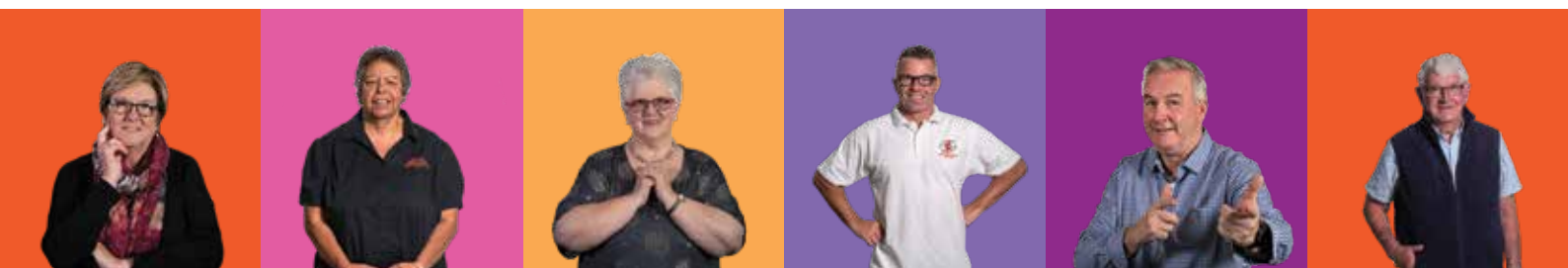
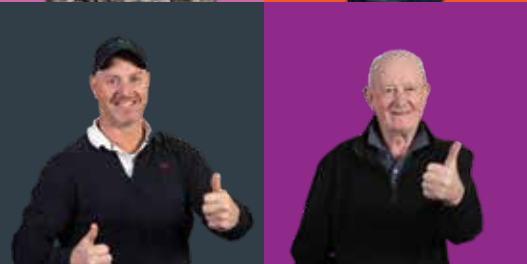
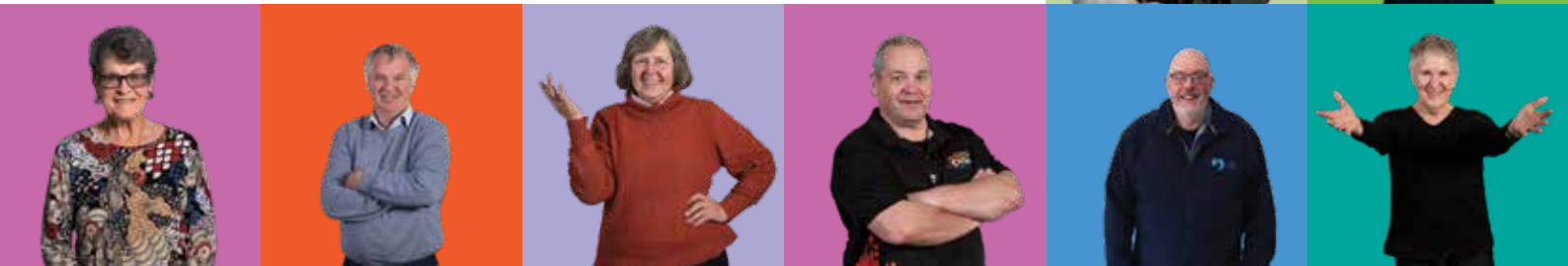




# ANNUAL REPORT 2020-21



## COVID19 VACCINATION



## COMMUNITY HEROES



# AT A GLANCE

784

Babies born at our Warrnambool Base & Camperdown Hospitals

25,363

Inpatients cared for at our Warrnambool Base & Camperdown Hospitals

27,340

People treated at our Warrnambool Emergency Department & Camperdown Urgent Care Centre

76,031

Primary & Community Services occasions of service provided to clients

13,187

South West Dental Service attendances by clients

33,187

Community Mental Health contact hours provided to consumers

7,519

Surgeries completed in our Warrnambool Base & Camperdown Hospitals & in the theatres of other local health services partnering with us

13,381

People screened for COVID-19

17,103

COVID-19 vaccination doses administered at our Warrnambool & Camperdown centres / clinics (immunisation program commenced March 11 2021)

287,403

Total individual requisition lines processed by our regional Supply & Logistics Service

131,070

Total Environmental Services' hours spent cleaning our facilities

239,325

Total inpatient meals prepared by our Food Services

1,226

Tonnes of dirty linen processed by our South West Regional Linen Service

1,819

Staff employed across our campuses

332

Registered volunteers across our campuses



## ABOUT US

This report provides performance, quality and financial information covering the 2020-21 financial year. It has been prepared in accordance with the Health Services Act 1988, Financial Management Act 1994, Standing Directions of the Minister for Finance (Section 4 Financial Management Reporting) and Financial Reporting Directions (specifically FRD22).

We hope you find this report informative and encourage you to also read our 2020-21 Quality Account on our website at [www.southwesthealthcare.com.au](http://www.southwesthealthcare.com.au)

## HOW TO CONTACT US

**p** 03 5563 1666  
**e** [info@swh.net.au](mailto:info@swh.net.au)  
**m** Ryot Street, Warrnambool, Victoria 3280  
**w** [www.southwesthealthcare.com.au](http://www.southwesthealthcare.com.au)  
**f** SWHnews

## OUR VISION

Leaders in healthcare, partners in wellbeing.

## OUR MISSION

To improve the health and wellbeing of South West Victorians by partnering with them to provide high quality healthcare through a future focused health service and an engaged, motivated and empowered workforce.

## OUR COMMUNITY

110,000 people live in South West Victoria, a vibrant region consisting of the five Local Government Areas of Warrnambool City and the Shires of Corangamite, Glenelg, Moyne and Southern Grampians. Our major city (and headquarters), Warrnambool, is one of the fastest-growing regional cities in Victoria. Major primary industries include health, education, retail, tourism, dairy, food production, manufacturing, meat processing, professional services, and new-age energy.

## OUR VALUES



### Our Culture of Care

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



### Our Culture of Respect

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



### Our Culture of Integrity

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



### Our Culture of Excellence

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



### Our culture of leadership

We lead by example and empower everyone. We are strategic, responsive and resilient.

## OUR SERVICES

We provide more than 150 medical, nursing, mental health, allied health and community health services.

## OUR QUALITY PROGRAMS

We are committed to continuous quality improvement and strive for best practice.

## OUR CONTRIBUTION TO THE COMMUNITY

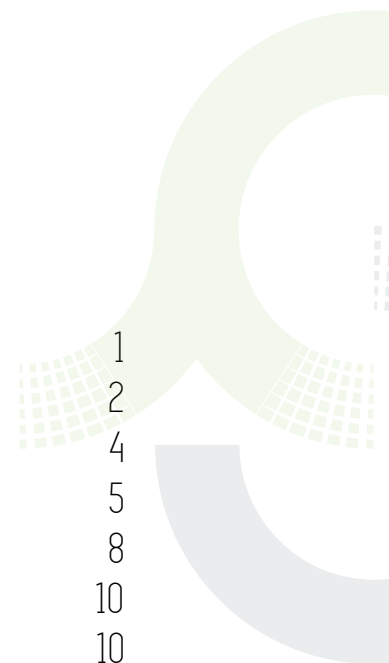
We are the region's largest employer: 1,819 people work for South West Healthcare. Our local economy benefits to the tune of approximately \$140M per annum.

## ACKNOWLEDGEMENT OF COUNTRY

South West Healthcare acknowledges the traditional custodians of the land on which our campuses are located: the Djguard Wurrung people (Camperdown), the Wadawurrong people (Lismore), the Gunditjmara people (Hamilton, Macarthur and Portland) and the Peek Whurrong people (Warrnambool). We pay respect to all Elders past, present and emerging.

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# HIGHLIGHTS

- › SECURED \$384.4M STATE GOVERNMENT FUNDING TO PROGRESS WARRNAMBOOL BASE HOSPITAL REDEVELOPMENT
- › ESTABLISHED AND OPENED RURAL VICTORIA'S FIRST DESIGNATED COVID-19 VACCINATION HUB
- › DESIGNED FLEXIBLE RESPONSE TO ONGOING MANAGEMENT OF COVID-19 TO SUPPORT OUR STAFF AND THE COMMUNITY
- › CO-LOCATED DRIVE-THROUGH COVID-19 TESTING CLINIC AND VACCINATION CENTRE
- › MAINTAINED STATEWIDE STATUS OF HIGHEST QUALITY CARE INDICATORS
- › RECEIVED 3-YEAR AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE RE-ACCREDITATION
- › RECEIVED 3-YEAR AGED CARE QUALITY STANDARDS RE-ACCREDITATION FOR MERINDAH LODGE
- › REDUCED WAIT TIMES BY SHARING ELECTIVE SURGICAL WORKLOAD WITH ST JOHN OF GOD WARRNAMBOOL
- › ADMINISTERED REGION'S FIRST COVID-19 VACCINATIONS OF BOTH STAFF AND THE COMMUNITY
- › OPENED \$1.94M PURPOSE-BUILT PORTLAND COMMUNITY MENTAL HEALTH CENTRE
- › SECURED \$10.9M STATE GOVERNMENT FUNDING TO REDESIGN ACUTE MENTAL HEALTH INPATIENT UNIT
- › FURTHER ADVANCED CAMPERDOWN HEALTH PRECINCT DEVELOPMENT PLANNING AND SECURED \$4.95M FUNDING COMMITMENT
- › RECORDED 3.9% INCREASE IN INPATIENTS
- › RECORDED 3.8% INCREASE IN EMERGENCY/URGENT CARE PRESENTATIONS
- › RECORDED 6.5% INCREASE IN BIRTHS
- › CONTINUED STRONG FINANCIAL PERFORMANCE
- › MET 140% INCREASE IN TELEHEALTH DEMAND FOR SERVICES AND PROGRAMS
- › MET 62% INCREASE IN TELEHEALTH DEMAND FOR SOUTH WEST MEDICAL CENTRE
- › CO-ESTABLISHED BETTER AT HOME PROGRAM
- › CO-COMMISSIONED THE WAY BACK SUPPORT SERVICE
- › EMPLOYED REGION'S FIRST PROSTATE CANCER SPECIALIST NURSE
- › DEMONSTRATED INCREASED STAFF ENGAGEMENT VIA PEOPLE MATTER SURVEY RESULTS
- › INCREASED FUNDRAISING BY 62%
- › COMPLETED 8 VICTORIAN HEALTH BUILDING AUTHORITY-FUNDED ENERGY EFFICIENCY PROJECTS

# YEAR IN REVIEW

*It is our pleasure to present to our communities, staff, volunteers and partners this year's Annual Report. It's been a year of constant change in responding to the various COVID-19 scenarios we have faced. Our staff have again shown their ongoing dedication to provide high quality care whilst demonstrating resilience to ensure our services continue to meet increasing demands. We were excited to be funded for the \$384 million redevelopment of our Warrnambool Base Hospital in November 2020. This is the largest project ever funded in rural Victoria and we look forward to delivering on this state-of-the-art hospital, with it resulting in one of the most advanced, contemporary and high quality hospitals anywhere in rural Australia.*

## OUR RESPONSE TO COVID-19

Our hopes of having a COVID-19 normal world this last year were somewhat different than what we envisioned. Our aim in the latter half of 2020 was to move back to a normal operating environment to address increasing elective surgery demands whilst progressing many actions outlined in our strategic plan. We did progress many of our aims. However, it became obvious COVID-19 would be with us a lot longer than we had originally hoped.

The instability of COVID-19 across Australia resulted in us designing a new, more flexible response to COVID-19 at South West Healthcare (SWH). We have developed an agile, responsive approach to the ongoing management of COVID-19, with formalised structures in place that support us internally and externally across the region. New systems were established to try and make COVID-19 responses part of our everyday work practices. We're particularly proud of the way our staff and partners have been dedicated to keeping our community safe.

Our COVID-19 vaccination journey formally commenced on March 11 2021 with our Emergency Department

Associate Nurse Unit Manager Carole Holman receiving the very first COVID-19 vaccine in the south west. Furthermore, it was a significant milestone to open the Warrnambool Vaccination Hub in April 2020, providing 17,103 COVID-19 doses in 2020-21. This was the first designated vaccination hub outside of larger regional centres. In addition, it was pleasing to co-locate the drive-through COVID-19 testing clinic on this site in May 2021, resulting in a one-stop COVID-19 testing and vaccination centre. A significant and extensive recruitment campaign went live for doctors, nursing and administration staff, with 28 contracted staff currently employed specifically for this centre.

As the largest healthcare provider in the south west, we worked with all our partner agencies to be prepared in dealing with COVID-19. In the early months of the pandemic we worked together with a number of residential aged care facilities and disability providers, including high-needs supported accommodation providers, to develop comprehensive plans, encompassing outbreak management planning and response, education and training, workforce management planning, process development, and general support.

COVID-19 has encouraged us to be innovative with our thinking about care outside the hospital setting. During 2020-21 our telehealth usage across SWH services and programs increased 140 percent and our South West Medical Centre increased 62 percent from the previous year, with consultations being conducted through video or phone. Home-based care was also a priority. Working with the whole Barwon South West region we have established the Better at Home program which focuses on patients receiving care in the comfort and familiarity of their own home. This is a great initiative which we'll continue to build on in the next year as we look to improve and transform the patient experience.

The knowledge of COVID-19 changed the way we worked in 2020-21. We now understand that after a lockdown period we see a surge in activity as people re-engage in their healthcare needs, sport resumes and regional travel recommences. To assist in addressing this demand we created a very rewarding relationship with St John of God Hospital in Warrnambool. This collaboration saw many public patients having their operations occur at St John's. This minimised the wait times people experienced for elective surgery. We hope to continue this fruitful relationship into the future.

Throughout most of the 2020-21 financial year, all staff have been required as a minimum to wear face masks, adhere to strict conditions to prevent a COVID-19

outbreak, and treat people who are more sick and complex compared with previous years. We would like to sincerely thank all SWH staff for their commitment to deliver excellent care under trying conditions.

## OUR FOCUS ON CARE

SWH prides itself on integrated, high quality care and strives to continually improve service delivery to achieve excellent outcomes. The challenging backdrop of COVID-19 and State of Emergency restrictions has not deterred us from this. We have seen a 3.9 percent increase in inpatient admissions and our emergency/urgent care presentations increased 3.8 percent on 2019-20. The number of babies delivered at our Warrnambool and Camperdown hospitals also increased by 6.5 percent and we're expecting to see more in the upcoming year. Whilst we strive to meet all our annual performance targets, the impact of COVID-19 has impacted some of our targets mentioned in this report. Pleasingly however, our quality care indicators remained amongst the highest in the state.

In partnership with the Western Victoria PHN, Beyond Blue, Wellways and the Commonwealth Government, SWH in September 2020 commissioned The Way Back Support Service with the aim to improve access to high quality aftercare to support at-risk individuals to stay safe. This service is intended to build the capacity of individuals to self-manage distress and improve mental wellbeing, along with improving links with clinical and community-based services to meet individual needs and circumstances.

With Australia having one of the highest rates of prostate cancer in the world, and in particular the south west having a big need for early detection, education and awareness of this disease, SWH joined forces with the Prostate Cancer Foundation of Australia in February 2021. This resulted in our region having our first prostate cancer specialist nurse. This new role will support local men and families impacted by the disease, giving them greater confidence they can navigate the challenges of prostate cancer with all the support needed.

