Human Services		2,623	151
Patient and Resident Fees	5	35,872	5,517
Private Practice Fees		135	-
Recoupment from Private Practice for use of Hospital Facilities		2,692	74
Business Units and Specific Purpose Funds		-	-
Other Revenue from Operating Activities		7,469	525
Total Revenue from Operating Activities		378,267	31,521
Interest		-	-
Dividends and Profit on Sale of Available for Sale Investments		-	-
Total Revenue from Non-Operating Activities		-	-
Capital Purpose Income		-	-
Donations and Bequests		-	-
Net Gain/(Loss) from Disposal of Non-Current Assets	6	-	-
Total Capital Purpose Income		-	-
Net Gain/(Loss) on Revaluation of Non-Current Assets	15	-	-
Total Other Revenue		-	-
TOTAL REVENUE FROM OPERATIONS		378,267	31,521

2014	NOTE	ADMITTED	NON-
		PATIENTS	ADMITTED
		\$'000	\$'000
Government Grants		305,372	23,760
Indirect Contributions by Department of Health and Human Services		1,811	110
Patient and Resident Fees	5	31,040	5,043
Private Practice Fees		-	-
Recoupment from Private Practice for use of Hospital Facilities		2,701	56
Business Units and Specific Purpose Funds		-	-
Other Revenue from Operating Activities		3,721	331
Total Revenue from Operating Activities		344,645	29,300
Interest		-	-
Dividends and Profit on Sale of Available for Sale Investments		-	-
Total Revenue from Non-Operating Activities		-	-
Capital Purpose Income		-	-
Donations and Bequests		-	-
Net Gain/(Loss) from Disposal of Non-Current Assets	6	-	-
Total Capital Purpose Income		-	-
Net Gain/(Loss) on Revaluation of Non-Current Assets	15	-	-
Total Other Revenue		-	-
TOTAL REVENUE FROM OPERATIONS		344,645	29,300

EDS	MENTAL HEALTH	RAC INCL. MENTAL HEALTH	AGED CARE	PRIMARY HEALTH	OTHER	TOTAL
\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
29,457	35,389	26,839	15,153	13,560	2,212	477,340
175	379	228	146	93	24	3,819
734	460	7,964	576	104	4,260	55,487
-	-	-	-	-	12	147
-	-	-	-	-	-	2,766
-	-	-	-	-	23,951	23,951
600	3,014	473	404	1,170	500	14,155
30,966	39,242	35,504	16,279	14,927	30,959	577,665
-	-	-	-	-	2,899	2,899
-	-	-	-	-	3,631	3,631
-	-	-	-	-	6,530	6,530
-	-	-	-	-	47,966	47,966
-	-	-	-	-	3,929	3,929
-	-	-	-	-	415	415
-	-	-	-	-	52,310	52,310
-	-	-	-	-	431	431
-	-	-	-	-	431	431
30,966	39,242	35,504	16,279	14,927	90,230	636,936

EDS	MENTAL HEALTH	RAC INCL. MENTAL HEALTH	AGED CARE	PRIMARY HEALTH	OTHER	TOTAL
\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
28,501	34,278	26,771	14,700	14,740	12,248	460,370
128	249	200	103	70	61	2,732
522	482	7,559	533	110	3,982	49,271
-	-	-	-	-	60	60
7	-	-	-	1	18	2,783
-	-	-	-	-	24,197	24,197
695	3,079	412	312	1,209	-	9,759
29,853	38,088	34,942	15,648	16,130	40,566	549,172
-	-	-	-	-	3,122	3,122
-	-	-	-	-	1,326	1,326
-	-	-	-	-	4,448	4,448
-	-	-	-	-	53,377	53,377
-	-	-	-	-	2,998	2,998
-	-	-	-	-	(1,628)	(1,628)
-	-	-	-	-	54,747	54,747
-	-	-	-	-	(3,036)	(3,036)
-	-	-	-	-	(3,036)	(3,036)
29,853	38,088	34,942	15,648	16,130	96,725	605,331

NOTE 3: ANALYSIS OF EXPENSES BY SOURCE

2015	NOTE	ADMITTED	NON-
		PATIENTS	ADMITTED
		\$'000	\$'000
Employee Benefits		286,278	16,517
Non Salary Labour Costs		7,036	5
Supplies, Consumables and Purchased Services		67,757	2,152
Other Expenses		36,295	2,127
Total Expenditure from Operating Activities		397,366	20,801
Expenditure for Capital Purposes		-	8
Specific Expenditure		-	-
Impairment of Available for Sale Financial Assets		-	-
Depreciation and Amortisation		27,855	2,135
Finance Costs		-	-
Non Current Asset Write Off		-	-
Total Other Expenses	7	27,855	2,143
TOTAL EXPENSES FROM ORDINARY ACTIVITIES		425,221	22,944

2014	NOTE	ADMITTED	NON-
		PATIENTS	ADMITTED
		\$'000	\$'000
Employee Benefits		263,685	15,701
Non Salary Labour Costs		6,823	4
Supplies, Consumables and Purchased Services		63,923	2,052
Other Expenses		36,000	2,320
Total Expenditure from Operating Activities		370,431	20,077
Expenditure for capital purposes		-	-
Impairment of Available for Sale Financial Assets		-	-
Depreciation and Amortisation		12,614	4,637
Finance Costs		8	1
Total Other Expenses	8	12,622	4,638
TOTAL EXPENSES FROM ORDINARY ACTIVITIES		383,053	24,715

EDS	MENTAL HEALTH	RAC INCL. MENTAL HEALTH	AGED CARE	PRIMARY HEALTH	OTHER	TOTAL
\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
19,104	41,353	24,866	15,880	10,186	11,665	425,849
78	294	630	2,154	11	86	10,294
4,533	2,009	2,158	569	1,314	9,078	89,570
1,877	3,431	1,857	962	2,711	7,895	57,155
25,592	47,087	29,511	19,565	14,222	28,724	582,868
18	115	18	11	15	1,159	1,344
-	-	-	-	-	1,080	1,080
-	-	-	-	-	205	205
2,490	2,992	2,269	1,281	1,146	780	40,948
-	-	-	-	-	-	-
-	-	-	-	-	-	-
2,508	3,107	2,287	1,292	1,161	3,224	43,577
28,100	50,194	31,798	20,857	15,383	31,948	626,445

EDS	MENTAL HEALTH	RAC INCL. MENTAL HEALTH	AGED CARE	PRIMARY HEALTH	OTHER	TOTAL
\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
19,157	28,453	28,449	14,650	9,959	17,098	397,152
95	351	710	1,572	8	114	9,677
4,546	1,852	2,379	514	1,642	13,848	90,756
2,209	2,042	3,521	1,858	2,078	4,570	54,598
26,007	32,698	35,059	18,594	13,687	35,630	552,183
-	-	-	-	-	1,149	1,149
-	-	-	-	-	154	154
3,190	2,865	8,836	383	1,327	684	34,536
1	4	2	3	3	-	22
3,191	2,869	8,838	386	1,330	1,987	35,861
29,198	35,567	43,897	18,980	15,017	37,617	588,044

NOTE 4: DEPRECIATION AND AMORTISATION

	2015 \$'000	2014 \$'000
DEPRECIATION		
Building and Leasehold	30,985	25,056
Plant and Equipment	3,566	3,306
Medical Equipment	4,994	5,255
Furniture and Fittings	65	23
Linen	600	589
Leased Motor Vehicles	-	24
Total Depreciation	40,210	34,253
AMORTISATION		
Intangible Assets	738	283
Total Amortisation	738	283
TOTAL DEPRECIATION AND AMORTISATION	40,948	34,536

NOTE 5: PATIENT AND RESIDENT FEES

	2015 \$'000	2014 \$'000
PATIENT FEES RAISED		
Acute	38,186	25,980
Sub Acute	7,182	6,834
Other	4,116	10,482
RESIDENT FEES RAISED		
Geriatric	5,289	5,237
Mental Health	714	738
TOTAL	55,487	49,271

NOTE 6: NET GAIN/(LOSS) ON DISPOSAL OF NON-FINANCIAL ASSETS

	2015 \$'000	2014 \$'000
Proceeds from Disposal of Property, Plant and Equipment		
↳ Motor Vehicles	243	283
↳ Leased Motor Vehicles	-	12
↳ Equipment	-	-
↳ Medical Equipment	-	-
↳ Building	-	-
Total Proceeds from Disposal of Property, Plant and Equipment	243	295
Less: Written Down Value of Property, Plant and Equipment Disposed		
↳ Motor Vehicles	38	202
↳ Leased Motor Vehicles	-	147
↳ Equipment	-	172
↳ Medical Equipment	-	33
↳ Building	-	1,209
Total Written Down Value of Property, Plant and Equipment Disposed	38	1,763
Net Loss on Disposal of Property, Plant and Equipment Disposed	205	(1,468)
Proceeds from Disposal of Property Held for Sale		
↳ Building	2,187	-
↳ Land	1,593	235
Total Proceeds from Disposal of Property Held for Sale	3,780	235
Less: Written Down Value of Property Held for Sale		
↳ Building	1,480	65
↳ Land	2,090	160
Total Written Down Value of Property Held for Sale	3,570	225
Net Gain on disposal of Property Held for Sale	210	10
Proceeds from Disposal of Intangible Assets		
↳ Intangible Assets	-	-
Total Proceeds from Disposal of Intangible Assets	-	-
Less: Written Down Value of Intangible Assets		
↳ Intangible Assets	-	170
Total Written Down Value of Intangible Assets	-	170
Net Loss on disposal of Intangible Assets	-	(170)
TOTAL NET (LOSS) / GAIN ON DISPOSAL OF NON-FINANCIAL ASSETS	415	(1,628)