The COVID-19 pandemic resulted in a number of scheduled accreditation visits for 2020 being deferred to 2021. In April 2021, we received a three-year accreditation from the Australian Commission on Safety and Quality in Health Care. The final accreditation report highlighted our processes are well developed, comprehensive and well governed, and staff are uniformly very proud of the organisation and led by a leadership team who are palpably committed to improving safety and quality.

Furthermore, in May 2021 our bed-based aged care service, Merindah Lodge, was assessed for accreditation against the Aged Care Quality Standards and was

successfully re-accredited for a further three years. The assessors were effusive in their praise for the staff who work so hard to deliver exceptional care to our consumers. The assessors noted the consumer is at the heart of everything we do, and we involve them and their families in decision making. Something we strive for with all our services.

SWH welcomed the release of the Royal Commission into Victoria's Mental Health System and the Royal Commission into Aged Care Quality and Safety. We are fully invested in implementing the recommendations to improve the outcomes for all people in our region. We fully intend to communicate these changes broadly across our communities as we progress.

## PATIENT CONSUMER EXPERIENCE

Our patients, clients, residents, consumers and families are at the heart of everything we do. We continually strive for all consumers to have a great experience. Through our compliments and complaints system, and various patient experience mechanisms, we act on feedback we receive as we seek to improve and deliver on the growing expectations.

To ensure we continuously improve, a review of the SWH Consumer Engagement framework was undertaken with the overall findings demonstrating strong leadership, commitment to and passion for improvement. This provides us with a strong foundation for further development.

The SWH Consumer and Community Advisory Committee is invested in implementing its new structure. This will result in more input from a broader range of consumers that directly change our services to be more responsive and dynamic in delivering care.

## STAFF AND WELLBEING

Underpinning our high quality care is our continuing goal to be a great place to work. Our 2020 People Matter Survey results demonstrate an increase in staff engagement, with staff proud to tell others where they work; recommending SWH as a good place to work and receive care; and feeling a strong personal attachment to the workplace.

Staff and volunteer safety and wellbeing are always a focus. During 2020-21 they were pivotal. Our priority was to keep staff safe during this time. As part of the Healthcare Worker Infection Prevention and Wellbeing Taskforce, we completed assessments of all workspaces across the organisation, including offices, tearooms, meeting rooms and bathrooms. Positive feedback from the Department of Health following an audit on infection prevention measures resulted in our processes being shared with other health agencies for their education and training. A triumph for our Infection and Prevention team.

We are very aware that our staff have gone above and beyond; not only in responding to the various COVID-19 demands, but also in meeting increasing clinical care needs. It has not been easy, our workforce has been exceptional in ensuring we continue to care for patients, often by taking on additional responsibilities whilst continuing to carry on with our business as usual. In early 2021 we commenced a significant staff recruitment campaign to bolster our staff and ease the load. Whilst there has been some success, we will continue to recruit and provide more support to our dedicated, resilient and positive workforce.

## BUILDING INFRASTRUCTURE FOR THE FUTURE

As demand for our services increases, SWH welcomed the Victorian State Government's \$384.4 million funding commitment to progress the next stage of the Warrnambool Base Hospital redevelopment. This is not only an amazing outcome for Warrnambool, but the entire south west region. It will provide significant investment into our long term future. We thank the Andrews Government for this huge commitment.

With the successful completion of the assurance review and gateway process, the redevelopment project is underway, with the final works due to be completed in 2027 – a year later than initially forecast due to COVID-19 delays. This will result in one of the most leading, progressive facilities in rural Australia and will ensure excellent care, closer to home.

On December 8 2020, SWH opened the Portland Community Mental Health Centre. This \$1.94 million State Government-funded project supports and allows delivery of person-centred care and improved health outcomes, and delivers better health for residents of the Glenelg Shire community.

We thank the State Government for its continued support and commitment to our south west region.

## OUR GENEROUS SUPPORT

The support we've received from our local communities supporting us with our COVID-19 response has been remarkable. Not only via their understanding of the issues and delays that may occur as a result, but importantly, by helping us lead the statewide charge of being vaccinated.

The care we provide is significantly enhanced by the generosity of the people who live in our communities. Their donations allow us to purchase vital medical equipment, carry out ground breaking research, and expand our services to spare local people having to travel hundreds of kilometres to source these services elsewhere. In 2020-21, we received \$1.34 million in donations. Thank you to all our generous donors.

## LOOKING FORWARD

2020-21 has been a year of challenge and constant changes. Whilst we've embedded structures in place to respond to COVID-19, we're hopeful that, with a successful nationwide COVID-19 vaccination program rollout, during 2021-22 our energy can shift away from the constant demands and changes relating to COVID-19.

We have continued to improve our core service provision throughout the last two years, and a more systematic approach to tackling COVID-19 will ensure we deliver care closer to home. We will focus particular attention to access to emergency and bed-based care in the upcoming twelve months, along with supporting our staff.

The exciting capital redevelopment will make significant progress this coming year with the regional logistics and linen hub commencing in earnest, whilst we also redesign and change our acute mental health inpatient unit through a \$10.9 million government funding commitment.

On behalf of the Board of Directors and Executive, we would like to take this opportunity to sincerely thank each and every staff member and volunteer for your outstanding efforts, which has ensured we have kept our community safe during this unprecedented time. Thank you also to our communities, for your continual understanding of necessary restrictions we have put in place and for your ongoing support of our teams.

We look forward to working with our communities, partners and surrounding health services to deliver a comprehensive health care system that results in people in the south west of Victoria living healthier and happier lives.



**CRAIG FRASER**  
Chief Executive Officer  
29 September 2021



**BILL BROWN**  
Chairman,  
Board of Directors  
29 September 2021

# THE ONGOING CORONAVIRUS PANDEMIC

*COVID-19 has now been impacting lives across the world since the first few months of 2020. Health services across the globe have continued to pivot with each nuance COVID-19 continues to present.*

Australia recorded its first case of COVID-19 on January 25 2020 and, by March 2, its first case of community transmission. On March 12 2020 the virus was declared a global pandemic by the World Health Organisation. Stage 3 restrictions commenced on 30 March 2020 in Victoria with only 4 reasons to leave home.

Our Warrnambool Base Hospital has cared for six COVID-19 positive inpatients and 13 COVID-19 positive outpatients since June 30 2020.

SWH has developed an agile responsive approach to the ongoing management of COVID-19 with the addition of a COVID-19 coordinator and a COVID Infection Prevention Community Response Consultant to support and liaise with our SWH Incident Control Group (ICG) and management team.

Significant outcomes for 2020-21 include:

## › **COVID-19 Ambassadors**

SWH has played a key part in keeping the community informed by providing reliable, evidence-based and timely information to the public via media and social media messaging. SWH CEO Craig Fraser, Infection Prevention & Control Director Dr Mark Page, COVID Infection Prevention Community Response Consultant Jenny Lukeis, COVID-19 Coordinator Sue Anderton and Community Partnerships Manager Suzan Morey have engaged the local media via multiple interviews on COVID safety in the community. Multiple business and community organisations have also been advised on developing COVID-safe plans, and updated with COVID and vaccination information.

## › **Guidance to the Community Services Sector**

The community services sector provides services to many vulnerable Victorians who are especially impacted by the coronavirus (COVID-19) pandemic. The stresses that result from self-isolation and physical distancing have placed demands on community services. Having identified we had a major role to play in the leadership to protect our communities from the spread of COVID-19, SWH developed a role to provide support and advice to this sector to assist with risk assessments and education. Part of this work included planned visits to SWH for vulnerable youth so they could get a 'real life' understanding of the impacts of COVID-19. SWH also set up a dedicated COVID-19 mental health support hotline.

## › **Tourism**

SWH has also led the way in developing COVID safety in the tourism sector by collaborating with the Department of Jobs, Precincts and Regions to co-host statewide COVID education for caravan park operators. This guidance supported many tourism operators to prepare for a COVID safe summer by hosting a statewide Zoom education sessions.

## › **Vaccination Heroes**

We initiated a Community Hero Vaccination Campaign that engaged 28 key people (all local identities) across our catchment area to assist us with providing vaccination confidence to the public. Our Heroes have shone in full colour advertisements each week across the region.

## › **COVID Testing**

Relocated to the COVID-19 hub at 184 Merri Street, our SWH Respiratory Assessment Clinic was then rebranded to become the COVID-19 Testing Clinic. This allowed for greater throughput of testing: 13,381 people have been tested in this clinic in the past 12 months. Our COVID testing staff have been able to step up to assist our community with mass testing at various sites across our region. SWH has developed a COVID response document to support ramping up and scaling down of COVID-19 response as required.

- › **SWH Contact Tracing**  
We performed more than 24 contact tracing scenarios involving many SWH departments/units/divisions in our review to identify COVID-related risks. From this, we made improvements to the way we work together, forming workplace bubbles and developing systems to reduce risks for staff (such as communal meal breaks and face-to-face meetings).
- › **COVID Vaccinations**  
Our SWH COVID-19 Vaccination Program was established in March 2021 as a response to support the community to access COVID-19 vaccination. Clinics were established at 184 Merri Street in Warrnambool and the Killara Centre in Camperdown. In total, these clinics have delivered a combined 17,103 doses of COVID-19 vaccine administered to 30 June 2021.
- › **Respiratory Protection Program**  
In November 2020, SWH progressed our Respiratory Protection Program, assessing staff in using the correct style of N95 mask. These assessments have provided confidence to staff in how to fit and wear an N95 mask.
- › **COVID-19 High Risk Housing Program**  
SWH has visited 160+ public housing units across five Local Government Areas. We provided COVID-safe education, hand gel, masks and a pathway to vaccination bookings for this most important sector.
- › **Visitor and Patient Changes**  
Visitor restrictions have continued to be a mainstay in the strategy to reduce movement across all health services in Victoria and ensure safety precautions remain for our patients and staff. A key improvement was the restructure of our main entrances and the onboarding of our Visitor Screening Officers.
- › **Staff Safety**  
SWH has initiated and developed multiple strategies to ensure our staff remain safe at all times, including creating safe internal and external meal break areas, developing advice when travelling to hotspots and creating processes for staff who work across multiple health services in the region. Workforce bubbles resulted in staff working remotely where practical and where this could not be achieved, separating staff across multiple offices.
- › **Personal Protective Equipment**  
Since July 2020, we have had a secure PPE supply chain thereby supporting staff safety. We have over 100 PPE champions across all departments of our health service who assist with donning and doffing education as well as keeping abreast of any PPE requirement updates.
- › **Infrastructure Changes**  
Multiple changes have been made across the organisation to support our COVID safety. These improvements have been underpinned by significant assessments of our heating, ventilation and air conditioning systems by our Building and Infrastructure team. This work has led to major re-configurations in our Emergency Department, former Intensive Care Unit, Supply Department and Maternity Unit.
- › **External Infection Prevention Audits**  
The Victorian Aged Care Response Centre (VACRC) team undertook a COVID-19 observational visit to our Merindah Lodge aged care facility in September 2020 and was very impressed with our processes put in place. Furthermore, in November 2020 SWH, along with 13 other health services, undertook a rapid review of our COVID Safe Plans by Safer Care Victoria. Feedback was extremely complimentary, with our flows and documents being utilised across the state, and with SWH providing education and training with other health agencies.

# PROFILE

*South West Healthcare has been caring for the health and wellbeing of South West Victorians for more than one-and-a-half centuries. This year, our Warrnambool Base Hospital turned 166 years old and our Camperdown Hospital turned 112.*

Consisting of two public hospitals, a mental health services division, an aged care facility and five community health centres, in 2020-21 we provided more than 150 medical, nursing, mental health, allied health and community health services to the 110,000 people who live in Warrnambool, Moyne, Corangamite, Southern Grampians and Glenelg.

## CAMPUSES

### **Our hospitals are located at:**

- › Warrnambool
- › Camperdown

### **Our mental health services offices are located at:**

- › Warrnambool
- › Camperdown
- › Hamilton
- › Portland

### **Our community health centres are located at:**

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

### **Our dental services are located at:**

- › Warrnambool
- › Camperdown
- › Hamilton
- › Portland

### **Our aged care facility is located at:**

- › Camperdown

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

## LOCATION MAP



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

# STATEMENT OF STRATEGIC DIRECTION 2020-24

## OUR VISION

Leaders in healthcare, partners in wellbeing

## OUR MISSION

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

## GREAT HEALTHCARE EXPERIENCES

We partner with consumers to achieve service excellence

### Strategic Priorities Strategies

Continuous quality improvement by partnering with consumers	<ul style="list-style-type: none"><li>› Train and empower our people to work with consumers for their best care</li><li>› Continuously improve our consumer engagement framework</li><li>› Empower and support consumers to engage effectively in relevant committees, leading to organisational improvements</li></ul>
Improved health and consumer empowerment through knowledge	<ul style="list-style-type: none"><li>› Implement a sustainable health literacy program</li><li>› Use regular surveys and targeted reviews to identify opportunities for consumer empowerment</li><li>› Promote use of My Health Record</li></ul>
Consumer focused service systems	<ul style="list-style-type: none"><li>› Redesign our service systems to incorporate a focus on the consumer experience and equity of access according to need</li><li>› Establish more specialist outpatient services with no out-of-pocket expenses for consumers</li></ul>

## EMPOWERING OUR PEOPLE

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

### Strategic Priorities Strategies

A values-driven culture	<ul style="list-style-type: none"><li>› Promote and reinforce our values and expected behaviours</li><li>› Develop an environment where people achieve their full potential</li></ul>
A diverse and inclusive workforce	<ul style="list-style-type: none"><li>› Support diversity and encourage inclusivity through workforce training and development</li><li>› Increase recruitment and retention of Aboriginal people</li></ul>
A culture of excellence and accountability	<ul style="list-style-type: none"><li>› Create a motivated workplace where our workforce are engaged, healthy and high performing</li><li>› Establish a cohesive research and learning strategy that develops all individuals and teams across SWH</li><li>› Drive positive workplace change through implementation of Our People Strategy</li></ul>

## INTEGRATED, HIGH QUALITY CARE

We continually improve service delivery to achieve high quality outcomes

### Strategic Priorities    Strategies

A 'one team' approach	<ul style="list-style-type: none"> <li>› Develop team-oriented models of care that support seamless transitions across our campuses and community settings</li> <li>› Improve management and clinical systems to optimise throughput, length of stay and occupancy in Warrnambool and Camperdown Hospitals</li> <li>› Develop sustainable models for our multi-site service system configuration</li> </ul>
Care provided close to home	<ul style="list-style-type: none"> <li>› Develop innovative and comprehensive models of in-home and out of hospital care</li> <li>› Enhance our specialist service provision in South West Victoria</li> <li>› Renew our clinical services plan to represent future needs</li> </ul>
High quality, safe care	<ul style="list-style-type: none"> <li>› Continuously review and improve the design of our systems and the way we deliver to enhance care and the consumer experience</li> <li>› Implement best practice and sector reforms</li> </ul>

## INFRASTRUCTURE THAT SUPPORTS BEST CARE

Future demand is planned and delivered through strategic investment

### Strategic Priorities    Strategies

Warrnambool Base Hospital redevelopment	<ul style="list-style-type: none"> <li>› Substantially progress the stage two redevelopment of the Warrnambool Base Hospital in partnership with the Victorian Government</li> <li>› Progress to realisation of the full Warrnambool Masterplan</li> </ul>
Camperdown precinct redevelopment	<ul style="list-style-type: none"> <li>› Progress the Camperdown precinct business case to finalisation and progress aged care as stage one</li> <li>› Progress to realisation of the full Camperdown Masterplan</li> </ul>
Contemporary integrated information technology systems	<ul style="list-style-type: none"> <li>› Develop and implement an information technology plan to support ongoing leadership, appropriate investment and high quality performance across SWH</li> <li>› Work towards and plan for an end-to-end electronic health record</li> <li>› Develop data systems to support efficient and effective decisions and inform our clinical practice in real time</li> </ul>

## PARTNERING FOR SUCCESS

We are a highly valued partner and leader

### Strategic Priorities    Strategies

Improved access to services across the South West	<ul style="list-style-type: none"> <li>› Support our partners in the South West region through collaborations to deliver reliable, safe and appropriate specialist services</li> <li>› Develop effective pathways for people to receive ongoing care closer to home through seamless transfers in and out of SWH</li> </ul>
Healthier South West communities	<ul style="list-style-type: none"> <li>› Collaborate and contribute to public health initiatives and wellbeing plans</li> <li>› Enhance population health through implementing evidence-based strategies</li> <li>› Improve equity and access through targeted plans and strategies</li> </ul>
Build and strengthen strategic partnerships	<ul style="list-style-type: none"> <li>› Enhance partnerships with education and training providers</li> <li>› Continually improve healthcare experiences through dedicated partnerships with local health and community providers</li> <li>› Work in partnership with the State Government and Department of Health and Human Services to achieve SWH's future potential</li> </ul>

# STATEMENT OF PRIORITIES

STRATEGIC PRIORITIES	HEALTH SERVICE DELIVERABLES	OUTCOMES
<p>Maintain robust COVID-19 readiness and response, working with the department to ensure rapid response to outbreaks, if and when they occur, which includes providing testing for the community and staff, where necessary and if required. This includes preparing to participate in, and assist with, the implementation of COVID-19 vaccine immunisation program rollout, ensuring the local community's confidence in the program.</p>	<p>South West Healthcare (SWH) will have the best possible clinical COVID-19 model of care in place to respond to the pandemic including defined escalation process for increasing numbers. The model review and response will include the frontline services of Emergency Department, Respiratory Assessment Clinic, Acute Admissions, Mental Health Inpatients, Regional Aged Care Facility.</p>	<ul style="list-style-type: none"> <li>› Emergency Department developed, refined and implemented systems and structures to support COVID specific presentations.</li> <li>› Acute Admissions structure in place to allow for rapid escalation across a number of COVID specific scenarios.</li> <li>› Mental Health Services implemented four key clinical service initiatives to address COVID specific surge demands.</li> <li>› Regional Aged Care Facility Outbreak Management Plan (OMP) developed and tested multiple times from March to September 2020. Independent assessments completed by Commonwealth Government (IPCON and ACQSC) and also by Department of Health Victoria (DH) with exceptionally positive feedback received each time.</li> <li>› The SWH Respiratory Assessment Clinics (RACs) model of COVID testing, provided through SWH RACs, responded continuously to changing demands. This included the implementation of a 7 day/ week drive-through clinic, targeted testing for at-risk groups and responding to surge demand through pop-up testing across the region.</li> <li>› Vaccination Clinic established in the Warrnambool Central Business District to provide COVID vaccines.</li> <li>› Former ICU repurposed for staff vaccinations, the 1A group and specific high-risk groups.</li> <li>› Camperdown Campus Vaccination Clinic in place.</li> </ul>
	<p>SWH enables provision of social, emotional and mental health support both during the COVID-19 pandemic and during the recovery phase.</p>	<ul style="list-style-type: none"> <li>› SWH mental &amp; emotional wellbeing support phone service in place.</li> <li>› Community monitoring team in place.</li> <li>› Widespread adoption of support through telehealth.</li> </ul>
	<p>Develop and implement a COVID Visitor Management Plan that continues to reflect the latest Department of Health Victoria guidelines and responds to both patient/ staff/visitor safety and the best possible care outcomes.</p>	<ul style="list-style-type: none"> <li>› COVID visitor management plan in place as part of organisation-wide COVID response plan.</li> <li>› Visitor screening processes and visiting times and restrictions reviewed and amended to respond to latest advice and to ensure compliance with statewide guidelines.</li> <li>› Independent audit conducted on COVID systems and visitor management. Positive responses received in relation to all aspects of visitor management.</li> </ul>

STRATEGIC PRIORITIES	HEALTH SERVICE DELIVERABLES	OUTCOMES
	<p>SWH implements changes to the infrastructure to meet COVID-19 requirements including all capital works, changes to entries, storage areas and wards.</p>	<ul style="list-style-type: none"> <li>› Significant infrastructure changes completed to ensure SWH could respond to COVID-19 and also support region if required.</li> <li>› Work completed included a dedicated respiratory area within the Emergency Department, a new 20-bed inpatient ward on level 3, adding additional six ICU beds in a dedicated second ICU area, establishing respiratory clinic and drive-through for COVID-19 testing.</li> <li>› Establishment of community vaccination hub in Warrnambool Central Business District. In addition to ward ventilation assessments, servicing and auditing of infrastructure to ensure appropriate safety.</li> <li>› This infrastructure remains established and ready to respond as required.</li> </ul>
<p>Engage with the community to address the needs of patients, especially vulnerable Victorians whose care has been delayed due to the pandemic and provide the necessary 'catch-up' care to support them to get back on track.</p>	<p>Minimise the impact on other non-COVID-19 services to ensure the best possible health outcomes for the community. With a view to re-establish impacted services where opportunities arise including Elective Surgery, Dental Services, Allied Health and Community Nursing, Centre Against Sexual Assault, Outpatients.</p>	<ul style="list-style-type: none"> <li>› Minimising impact of COVID on elective surgery assisted through partnership arrangements with St John of God and neighbouring health services. Whilst activity levels were impacted, elective surgery activity did increase in the 2020/21 financial year and although not back to maximum levels of activity, these partnership coupled with targeted activity associated with the statewide surgery blitz enabled impact to be minimised.</li> <li>› Systems implemented to ensure continued enablement of telehealth for all appropriate services.</li> <li>› Continuing to provide service with COVID-safe practices in place. This enabled resumption of face-to-face service delivery for services unable to be provided via telehealth as soon as safe to do so (community nursing, dental and hands on Allied Health and GP service delivery).</li> <li>› Outpatient services restored and additional clinics commenced.</li> <li>› All services have strategies in place to increase services as restrictions ease.</li> <li>› Reviews being undertaken to identify any service areas slower to recover to pre-COVID activity levels or with opportunities to expand services to meet community demands.</li> </ul>

STRATEGIC PRIORITIES	HEALTH SERVICE DELIVERABLES	OUTCOMES
	<p>SWH continues to play a key role in responding to positive cases and reducing the spread of COVID-19 through clinical tracking, staff contact tracing and COVID treatment strategies.</p>	<ul style="list-style-type: none"> <li>› COVID policies developed, staff trained and ready to stand up in the event of local activity being required.</li> <li>› Summer Preparedness Program developed. With holiday accommodation preparedness led by SWH including:               <ul style="list-style-type: none"> <li>› education and support for accommodation providers</li> <li>› Outbreak response plan</li> <li>› Initial crisis management</li> <li>› Testing capacity response</li> <li>› Initial contact tracing.</li> </ul> </li> <li>› SWH engaged to support all identified high-risk accommodation in the sub-region including               <ul style="list-style-type: none"> <li>› Low-rise, shared public housing</li> <li>› Long-term residents at caravan parks</li> <li>› Other specific shared housing.</li> </ul> </li> <li>› Disability Liaison Program established to support individuals with disabilities to ensure appropriate accommodation and support in the event they become unwell.</li> </ul>
	<p>SWH provides COVID community education in the areas of training and preparation, infection control, cleaning support, PPE and staff training for other health providers, large businesses, councils and schools.</p>	<ul style="list-style-type: none"> <li>› SWH provided leadership through the Infection Control (IFC) and COVID team to large number of Not For Profit and private aged care facilities and residential disability providers. This included reviewing and developing outbreak management plans, delivering PPE training, providing PPE, conducting IFC audits and provision of general advice to these facilities on COVID-19 response and management.</li> <li>› SWH COVID and Infection Control team completed work with local industry and in Aged Care and Disability sectors. Work continues with high-risk accommodation sector and further planning underway with large business and schools, etc.</li> <li>› Summer planning completed with Warrnambool City Council for large influx of visitors.</li> <li>› New COVID management structure implemented to enable specific focus on community engagement and education.</li> <li>› Education sessions and further scheduling of appointments made as demand increased.</li> </ul>

STRATEGIC PRIORITIES	HEALTH SERVICE DELIVERABLES	OUTCOMES
<p>As providers of care, respond to the recommendations of the Royal Commission into Victoria's Mental Health system and the Royal Commission into Aged Care Quality and Safety.</p>		<ul style="list-style-type: none"> <li>› Victorian Government funded \$59.7M package for clinical mental health services to meet immediate surge demands resulting from COVID-19 pandemic and to fast-track critical recommendations from the Royal Commission into Victoria's Mental Health System Interim Report.</li> <li>› Implementation of four key clinical mental health service initiatives to address immediate surge demands resulting from the COVID-19 pandemic: <ul style="list-style-type: none"> <li>› Expanded Hours Clinics</li> <li>› Additional Capacity in Acute Inpatient Units</li> <li>› Secondary Consultation and Liaison</li> <li>› Assertive Acute</li> <li>› Assessment Outreach.</li> </ul> </li> <li>› Recruitment of professional staff into temporary positions in our rural location proved to be difficult. However a number of key posts were filled successfully since March 2021 meaning enhanced progress is now being made against targets.</li> </ul> <ul style="list-style-type: none"> <li>› The Royal Commission into Aged Care Quality and Safety final report was released by the Commonwealth Government on 1 March 2021. Commonwealth Government announced budget package of support on 11 May 2021 and, at the same time, released their full response to the Royal Commission. As providers of Aged Care Services, SWH commits to working collaboratively with Victorian and Commonwealth Governments to respond to the broad range of recommendations to improve outcomes for older Victorians. As a priority, SWH will identify and prepare for and comply with changes that come into effect from 1 July 2021.</li> </ul>
<p>Develop and foster local health partner relationships to continue delivering collaborative approaches to planning, procurement and service delivery at scale. Including prioritising innovative ways to deliver health care through shared expertise and workforce models, virtual care, co-commissioning services and surgical outpatient reform.</p>	<p>Ensure implementation and embedding of a Disability Action Plan (DAP) which seeks to reduce barriers, promote inclusion and change attitudes and practices to improve the quality of care and employment opportunities for people with disabilities.</p> <p>Implement year-2 of the SWH DAP which includes a partnership with Alfred Health in delivery of an NDIA-funded project targeted at improving access and outcomes for people with communication related disabilities.</p> <p>Redesign services and implement an innovative out of hospital care model that enhances connection and care at home.</p>	<ul style="list-style-type: none"> <li>› SPEAK project lead appointed and project work underway.</li> <li>› Disability liaison work related to COVID-19 underway with extension of funding for a further six months.</li> <li>› Further engagement of Disability sector enabled through COVID-related work.</li> <li>› Disability Liaison Officer employed to work through Disability Action Plan actions. Initiative will carry over into 2021/22.</li> </ul> <ul style="list-style-type: none"> <li>› SWH involvement in Barwon South West Telehealth Project and Better at Home project funded through cluster planning.</li> <li>› Primary and Community Services Comprehensive Care Policy in place, providing clear process regarding risk screening and multidisciplinary management of patients managed in the home.</li> <li>› Project lead in place at Barwon Health, SWH project recruitment underway. Official funding letters received.</li> <li>› GEM at Home business case complete. Hospital in the Home utilisation increased. Initiative will carry over into 2021/22.</li> </ul>

# PERFORMANCE PRIORITIES

HIGH QUALITY AND SAFE CARE	TARGET	2020/21 ACTUALS
Accreditation against the National Safety and Quality Health Service Standards	Full compliance	Achieved
Compliance with the Commonwealth's Aged Care Accreditation Standards	Full compliance	Achieved
INFECTION PREVENTION AND CONTROL		
Compliance with the Hand Hygiene Australia program	83%	92.2%
Percentage of healthcare workers immunised for influenza	90%	99%
PATIENT EXPERIENCE		
Victorian Healthcare Experience Survey –percentage of positive patient experience responses	95%	No surveys conducted in 2020-2021
Victorian Healthcare Experience Survey –percentage of very positive responses to questions on discharge care	75%	No surveys conducted in 2020-2021
HEALTHCARE ASSOCIATED INFECTIONS (HAIS)		
Rate of patients with surgical site infections	No outliers	Met
Rate of patients with ICU central-line associated bloodstream infection (CLABSI)	0.0	0.0
MENTAL HEALTH		
Percentage of adult acute mental health inpatients who are readmitted within 28 day of discharge	14%	13%
Rate of seclusion events relating to an adult acute mental health admission	≤ 10/1,000	7
Rate of seclusion events relating to an aged acute mental health admission	≤ 5/1,000	1
Percentage of child and adolescent acute mental health inpatients with post-discharge follow-up within seven days	80%	95%
Percentage of adult acute mental health inpatients admissions who have a post-discharge follow-up within seven days	80%	95%
Percentage of aged acute mental health inpatients who have a post-discharge follow-up within seven days	80%	100%
MATERNITY AND NEWBORN		
Rate of singleton term infants without birth anomalies with APGAR score <7 to 5 minutes		
Warrnambool	≤ 1.4%	1.9%
Camperdown	≤ 1.4%	0.0%
Rate of severe foetal growth restriction (FGR) in singleton pregnancy undelivered by 40 weeks	≤ 28.6%	0.0%
Urgent maternity patients referred for obstetric care within 30 days	100%	100%
CONTINUING CARE		
Functional independence gain from episode of rehabilitation admission to discharge, relative to length of stay	≥0.645 (rehab)	1.126
TIMELY ACCESS TO CARE		
EMERGENCY CARE		
Percentage of patients transferred from ambulance to Emergency Department within 40 minutes	90%	99%
Percentage of Triage Category 1 emergency patients seen immediately	100%	100%
Percentage of Triage Category 1 to 5 emergency patients seen within clinically recommended time	80%	72%
Percentage of emergency patients with a length of stay in the Emergency Department less than four hours	81%	62%
Number of patients with a length of stay in the Emergency Department greater than 24 hours	0	1