NOTE 7 : ANALYSIS OF REVENUE AND EXPENSES BY INTERNALLY MANAGED AND RESTRICTED SPECIFIC PURPOSE FUNDS

	REVENUE 2015 \$'000	REVENUE 2014 \$'000	EXPENSE 2015 \$'000	EXPENSE 2014 \$'000
BUSINESS UNITS AND SPECIFIC PURPOSE FUNDS				
Pharmacy Services	12,733	11,003	9,369	7,872
Laundry	-	8	2,060	1,737
Research	3,091	3,488	2,070	2,015
Staff Care	144	61	1,033	899
Laboratory Medicine	1,103	990	1,038	1,224
Chronic Disease Management Project	645	597	453	54
Property	2,013	1,929	1,334	1,140
Salary Packaging Charges	2,016	1,893	454	462
Other	2,207	4,228		
TOTAL BUSINESS UNIT AND SPECIFIC PURPOSE FUNDS	23,951	24,197	17,811	15,403
OTHER ACTIVITIES				
Recoupment from Private Practice Arrangements	2,766	2,783	2,387	2,235
Discontinued Operations	3,175	-	4,752	-
TOTAL	29,892	26,980	24,950	17,638

NOTE 8: FINANCE COSTS

	2015 \$'000	2014 \$'000
Finance Charges on Finance Leases	-	22
TOTAL	-	22

NOTE 9: RECEIVABLES

	2015 \$'000	2014 \$'000
CURRENT		
Contractual		
Patient Fees	6,424	6,748
Sundry Debtors	6,175	3,812
Less: Allowance for Doubtful Debts	(367)	(387)
Accrued Investment Income	781	533
Accrued Revenue - Other	4,404	3,030
Prepayments	816	1,104
	18,233	14,840
STATUTORY		
GST Receivable	1,327	1,554
Accrued Revenue - Department of Health / Department of Health and Human Services	2,243	-
TOTAL CURRENT RECEIVABLES	21,803	16,394
NON CURRENT		
Statutory		
Long Service Leave - Department of Health / Department of Health and Human Services	20,873	17,091
TOTAL NON CURRENT RECEIVABLES	20,873	17,091
TOTAL RECEIVABLES	42,676	33,485
(a) Movement in allowance for patient fee doubtful debts		
Balance at beginning of year	(387)	(404)
Amounts written off during year	485	296
(Increase) / decrease in allowance recognised in net result	(465)	(279)
Balance at end of the year	(367)	(387)
(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 10: INVESTMENTS AND OTHER FINANCIAL ASSETS

	OPERATING FUND		CAPITAL FUND		TOTAL	
	2015 \$'000	2014 \$'000	2015 \$'000	2014 \$'000	2015 \$'000	2014 \$'000
CURRENT						
↪ Australian Dollar Term Deposits > 3 months	46	45	-	-	46	45
↪ Fixed Bonds and Floating Rate Notes	4,114	2,150	1,669	901	5,783	3,051
TOTAL CURRENT	4,160	2,195	1,669	901	5,829	3,096
NON- CURRENT						
↪ Equities at Fair Value	2,455	9,124	-	-	2,455	9,124
↪ Fixed Bonds and Floating Rate Notes	23,878	39,520	4,809	4,692	28,687	44,212
TOTAL NON CURRENT	26,333	48,644	4,809	4,692	31,142	53,336
TOTAL	30,493	50,839	6,478	5,593	36,971	56,432
REPRESENTED BY:						
Health Service Investments					30,493	50,857
Monies Held in Trust						
↪ Refundable Entrance Fees					6,478	5,575
TOTAL					36,971	56,432
(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 11: INVENTORIES

	2015 \$'000	2014 \$'000
Pharmaceuticals at Cost	1,222	1,799
Medical and Surgical Lines at Cost	2,288	1,568
Bulk Store at Cost	188	324
TOTAL INVENTORIES	3,698	3,691

NOTE 12: NON-FINANCIAL PHYSICAL ASSETS CLASSIFIED AS HELD FOR SALE

(a) Assets held for sale

	2015 \$'000	2014 \$'000
LAND AND BUILDINGS - HELD FOR SALE AT FAIR VALUE		
Land	1,905	3,855
Buildings	825	2,445
Total Land and Building Assets Classified as Held for Sale	2,730	6,300
PLANT AND EQUIPMENT - HELD FOR SALE AT FAIR VALUE		
Other Equipment	376	-
Plant	61	-
IT Equipment	2	-
Total Plant and Equipment Assets Classified as Held for Sale	439	-
Total Non-Financial Physical Assets Classified as Held for Sale	3,169	6,300

(b) Fair Value Measurement of Non-Financial Physical Assets Held for Sale

	CARRYING AMOUNT 2015 \$'000	FAIR VALUE MEASUREMENT AT END OF REPORTING PERIOD USING:		
		LEVEL 1 ⁽¹⁾	LEVEL 2 ⁽¹⁾	LEVEL 3 ⁽¹⁾
Land	1,905	-	1,905	-
Buildings	825	-	825	-
Other Equipment	376	-	-	376
Plant	61	-	-	61
IT Equipment	2	-	-	2
Total Property Held for Sale	3,169	-	2,730	439

	CARRYING AMOUNT 2014 \$'000	FAIR VALUE MEASUREMENT AT END OF REPORTING PERIOD USING:		
		LEVEL 1 ⁽¹⁾	LEVEL 2 ⁽¹⁾	LEVEL 3 ⁽¹⁾
Land	3,855	-	3,855	-
Buildings	2,445	-	2,445	-
Total Property Held for Sale	6,300	-	6,300	-

(1) Classified in accordance with the fair value hierarchy (Note 1)

Land and buildings are valued using the market approach. Under this valuation method, the assets are compared to recent comparable sales or sales of comparable assets which are considered to have nominal or no added improvement value.

For land and buildings, an independent valuation was performed by independent valuers the Valuer-General Victoria (VGV) to determine the fair value using the market approach. Valuation of the assets was determined by analysing comparable sales and allowing for share, size, topography, location and other relevant factors specific to the asset being valued. An appropriate rate per square metre has been applied to the subject asset. The effective date of the valuation is 30 June 2014.

To the extent that land and buildings do not contain significant, unobservable adjustments, these assets are classified as Level 2 under the market approach.

NOTE 13: PROPERTY, PLANT AND EQUIPMENT

(a) Gross carrying amount as at 30 June 2015

2015	AT COST / VALUATION \$'000	ACCUMULATED DEPRECIATION / AMORTISATION \$'000	NET ASSETS 2015 \$'000
LAND AND BUILDINGS			
At Fair Value			
Land at Revaluation on 30 June 2014	39,465	-	39,465
Crown Land at Revaluation on 30 June 2014	8,730	-	8,730
Buildings at Revaluation on 30 June 2014	869,266	385,155	484,111
	917,461	385,155	532,306
Buildings Under Construction at Cost	12,983	-	12,983
Leasehold Improvements at Fair Value	1,514	525	988
PLANT AND EQUIPMENT AT FAIR VALUE			
↪ Plant	8,193	3,514	4,679
↪ Motor Vehicles	5,992	3,660	2,332
↪ Other	28,134	16,079	12,055
	42,319	23,253	19,066
Medical Equipment at Fair Value	63,767	41,867	21,900
Furniture and Fittings at Fair Value	1,605	410	1,195
Linen at Fair Value	-	-	-
TOTAL PROPERTY, PLANT AND EQUIPMENT	1,039,649	451,210	588,439

Please refer to Note 1.30 for more details on revaluation of property, plant and equipment.

NOTE 13: PROPERTY, PLANT AND EQUIPMENT *continued*

(a) Gross carrying amount as at 30 June 2014

2014	AT COST / VALUATION \$'000	ACCUMULATED DEPRECIATION / AMORTISATION \$'000	NET ASSETS 2014 \$'000
LAND AND BUILDINGS			
At Fair Value			
Land at Revaluation on 30 June 2014	39,465	-	39,465
Crown Land at Revaluation on 30 June 2014	8,730	-	8,730
Buildings at Revaluation on 30 June 2014	778,197	354,344	423,853
	826,392	354,344	472,048
Buildings Under Construction at Cost	43,090	-	43,090
Leasehold Improvements at Fair Value	1,308	350	958
PLANT AND EQUIPMENT AT FAIR VALUE			
- Plant	7,661	2,975	4,686
- Motor Vehicles	5,841	4,353	1,488
- Other	27,069	16,222	10,847
	40,571	23,550	17,021
Medical Equipment at Fair Value	55,958	37,508	18,450
Furniture and Fittings at Fair Value	525	345	180
Linen at Fair Value	3,774	2,783	991
TOTAL PROPERTY, PLANT AND EQUIPMENT	971,618	418,880	552,738

NOTE 13: PROPERTY, PLANT AND EQUIPMENT *continued***(b) Reconciliations of the carrying amounts of each class of asset**

2015	LAND \$'000	BUILDINGS AND LEASEHOLD \$'000	PLANT AND EQUIPMENT \$'000
Balance at 1 July 2014	48,195	467,900	17,023
Work in Progress	-	(30,108)	993
Additions	-	91,275	5,094
Revaluation Increment/Decrement	-	-	-
Asset write off	-	-	-
Classified as Property Held for Sale	-	-	(439)
Disposals	-	-	(38)
Depreciation and Amortisation	-	(30,985)	(3,566)
BALANCE AT 30 JUNE 2015	48,195	498,081	19,068

2014	LAND \$'000	BUILDINGS AND LEASEHOLD \$'000	PLANT AND EQUIPMENT \$'000
Balance at 1 July 2013	52,190	393,268	15,959
Net transfer between classes	-	106	107
Additions	-	41,293	4,602
Revaluation Increment/Decrement	20	61,986	-
Classified as Property Held for Sale	(3,855)	(2,445)	-
Disposals	(160)	(1,274)	(373)
Depreciation and Amortisation	-	(25,034)	(3,272)
BALANCE AT 30 JUNE 2014	48,195	467,900	17,023

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 2014.