TIMELY ACCESS TO CARE		TARGET	2020/21 ACTUALS
<b>ELECTIVE SURGERY</b>			
Percentage of urgency Category 1 elective surgery patients admitted within 30 days		100%	100%
Percentage of urgency Category 1, 2 and 3 elective surgery patients admitted within clinically recommended time		94%	82.5%
Percentage of patients on the waiting list who have waited longer than clinically recommended time for their respective triage category		5%	6.6%
Number of patients on the elective surgery waiting list (as at 30 June 2021)		1,100	1,104
Number of hospital initiated postponements per 100 scheduled elective surgery admissions		≤7/100	14.3
Number of patients admitted from the elective surgery waiting list		3,400	3,233
<b>SPECIALIST CLINICS</b>			
Percentage of urgent patients referred by a GP or external specialist who attended a first appointment within 30 days		100%	94.7%
Percentage of routine patients referred by a GP or external specialist who attended a first appointment within 365 days		90%	98.9%
<b>EXECUTIVE FINANCIAL MANAGEMENT</b>		<b>TARGET</b>	<b>20/21 ACTUALS</b>
<b>FINANCE</b>			
Operating Result (\$M)		1.0	\$3.53M
Operating result as a percentage of revenue		0.4%	1.6%
Cash Management	Trade creditors	60 days	38 days
	Patient fee debtors	60 days	45 days
WIES activity performance	WIES (public and private) performance to target	100%	94.3%
<b>ASSET MANAGEMENT</b>			
Adjusted current asset ratio		0.7	1.07
Days of available cash		14 days	35.7 days
Actual days of available cash		14 days	Met
Accuracy of forecasting the Net result from transactions (NRFT)		≤\$250,000	Not met

## ACTIVITY REPORTING

Funding Type		Target	2020-21 Activity achievement	
Acute Admitted	WIES Public		14,798	
	WIES Private		798	
	WIES (Public and Private)	16,692	15,596	
	WIES DVA	102	157	
	WIES TAC	137	65	
	WIES Total		15,818	
Acute Non-Admitted	Home Enteral Nutrition	271	N/A*	
	Specialist Clinics	32,462	N/A*	
	* No data available			
Sub-Acute & Non-Acute Admitted	Rehabilitation Public Subacute WIES	319	157	
	Rehabilitation Private Subacute WIES	28	23	
	GEM Public Subacute WIES	287	233	
	GEM Private Subacute WIES	28	15	
	Palliative Care Public Subacute WIES	147	101	
	Palliative Care Private Subacute WIES	22	2	
	Sub Acute WIES - DVA	14	3	
	Transition Care – Bed Days	3,645	2,150	
	Transition Care – Home Days	3,663	3,296	
	Sub-Acute Non-Admitted	Health Independence Program	24,982	20,428
	Aged Care	Residential Aged Care	13,018	7,845
HACC		8,511		
Mental Health & Drug Services	Mental Health Ambulatory	37,522	33,187	
	Mental Health Residential	No target	648	
	Mental Health Inpatient –Secure Unit	1,095	973	
	Mental Health Inpatient –Available bed days	7,305	4,889*	
	* Capacity 15 beds			
	Mental Health Service System Capacity	1	1	
	Mental Health Sub Acute	4,384	3,260	
	Drug Services	132	N/A*	
* No data available				
Primary Health	Community Health/Primary Care Programs	10,945	14,441	
	Community Health Other	17,916	16,282	
Community Health Contacts by Campus	Warrnambool Community Health (inc HIP)		45,935	
	Camperdown Community Health/David Newman Centre		20,963	
	Macarthur Community Health		3,738	
	Lismore Community Health		6,515	
	Regional Dental Service		13,187	
	South West Medical Centre (GP Clinic)		26,507	

# STATUTORY REQUIREMENTS

## MANNER OF ESTABLISHMENT

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

## RESPONSIBLE MINISTERS 2020-21

The Responsible Ministers for South West Healthcare:

**Minister for Health; and  
Minister for Ambulance Services**

Jenny Mikakos MP (from 1 July to 26 September 2020)

**Minister for Health; and  
Minister for Ambulance Services; and  
Minister for Equality**

The Hon Martin Foley MP (from 26 September 2020 to 30 June 2021)

**Minister for Mental Health**

The Hon Martin Foley MP  
(from 1 July to 29 September 2020)

The Hon James Merlino MP  
(from 29 September to 30 June 2021)

## FREEDOM OF INFORMATION REQUESTS

Requests for documents in the possession of South West Healthcare are directed to the Freedom of Information Manager and all requests are processed in accordance with the *Freedom of Information Act 1982*. A fee is levied for this service, based on the time involved in retrieving and copying the requested documents. The Hospitals Part II publication, which details publication requirements of the *Freedom of Information Act*, is available on the South West Healthcare website at [www.southwesthealthcare.com](http://www.southwesthealthcare.com)

A total of 260 requests under the *Freedom of Information Act* were processed during the 2020-21 financial year. All of these were from the general public and the majority of requests were acceded to.

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

**Principal Officer**

Mr William Brown, Chair – Board of Directors

**Medical Principal Officer**

Executive Director Medical Services

**Freedom of Information Officer**

Ms Robyn White

## CARERS RECOGNITION ACT 2012

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

## LOCAL JOBS ACT DISCLOSURE

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

South West Healthcare had one contract in 2020-2021 to which the *Local Jobs First Act 2003* applied totalling \$4M: for the Transition Care Program Services with a value of \$4M. The contract commenced and was completed during 2020-2021. A VIPP was not required because it was determined the tender to be of nil/limited contestability as the majority of the services (97 percent) required for this tender can be sourced locally (2020/ICNA3372). SWH complies with the *VIPP Act 2003*.

## SAFE PATIENT CARE ACT 2015

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

## SUMMARY OF FINANCIAL RESULTS FOR THE YEAR

As detailed in the below tables, we're pleased to confirm the total operating revenue increased from \$212.5M to \$227.6M for the 2020-21 financial year. This reflects an increase of \$15M or 7 percent. The service profile continues to be impacted by the COVID pandemic and it's pleasing to report that South West Healthcare has both responded to the community needs associated with the pandemic and maintained our financial strength. An operating surplus of \$3.5M (1.6 percent of operating revenue) was achieved and this strong result ensures the financially sustainable position we've built over many years is maintained and allows us to invest in modern equipment. As detailed through this report, we remain innovative and focused on responding to the rapidly changing health needs of the community we serve.

	2021	2020	2019	2018	2017
	\$000	\$000	\$000	\$000	\$000
<b>Operating Result*</b>	<b>3,534</b>	<b>3,913</b>	<b>502</b>	<b>472</b>	<b>(300)</b>
Total revenue	227,692	212,574	198,987	185,206	172,578
Total expenses	234,600	(220,850)	(209,584)	(196,266)	(177,012)
<b>Net results from transactions</b>	<b>(6,908)</b>	<b>(8,276)</b>	<b>(10,597)</b>	<b>(11,060)</b>	<b>(4,434)</b>
Total other economic flows	1,679	(362)	(993)	(7)	235
<b>Net result</b>	<b>(5,229)</b>	<b>(8,638)</b>	<b>(11,590)</b>	<b>11,067</b>	<b>4,199</b>
Total assets	279,628	271,715	276,928	222,830	232,485
Total liabilities	65,046	54,113	50,691	44,191	42,779
<b>Net assets/Total equity</b>	<b>214,582</b>	<b>217,602</b>	<b>226,237</b>	<b>178,639</b>	<b>189,706</b>

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

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

	2020-21
	\$000
<b>Net operating result *</b>	3,534
Capital purpose income	5,671
Expenditure for capital purpose	(633)
Depreciation and amortisation	(15,462)
Finance costs (other)	18
<b>Net result from transactions</b>	<b>(6,908)</b>

## DETAILS OF 2020-21 CONSULTANCIES

In 2020-21 there were three consultancies where the total fees payable to the consultants were less than \$10,000. The total expenditure incurred during the 2020-21 financial year in relation to these consultancies is \$17,400 (exclusive of GST).

In 2020-21 there were three consultancies where the total fees payable to the consultants were \$10,000 or greater. The total expenditure incurred during 2020-21 in relation to these consultancies is \$214,784 (exclusive of GST).

DETAILS OF INDIVIDUAL CONSULTANCIES (VALUED AT \$10,000 OR GREATER)	PURPOSE OF CONSULTANCY	EXPENDITURE (VALUED AT \$10,000 OR GREATER)
ASPEX Consultancy	Clinical Services Plan	\$115,784.00
Define Advantage	Mental Health Services Workforce Review	\$21,000.00
Jane Jeffreys Consulting	Board Governance Program	\$78,000.00

# INFORMATION AND COMMUNICATION TECHNOLOGY (ICT) DISCLOSURE

The total ICT expenditure incurred during 2020-21 was \$5.379M (excluding GST) with the details shown below.

BUSINESS AS USUAL (BAU) ICT EXPENDITURE		
Total Operational expenditure and Capital expenditure (excluding GST)	Operational expenditure (excluding GST)	Capital expenditure (excluding GST)
\$5.379 million	\$4.969 million	\$0.410 million

## CAR PARKING FEES

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

## BUILDING ACT 1993

### COMPLIANCE

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

## COMMERCIAL APPOINTMENTS

### External Auditors

McLaren Hunt

### Internal Auditors

HLB Mann Judd

### Bankers

Australia & New Zealand Banking Group Ltd

## COMPETITIVE NEUTRALITY

South West Healthcare has implemented and continues to comply with the National Competition Policy and the requirements of the Victorian Government Competitive Neutrality (CN) Policy.

## PUBLIC INTEREST DISCLOSURE ACT 2012

South West Healthcare has in place appropriate procedures for disclosures in accordance with the *Public Interest Disclosure Act 2012*. No disclosures were made under the Act in 2020-21.

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

### Mr Craig Fraser

Chief Executive Officer

South West Healthcare, Warrnambool, Victoria 3280

### The Ombudsman

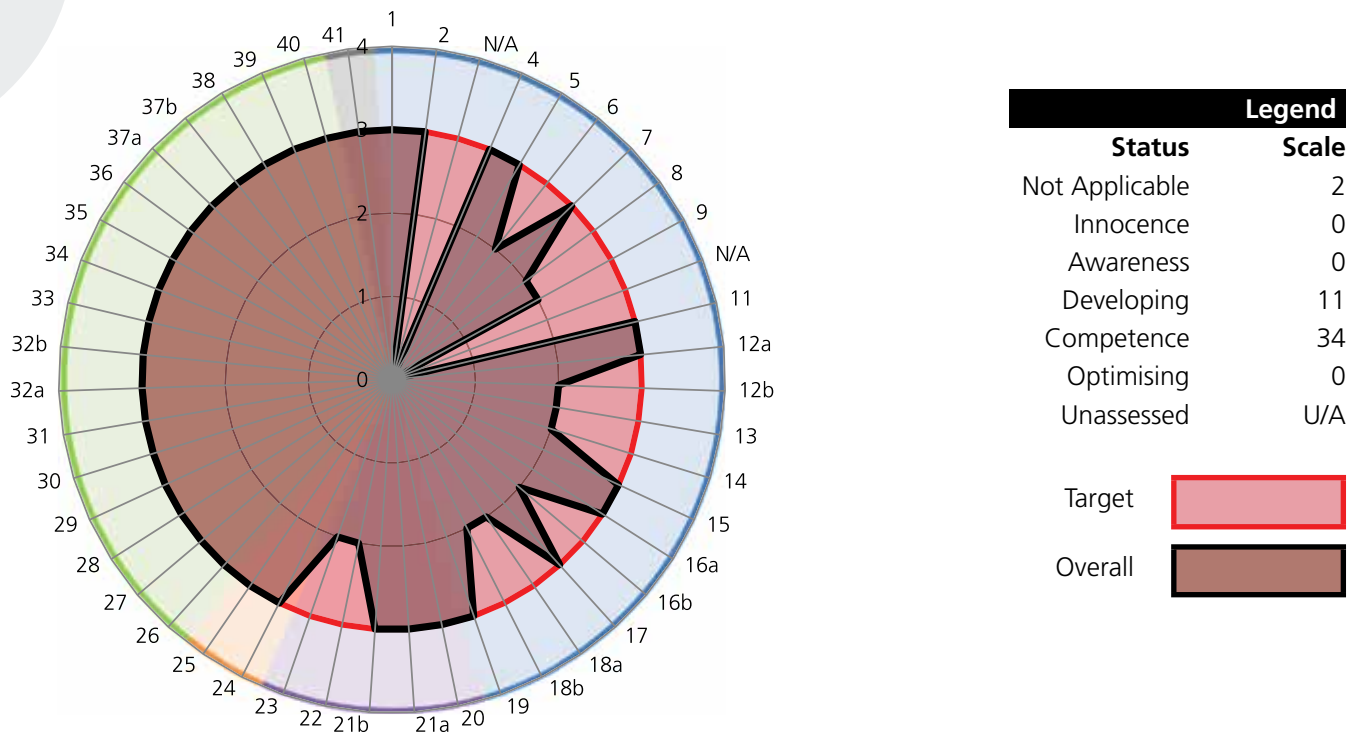
Level 3, 459 Collins Street, Melbourne, Victoria 3000

Phone 1800 806 314

# ASSET MANAGEMENT ACCOUNTABILITY FRAMEWORK MATURITY ASSESSMENT

The following sections summarise South West Healthcare assessment of maturity against the requirements of the Asset Management Accountability Framework (AMAF). The AMAF is a non-prescriptive, devolved accountability model of asset management that requires compliance with 41 mandatory requirements. These requirements can be found on the DTF website at [www.dtf.vic.gov.au/infrastructure-investment/asset-management-accountability-framework](http://www.dtf.vic.gov.au/infrastructure-investment/asset-management-accountability-framework)

South West Healthcare's target maturity rating is 'competence', meaning systems and processes fully in place, consistently applied and systematically meeting the AMAF requirement, including a continuous improvement process to expand system performance above AMAF minimum requirements.



Legend	
Status	Scale
Not Applicable	2
Innocence	0
Awareness	0
Developing	11
Competence	34
Optimising	0
Unassessed	U/A

Target	
Overall	

## Leadership and Accountability (requirements 1-19)

South West Healthcare has met its target maturity level under most requirements within this category. However there are some areas measured as partially compliant. These areas are allocating asset management responsibility, monitoring asset performance and evaluating of asset performance. There is no material non-compliance reported in this category. A plan for improvement is in place to improve the South West Healthcare's maturity rating in these areas. There were two areas that were found to be not-applicable as South West Healthcare does not currently outsource AMAF responsibilities.

## Planning (requirements 20-23)

South West Healthcare has almost met its target maturity level in this category. There were two areas in risk management and contingency planning that are partially compliant.

## Acquisition (requirements 24 and 25)

South West Healthcare has met its target maturity level in this category.

## Operation (requirements 26-40)

South West Healthcare has met its target maturity level under most requirements within this category.

## Disposal (requirement 41)

South West Healthcare has met its target maturity level in this category.

## GENDER EQUALITY ACT 2020

The Gender Equality Act 2020 (the 'Act') commenced in March 2021 and is the first of its kind in Australia. The Act was developed in response to the 2016 Royal Commission into Family Violence which showed that Victoria needs to address gender inequality in order to reduce family violence and all forms of violence against women. The objectives of the Act are to:

- › Promote, encourage and facilitate the achievement of gender equality and improvement in the status of women
- › Support the identification and elimination of systemic causes of gender inequality in policy, programs and delivery of services in workplaces and communities
- › Recognise that gender inequality may be compounded by other forms of disadvantage or discrimination that a person may experience on the basis of Aboriginality, age, disability, ethnicity, gender identity, race, religion, sexual orientation and other attributes
- › Redress disadvantage, address stigma, stereotyping, prejudice and violence, and accommodate persons of different genders by way of structural change
- › Enhance economic and social participation by persons of different genders
- › Further promote the right to equality set out in the Charter of Human Rights and Responsibilities and the Convention on the Elimination of All Forms of Discrimination against Women.

South West Healthcare are committed to the implementation of the Act, and to develop, submit and publish a Gender Equality Action Plan (GEAP). To inform the strategies and measures of the GEAP we will conduct a workplace gender audit that analyses workforce data from payroll and human resources, employee experience data from the Victorian public sector's annual employee opinion survey and intersectionality data where available. We will conduct a gender impact assessment of policies, programs and services that are new or up for review and have a direct and significant impact on the public. As part of this assessment we will review programs such as grants and public events, services such as public infrastructure development and community development and policies such as equal access and community engagement policies.

## ADDITIONAL INFORMATION AVAILABLE UPON REQUEST

Details in respect of the items listed below have been retained by South West Healthcare and are available to the relevant Ministers, Members of Parliament and the public on request (subject to Freedom of Information requirements, if applicable):

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

# ATTESTATIONS

## DATA INTEGRITY DECLARATION

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



**Craig Fraser**  
Chief Executive Officer  
South West Healthcare  
23 September 2021

## CONFLICT OF INTEREST DECLARATION

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



**Craig Fraser**  
Chief Executive Officer  
South West Healthcare  
23 September 2021

## INTEGRITY, FRAUD AND CORRUPTION DECLARATION

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



**Craig Fraser**  
Chief Executive Officer  
South West Healthcare  
23 September 2021

## ATTESTATION ON FINANCIAL MANAGEMENT COMPLIANCE

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



**William Brown**  
Board Chair  
South West Healthcare  
23 September 2021

# INPATIENTS AND PATIENTS

Despite significant mandated State of Emergency restrictions on travel, sport, socialising and other day-to-day activities during 2020-21 (as noted in the Year in Review section in this report), our inpatient hospitalisations and emergency presentations rose. In total, our inpatient admissions increased 3.9 percent and our emergency/urgent care presentations increased 3.8 percent on 2019-20.

## 27,340 EMERGENCY & URGENT CARE PATIENTS

We recorded a 3.8 percent increase in emergency department and urgent care centre attendances for 2020-21. During this 12-month period we treated 27,340 emergency and urgent care patients (compared to 2019-20's 26,347):

- › Our Warrnambool Emergency Department treated 25,103 people. This is a 3.9 percent increase (937 more) on the 24,166 people treated in 2019-20.
- › Our Camperdown Urgent Care Centre treated 2,237 people. This is a 1.5 percent decrease (34 less) on the 2,271 people treated in 2019-20.

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

- › 58.9 percent (14,789) of our Warrnambool Base Hospital Emergency Department patients were Warrnambool City residents.
- › 80.8 percent (1,807) of our Camperdown Hospital Urgent Care Centre patients were Corangamite Shire residents.

## SWH EMERGENCY/URGENT CARE PATIENTS' RESIDENCES BY SWH HOSPITAL 2020-21

PATIENTS' RESIDENCES	WARRNAMBOOL BASE HOSPITAL		CAMPERDOWN HOSPITAL	
	Number	%	Number	%
Warrnambool	14,789	58.91	53	2.37
Moyne	5,074	20.21	76	3.40
Corangamite	2,436	9.70	1,807	80.78
Glenelg	603	2.40	2	0.09
Southern Grampians	242	0.96	4	0.18
Colac Otway	76	0.30	25	1.12
Rest of Victoria	1,612	6.42	246	11.00
SA	46	0.18	3	0.13
NSW	60	0.24	7	0.31
QLD	40	0.16	9	0.40
WA	8	0.03	0	0.00
ACT	4	0.02	1	0.04
NT	5	0.02	1	0.04
TAS	7	0.03	1	0.04
Overseas	17	0.07	0	0.00
No Fixed Address	72	0.29	1	0.04
Unknown	12	0.05	1	0.04
<b>TOTALS</b>	<b>25,103</b>	<b>100</b>	<b>2,237</b>	<b>100</b>

## 25,363 HOSPITAL INPATIENTS

We recorded a 3.9 percent increase in inpatients for 2020-21. During this 12-month period we cared for 25,363 inpatients (compared to 2019-20's 24,412):

- › Our Warrnambool Base Hospital cared for 23,408 inpatients. This is a 4.9 percent increase (1,089 more) on the 22,319 inpatients cared for in 2019-20.
- › Our Camperdown Hospital cared for 1,955 inpatients. This is a 6.6 percent decrease (140 less) on the 2,093 cared for in 2019-20.

## WHERE OUR PATIENTS LIVE

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

- › 58.5 percent (13,681) of our Warrnambool Base Hospital inpatients were Warrnambool City residents.
- › 55 percent (1,075) of our Camperdown Hospital inpatients were Corangamite Shire residents.

## SWH INPATIENTS' RESIDENCES BY SWH HOSPITAL 2020-21

INPATIENTS' RESIDENCES	WARRNAMBOOL BASE HOSPITAL		CAMPERDOWN HOSPITAL	
	Number	%	Number	%
Warrnambool	13,681	58.45	573	29.31
Moyne	4,424	18.90	216	11.05
Corangamite	2,620	11.19	1,075	54.99
Glenelg	1,341	5.73	19	0.97
Southern Grampians	604	2.58	15	0.77
Colac Otway	73	0.31	23	1.18
Rest of Victoria	510	2.18	30	1.53
SA	93	0.40	1	0.05
NSW	8	0.03	0	0.00
QLD	8	0.03	2	0.10
WA	2	0.01	0	0.00
ACT	0	0.00	0	0.00
NT	5	0.02	1	0.05
TAS	3	0.01	0	0.00
Overseas	13	0.06	0	0.00
No Fixed Address	21	0.09	0	0.00
Unknown	2	0.01	0	0.00
<b>TOTALS</b>	<b>23,408</b>	<b>100</b>	<b>1,955</b>	<b>100</b>

## THE AGE OF OUR 25,363 INPATIENTS

We were pleased to have treated 2,217 inpatients in the 71-75 age group who accessed the most services at Warrnambool Base Hospital in 2020-21; with the 61-65 age group (195 inpatients) the largest group of people treated at Camperdown Hospital:

- › The 71-75 age group accounted for 9.5 percent of inpatients treated at our Warrnambool Base Hospital. The 76-80 age group was the second highest at 9.4 percent followed by the 61-65 age group at 9.2 percent. (In 2019-20, the 76-80 age group was the highest-rating at 10.5 percent, followed by the 71-75s at 10.2 and the 66-70s at 9.9.)
- › The 61-65 age group accounted for 10 percent of inpatients treated at our Camperdown Hospital. The 71-75 age group was the second highest at 9.3 percent followed by the 51-55 age group at 9 percent. (In 2019-20, the 66-70 age group was the highest at 12.4 percent followed by the 71-75s at 9.8 and the 51-55s at 9.7.)
- › It's worth noting, children in the 0-5 year inpatient figures at both hospitals (6.5 percent at Warrnambool and 2.3 percent at Camperdown) include midwifery unit births, while the Camperdown Hospital figures do not include Merindah Lodge residential aged care residents.

## SWH INPATIENTS AGE BY SWH HOSPITAL 2020-21

AGE OF INPATIENTS	WARRNAMBOOL BASE HOSPITAL		CAMPERDOWN HOSPITAL	
	Number	%	Number	%
0-5	1,526	6.52	46	2.35
6-10	274	1.17	1	0.05
11-15	294	1.26	13	0.66
16-20	603	2.58	55	2.81
21-25	755	3.23	83	4.25
26-30	1,150	4.91	88	4.50
31-35	997	4.26	103	5.27
36-40	840	3.59	98	5.01
41-45	1,049	4.48	88	4.50
46-50	978	4.18	131	6.70
51-55	1,632	6.97	176	9.00
56-60	1,953	8.34	166	8.49
61-65	2,143	9.15	195	9.97
66-70	2,102	8.98	165	8.44
71-75	2,217	9.47	181	9.26
76-80	2,193	9.37	134	6.85
81-85	1,500	6.41	115	5.88
86-90	825	3.52	83	4.25
91+	377	1.61	34	1.74
<b>TOTAL</b>	<b>23,408</b>	<b>100</b>	<b>1,955</b>	<b>100</b>

# SERVICES & PROGRAMS

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

	WARRNAMBOOL BASE HOSPITAL	CAMPERDOWN HOSPITAL	WARRNAMBOOL COMMUNITY HEALTH	CAMPERDOWN COMMUNITY HEALTH	LISMORE COMMUNITY HEALTH	MACARTHUR COMMUNITY HEALTH	DAVID NEWMAN ADULT DAY CENTRE, CAMPERDOWN	MERINDAH LODGE, CAMPERDOWN	WARRNAMBOOL MENTAL HEALTH SERVICES	CAMPERDOWN MENTAL HEALTH SERVICES	HAMILTON MENTAL HEALTH SERVICES	PORTLAND MENTAL HEALTH SERVICES
- Consultation Liaison Services	•											
- Consumer & Carer Participation	•								•	•	•	•
- Early Intervention & Dual Diagnosis	•								•		•	
- Expanded Discharge Support Initiative									•			
- Extended Care Inpatient	•											
- Families where a Parent has a Mental Illness									•	•	•	•
- Farmer Community Support Program									•	•		
- Mental Health & Police Response									•			
- Perinatal Emotional Health Program	•	•							•	•	•	•
- Ngootyoong - Prevention and Recovery Centre (PARC) care									•			
- Primary Mental Health Services				•	•				•	•	•	•
- Psychological Therapy Services				•					•	•	•	•
- Therapeutic Group Programs	•										•	•
Midwifery												
- Inpatient	•	•										
- Continuity Midwife Program	•											
- Domiciliary	•	•										
- Shared Care Maternity Service		•										
Music Therapy	•							•				
Needle Exchange			•	•	•							
Neonatal Special Care	•											
Nephrology Services	•											
Nutrition & Dietetics	•	•	•	•	•	•		•				
Obstetrics												
- Specialist	•	•										
- General Practitioner		•										
Occupational Therapy	•	•	•	•	•			•				
Oncology	•											
Oncology Clinical Trials	•											
Operating Theatre & Recovery	•	•										
Ophthalmology	•							•				
Orthopaedics	•	•										
Ostomy Association Clinic			•									
Paediatric Feeding Clinic			•									
Paediatrics/Adolescent Care	•	•	•									
Palliative Care												
- Inpatient	•	•						•				
- Community Based	•	•	•		•	•						
PAP Screen Clinic					•							
Pathology	•	•				•						
Pharmacy	•	•										
Physiotherapy	•	•	•	•	•			•				
- Post Arthroplasty Review	•											
Plastic & Reconstructive Surgery	•											
Podiatry	•		•	•	•	•		•				
Pre Admission Clinic	•	•										
Prostate Cancer Specialist Nurse	•											
Prosthetics Clinic	•											
Pulmonary Rehabilitation			•									
Refugee Health			•									
Rehabilitation												
- Inpatient	•											
- Community Based			•	•	•							
- Intensive Home Based			•									
Residential in Reach			•	•								
Respiratory Health	•		•									
Respite Care								•				
Sexual Assault After Hours Crisis Care	•											
Smoking Cessation	•	•	•	•	•							
Social Work & Counselling	•	•	•	•		•		•				
Social Support Groups						•	•	•		•		•
South West Healthcare Supplies (retail shop)	•											
Speech Pathology	•	•	•	•				•				
Specialist Outpatient Clinic	•											
Stomal Therapy	•											
Strength Training				•	•			•				
Stroke Liaison	•											
Telehealth	•	•	•	•	•	•		•	•	•	•	•
Telemetry	•	•										
Transesophageal Echocardiography	•											
Transition Care Program	•		•	•								
Transport					•	•	•					
Treatment Room					•	•						
Urgent Care Centre		•										
Urology	•	•										
Women's Health	•				•							
- Women's Health Clinic	•			•	•							
- Ante Natal Clinic	•	•										
- Gynaecology Clinic	•											
- Young Women's Pregnancy & Parenting	•											
Wound Management	•	•	•		•			•				
Volunteer Program	•	•	•		•	•	•	•				

# HEALTH, SAFETY & WELLBEING

*2020-21 saw a continued focus on ensuring South West Healthcare has an effective system for managing health, safety and wellbeing across the organisation.*

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

## SIGNIFICANT OUTCOMES FOR 2020-21

- › Installed sit/stand workstations to improve ergonomics in the office environment.
- › Implemented additional controls to improve the prevention and management of occupational violence and aggression (OVA), including additional duress alarms, OVA risk assessments and tailored OVA training packages.
- › Reviewed patient manual handling for clinical staff, resulting in significant increase in staff completing No Lift manual handling training.
- › Introduced significant modifications to patient manual handling techniques in the operating theatre environment.
- › Achieved 100% compliance for monthly OHS inspections of 69 departments.
- › Continued providing ongoing support to staff through our Employee Assistance Program, including critical incident management support.
- › Influenza-vaccinated 93 percent of workforce (1,569 staff vaccinated) to achieve Victorian target.
- › Active management and delivery of centralised, consistent approach in relation to COVID-19-related health, safety and wellbeing matters.
- › Continued to implement risk-based immunisation program for managing occupational risk for vaccine-preventable diseases in accordance with National Safety and Quality Health Service (NSQHS) standard requirements and Australian Immunisation handbook.

## WORKFORCE DATA

### STAFF NUMBERS (FULL TIME EQUIVALENT/FTE) 2019-20 TO 2020-21

LABOUR TYPE	2019-20 FTE JUNE	2020-2021 FTE JUNE	2019-20 FTE YTD JUNE	2020-21 FTE YTD JUNE
Administration/Clerical	189.20	208.17	187.38	194.85
Allied Health	139.37	136.10	137.85	137.17
Hotel/Allied Services	155.65	159.63	159.43	158.38
Medical	90.04	100.96	91.18	94.96
Medical Support	68.33	65.36	68.82	67.65
Nursing	515.60	550.98	505.78	529.33
<b>TOTAL</b>	<b>1,158.19</b>	<b>1,221.20</b>	<b>1,150.44</b>	<b>1,182.33</b>

### STAFF GENDER/EMPLOYMENT STATUS 2018-21

	JUNE 2021	JUNE 2020	JUNE 2019	JUNE 2018
<b>FEMALE</b>				
Full Time	311	321	305	298
Part Time	951	870	829	766
Casual	196	97	117	120
(Sub Total)	1,458	1,288	1,251	1,184
<b>MALE</b>				
Full Time	187	181	187	190
Part Time	109	90	93	78
Casual	65	18	19	13
(Sub Total)	361	289	299	281
<b>TOTAL</b>	<b>1,819</b>	<b>1,577</b>	<b>1,550</b>	<b>1,465</b>

## OCCUPATIONAL HEALTH & SAFETY DATA

### OCCUPATIONAL HEALTH AND SAFETY STATISTICS 2018-19 TO 2020-21

OCCUPATIONAL HEALTH AND SAFETY STATISTICS	2020-21	2019-20	2018-19
Number of reported hazards/incidents for the year per 100 FTE	48.21	39.68	45.50
Number of 'lost time' standard Workcover claims for the year for 100 FTE	2.37	1.30	1.27
Average cost per Workcover claim for the year	\$31,389	\$23,765	\$12,646

### OCCUPATIONAL VIOLENCE STATISTICS 2020-21

1. Workcover accepted claims with an occupational violence cause per 100 FTE	0
2. Number of accepted Workcover claims with lost time injury with an occupational violence cause per 1,000,000 hours worked	0
3. Number of occupational violence incidents reported	257
4. Number of occupational violence incidents reported per 100 FTE	21.74
5. Percentage of occupational violence incidents resulting in a staff injury, illness or condition	15.95%

## DEFINITIONS OF OCCUPATIONAL VIOLENCE

- › Occupational violence - any incident where an employee is abused, threatened or assaulted in circumstances arising out of, or in the course of their employment.
- › Incident - an event or circumstance that could have resulted in, or did result in, harm to an employee. Incidents of all severity rating must be included. Code Grey reporting is not included, however, if an incident occurs during the course of a planned or unplanned Code Grey, the incident must be included.
- › Accepted Workcover claims - accepted Workcover claims that were lodged in 2020-21.
- › Lost time - defined as greater than one day.
- › Injury, illness or condition – includes all reported harm as a result of the incident, regardless of whether the employee required time off work or submitted a claim.