MEDICAL \$'000	FURNITURE AND FITTINGS \$'000	LINEN \$'000	LEASED MOTOR VEHICLES \$'000	TOTAL \$'000
18,449	180	991	-	552,738
-	-	-	-	(29,115)
8,445	1,080	-	-	105,894
-	-	-	-	-
-	-	(391)	-	(391)
-	-	-	-	(439)
-	-	-	-	(38)
(4,994)	(65)	(600)	-	(40,210)
21,900	1,195	-	-	588,439

MEDICAL \$'000	FURNITURE AND FITTINGS \$'000	LINEN \$'000	LEASED MOTOR VEHICLES \$'000	TOTAL \$'000
20,223	153	1,160	171	483,124
(26)	-	-	-	187
3,540	50	420	-	49,905
-	-	-	-	62,006
-	-	-	-	(6,300)
(33)	-	-	(147)	(1,987)
(5,255)	(23)	(589)	(24)	(34,197)
18,449	180	991	-	552,738

NOTE 13: PROPERTY, PLANT AND EQUIPMENT *continued*

(c) Fair value measurement hierarchy for assets

	CARRYING AMOUNT AS AT 30 JUNE 2015 \$'000	FAIR VALUE MEASUREMENT AT END OF REPORTING PERIOD USING:		
		LEVEL 1 ⁽¹⁾	LEVEL 2 ⁽¹⁾	LEVEL 3 ⁽¹⁾
Land and Buildings at Fair Value				
Non-specialised Land	20,012	-	20,012	-
Specialised Land	28,183	-	-	28,183
Non-specialised Buildings	811	-	811	-
Specialised Buildings	483,299	-	-	483,299
Buildings Under Construction	12,983	-	6,541	6,442
Leasehold Improvements	989	-	989	-
Total Land and Buildings at Fair Value	546,278	-	28,354	517,924
Plant and Equipment at Fair Value				
↳ Plant at Depreciated Replacement Cost	4,679	-	4,679	-
↳ Motor Vehicles at Depreciated Replacement Cost	2,332	-	2,332	-
↳ Other at Depreciated Replacement Cost	12,056	-	12,056	-
Total Plant and Equipment at Fair Value	19,067	-	19,067	-
Medical equipment at Fair Value	21,900	-	18,935	2,965
Furniture and Fittings at Fair Value	1,195	-	1,195	-
Linen at Fair Value	-	-	-	-
	588,440	-	67,551	520,889

(1) Classified in accordance with the fair value hierarchy, see Note 1.2.

There have been no transfers between levels during the period.

NOTE 13: PROPERTY, PLANT AND EQUIPMENT *continued*

(c) Fair value measurement hierarchy for assets

	CARRYING AMOUNT AS AT 30 JUNE 2014 \$'000	FAIR VALUE MEASUREMENT AT END OF REPORTING PERIOD USING:		
		LEVEL 1 ⁽¹⁾	LEVEL 2 ⁽¹⁾	LEVEL 3 ⁽¹⁾
Land and Buildings at Fair Value				
Non-specialised Land	20,012	-	20,012	-
Specialised Land	28,183	-	-	28,183
Non-specialised Buildings	851	-	851	-
Specialised Buildings	423,001	-	-	423,001
Buildings Under Construction	43,090	-	2,771	40,319
Leasehold Improvements	958	-	958	-
Total Land and Buildings at Fair Value	516,095	-	24,592	491,503
- Plant and Equipment at Fair Value				
- Plant at Depreciated Replacement Cost	4,686	-	4,686	-
- Motor Vehicles at Depreciated Replacement Cost	1,488	-	1,488	-
- Other at Depreciated Replacement Cost	10,848	-	10,848	-
Total Plant and Equipment at Fair Value	17,022	-	17,022	-
Medical equipment at Fair Value	18,450	-	14,190	4,260
Furniture and Fittings at Fair Value	180	-	180	-
Linen at Fair Value	991	-	991	-
Leased Motor Vehicles at Fair Value	-	-	-	-
	552,738	-	56,975	495,763

(1) Classified in accordance with the fair value hierarchy, see Note 1.2.

There have been no transfers between levels during the period.

NOTE 13: PROPERTY, PLANT AND EQUIPMENT *continued*

(c) Fair value measurement hierarchy for assets as at 30 June 2015 *continued*

Non-specialised land and non-specialised buildings

Non-specialised land and non-specialised buildings are valued using the market approach. Under this valuation method, the assets are compared to recent comparable sales or sales of comparable assets which are considered to have nominal or no added improvement value.

For non-specialised land and non-specialised buildings, an independent valuation was performed by independent valuers the Valuer-General Victoria (VGV) to determine the fair value using the market approach. Valuation of the assets was determined by analysing comparable sales and allowing for share, size, topography, location and other relevant factors specific to the asset being valued. An appropriate rate per square metre has been applied to the subject asset. The effective date of the valuation is 30 June 2014.

To the extent that non-specialised land and non-specialised buildings do not contain significant, unobservable adjustments, these assets are classified as Level 2 under the market approach.

Specialised land and specialised buildings

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

The CSO adjustment is a reflection of the valuer's assessment of the impact of restrictions associated with an asset to the extent that is also equally applicable to market participants. This approach is in light of the highest and best use consideration required for fair value measurement, and takes into account the use of the asset that is physically possible, legally permissible and financially feasible. As adjustments of CSO are considered as significant unobservable inputs, specialised land would be classified as Level 3 assets. For Barwon Health, the depreciated replacement cost method is used for the majority of specialised buildings, adjusting for the associated depreciation. As depreciation adjustments are considered as significant and unobservable inputs in nature, specialised buildings are classified as Level 3 for fair value measurements.

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

Vehicles

Barwon Health acquires new vehicles and at times disposes of them before completion of their economic life. The process of acquisition, use and disposal in the market is managed by Barwon Health who set relevant depreciation rates during use to reflect the consumption of the vehicles. As a result, it has been assessed that the fair value of these vehicles does not differ materially from the carrying value (depreciated cost).

Plant and equipment

Plant and equipment is held at carrying value (depreciated cost). When plant and equipment is specialised in use, such that it is rarely sold other than as part of a going concern, the depreciated replacement cost is used to estimate the fair value. As there is market evidence that current replacement costs are not significantly different from the original acquisition cost, it has been assessed that depreciated replacement cost will not be materially different from the existing carrying value.

There were no changes in valuation techniques throughout the period to 30 June 2015.

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

NOTE 13: PROPERTY, PLANT AND EQUIPMENT *continued***(d) Reconciliation of Level 3 Fair Value**

2015	SPECIALISED LAND \$'000	SPECIALISED BUILDINGS \$'000	BUILDINGS UNDER CONSTRUCTION \$'000	MEDICAL EQUIPMENT \$'000
Opening Balance	28,183	423,001	40,319	4,260
Additions / (Capitalisation)	-	90,803	(33,877)	-
Gains or losses recognised in net result				
- Depreciation	-	(30,505)	-	(1,295)
Subtotal	-	(30,505)	-	(1,295)
Items recognised in other comprehensive income				
- Revaluation	-	-	-	-
CLOSING BALANCE	28,183	483,299	6,442	2,965

2014	SPECIALISED LAND \$'000	SPECIALISED BUILDINGS \$'000	BUILDINGS UNDER CONSTRUCTION \$'000	MEDICAL EQUIPMENT \$'000
Opening Balance	26,379	347,086	18,886	5,984
Additions / (Capitalisation)	-	39,761	21,433	-
Gains or losses recognised in net result				
- Depreciation	-	(24,876)	-	(1,724)
Subtotal	-	(24,876)	-	(1,724)
Items recognised in other comprehensive income				
- Revaluation	1,804	61,030	-	-
CLOSING BALANCE	28,183	423,001	40,319	4,260

Note

(i) Classified in accordance with the fair value hierarchy, see Note 1.2.

There have been no transfers between levels during the period.