# ENVIRONMENTAL SUSTAINABILITY

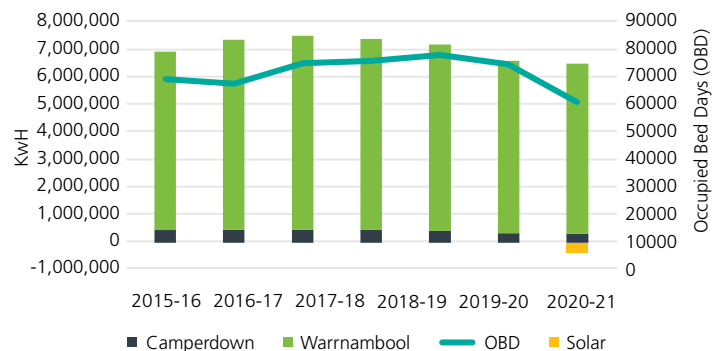
*A key highlight of 2020–21 for the SWH Sustainability Committee has been the launch of the 2020–24 Environmental Management Plan (EMP).*

*This 2020–24 EMP can be accessed on our SWH website and has a strategic focus on improving environmental performance, developing staff capacity and leadership, and commencing work in climate change adaptation.*

Energy-efficiency projects continue to be a primary focus of sustainability activity at SWH. Despite challenges created by ongoing COVID restrictions, significant infrastructure projects were able to be completed in 2020-21. Eight infrastructure projects funded by the Victorian Health Building Authority (VHBA) were completed over the course of the year, including solar PV array at Lismore Community Health and Macarthur Community Health, Portland Community Mental Health Services and Warrnambool's Ngootyoong Prevention and Recovery Centre (PARC). These new arrays are expected to generate in the order of 96Mwh annually, adding to the 353Mwh of electricity generated in their first full year of production in 2020-21 by the solar arrays at Warrnambool and Camperdown campuses (approximately 5.5 percent of behind the meter electricity production for SWH). As shown in the table, this solar production largely accounts for the efficiency gains achieved in electricity at our larger campuses in 2020-21.

Additional activity focusing on energy and emissions reductions include the replacement of one of our two steam boilers with two more efficient heater packages, the rolling introduction of hybrid cars into our SWH fleet, and the implementation of 25 percent green power purchase for electricity at our smaller SWH sites (including community health services and medical residences). Most of these impacts to our environmental performance will be seen in the Public Environment Report, a full account of our energy and water use, waste and generation of Greenhouse Gas (GHG) Emissions. This report will be available on our website.

## ELECTRICITY USAGE AND OCCUPIED BED DAYS AT KEY SWH CAMPUSES



The second and third strategic areas of the 2020–24 EMP focuses on developing staff capacity and leadership in environmental sustainability and commencing work in climate change adaptation. This builds on work already underway with highlights in 2020–21 including:

- › Emergency Department (ED) QR code posters of common patient discharge topics for children and adults developed in conjunction with ED Green Ambassadors and Waste Working Group to reduce paper usage.
- › Waste Working Group of key Warrnambool and Camperdown waste and resource procurement staff meeting regularly to guide waste and recycling activity across all campuses.
- › Pharmaceutical waste project received approval to be fully rolled out to all clinical areas.
- › Re-usable water bottle campaign at two SWH sites previously supplying patients with single use spring water, developed with Green Ambassadors and Sustainability Committee members.
- › Involvement of SWH Sustainability Committee members in DHS Health and Human Services Climate Change Adaptation Plan consultation and regional DELWP led Climate Adaptation Capacity Building Program.
- › Preparation work for SWH consultation with clinicians and service development staff regarding climate change adaptation baseline assessment.

## BOARD OF DIRECTORS

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

### CHAIR - BILL BROWN

**Director, Advisor & Lawyer – Orange Advisory PL**

**Bachelor Laws, Bachelor Economics, GIA (Cert)**

Appointed: July 2017

Sub committees: Corangamite Health Collaborative; Financial Performance, Audit & Financial Risk, Governance & Remuneration (chair)

Attendance: 11/11 (100%) board meetings

### DEPUTY CHAIR - DR BERNADETTE NORTHEAST

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

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

Appointed: July 2015

Sub committees: Governance & Remuneration; Human Research Ethics (chair); Quality & Clinical Risk; Financial Performance, Audit & Financial Risk

Attendance: 11/11 (100%) board meetings

### DEPUTY VICE CHAIR KYLIE GASTON

**Chair – Great South Coast Integrated Water Management**

**Bachelor Arts (Communications/Media Studies), Diploma Public Administration (Local Government), Graduate AICD CDC**

Appointed: July 2017

Sub committees: Consumer & Community Advisory; Quality & Clinical Risk; Governance & Remuneration

Attendance: 11/11 (100%) board meetings

### DIRECTOR NARELLE ALLEN

**Manager, Brand & Strategic Marketing – South West TAFE**

**Graduate Certificate Marketing**

Appointed: July 2015

Sub committee: Consumer & Community Advisory (chair)

Attendance: 11/11 (100%)

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## DIRECTOR ALEX GILLAN

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

Bachelor Business (IT), Graduate AICD CDC

Appointed: July 2019

Sub committees: Financial Performance, Audit & Financial Risk; Quality & Clinical Risk

Attendance: 10/11 (91%) board meetings

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## DIRECTOR RONDA HELD

**Director – Energy & Water Ombudsman, Victoria**

**Master Policy & Administration, Bachelor Economics, Bachelor Social Administration**

Appointed: July 2020

Sub committee: Quality & Clinical Risk, Consumer & Community Advisory

Attendance: 11/11 (100%) board meetings

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## DIRECTOR ALLISON PATCHETT

**Director – The Leadership Place**

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

Appointed: July 2019

Sub committees: Quality & Clinical Risk (chair); Financial Performance, Audit & Financial Risk;

Attendance: 10/11 (91%) board meetings

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## DIRECTOR DR GEOFFREY TOOGOOD

**Cardiologist – Peninsula Health Alfred Health**

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

Appointed: July 2017

Sub committee: Quality & Clinical Risk

Attendance: 11/11 (100%) board meetings

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## DIRECTOR JENNY WATERHOUSE

**Business Manager – Women's Health & Wellbeing, Barwon South West Inc**

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

Appointed: July 2016

Sub committees: Financial Performance, Audit

Attendance: 11/11 (100%) board meetings

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# ORGANISATIONAL STRUCTURE

BOARD OF DIRECTORS

CHIEF EXECUTIVE OFFICER

CHIEF OPERATING OFFICER

EXECUTIVE DIRECTOR

- › Organisational Performance
- › Finance
- › Audit & Risk
- › Projects & Innovation Improvement
- › Regional Supply
- › Quality, Safety & Patient Experience Unit
- › Infection Control

MENTAL HEALTH SERVICES

EXECUTIVE DIRECTOR

- › Adult Mental Health
  - Camperdown
  - Hamilton
  - Portland
  - Warrnambool
- › Aged Persons Mental Health
- › Child & Adolescent Mental Health
- › Inpatient Services
- › Ngootyoong Prevention and Recovery Care (PARC)

PRIMARY AND COMMUNITY SERVICES

EXECUTIVE DIRECTOR

- › General Practice
- › Aboriginal Health
- › District Nursing & HITH
- › Allied Health
- › Intake and Access
- › Regional Dental Services
- › Community Health
  - Camperdown
  - Lismore
  - Macarthur
  - Warrnambool
- › Chronic Illness Programs
- › CASA

## MEDICAL SERVICES

### EXECUTIVE DIRECTOR

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

## SERVICE DEVELOPMENT

### EXECUTIVE DIRECTOR

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

## NURSING AND MIDWIFERY

### EXECUTIVE DIRECTOR

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

## PEOPLE AND CULTURE

### EXECUTIVE DIRECTOR

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

# EXECUTIVE DIRECTORS

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## CRAIG FRASER

**BProsOrth, Dip Applied Science, GAICD, AFCHSE**

**Chief Executive Officer**

Craig has more than 30 years' experience as a senior manager and executive in the Victorian public health sector, having worked in metropolitan teaching hospitals prior to moving into regional health. He led the development of our Primary & Community Services Division 12 years prior to commencing as CEO in 2017. He's committed to continually improving services to enhance patient and client safety and access whilst providing a great overall consumer experience, and to enhancing the health of individuals and their communities.

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## ANDREW TRIGG

**BComm (Accounting/Finance), ASA, GAICD**

**Chief Operating Officer**

Andrew has worked in the Victorian public health sector for 35 years, joining us in 2005. He has held positions at executive management level for more than two decades in roles combining chief finance officer duties with executive responsibility for corporate/support services. He has extensive experience, understanding and commitment to the rural and regional health sector.

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## JAMIE BRENNAN

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

**Executive Director of Service Development**

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

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## DR GRACE SOUSA

**MD, FACEM, FAAEM**

**Executive Director of Medical Services (interim to May 2021)**

Grace is an emergency doctor with more than 12 years' experience in a variety of emergency departments throughout the United States and Australia. She has served more than 2 years as clinical director for two emergency departments, including six months at SWH. She brings extensive understanding of care delivery and is especially interested in improving quality outcomes and enhancing the patient experience through an engaged medical workforce and team-based care.

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## DR KATE MCCONNON

**MBBS FRACGP MSHS AFRACMA**

**Chief Medical Officer / Executive Director Medical Services (from May 2021)**

Kate joined our executive team in May 2021. She has 15 years of experience in senior medical management roles in metropolitan, rural and regional health service settings in Victoria and Queensland. Kate has a keen interest in integrated care, developing partnerships, clinical governance and systems improvement and is responsible for our medical, health information and pharmacy services.

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## GAYNOR STEVENSON

**RN, BMedSci(Nur Hon1st), Dip Project Mgmt, ADip Nur, MHM**

**Executive Director of Nursing & Midwifery Services**

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

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## KARYN COOK

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

**Executive Director of Mental Health Services (to Oct 2020)**

Karyn has diverse experience in health, forensic health and the NGO community sector. Holding senior clinical, executive and board director roles in mental health, health, AOD treatment, and justice sectors in Victoria, ACT and the NT, she joined our executive team in 2016. She is passionate about embracing diversity within healthcare for staff and consumers; quality, safety and clinical governance; ensuring a person-centred approach to the recovery journey for consumers, inclusive of their carers.

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## RICHARD CAMPION

**BA (Hons), MA (Social Work)**

**Executive Director Mental Health Services (from Nov 2020)**

Richard joined our executive team in November 2020 with over 13 years' experience in the health and human services sector across the United Kingdom and Australia, spending several years most recently working in executive positions within health services in the Northern Territory. He has a mental health clinical background and is committed to supporting the provision of high quality, consumer focused mental health services.

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## KERRY ANDERSON

**BPod (Hons)**

**Executive Director of Primary & Community Services**

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

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## LEANI VILJOEN

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

**Executive Director of People and Culture (to Feb 2021)**

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

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## ELIZABETH HOLLEY

**RN(Critical Care), BEd, MPublic Administration**

**Executive Director of People and Culture (interim from Mar 2021)**

Elizabeth has extensive experience in human resources, change and culture across ASX listed, health, Not For Profit and government sectors. She's held a range of Executive Director People and Culture roles in her career, including the National Stroke Foundation, Fire Rescue Victoria, and the Victorian Department of Primary Industries. She has also served as a Victorian Government Board member and more recently on a Ministerial Steering Committee. Elizabeth is committed to developing people and high performing organisations.

# PRINCIPAL COMMITTEES

The Board of Directors is supported by four Principal Committees.

## QUALITY & CLINICAL RISK COMMITTEE

This committee provides leadership and advice to the Board of Directors in the assessment and evaluation of safety and quality of all health services provided by the organisation. It is the major vehicle for clinical governance ensuring South West Healthcare provides safe, effective and person-centred care. This committee met 10 times in 2020-21.

## FINANCIAL PERFORMANCE, AUDIT & RISK COMMITTEE

This committee oversees the development and monitoring of performance of the organisation's strategic financial annual and business plans and risk management systems. It ensures South West Healthcare meets its Statement of Priorities targets. This committee met 11 times in 2020-21.

## CONSUMER & COMMUNITY ADVISORY COMMITTEE

The community members of this committee advocate for the best interest of patients, consumers and their families, and provide advice and guidance to South West Healthcare in carrying out our community engagement responsibilities, service design, and activities. This committee met nine times during 2020-21.

## GOVERNANCE & REMUNERATION COMMITTEE

This committee is responsible for overseeing the development of the annual performance goals of the Chief Executive Officer and for reviewing progress against these goals. It also monitors the organisation's Board and Executive succession planning processes. This committee met three times in 2020-21.

# SENIOR STAFF

## CHIEF EXECUTIVE OFFICER

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

## FINANCE & ORGANISATIONAL PERFORMANCE

### Chief Operating Officer

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

### Director - Finance

Mr J Taylor BComm, BA, CA, GAICD

## MANAGERS/COORDINATORS/CONSULTANTS

### Community Partnerships Services

Ms S Morey MFIA

### COVID

Ms S Anderton BN, MN(Nur PrAct), Grad Dip Crit Care

### COVID Infection Prevention Community Response

Ms J Lukeis BSciNur, Dip Nur, Grad Cert Infectious Diseases, Grad Cert Periop Nur, Grad Cert Infection Control, CIPC-A (from Dec 14 2020)

### Financial Services

Mr D McLaren BBus, CPA

### Infection Prevention & Control

Mrs J Lukeis BSciNur, Dip Nur, Grad Cert Infectious Diseases, Grad Cert Periop Nur, Grad Cert Infection Control (to Dec 13 2020)

Mrs C Gibbins BN, Grad Cert Infection Prevention & Control (from Dec 14 2020)

### Performance & Budget

Mr C McGrath BCom, CPA (to Feb 7 2020)\*

### Quality & Risk

Ms K White BNur, Grad Dip Hlth Mgmt (Nur), GCLCC, MBA

### Regional Financial Systems

Ms L Bramich BBus, ASA, CPA

### Regional Supply Chain

Mr T Hoy Cert Hospital Supply Mgmt

### Specialist Outpatient Clinics

Mrs R Lee BNur, Grad Dip Midwifery

### Workforce

Mr G Mitchell BEc, BHA

## SERVICE DEVELOPMENT

### Executive Director

Mr J Brennan BHLthSci (Physio), Cert Hlthcare Innovation & Entrepreneurship, AFACHSM

## MANAGERS - SERVICE DEVELOPMENT

### Biomedical Engineering Services

Dr G Ward PhD MIET, CEng

### Buildings, Infrastructure & Environmental Services

Mr S Bignaut BSc(Construction Mgmt)(Hons)

### Food Services

Mr C McLeod

### Redevelopment Project

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

### South West Regional Linen Service & Business Services

Ms K Graham Grad Cert Bus Admin, ACHSM

### Environmental Services

Mr J Sabo Dip Business Management

## MANAGERS - CLINICAL SUPPORT SERVICES

### Health Information Services

Ms M Atkinson Ass Dip(MRA), RMRA

### Medical Imaging Service

Mr L Pontonio MIR, Dip App Sc(Med Radiol)(Wbool campus)

### Pathology Service

Ms J Bevan BSc

### Pharmacy

Ms L Spence BPharm, Post Grad Dip Clin Pharm

### Camperdown Hospital Campus Manager

Mrs J Dureau-Finn BNur, Ad Dip Bus Mgmt, Ad Dip Mgmt (HR)

## UNIT MANAGERS

### Acute Services

Ms N Swayn RN, Grad Cert RIPERN

### Aged Care Services (Merindah Lodge)

Mrs L Lucas RN

### Operating Theatre

Mrs N Delaney RN, Grad Dip Periop Nur, CertIII Steril/Tech, Dip Bus

## MEDICAL SERVICES

### Executive Director

Dr G Sousa MD, FACEM, FAAEM (interim to May 16 2021)\*

Dr K McConnon MBBS FRACGP MSHS AFRACMA (from May 10 2021)

## DEPARTMENTAL DIRECTORS

### Anaesthetics

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

### Critical Care

Dr M Page MBBS, FRACP

### Emergency

Dr G Sousa MD, FACEM, FAAEM\*

Dr M Cooney MBBS, FACEM

### General Medicine

Dr J Gome MBBS, FRACP

### General Surgical

Mr P Gan MBBS, FRACS

### Infection Prevention & Control

Dr M Page MBBS, FRACP

### **Mental Health (Clinical)**

Dr J Claassen MBChB, FRANZC\*

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

Dr M Kemp MBBS, MPM, FRANZCP

### **Obstetrics**

Dr R Buchanan MBBS, FRANZCOG

### **Orthopaedics**

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

### **Palliative Care**

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

### **Paediatrics & Child Health**

Dr G Pallas BMed, FRACP

### **Rehabilitation**

Dr S Malcolm MBBS, BMedSci,  
FAFRM, FRACP

### **Sub-Specialty Surgical**

Mr R Toma MBBS, FRACS(Plast &  
Recons)

## DEPARTMENTAL SUPERVISORS

### **Intern Training**

Dr B Condon MBBS, FRACGP, Grad  
Cert Clin Ed

## SENIOR MEDICAL OFFICERS - WARRNAMBOOL CAMPUS

### **Anaesthetists**

Dr P Agrawal MBBS, Dip Anaes,  
DNB Anaes, FRACP

Dr C Bonney MBBS, FANZCA

Dr A Dawson MBBS, FANZCA

Dr M Duane MBBS, FANZCA

Dr G Kilminster MBBS, FANZCA

Dr S Kusre MBBS, BSc, FRCA,  
FANZCA

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

Dr G Reilly MBChB, MRCS, FRCA,  
FANZCA

Dr C Surtees MBChB, FANZCA

Dr S Watty MBBS, FANZCA

### **Emergency Physicians**

Dr T Baker MBBS(Hon),  
BMedSc(Hon), MCLinEd, FACEM

Dr D Bennett MBBS(Hon), BMSc,

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

Dr B Chiezey MBBS

Dr C Cooper PhD, FACEM, MBBS,  
MAppSc

Dr M Cooney MBBS, FACEM

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

Dr W Rouse MBBS, Grad Dip Rural  
Health, DRANZCOG, FRACGP

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

Dr G Sousa MD, FACEM, FAAEM\*

Dr S Thomas MBBS, BSc(Hons),  
FACRRM, Fellow ULA (Hons), CCPU

### **General Practitioners**

Dr L Cameron MBBS

Dr E Greenwood MBBS, Dip  
RANZCOG, FRACGP

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

Dr C Mooney MBChB, MRCS, LRCP,  
DRCOG

General Surgeons

Mr P Gan MBBS, FRACS

Mr S George MBBS, MS(GenSurg)  
FRACS

Mr J Ragg MBBS, FRACS

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

### **Geriatrician/Physician**

Dr B Jafari DM, FRACP

### **Haematologists/General Physicians**

Dr J Brotchie MBBS, BMedSci,  
FRACP

Dr J Hounsell BSc, MBBS, FRACP,  
FRCPA

### **Neurologist**

Dr J Waterston MBBS, MD, FRACP

### **Neurosurgeon**

Mr T Han MBBS, FRACS

### **Obstetricians & Gynaecologists**

Dr C Beaton MBChB, FRANZCOG,  
FRCOG

Dr R Buchanan MBBS, FRANZCOG

Dr K Cornell MBBS, BSc, FRANZCOG

Dr S Newbury MBBS, FRANZCOG

Dr E Uren MBBS, FRANZCOG

Oncologists

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

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

Dr O Klein DM, FRACP

### **Ophthalmologist**

Dr L Ong MBBS, FRANZCO

### **Orthopaedic Surgeons**

Mr K Arogundade MBBS, FRCS,  
FRACS(Ortho)

Mr M Dooley MBBS, FRACS

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

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

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

### **Otorhinolaryngologists**

Dr A Cass MBBS, FRACS

Dr B Clancy MBBS, FRACS

Dr E Young MBChB, FRCS (OHNS),  
MPH

### **Paediatricians**

Dr C Fiedler MD, FRACP (Paed)

Dr C McCasker MBBS, FRACP(Paed)

Dr P Maude MBBS, FRACP(Paed)

Dr G Pallas BMed, FRACP(Paed)

### **Physicians**

Dr N Barraclough MBBS, BSc  
(Physio), FRACP

Dr N Bayley MBBS, FRACP

Dr A Clissold MD, FRACP

Dr J Gome MBBS, FRACP

Dr J Hounsell BSc, MBBS, FRACP,  
FRCPA

Dr M Javaid BSc, MBBS, MRCP,  
FRCP, FRACP

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

Dr B Morphett MBBS, FRACP\*

Dr S Nagarajah MBBS, FRACP

Dr M Page MBBS, FRACP

Dr S Sebastian-Thazhath MBBS, MD, FRACP, PhD

### **Plastic & Reconstructive Surgeons**

Mr J Masters MBChB, BHB, FRACS

Mr R Toma MBBS, FRACS(Plast & Recons)

### **Radiation Oncologists**

Dr K So MBBS, FRANZCR\*

Dr M Ali MBBS, FCPS (Pak), FRANZCR

### **Radiologist**

Dr V Sharma MBBS, FRCR

### **Rehabilitation Physician**

Dr S Malcolm MBBS, BMedSci, FAFRM, FRACP

### **Respiratory Physician/General Physician**

Dr A Bradbeer MBBS, FRACP

### **Urologist**

Mr A Davidson MBBS, FRACS(Urol)

### **Vascular Surgeon**

Mr R Mayer MBBS, Dip Surg Anat, FRACS

## SENIOR MEDICAL OFFICERS -CAMPERDOWN CAMPUS

### **General Practitioners**

Dr M Ahmadi DM\*

Dr A Crompton MBBS, DRCOG, DA RCP&S, Grad Dip App Sc(Nut & Env Med)

Dr T Fitzpatrick MBBS

Dr E Lyon MBChB, FRACGP, ACRRM

Dr E Masih MBChB, DRANZCOG, FRACGP

Dr S Menzies MBBS, M Med, FRACGP, DRANZCOG, FACRRM

Dr E Miller MBBS DRANZCOG

Dr T Noone MBBS

Dr A Pushparajah MBBS

Dr W Rouse MBBS, Grad Dip Rural Health, DRANZCOG, FRACGP\*

Dr A Singh MBBS, JCCA, FRACGP

### **General Surgeons**

Mr D Abbas MBChB, FRACS\*

Mr J Ragg MBBS, FRACS

Mr S George MBBS, MS(GenSurg) FRACS

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

### **Obstetricians & Gynaecologists**

Dr C Beaton MBChB, FRANZCOG, FRCOG

Dr R Buchanan MBBS, FRANZCOG

Dr K Cornell MBBS, BSc, FRANZCOG

Dr E Uren MBBS, FRANZCOG\*

### **Otorhinolaryngologist**

Dr B Clancy MBBS, FRACS

Dr E Young MBChB, FRCS (OHNS), MPH

### **Orthopaedic Surgeon**

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

### **Physicians**

Dr N Barraclough MBBS, BSc(Physio), FRACP

Dr N Bayley MBBS, FRACP

Dr J Gome MBBS, FRACP

Dr J Hounsell BSc, MBBS, FRACP, FRCPA

Dr S Nagarajah MBBS, FRACP

Dr M Page MBBS, FRACP

Dr S Sebastian-Thazhath MBBS, MD, FRACP, PhD

### **Plastic & Reconstructive Surgeon**

Mr J Masters MBChB, BHB, FRACS

### **Urologist**

Mr A Davidson MBBS, FRACS(Urol)

## NURSING & MIDWIFERY SERVICES

### **Executive Director**

Mrs G Stevenson RN, BMedSci(Nur Hon1st), Dip Project Mgmt, ADip Nur, MHM

### **Deputy Director – Nursing & Midwifery**

Mr P Logan RN, MPH, RM, BN

### **Assistant Directors – Nursing**

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

Mrs J Farrow (until 2 April 2021) RN, Grad Cert Diabetes Education

Ms R Lowe RN, Grad Cert Paed Nur (from 6 April 2021)

## MANAGERS/COORDINATORS

### **Access**

Mrs I Wynd RN, PGrad Cert Hlth Serv Mgmt (to Jan 3 2021)\*

Ms K Sobey RN, DipTAE, CertIII Mgmt (from May 17 2021)

Mrs K Marris RN, RM (from May 17 2021)

### **Education**

Ms K Bentley RN (Hons) MCLinNg, GradDipMHN, BMid, RM

### **Elective Surgery**

Mrs H Jonah RN, BN, GradDipMid

### **Perioperative Services**

Mr A Kelly RN, GradDip Hlth Admin Info Systems, Cert Periop Nur

### **South West Community Based Palliative Care**

Mrs A Janes RN, BN, GradCert Med-Surg Nur, Dip Mgmt, GCert Clin Redesign

## UNIT MANAGERS

### **Acute Care**

Ms J Hallinan RN, Cert Workplace Leadership, Dip Bus

### **Critical Care/ Haemodialysis**

Ms T Johnstone RN, Grad Dip Crit Care, MHM, BN, GCert Infection Control

### **Day Stay**

Mrs M Bell RN

### **Emergency Department**

Mrs J McGovern RN, BN, GDip Nur Crit Care

Ms C Hena RN, BN, GDip Nur Crit Care (from Aug 28 2020)

### **Maternity/Neonatal/ Gynaecology**

Mrs J Facey RN, RM, IBCLC

Mrs L Jacobs RN RM (from Nov 30 2020)

### Medical/Palliative Care

Mrs L Barclay BN, Mid Grad Dip, MMid

### Oncology

Mrs A Janes RN, BN, Grad Cert Med-Surg Nur, Dip Mgmt, GCert Clin Redesign

### Operating Theatres

Mrs M Coffey RN, BN, Dip Periop Nur, MHM

### Paediatrics

Mrs S Marsh RN, Cert Computer Bus Appls, MRCNA

### Rehabilitation and Withdrawal & Support Service

Mrs H Moyle RN, Dip App Sci Nur, BN, Ad Dip Man, CertIV WT&A

### Short Stay

Ms B Davis RN, CertIV Health Nursing, BN, MHSM

## MENTAL HEALTH SERVICES

### Executive Director of Mental Health Services

Ms K Cook, RN, Dip SC(Psych Nur), BNur, Grad Dip Young People Mental Health, Dip AOD, Dip Bus Mgmt, M, Ad Nur, GAICD, PMP\* (to Oct 20 2020)

Mr R Champion BA (Hons), MA (Social Work) (from Nov 9 2020)

### Associate Director (Operations & Performance) - Mental Health

Ms J Bateman, BSc(Hon), Ad Dip (Bus Mgmt) Acc, MEnt

### Senior Mental Health Nurse

Ms J Radley RPN, Grad Dip(Child Psych), Grad Cert(Devel Psych), Ad Dip(Bus Mgmt) Acc, Ad Dip(HR) Acc

## MANAGERS - COMMUNITY TEAMS

### Aged Persons MHS

Mr R Porter BA, RPN, Ad Dip(Bus Mgmt) Acc, Ad Dip (HR) Acc (to Sept 11 2020)\*

Ms D Gemmola RN (acting from Sept 15 2020/appointed March 2 2021)

### Child & Adolescent MHS

Ms R Robertson MPsychClin, Ad Dip(Bus Mgmt)

### Inpatient Services

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

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

### Ngootyoong Prevention and Recovery Centre

Ms E Williams RN Div1, BNur(Hon), Post Grad Dip MH Nur

### Primary Mental Health Team

Mr N Place BA, BSoc Work, Ad Dip(Bus Mgmt) Acc, Ad Dip(HR) Acc

### Psychiatric Nurse Consultant

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

Ms C O'Keefe RN, Grad Dip MH Nursing, Grad Dip Youth MH, Cert IV AOD, Ad Dip(BusMgmt)

### Quality Coordinator

Ms J Punch RPN, Ad Dip(Bus Mgmt) Acc

### Warrnambool Adult Team

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

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

### Clinical Nurse Co-ordinator

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

Mr B Rawlings RN

### Clinical Nurse Consultant

Mr E Aquin RN

### Extended Care Inpatient Unit

Ms J Ashworth BNur, MMental Hlth (acting to June 30 2020)\*

Ms E Williams RN Div1, BNur(Hon), Post Grad Dip MH Nur

## TEAM LEADERS

### Camperdown Community MHS

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

### Hamilton Community MHS

Mr P Kumar Premnath MOccTher

### Portland Community MHS

Mr F Nittsjo BA(Psych)(Hon), Ad Dip(Bus Mgmt), Acc

### Senior Psychiatrists

### Clinical Director - MHS & Authorised Psychiatrist (AP)

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

### Clinical Co-Director - MHS

Dr Z Radovic MD, Sen Psych Reg (from March 30 2020) (to April 21)\*

Dr M Kemp, MB BS. FRANZCP, MPM (from April 7 2021)

### Clinical Co-Director - MHS & AP

Prof B Singh AM MBBS(HonII), PhD, FPRCP, FRANZCP, FRACP (from March 30 2020)

### Director - Medical Training (Mental Health) & AP

Dr R Ranasinghe MB BS, MD(Psych) FRANZCP, Cert Child Adol Psych

### Director ECT (Mental Health)

Dr Z Radovic MD, Sen Psych Reg (to April 21)\*

Dr L Smith, BM, MPsych, MRC Psych, MSc, FRANZCP

Dr L Ferrier MD BBiomed, MD (to Feb 21)\*

Dr M Ivers MBBS, FRANZCP

Dr A Jagad MBBS, MD (Psych)