NOTE 13: PROPERTY, PLANT AND EQUIPMENT *continued*

(e) Description of significant unobservable inputs to Level 3 valuations

	VALUATION TECHNIQUE	SIGNIFICANT UNOBSERVABLE INPUTS	RANGE (WEIGHTED AVERAGE)	SENSITIVITY OF FAIR VALUE MEASUREMENT TO CHANGES IN SIGNIFICANT UNOBSERVABLE INPUTS
Specialised Land	Market approach	Community Service Obligation (CSO) adjustment	2015: 20% 2014: 20%	A significant increase or decrease in the CSO adjustment would result in a significantly lower (higher) fair value.
Specialised Buildings	Depreciated replacement cost	Direct cost per square metre	2015: \$500 - \$4,300/m ² (\$1,900/m ²) 2014: \$500 - \$4,300/m ² (\$1,900/m ²)	A significant increase or decrease in direct cost per square meter adjustment would result in a significantly higher or lower fair value.
		Useful life of specialised buildings	2015: 5-51 years (30 years) 2014: 5-51 years (23 years)	A significant increase or decrease in the estimated useful life of the asset would result in a significantly higher or lower valuation.
Medical Equipment at Fair Value	Depreciated replacement cost	Useful life of medical equipment	2015: 7-10 years (8 years) 2014: 7-10 years (8 years)	Increase (decrease) in useful life would result in a significantly higher (lower) fair value.

NOTE 14: INTANGIBLE ASSETS

	2015 \$'000	2014 \$'000
Intangible Assets	1,954	1,083
Total Intangible Assets	1,954	1,083

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

RECONCILIATION OF MOVEMENT IN INTANGIBLE ASSETS		
Balance at beginning of financial year	1,083	1,038
Reclass of Assets	-	(141)
Additions	1,609	684
Disposals	-	(170)
Amortisation	(738)	(328)
Balance at end of financial year	1,954	1,083
TOTAL INTANGIBLE ASSETS	1,954	1,083

NOTE 15: INVESTMENT PROPERTIES

(a) Movements in carrying value for investment properties as at 30 June 2015

	2015 \$'000	2014 \$'000
Balance at Beginning of Period	12,598	15,634
Net (Loss)/Gain from fair value adjustment	430	(3,036)
Transfer from Property, Plant & Equipment	-	-
Balance at the end of Period	13,028	12,598

Investment properties were revalued at 30 June 2015 by the Victorian Valuer General's Office, to determine the fair value of the properties.

Rental income from Investment Properties for the year was \$965,662 (2014: \$628,466). Related operating expenses were \$13,700 (2014: \$16,235).

(b) Fair value measurement hierarchy for investment properties as at 30 June 2015

	CARRYING AMOUNT AS AT 30 JUNE 2015 \$'000	FAIR VALUE MEASUREMENT AT END OF REPORTING PERIOD USING:		
		LEVEL 1 ⁽ⁱ⁾	LEVEL 2 ⁽ⁱ⁾	LEVEL 3 ⁽ⁱ⁾
Investment properties	13,028	-	12,358	670
	13,028	-	12,358	670

	CARRYING AMOUNT AS AT 30 JUNE 2014 \$'000	FAIR VALUE MEASUREMENT AT END OF REPORTING PERIOD USING:		
		LEVEL 1 ⁽ⁱ⁾	LEVEL 2 ⁽ⁱ⁾	LEVEL 3 ⁽ⁱ⁾
Investment properties	12,598	-	11,906	692
	12,598	-	11,906	692

Note

(i) Classified in accordance with the fair value hierarchy, see Note 1.2.

There have been no transfers between levels during the period. There were no changes in valuation techniques throughout the period to 30 June 2015.

For investment properties measured at fair value, the current use of the asset is considered the highest and best use.

The fair value of Barwon Health's investment properties at 30 June 2015 have been arrived on the basis of an independent valuation carried out by independent valuers the Valuer-General Victoria (VGV). This valuation was performed in the comparative financial year. The valuation was determined by reference to market evidence of transaction process for similar properties with no significant unobservable adjustments, in the same location and condition and subject to similar lease and other contracts.

If there is no market based evidence of fair value because of the specialised nature of the item of the investment property and the item is rarely sold, except as part of a continuing business, the fair value is established using a depreciated replacement cost approach. Further details of significant unobservable inputs relating to Level 3 land and buildings are disclosed in Note 13 (e).

NOTE 16: PAYABLES

	2015 \$'000	2014 \$'000
CURRENT		
Contractual		
Trade Creditors	5,804	11,386
Accrued Expenses	6,869	7,177
Accrued Expense - Department of Health and Human Services	-	940
Australian Taxation Office	1,291	647
Superannuation	3,947	2,902
Salary Packaging	5,127	3,265
Other	3,903	1,693
TOTAL PAYABLES	26,941	28,010

(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 17: MONIES HELD IN TRUST

	NOTE	2015 \$'000	2014 \$'000
CURRENT			
Contractual			
Refundable Entrance Fees		7,237	5,249
Residential Patient Monies held in Trust		868	943
Total Monies Held in Trust		8,105	6,192
TOTAL MONIES HELD IN TRUST			
Represented by the following assets:			
Cash held - monies held in trust	22	1,627	617
Investments and other financial assets	10	6,478	5,575
Total Monies Held in Trust		8,105	6,192

NOTE 18: INTEREST BEARING LIABILITIES

	NOTE	2015 \$'000	2014 \$'000
CURRENT			
Lease Liabilities	25	-	9
Total Current		-	9
Total Interest Bearing Liabilities	25	-	9

Barwon Health has no unsecured Finance Leases for Motor Vehicles at 30 June 2015.

(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 19: EMPLOYEE BENEFITS AND RELATED ON-COSTS PROVISIONS

	2015 \$'000	2014 \$'000
CURRENT PROVISIONS		
Employee Benefits		
<i>Annual leave (Note 19 (a))</i>		
- Unconditional and expected to be settled within 12 months	25,582	23,921
- Unconditional and expected to be settled after 12 months (present value)	4,067	4,171
<i>Long service leave (Note 19 (b))</i>		
- Unconditional and expected to be settled within 12 months	37,736	33,815
- Unconditional and expected to be settled after 12 months (present value)	6,490	6,495
- Accrued Salaries and Wages	7,165	11,349
- Accrued Days Off	715	686
	81,755	80,437
PROVISIONS RELATED TO EMPLOYEE BENEFIT ON-COSTS		
- Annual Leave	3,155	2,987
- Unconditional Long Service Leave Entitlements	4,710	4,297
- Accrued Days Off	78	78
	7,943	7,362
Total Current Provisions	89,698	87,799
NON-CURRENT PROVISIONS		
- Conditional Long Service Leave Entitlements (present value)	16,726	14,920
- Employee benefit on-costs for Long Service Leave	1,781	1,581
Total Non-Current Provisions	18,507	16,501
TOTAL PROVISIONS	108,205	104,300
A) EMPLOYEE BENEFITS AND RELATED ON-COSTS		
Current Employee Benefits and Related On-costs		
Unconditional Annual Leave	32,803	31,079
Unconditional Long Service Leave Entitlements	48,936	44,606
Accrued Salaries and Wages	7,165	11,349
Accrued Days Off	793	765
Non-Current Employee Benefits and Related On-costs		
Conditional Long Service Leave Entitlements	18,507	16,501
Total Employee Benefits and Related On-Costs	108,205	104,300
B) MOVEMENT IN LONG SERVICE LEAVE		
Balance at start of year	61,107	56,211
Provision made during the year	13,212	11,166
Settlement made during the year	(6,876)	(6,270)
BALANCE AT END OF YEAR	67,443	61,107

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 4.4% 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.

On-costs are based on a superannuation rate of 9.5% and workcover rate of 1.15% during 2014-15.

NOTE 20: SUPERANNUATION

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

Barwon Health does not recognise any defined benefit liability in respect of the plans because the entity has no legal or contractive obligation to pay future benefits relating to its employees; its only obligation is to pay superannuation contributions as they fall due.

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

	PAID CONTRIBUTION FOR THE YEAR		CONTRIBUTION OUTSTANDING AT YEAR END	
	2015 \$'000	2014 \$'000	2015 \$'000	2014 \$'000
DEFINED CONTRIBUTION PLANS				
- Health Super	19,851	19,466	2,666	1,710
- Hesta	9,241	7,778	1,191	705
- Other compliant superannuation funds as selected by employee	1,180	865	18	72
DEFINED BENEFIT PLANS				
- Health Super	738	847	72	68
- GSO	205	198	-	16
TOTAL	31,215	29,154	3,947	2,571

NOTE 21: RESERVES

	2015 \$'000	2014 \$'000
A) RESERVES		
Land Revaluation Reserve		
Balance at start of year	36,733	36,713
Movements	-	20
Balance at end of year	36,733	36,733
Building Revaluation Reserve		
Balance at start of year	234,565	172,560
Movements	-	62,005
Balance at end of year	234,565	234,565
Available for Sale Revaluation Reserve		
Balance at start of year	3,597	2,459
Movement for Sale of AFS Investments	(2,917)	(370)
Valuation Gain recognised	(755)	1,662
Impairment of Financial Assets	205	(154)
Balance at end of year	130	3,597
Restricted Specific Purpose Reserve		
Balance at start of year	10,418	23,049
Transfer (to)/from Accumulated Surplus/(Deficit)	763	(12,631)
Balance at end of year	11,180	10,418
Internally Managed Reserve		
Balance at start of year	29,959	21,914
Transfer (to)/from Accumulated Surplus/(Deficit)	(25,427)	8,045
Balance at end of year	4,532	29,959
B) CONTRIBUTED CAPITAL		
Balance at start of year	215,405	215,405
Capital contributions received from Victorian Government	14,838	-
Balance at end of year	230,243	215,405
C) ACCUMULATED SURPLUS/(DEFICIT)		
Balance at start of year	8,538	(12,651)
Net result for the year	8,919	16,601
Transfer (to)/from Restricted Specific Purpose Reserve	(763)	1,849
Transfer (to)/from Internally Managed Reserve	25,427	2,737
Balance at end of year	42,121	8,538
TOTAL EQUITY AT THE END OF THE FINANCIAL YEAR	559,504	539,214

NOTE 22: CASH AND CASH EQUIVALENTS AND CASH FLOW RECONCILIATION**Note 22(a) Cash and Cash Equivalents**

	2015 \$'000	2014 \$'000
Cash at Bank	12,666	11,265
Cash on Hand	30	29
Total Cash and Cash Equivalents	12,696	11,294
Represented by:		
Cash for Health Service Operations (as per Cash Flow Statement)	11,069	10,677
Cash held for residential patient monies held in trust	1,627	617
Total Cash and Cash Equivalents	12,696	11,294

Refer to Note 17 for monies held in trust disclosure.

Note 22(b) Reconciliation of Net Result for the Year to Net Cash Inflow / (Outflow) from Operating Activities

	2015 \$'000	2014 \$'000
Net Result for the Period	8,919	16,602
NON-CASH MOVEMENTS		
Depreciation and Amortisation	40,948	34,536
Impairment of Available for Sale Investments	205	154
Provision for Doubtful Debts	(20)	3
MOVEMENTS INCLUDED IN INVESTING AND FINANCING ACTIVITIES		
Loss / (Gain) on Revaluation of Investment Property	(431)	3,035
Gain on sale of AFS Shares	(2,842)	(650)
Loss / (Gain) on Sale of Property, Plant & Equipment	(219)	1,628
Movement in Leases	-	22
MOVEMENTS IN ASSETS AND LIABILITIES		
Increase / (Decrease) in Employee Benefits	6,403	(958)
Increase / (Decrease) in Trade Creditors	(5,513)	(30)
Decrease / (Increase) in Patient Fees Receivable	304	(1,735)
Decrease / (Increase) in Inventories	1	4,534
Increase / (Decrease) in Monies Held in Trust	1,894	(1,226)
Increase / (Decrease) in Other Payables	1,170	2,029
Decrease / (Increase) in Other Receivables	(10,110)	(111)
Non-Operating Cash Flows from Discontinued Operations	1,924	-
NET CASH INFLOW FROM OPERATING ACTIVITIES	42,633	57,833

NOTE 23: FINANCIAL INSTRUMENTS

Note 23(a) Financial risk management objectives and 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.

Barwon Health's main financial risks include credit risk, liquidity risk, interest rate risk and equity price risk. 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

2015	NOTE	CONTRACTUAL FINANCIAL ASSETS - LOANS AND RECEIVABLES \$'000	AVAILABLE FOR SALE FINANCIAL ASSETS AT FAIR VALUE \$'000	CONTRACTUAL FINANCIAL LIABILITIES AT AMORTISED COST \$'000	TOTAL \$'000
FINANCIAL ASSETS					
Cash and Cash Equivalents	22	12,696	-	-	12,696
Receivables	9	13,013	-	-	13,013
Investments and Other Financial Assets	10	46	36,925	-	36,971
Total Financial Assets		25,755	36,925	-	62,680
FINANCIAL LIABILITIES					
Trade Creditors and Other Payables	16	-	-	21,161	21,161
Refundable Entrance Fees	17	-	-	7,237	7,237
Residential Patient Monies held in Trust	17	-	-	868	868
Interest Bearing Liabilities	18	-	-	-	-
Total Financial Liabilities		-	-	29,266	29,266

2014	NOTE	CONTRACTUAL FINANCIAL ASSETS - LOANS AND RECEIVABLES \$'000	AVAILABLE FOR SALE FINANCIAL ASSETS AT FAIR VALUE \$'000	CONTRACTUAL FINANCIAL LIABILITIES AT AMORTISED COST \$'000	TOTAL \$'000
FINANCIAL ASSETS					
Cash and Cash Equivalents	22	11,294	-	-	11,294
Receivables	9	10,706	-	-	10,706
Investments and Other Financial Assets	10	45	56,387	-	56,432
Total Financial Assets		22,046	56,387	-	78,433
FINANCIAL LIABILITIES					
Trade Creditors and Other Payables	16	-	-	22,543	22,543
Refundable Entrance Fees	17	-	-	5,249	5,249
Residential Patient Monies held in Trust	17	-	-	943	943
Interest Bearing Liabilities	18	-	-	9	9
Total Financial Liabilities		-	-	28,744	28,744

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

Note 23(c) Net holding gain / (loss) on financial instruments by category

2015	NOTE	NET HOLDING GAIN / (LOSS) \$'000	TOTAL INTEREST INCOME / (EXPENSE) \$'000	FEE INCOME / (EXPENSE) \$'000	IMPAIRMENT LOSS \$'000	TOTAL \$'000
FINANCIAL ASSETS						
Cash and Cash Equivalents		-	473	-	-	473
Receivables		-	-	-	(465)	(465)
Investments and Other Financial Assets		2,842	3,375	(130)	(205)	5,881
Total Financial Assets		2,842	3,847	(130)	(670)	5,889
FINANCIAL LIABILITIES						
Trade Creditors and Other Payables		-	-	-	-	-
Refundable Entrance Fees		-	-	-	-	-
Residential Patient Monies held in Trust		-	-	-	-	-
Interest Bearing Liabilities		-	-	-	-	-
Total Financial Liabilities		-	-	-	-	-

2014	NOTE	NET HOLDING GAIN / (LOSS) \$'000	TOTAL INTEREST INCOME / (EXPENSE) \$'000	FEE INCOME / (EXPENSE) \$'000	IMPAIRMENT LOSS \$'000	TOTAL \$'000
FINANCIAL ASSETS						
Cash and Cash Equivalents		-	632	-	-	632
Receivables		-	-	-	(279)	(279)
Investments and Other Financial Assets		650	3,265	(131)	(154)	3,629
Total Financial Assets		650	3,896	(131)	(433)	3,982
FINANCIAL LIABILITIES						
Trade Creditors and Other Payables		-	-	-	-	-
Refundable Entrance Fees		-	-	-	-	-
Residential Patient Monies held in Trust		-	-	-	-	-
Interest Bearing Liabilities		-	22	-	-	22
Total Financial Liabilities		-	22	-	-	22

NOTE 23: FINANCIAL INSTRUMENTS *continued***Note 23(d) Credit Risk**

Credit risk arises from the contractual 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.

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 9, 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.

Table: Ageing analysis of Financial Assets as at 30 June

	CARRYING AMOUNT \$'000	NOT PAST DUE AND NOT IMPAIRED \$'000	PAST DUE BUT NOT IMPAIRED					IMPAIRED FINANCIAL ASSETS \$'000
			LESS THAN 1 MONTH \$'000	1 - 3 MONTHS \$'000	3 MONTHS - 1 YEAR \$'000	1 - 5 YEARS \$'000	OVER 5 YEARS \$'000	
2015								
Financial Assets								
Cash and Cash Equivalents	12,696	12,696	-	-	-	-	-	-
Receivables	13,013	8,936	2,125	1,873	446	-	-	367
Investments and Other financial Assets	36,971	36,971	-	-	-	-	-	-
Total Financial Assets	62,680	58,603	2,125	1,873	446	-	-	367
2014								
Financial Assets								
Cash and Cash Equivalents	11,294	11,294	-	-	-	-	-	-
Receivables	10,765	7,271	2,104	1,138	659	-	-	407
Investments and Other financial Assets	56,432	56,432	-	-	-	-	-	-
Total Financial Assets	78,491	74,997	2,104	1,138	659	-	-	407

There are no material financial assets which are individually determined to be impaired. Currently Barwon Health does not hold any collateral as security nor credit enhancements relating to any of its financial assets. 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.

Note 23(e) Liquidity Risk

Liquidity risk arises when Barwon Health is unable to meet its financial obligations as they fall due. It is Barwon Health's policy to settle financial obligations within 30 days. It also continuously manages risk through monitoring future cash flows and maturity planning to ensure adequate holding of high quality liquid assets and dealing in highly liquid markets. Barwon Health's exposure to liquidity risk is deemed insignificant based on prior periods data and current assessment of risk. Cash for unexpected events is generally sourced from liquidation of term deposits. Maximum exposure to liquidity risk is the carrying amounts of financial liabilities.

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

Table: Maturity analysis of Financial Liabilities as at 30 June

	CARRYING AMOUNT \$'000	CONTRACTUAL CASH FLOWS \$'000	MATURITY DATES				
			LESS THAN 1 MONTH \$'000	1-3 MONTHS \$'000	3 MONTHS - 1 YEAR \$'000	1-5 YEARS \$'000	OVER 5 YEARS \$'000
2015							
Financial Liabilities							
Trade Creditors and Other Payables	21,161	21,161	15,607	1,613	3,428	513	-
Refundable Entrance Fees	7,237	7,237	330	118	6,789	-	-
Residential Patient Monies held in Trust	868	868	152	257	395	64	-
Interest Bearing Liabilities	-	-	-	-	-	-	-
Total Financial Liabilities	29,266	29,266	16,088	1,988	10,612	577	-
2014							
Financial Liabilities							
Trade Creditors and Other Payables	22,543	22,543	14,494	4,546	1,871	1,632	-
Refundable Entrance Fees	5,267	5,267	240	86	4,941	-	-
Residential Patient Monies held in Trust	943	943	165	279	429	70	-
Interest Bearing Liabilities	9	9	9	-	-	-	-
Total Financial Liabilities	28,762	28,762	14,908	4,911	7,241	1,702	-

NOTE 23: FINANCIAL INSTRUMENTS *continued***Note 23(f) 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.

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

	WEIGHTED AVERAGE EFFECTIVE INTEREST RATES %	CARRYING AMOUNT \$'000	INTEREST RATE EXPOSURE		
			FIXED INTEREST RATE \$'000	VARIABLE INTEREST RATE \$'000	NON INTEREST BEARING \$'000
2015					
Financial Assets					
Cash and Cash Equivalents	2.50	12,696	-	12,696	-
Receivables	-	13,013	-	-	13,013
Other Financial Assets - Equities	-	2,455	-	-	2,455
Investments	5.19	34,516	2,095	32,421	-
Total Financial Assets		62,680	2,095	45,117	15,468
2014					
Financial Assets					
Cash and Cash Equivalents	3.00	11,728	-	11,728	-
Receivables	-	10,765	-	-	10,765
Other Financial Assets - Equities	-	9,124	-	-	9,124
Investments	5.87	47,308	14,846	32,462	-
Total Financial Assets		78,925	14,846	44,190	19,889

	WEIGHTED AVERAGE EFFECTIVE INTEREST RATES %	CARRYING AMOUNT \$'000	INTEREST RATE EXPOSURE		
			FIXED INTEREST RATE \$'000	VARIABLE INTEREST RATE \$'000	NON INTEREST BEARING \$'000
2015					
Financial Liabilities					
Trade Creditors and Other Payables	-	21,161	-	-	21,161
Refundable Entrance Fees	-	7,237	-	-	7,237
Residential Patient Monies held in Trust	-	868	-	-	868
Interest Bearing Liabilities	-	-	-	-	-
Total Financial Liabilities		29,266	-	-	29,266
2014					
Financial Liabilities					
Trade Creditors and Other Payables	-	22,543	-	-	22,543
Refundable Entrance Fees	-	5,267	-	-	5,267
Residential Patient Monies held in Trust	-	943	-	-	943
Interest Bearing Liabilities	6.78	9	9	-	-
Total Financial Liabilities		28,762	9	-	28,753

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

NOTE 23: FINANCIAL INSTRUMENTS *continued*Note 23(f) Market Risk *continued*

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.

2015	CARRYING AMOUNT	INTEREST RATE RISK				PRICE RISK			
		-0.75%		0.25%		-10%		10%	
		PROFIT \$'000	EQUITY \$'000	PROFIT \$'000	EQUITY \$'000	PROFIT \$'000	EQUITY \$'000	PROFIT \$'000	EQUITY \$'000
FINANCIAL ASSETS									
Cash and cash equivalents	12,696	(32)	(32)	95	95	-	-	-	-
Receivables	13,013	-	-	-	-	-	-	-	-
Other Financial Assets - Equities	2,455	-	-	-	-	-	(246)	-	246
Investments	34,516	(86)	(86)	259	259	-	-	-	-
	62,680	(118)	(118)	354	354	-	(246)	-	246
FINANCIAL LIABILITIES									
Trade Creditors and Other Payables	21,161	-	-	-	-	-	-	-	-
Refundable Entrance Fees	7,237	-	-	-	-	-	-	-	-
Residential Patient Monies held in Trust	868	-	-	-	-	-	-	-	-
Interest Bearing Liabilities	-	-	-	-	-	-	-	-	-
	29,266	-	-	-	-	-	-	-	-
TOTAL		(118)	(118)	354	354	-	(246)	-	246

2014	CARRYING AMOUNT	INTEREST RATE RISK				PRICE RISK			
		-0.75%		0.25%		-10%		10%	
		PROFIT \$'000	EQUITY \$'000	PROFIT \$'000	EQUITY \$'000	PROFIT \$'000	EQUITY \$'000	PROFIT \$'000	EQUITY \$'000
FINANCIAL ASSETS									
Cash and cash equivalents	11,728	(88)	(88)	29	29	-	-	-	-
Receivables	10,765	-	-	-	-	-	-	-	-
Other Financial Assets - Equities	9,124	-	-	-	-	-	(912)	-	912
Investments	47,308	(355)	(355)	118	118	-	-	-	-
	78,925	(443)	(443)	147	147	-	(912)	-	912
FINANCIAL LIABILITIES									
Trade Creditors and Other Payables	22,543	-	-	-	-	-	-	-	-
Refundable Entrance Fees	5,267	-	-	-	-	-	-	-	-
Residential Patient Monies held in Trust	943	-	-	-	-	-	-	-	-
Interest Bearing Liabilities	9	-	-	-	-	-	-	-	-
	28,762	-	-	-	-	-	-	-	-
TOTAL		(443)	(443)	147	147	-	(912)	-	912

NOTE 23: FINANCIAL INSTRUMENTS *continued***Note 23(g) 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 - the fair value of financial instruments with standard terms and conditions and traded in active liquid markets are determined with reference to quoted market prices.
- Level 2 - the fair value is determined using inputs other than quoted prices that are observable for the financial asset or liability, either directly or indirectly.
- Level 3 - the fair value is determined in accordance with generally accepted pricing models based on discounted cash flow analysis using unobservable market inputs.

2015	CARRYING AMOUNT \$'000	Hierarchy			TOTAL \$'000
		LEVEL 1 \$'000	LEVEL 2 \$'000	LEVEL 3 \$'000	
AVAILABLE FOR SALE FINANCIAL ASSETS (AT FAIR VALUE)					
Fixed Bonds and Floating Rate Notes	34,470	34,470	-	-	34,470
Equities	2,455	2,455	-	-	2,455
	36,925	36,925	-	-	36,925

2014	CARRYING AMOUNT \$'000	Hierarchy			TOTAL \$'000
		LEVEL 1 \$'000	LEVEL 2 \$'000	LEVEL 3 \$'000	
AVAILABLE FOR SALE FINANCIAL ASSETS (AT FAIR VALUE)					
Equities	47,263	47,263	-	-	47,263
Fixed Bonds and Floating Rate Notes	9,124	9,124	-	-	9,124
	56,387	56,387	-	-	56,387

Fixed Bonds and Floating Rate Notes

In the absence of an active market, the fair value of fixed bonds and floating rate notes are valued using observable inputs such as recently executed transaction prices in securities of the issuer or comparable issuers and yield curves.

Equities

All equities are listed share assets and measured at fair value with reference to quoted (unadjusted) market prices from active markets. Barwon Health recognises these instruments as Level 1.

NOTE 24: JOINTLY CONTROLLED OPERATIONS AND ASSETS

NAME OF ENTITY	PRINCIPLE ACTIVITY	OWNERSHIP INTEREST 2015 %	OWNERSHIP INTEREST 2014 %
South West Alliance of Rural Health (Vic)	Information Systems	24	24

The South West Alliance of Rural Health (SWARH) is an alliance of public health agencies covering 33 physical sites in the South West of Victoria. SWARH connects all public acute hospitals and associated health services in the region through the delivery of Information Technology services. This enables each of the public acute hospitals and associated health services within the region to improve service delivery and gain returns on investment not possible on their own. Barwon Health is party to this unincorporated arrangement, and therefore treats the arrangement as a Joint Operation, taking a share of the operations to account. SWARH's principal place of business is Ryot Street, Warrnambool Victoria, Australia.

	2015 \$'000	2014 \$'000
CURRENT ASSETS		
Cash and Cash Equivalents	476	434
Inventories	8	8
Receivables	452	240
Prepayments	-	67
Total Current Assets	936	749
NON CURRENT ASSETS		
Property, Plant and Equipment	3,799	3,529
Intangible Assets	38	-
Total Non Current Assets	3,837	3,529
TOTAL ASSETS	4,773	4,278
CURRENT LIABILITIES		
Payables	4,172	3,789
Employee Benefits and Related On-Cost Provisions	383	310
Total Current Liabilities	4,555	4,099
NON CURRENT LIABILITIES		
Employee Benefits and Related On-Cost Provisions	95	75
Total Non Current Liabilities	95	75
TOTAL LIABILITIES	4,650	4,174
Net Assets	123	104
Equity	123	104

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

	2015 \$'000	2014 \$'000
REVENUES		
Operating Revenue	4,862	7,363
Total Revenue	4,862	7,363
EXPENSES		
Operating Expenses	(3,309)	(6,115)
Total Expenses	(3,309)	(6,115)
Net Result Before Capital and Specific Items	1,552	1,248
Depreciation	(1,550)	(1,233)
Net Result	2	15

NOTE 25: COMMITMENTS FOR EXPENDITURE

	NOTE	2015 \$'000	2014 \$'000
(A) CAPITAL COMMITMENTS UNDER CONTRACT			
Building Projects		32,921	89,700
Equipment Upgrades		5,811	7,294
		38,732	96,994
Not later than one year		37,633	7,294
Later than 1 year and not later than 5 years		1,100	89,700
Total		38,733	96,994
(B) OPERATING LEASES			
Equipment			
- Not later than one year		1,610	1,340
- Later than one year and not later than 5 years		857	1,952
		2,467	3,292
There are 2 MRI systems and 63 Photocopiers on non-cancellable operating leases.			
Motor Vehicles			
- Not later than one year		95	187
- Later than one year and not later than 5 years		25	197
		120	384
There are 27 Motor Vehicles on non-cancellable operating leases.			
Property			
- Not later than one year		533	501
- Later than one year and not later than 5 years		196	375
		729	876
There are 27 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		-	9
		-	9
Minimum lease payments		-	9
TOTAL		-	9
All non-cancellable finance leases for the purchase of motor vehicles were terminated effective 30 June 2014.			
The weighted average interest rate implicit in leases in the prior year (2014) was 6.8%.			
All motor vehicles were 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		4,145	3,844
- Later than one year and not later than 5 years		17,641	2,386
		21,786	6,230
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)		63,833	107,785
Less GST recoverable from the Australian Tax Office		5,803	9,799
TOTAL COMMITMENTS FOR EXPENDITURE (EXCLUSIVE OF GST)		58,030	97,987

NOTE 26: CONTINGENT LIABILITIES AND CONTINGENT ASSETS

There are no known material contingent assets or contingent liabilities for Barwon Health. (2014: Nil).

NOTE 27: OPERATING SEGMENTS

2015	HOSPITAL \$'000	RACS \$'000	LINEN \$'000	COMMUNITY AND MENTAL HEALTH \$'000	OTHER \$'000	TOTAL \$'000
REVENUE						
External Segment Revenue	437,058	50,454	14	53,118	94,623	635,267
Total Revenue	437,058	50,454	14	53,118	94,623	635,267
EXPENSES						
External Segment Expenses	476,265	52,655	1,442	65,577	36,939	632,878
Total Expenses	476,265	52,655	1,442	65,577	36,939	632,878
Net Result from Ordinary Activities	(39,207)	(2,201)	(1,428)	(12,459)	57,684	2,389
Interest Expense	-	-	-	-	-	-
Interest Income	3,696	1,329	-	1,051	454	6,530
Net Result for Year	(35,511)	(872)	(1,428)	(11,408)	58,138	8,919
OTHER INFORMATION						
Segment Assets	400,383	143,978	-	113,848	49,195	707,404
Total Assets	400,383	143,978	-	113,848	49,195	707,404
Segment Liabilities	94,132	19,012	-	26,606	8,151	147,901
Total Liabilities	94,132	19,012	-	26,606	8,151	147,901
Acquisition of property, plant and equipment and intangible assets	59,935	21,553	-	17,042	7,364	105,894
Depreciation and Amortisation expense	32,480	3,550	-	4,138	780	40,948
Non cash expenses other than depreciation	439	48	-	61	27	575

NOTE 27: OPERATING SEGMENTS *continued*

2014	HOSPITAL \$'000	RACS \$'000	LINEN \$'000	COMMUNITY AND MENTAL HEALTH \$'000	OTHER \$'000	TOTAL \$'000
REVENUE						
External Segment Revenue	402,249	49,688	3,815	53,505	102,816	612,073
Total Revenue	402,249	49,688	3,815	53,505	102,816	612,073
EXPENSES						
External Segment Expenses	442,625	63,217	6,166	50,933	36,957	599,897
Total Expenses	442,625	63,217	6,166	50,933	36,957	599,897
Net Result from Ordinary Activities	(40,376)	(13,529)	(2,351)	2,572	65,859	12,176
Interest Expense	(12)	(4)	-	(4)	(2)	(22)
Interest Income	2,507	902	17	713	308	4,447
Net Result for Year	(37,881)	(12,631)	(2,334)	3,281	66,166	16,601
OTHER INFORMATION						
Segment Assets	382,521	137,555	2,592	108,769	47,000	678,437
Total Assets	382,521	137,555	2,592	108,769	47,000	678,437
Segment Liabilities	87,544	17,681	1,676	24,744	7,580	139,225
Total Liabilities	87,544	17,681	1,676	24,744	7,580	139,225
Acquisition of property, plant and equipment and intangible assets	28,138	10,118	191	8,001	3,457	49,905
Depreciation and Amortisation expense	20,441	9,219	589	4,192	95	34,536
Non cash expenses other than depreciation	424	61	6	49	35	575

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

Geographical Segments

Services are provided in the Barwon region of Victoria.

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 MLC, Minister for Health and Minister for Ageing	1/07/14 - 3/12/14
The Honourable Mary Wooldridge MP, Minister for Mental Health	1/07/14 - 3/12/14
The Honourable Martin Foley, Minister for Housing, Disability and Ageing, Minister for Mental Health	4/12/14 - 30/06/15
The Honourable Jill Hennessy, Minister for Health and Ambulance Services	4/12/14 - 30/06/15
GOVERNING BOARD	
Dr John Stekelenburg*	1/07/14 - 30/06/15
Dr Sarah Leach*	1/07/14 - 30/06/15
Dr David Mackay*	1/07/14 - 30/06/15
Mr Marcus Dripps*	1/07/14 - 30/06/15
Ms Barbara Dennis*	1/07/14 - 30/06/15
Mrs Marie Thornton*	1/07/14 - 30/06/15
Ms Jennifer Cromarty*	1/07/14 - 30/06/15
Mr Stephen Wight	1/07/14 - 30/06/15
Ms Daniela Pavlovic	1/07/14 - 30/06/15
* Board members who are in office as at date of signing the Financial Report	
ACCOUNTABLE OFFICERS	
Professor David Ashbridge	1/07/14 - 30/06/15

Note 28(b) Remuneration for Responsible Persons

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

	SALARY RANGE \$	2015 NO.	2014 NO.
	10,000 - 19,999	-	1
	20,000 - 29,999	8	6
	40,000 - 49,999	1	1
	430,000 - 439,999	-	1
	460,000 - 469,999	1	-
Total Numbers		10	9
Income received or due and receivable by Responsible Persons from Barwon Health amounted to:		\$687,763	\$634,798

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

NOTE 28: RESPONSIBLE PERSONS – DISCLOSURES *continued***Note 28(c) Other Transactions of Responsible Persons and their Related Parties**

Dr David Mackay is a Director of the Geelong Chamber of Commerce Ltd, which provided services to Barwon Health on normal commercial terms and conditions. Total payments made to Geelong Chamber of Commerce Ltd in the financial year were \$16,294 (2014, \$5,960).

Daniela Pavlovic is an employee of Harwood Andrews, which provided legal services to Barwon Health on normal commercial terms and conditions. Total payments made to Harwood Andrews for the financial year were \$50,770 (2014, \$9,335).

Barbara Dennis is an associate consultant 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 (2014, \$nil).

Professor David Ashbridge is an executive member of the SWARH Regional ICT Joint Arrangement during the reporting period. Total payments made to SWARH for the financial year were \$7,361,299 (2014, \$7,973,813) and total payments received from SWARH for the financial year were \$150,000 (2014, \$147,088). Professor Ashbridge is also a Director of Deakin University which provide services to and receive services from Barwon Health. Total payments made to Deakin University in the financial year were \$2,468,067 (2014, \$2,009,395), and total receipts were \$5,405,952 (2014, \$3,722,724). Professor Ashbridge is also a Director of Health Roundtable P/L, which provides services to Barwon Health on normal commercial terms and conditions. Total payments made to Health Roundtable P/L in the financial year were \$17,331 (2014, \$40,700).

Sarah Leach has an association with Medicare Local. Total payments made to Medicare Local for the financial year were \$4,964 (2014, \$886).

Note 28(d) Executive Officers Disclosure

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

Salary Range \$	Total Remuneration		Base Remuneration	
	2015 No.	2014 No.	2015 No.	2014 No.
180,000 - 189,999	-	-	1	-
190,000 - 199,999	-	1	-	1
200,000 - 209,999	1	-	-	-
210,000 - 219,999	1	1	2	4
220,000 - 229,999	1	3	4	-
230,000 - 239,999	3	-	1	-
240,000 - 249,999	1	-	-	-
250,000 - 259,999	-	-	1	1
260,000 - 269,999	1	-	1	-
270,000 - 279,999	1	2	-	1
280,000 - 289,999	1	-	-	-
330,000 - 339,999	1	-	1	-
370,000 - 379,999	-	1	-	1
390,000 - 399,999	-	-	-	-
Total Number	11	8	11	8
Total Remuneration	\$2,752,200	\$1,797,150	\$2,586,939	\$1,722,712

* As a result of a restructure at executive level, three existing employees were appointed as executive officers on 1 July 2014. During the year, two executives ceased employment at Barwon Health. The newly appointed and acting executives have also been included in the above table.

NOTE 29: REMUNERATION OF AUDITORS

	2015 \$'000	2014 \$'000
VICTORIAN AUDITOR-GENERAL'S OFFICE		
Audit of Financial Statements	170	168
TOTAL	170	168

NOTE 30: DISCONTINUED OPERATIONS

	2015 \$'000	2014 \$'000
LINENCARE		
On 30 June 2015, Barwon Health announced its intention to exit the Laundry operations of the LinenCare business and initiated an active program to wind down operations. The associated assets and liabilities were consequently presented as held for sale in the financial statements. It is therefore being reported in the current period as a discontinued operation. The financial information relating to the discontinued operation for the period to the date of disposal is set out below.		
(A) NET RESULT FROM DISCONTINUED OPERATIONS:		
Revenues from ordinary activities	3,175	3,824
Expenses form ordinary activities	(4,751)	(4,526)
Net Result	(1,576)	(702)
Gain/(loss) on re-measurement to fair value less costs to sell	-	-
Net result from discontinued operations	(1,576)	(702)
Cash flows from discontinued operations		
Cash inflow/(outflow) from operating activities	(933)	(1,176)
Cash inflow/(outflow) from investing activities	-	-
Cash inflow/(outflow) from financing activities	-	-
Total cash inflow/(outflow)	(933)	(1,176)
(B) CARRYING AMOUNTS OF ASSETS AND LIABILITIES (MAJOR CLASSES) COMPRISING THE OPERATIONS CLASSIFIED AS HELD FOR SALE AT BALANCE DATE		
Assets		
Property, plant and equipment	439	494
Trade receivables	-	-
Cash and cash equivalents	-	-
Inventories	-	-
Total Assets	439	494
Liabilities		
Trade creditors	-	-
Provision for employee benefits	-	-
Total Liabilities	-	-
Net Assets Held for Sale	439	494

NOTE 31: EVENTS OCCURRING AFTER REPORTING DATE

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

BARWON HEALTH**Board Members, Accountable Officers, Chief Executive and Chief Financial Officer Declaration**

The attached financial statements for Barwon Health have been prepared in accordance with Standing Directions 4.2 of the Financial Management Act 1994, applicable Financial Reporting Directions, Australian Accounting Standards including Interpretations, and other mandatory professional reporting requirements.

We further state that, in our opinion, the information set out in the comprehensive operating statement, balance sheet, statement of changes in equity, cash flow statement and accompanying notes, presents fairly the financial transactions during the year ended 30 June 2015 and the financial position of Barwon Health at 30 June 2015.

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

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



Dr John Stekelenburg
Chairperson

Geelong, 12 August 2015



Professor David Ashbridge
Chief Executive Officer

Geelong, 12 August 2015



Nicole Peck
Chief Financial Officer

Geelong, 12 August 2015



INDEPENDENT AUDITOR'S REPORT

To the Board Members, Barwon Health

The Financial Report

The accompanying financial report for the year ended 30 June 2015 of Barwon Health which comprises comprehensive operating statement, balance sheet, statement of changes in equity, cash flow statement, notes comprising a summary of significant accounting policies and other explanatory information, and the Board Members, Accountable Officers, Chief Executive and Chief Financial Officer 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 and fair presentation of the financial report that is free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

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

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

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

Independent Auditor's Report (continued)

Independence

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

Opinion

In my opinion, the financial report presents fairly, in all material respects, the financial position of Barwon Health as at 30 June 2015 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*.

MELBOURNE
31 August 2015



John Doyle
Auditor-General

Appendix A

Alternative presentation of Comprehensive Operating Statement

	2015 \$'000	2014 \$'000
Interest	5,883	3,951
Dividends and income tax equivalent and rate equivalent revenue	789	676
Fair Value of assets and services received free of charge or for nominal consideration	-	-
Sales of goods and services	103,024	102,842
Grants	511,912	498,652
Other Income	18,034	15,715
Total Revenue	639,642	621,836
Employee expenses	(429,590)	(405,649)
Fair Value of assets and services provided free of charge or for nominal consideration	-	-
Depreciation	(40,212)	(34,261)
Interest expense	154	(163)
Grants and other transfers	-	-
Other operating expenses	(159,256)	(159,892)
Total Expenses	(628,904)	(599,965)
NET RESULT FROM TRANSACTIONS - NET OPERATING BALANCE	10,738	21,871
Net gain/(loss) on sale of non-financial assets	417	(1,668)
Net gain/(loss) on financial instruments	-	-
Share of net profit/ (loss) from associates/ joint venture entities excluding dividends	-	-
Other gains/(losses) from other economic flows	(2,236)	(3,602)
Total other economic flows included in net result	(1,819)	(5,270)
NET RESULT FOR THE YEAR	8,919	16,601
Items that may be reclassified subsequently to net result		
Changes to financial assets available-for-sale revaluation surplus	-	62,006
Items that will not be reclassified to net result		
Changes in Physical Asset Revaluation Surplus	(755)	1,661
Total other economic flows included in net result	(755)	63,667
COMPREHENSIVE RESULT FOR THE YEAR	8,164	80,268

This alternative presentation of the Comprehensive Operating Statement does not form part of the Audited Financial Statements.

Appendix B

Report on operations

B1 Consultancy Disclosures

DETAILS OF CONSULTANCIES

In 2014-15 there were 18 consultancies where the total fees payable to the consultants were \$10,000 or greater. The total expenditure incurred during 2014-15 in relation to these consultancies is \$769,979 (excl. GST).

In 2014-15 there were 45 consultancies where the total fees payable to the consultants were less than \$10,000. The total expenditure incurred during 2014-15 in relation to these consultancies is \$109,868 (excl. GST).

Details of individual consultancies (valued at \$10,000 or greater) (\$'000)

CONSULTANT	PURPOSE OF CONSULTANCY	START DATE	END DATE	TOTAL APPROVED PROJECT FEE (EXCL. GST) (\$'000)	EXPENDITURE 2014-15 (EXCL. GST) (\$'000)	FUTURE EXPENDITURE (EXCL. GST)
Ernst & Young	Strategic Planning	Jul-14	Nov-14	172	172	-
Applied Aged Care Solutions Pty Ltd	ACFI Reviews	Jun-14	Oct-14	139	139	-
P2 GROUP PTY LTD	Workcover Case Evaluations and Management	Oct-15	Jan-15	62	62	-
Deloitte Private	Business Case Assessment Review	Mar-15	May-15	62	62	-
The Lonsdale Group	Business Case Assessment Review	Jun-14	Sep-15	59	59	-
Latitude Architects Pty Ltd	Buildings Spatial Audit and Development Plans	Sep-14	Apr-15	48	48	-
Six Degree Executive (Vic)	Building Services	Jan-15	May-15	33	33	-
Bellarine Community Health	Evaluation of Workforce Innovation	Jun-14	Jun-14	28	28	-
Trustee for Statcom	Fire Safety Audit and Manuals Upgrade	Sep-14	Dec-14	27	27	-
Wise Workplace	IAW Committee Support	Aug-14	Sep-14	22	22	-
Transition Human Resources	Job transition support and counselling	Jun-15	Jun-15	21	21	-
Payglobal Pty Ltd	PayGlobal Payroll System support	Sep-14	Feb-15	18	18	-
Trustee For Aep Corporate Unit Trust	Workplace Disputes Training and Support	Sep-14	May-15	15	15	-
Creativity Australia	Mental Health Consultancy	Jan-15	Jan-15	15	15	-
Aspex Consulting Pty Ltd	Cardiac Consulting	Sep-14	Sep-14	14	14	-
Visasys Computing Consultants Pty Ltd	Information Systems Support	Jun-14	Jun-14	14	14	-
S J French Pty Ltd	HREC Chair	Nov-14	Mar-15	13	13	-
Gift of a Lifetime	Oral History Project	Aug-14	May-15	10	10	-

Glossary of terms

A

AASB

The Australian Accounting Standards Board

AASs

Australian Accounting Standards

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

AHCA

Australian Health Care Agreement

ALCC

The Andrew Love Cancer Centre

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

CEO

Chief Executive Officer

CNC

Clinical Nurse Consultant

CPC

Community Palliative Care

CRAFT

Casemix Rehabilitation and Funding Tree

CSO

The community service obligation

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

ETRPf

Education Training and Research Profile Fund

F

FOI

Freedom of Information

FRD

Financial Reporting Directions

FTE

Full Time Equivalent

G

GCEID

Geelong Centre for Emerging Infectious Diseases

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

iPM

Patient Administration System

IS

Information Services

IT

Information Technology

K

KPI

Key Performance Indicator

M**MH**

Mental Health

MHDAS

Mental Health Drug and Alcohol Services

MRI

Magnetic Resonance Imaging

N**NEAT**

National Emergency Access Target

NEST

National Elective Surgery Target

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

PCU

The Palliative Care Unit

PERM

Palliative Care Electronic Management system

PET CT

Positron Emission Tomography - Computed Tomography

PICU

Paediatric Intensive Care Unit

Q**QCPR**

Quality Cardiopulmonary Resuscitation

QI

Quality Improvement

QoC

Quality of Care report

R**RAC incl. Mental Health**

Residential Aged Care including Mental Health

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

SCT

Supportive Care Team

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

VAED

Victorian Admitted Episodes Dataset

VEMD

Victorian Emergency Minimum Dataset

VGV

The Valuer-General Victoria

VICNISS

Hospital Acquired Infection Surveillance System

VMIA

Victorian Managed Insurance Authority

VMO

Visiting Medical Officer

VPRS

Victorian Paediatric Rehabilitation Service

VPSM

Victorian Patient Satisfaction Monitor

W**WIES**

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

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Barwon Health locations

UNIVERSITY HOSPITAL GEELONG

Bellerine Street, Geelong
T 03 4215 0000

MCKELLAR CENTRE

45-95 Ballarat Road, North Geelong
T 03 4215 5200

CORIO COMMUNITY HEALTH CENTRE

Gellibrand Street, Corio
T 03 4215 7100

NEWCOMB COMMUNITY HEALTH CENTRE

104-108 Bellerine Highway, Newcomb
T 03 4215 7520

BELMONT COMMUNITY HEALTH CENTRE

1-17 Reynolds Road, Belmont
T 03 4215 6800

ANGLESEA COMMUNITY HEALTH CENTRE

McMillan Street, Anglesea
T 03 4215 6700

TORQUAY COMMUNITY HEALTH CENTRE

100 Surfcoast Highway, Torquay
T 03 4215 7800

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







OUR VALUES

RESPECT
COMPASSION
COMMITMENT
ACCOUNTABILITY
INNOVATION

grindstone

Concept and design / Grindstone Creative

Photography / Grindstone Creative & Katrina Lawrence

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