Dr A Kapuge MBBS, MD (Psych)

Dr C Li MBBS, iBSc (to Jan 21)\*

Dr A Ratnayake MBBS, MD (Psych)

Dr A Guerreiro MBBS

Dr A Bello, MBBS

Dr S Osmonova MBBS

Dr K Hubert MD (to Oct 23 2020)\*

Dr L Smith, BM, MPsych, MRC Psych, MSc, FRANZCP

Dr S Boyd, MBBS

Dr D Ibrahim, MBBS

Dr M Singh, MBBS, MD (Psych)

Dr S Kaur, MBBS

## PRIMARY & COMMUNITY SERVICES

### Executive Director of Primary & Community Services

Mrs K Anderson BPod(Hons), Prof Cert Workplace Leadership

## CAMPUS MANAGERS

### Camperdown Community Health

Ms S Ryan BNur, Grad Dip Mid, Dip Bus Mgmt (to Mar 25 2021)\*

Ms S Bruce BNur, Grad Dip Diabetes (from May 17 2021)

### David Newman Adult Day Centre

Ms S Ryan BNur, Grad Dip Mid, Dip Bus Mgmt (to Mar 25 2021)\*

Ms S Bruce BNur, Grad Dip Diabetes (from May 17 2021)

### Lismore Community Health

Ms S Ryan BNur, Grad Dip Mid, Dip Bus Mgmt (to Mar 25 2021)\*

Ms S Bruce BNur, Grad Dip Diabetes (from May 17 2021)

### Macarthur Community Health

Mr D Keilar RN, Adv Dip Bus Mgmt, Adv Dip Bus Mgmt (HR)

### Warrnambool

#### Community Health

Mr D Keilar RN, Adv Dip Bus Mgmt, Adv Dip Bus Mgmt (HR)

## PROGRAM MANAGERS

### Access & Performance

Ms J Hogarth BSpPath, MEnt (to Dec 16 2020)\*\*

Ms T Wilkinson Med, Grad Dip Health Law, BNur (acting from Dec 22 2020)

### Centre Against Sexual Assault

Ms M Clapham BNur, Grad Dip Adol Health & Welfare, Grad Dip Man

### Discharge Support & Liaison

Ms J Hogarth BSpPath, MEnt (to Dec 16 2020)\*\*

Ms T Wilkinson Med, Grad Dip Health Law, BNur (acting from Dec 22 2020)

### District Nursing Service/Hospital in the Home

Mr P Crimmin RN

### Health Promotion

Ms S Ryan BNur, Grad Dip Mid, Dip Bus Mgmt (to 25 March 2021)\*

Ms S Bruce BNur, Grad Dip Diabetes (from 17 May 2021)

### Allied Health & Ambulatory Rehabilitation Services

#### Manager

Ms K Brown BAppSci (Speech Path), MA (App Ling) (to Sept 25 2020)\*

Ms C Nailon BSpPath, Dip Mgmt (from Nov 16 2020)

## DEPARTMENT MANAGERS

### Community Rehabilitation

Mr S Fogarty RN

### Dietetics

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

### Occupational Therapy

Ms H Manson BOccTherapy (to December 30 2020)\*

Ms R Couch BOT (acting Dec 30 2020 - Feb 1 2021)

Ms H Manson BOccTherapy (from Feb 1 2021)

### Physiotherapy

Ms R Morgan BPhysio, MEnt

### Podiatry

Mr R Beavan BSc (Hons) Podiatry

### Social Work & Counselling

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

### Speech Pathology

Ms C Nailon BSpPath, Dip Mgmt (to Nov 16 2020)

Ms E Nichol BSpPath (from Jan 4 2021)

### Southwest Dental Service

#### Manager

Mr P Sheehan BCom, Grad Dip(Ed)

#### Dental Officers

Dr T Chao BDSc (UWA)

Dr C Gove BDS (Dund)

Dr Y Jiang BDSc (Melb)

Dr J Kaur BDS (ADC)

## PEOPLE & CULTURE

### Executive Director

Ms L Viljoen BSocSci, BA Hons, MBA, PGCertBus, CertIV TAE, CAHRI (to Feb 21 2021)\*

Ms E Holley RN(Crit Care), BEd, MPublic Admin (interim from Mar 22 2021)

## MANAGERS

### Education, Research & Workforce Development

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

### Education Resource Centre (Medical Library)

Ms H Obst BSc/ B Teach, M Ed (Library), AALIA (CP)

### People & Culture

Mrs T Marr BA, Dip MH, Dip AOD, CertIV TAE (to Nov 15 2020)\*

### Remuneration & Benefits

Ms A Stoupas Adv Dip Bus Mgmt (HR), CertIV TAA

### Safety & Security

Mr T Roberts MBA, Grad Dip Business Admin, Grad Cert Mgmt, CertIV Mgmt, CertIV Workplace Leadership, Adv Dip OH&S

### Staff Health & Wellbeing

Ms A Hilton BA

### Workforce Systems

Mr M Hawkins BA Hons

\*Resigned/retired

\*\* Maternity leave

# STAFF SERVICE AWARDS

During 2020-21 we recognised the dedication and contribution of 196 highly-valued employees who, collectively, have worked with us for 3,595 years.

Of those honoured, Warrnambool Base Hospital Clinical Coordinator Evelyn Smith and Food Services Chef Gary Smith each received their Staff Service Award for careers spanning 45 years. Three employees were honoured for 40-year careers: Day Stay Unit Associate Nurse Unit Manager Jennifer Atwell, Day Stay Unit Clinical Nurse Specialist Sheryl McCluskey and Food Services Driver James Rayner.

## 45 YEARS

Evelyn Smith

Gary Smith

## 40 YEARS

Jennifer Atwell

Sheryl McCluskey

James Rayner

## 35 YEARS

Tracey Brady

Glenda Cotton

John Lucas

Joanne Pownceby

Veronica Brooks

Robyn Drake

Josephine Pearson

Murray Smith

Marita Byron

Bernice Hand

Joanne Place

## 30 YEARS

Maureen Bourke

Shane Grundy

Janne Kempton

Helen Moyle

Vicki Brebner

Denise Habel

Donna Mahony

Jennifer Sheen

Linda Gaut

Louise Jacobs

Glenn Mansbridge

Lorraine Timms

Jean Gray

Tony Kelly

Kathryn McLaren

## 25 YEARS

David Carter

Sylvia Lanfranco

Angela O'Brien

Judy Wilde

Jasmine Chakir

Moya Mahony

Margaret O'Toole

Tanya Wright

Maree Dalton

Craig McGifford

Debbie Reed

Dianne Zanker

Lisa Gavin

Sharon McKenzie

Tania Russell

Andrea Goode

Debra Morris

Nicholas Van Zelst

## 20 YEARS

Suzanne Anderton

Patricia Bohan

Carolyn Cook

Mary Ewen

Melissa Benson

Joel Chadwick

Andrea Couch

Kelvin Fitzgerald

Trudi Blackmore

Fiona Clissold

Philip Dennis

Jacinta Garfoot

Sarah Grant	Andrea Janes	Debbie McKane	Natasha Ward
Rebecca Hay	Clare Jones	Tamara Moulden	Lynda Warden
Mary-Ellen Hose	Cindy Joseph	Corrina O'Brien	Christopher Wensley
Carolyn Hotker	Gayle Kelson	Julia Relouw	Ashley Zanker
Angela Howard	Tania Lowery	Linda Said	
Rosalie Hoy	Danny McCaul	Louisa Sargeant	
Katrina Hoye	Pauline McCaul	Alison Van Der Schans	

## 15 YEARS

Janelle Andreoli	Alicia Fry	Michelle Malone	Deborah Rollo
Robyn Bamberg	Philip Gan	Kirsty Mitchell	Carly Ryan
Clare Batten	Judith Gapes	Caroline Monteith	Tamara Smith
Raelene Beckman	Deborah Gemmola	Sherryl Mueller	Erin Southwell
Donna Blair	Megan Gleeson	Sharon Murphy	Sharyn Spicer
Julie Brennan	Meredith Glennen	Elisia Nichol	Patricia Teahen
Kate Burt	Theresa Hayes	Cory Oconnor	Susan Thomas
Nicole Clayton	Amy Hilton	Catherine Owen	Andrew Trigg
Jane Condon	Tina Johnstone	Rachel Pekin	Kate Turner
Nadine Dawe	Jennifer Kinna	Donna Petrie	Lynette Yates
Monique Devlin	Lesley Kuhn	Nadine Porter	
Michael Duffy	Jennifer Lawlor	Heidi Rentsch	
Kerry Fary	Jennifer Lowe	Tanya Robbins	
Stephen Fischer	Rebecca Lowe	Rachel Robertson	

## 10 YEARS

Bethany Arms	Amy Garrett	Natalie McKinley	Maria Shaw
Annie Atwell	Darren Gilmour	Shona McRae	Ian Skinners
Emily Batt	Christine Guardario	Debra Millard	Jodie Smith
Hayley Black	Rosalie Hallowell	Megan Naylor	Anthony Stibbe
Eleanor Brian	Leanne Heard	Fredrik Nittsjo	Hayley Stonehouse
Carry Burns	Krystal Jones	Philippa Norton	Alasdair Sutherland
Vittoria Burns	Jayaprakash Karunanithi	Denis Okeefe	Mirelle Temple
Brooke Chambers	Matthew Kiensrod	Bridie Ontronen	Kaye Thompson
Amy Collins	Anna Krommenhoek	Michelle Osborne	Lucinda Titimus
Megan Cooney	Elizabeth Leonard	Nikki Payne	Julie Toogood
Kerry Dart	Jane Logan	Jessica Porter	Merri Vandekolk
Carol Dunne	Paije Lucas	Praveen Premnath	Anne Wakim
Jillian Farnes	Stewart Malcolm	Natasha Prout	Rachel Wright
Sladjana Fiedler	Kristina McCosh	Emma Rowbottom	
Alanna Finn	Robert McGregor	Regina Sawyer	

# LIFE GOVERNORS

*Life governorship is the most prestigious recognition South West Healthcare bestows. Our 2020-21 recipients have given an outstanding contribution to our health service over a prolonged period of time:*

- › Dorothy Davis has been volunteering at our Camperdown Hospital for 55 years. Throughout this time, this dedicated Meals on Wheels volunteer has enhanced the care of our Camperdown clients by providing for their needs, enabling them to live longer in their own homes. In addition to her Meals on Wheels work, she also provides community transportation for locals to attend medical appointments as far away as Geelong, and supports the visually-impaired by reading to them
- › Margaret Stephens is the remaining founding member of our 1990-established Friends and Relatives of Merindah (FROM). Secretary for more than 15 years, her dedication and organisational skills have been an asset and driving force to achieve impressive outcomes including the raising of \$64,000 for a Merindah Lodge bus to ensure residents get to experience wonderful outings and craft activities to promote positivity and wellbeing.

## LIFE GOVERNORS

- Mrs Margaret Agnew (2012)
- Mrs Jan Aitken
- Mrs Mary Alexander (2015)
- Mr Lyall Allen
- Mr AL Anderson
- Mrs GI Anderson
- Mrs JF Anderson
- Mr Ian Armstrong (2007)
- Mrs Joan Askew
- FH Baker
- Mr R Baker
- Mrs VG Balmer
- Mr NI Bamford
- Mr Rob Baker
- Mrs Heather Barker
- WT Barr
- Mrs Beverley Bell
- Mrs JA Bell
- Mrs Shirley Bell (1989)
- Miss Helen Bishop
- Mr NC Boyd
- Mr CG Boyle
- Mr N Bradley
- Mr David Bradshaw
- Mr GN Brown
- Dr Anthony (Tony) Brown (2005)
- Mrs Irene Bruce
- Mr CW Burgin
- Mrs L Burleigh
- Mrs Lorna Burnham
- Mrs Jean Byron
- Mr Steve Callaghan (2019)
- Mr Lester Campbell (2018)
- Mr Stan Carroll
- Mrs EC Chaffey
- ML Charles
- Mrs FA J Chislett
- Mrs Helen Chislett
- Mr David Chittick
- Mrs Diane Clanchy
- Mr John Clark
- Mr Alistair Cole
- Mrs SE Cole
- LJ Collins
- Mrs Joy Conlin
- Mrs Frances Coupe
- Mrs M Cox
- Mrs Marjorie Crothers (2004)
- Mr Ian Currell (2019)
- Mrs Veronica Cuzens (2012)
- Mr Jack Daffy
- Mr A Dalton
- Mrs Peg Davies (2019)
- Dorothy Davis (2020)\*
- Mr Simon DeGaris
- Mrs Gloria Dickson
- Miss Judy Donnelly
- Mr GW Dowling
- Mrs L Dowling
- Mr Tony Dupleix (2004)
- Mrs Veronica Earls
- Mrs A Elliot
- G Elliot
- Mr PV Emery
- Mr W Ferguson
- Mr J Finch
- Mr ER Ford
- Mrs CE Fraser
- BD French
- R Gellie
- Mrs FM George
- Mr MW George
- Mrs Claire Gibbons (2015)
- Mrs Ann Glennon (2012)
- Mrs Shirley Goldstraw
- Mrs Helen Gollop (2009)
- Mrs Joan Goodacre
- Mrs E Goodwin
- Mr Damian Goss (2017)
- Mrs P Grace
- Mrs Lorraine Graham (2017)
- Mrs Gwen Grayson (2014)
- Mrs Sheila Habel
- Mr RE Harris
- Mr AJ Hartley
- Mrs Joy Hartley
- Mrs A Havard
- Mrs Monica Hayes
- Mr P Heath
- Mrs Mavis Heazlewood
- Mr Oscar Henry
- Mr AJ Hill
- Mrs Barbara Hill (2011)
- Mrs DM Hill
- Mr GL Hill
- Mr J Hill
- Miss L Hill
- Mrs P Hill
- Mr W Hocking
- Mrs Lorraine Hoey (2010)
- Mrs Ann Holmes
- HJ Holmes
- Mr John Holmes
- Mr WJ Holton
- Mrs A Hooton
- GN Hornsby
- JS Hosking
- Mrs E Howell

- Mr Mervyn Hoy (2016)
- Mr Ray Hoy (2014)
- Mrs Sharon Huf
- Mrs Mary Hutchings
- Mr R Hyde
- Mrs Elwyn Jasper (2015)
- Mr Murray Jasper (2015)
- Mr David Jellie (2007)
- Mr Barry Johnson
- Mrs Margot Johnson
- Mr Rex Johnson
- Mrs Edna Keillor (2008)
- Mr AE Kelly
- Mrs Helen Laidlaw
- Mrs Val Lang
- Mr GA Larsen
- Mrs Vivienne Lay (2019)
- Mrs B Layther
- Mrs Margot Lee (2009)
- Mr S Lee
- Sen Austin WR Lewis
- Mr PE Lillie
- Mrs Hilary Lodge
- Mr Chris Logan (2017)
- Mr RW Lucas
- Mrs Wendy Ludeman
- Mrs AG Lumsden
- Mrs Elizabeth Luxton
- Dr E Lyon
- Mr ID Macdonald
- Mrs ID Macdonald
- Mrs AF MacInnes
- S Mack
- MC Mack
- Mrs Isobel Macpherson (2007)
- Mr John Maher (2018)
- Mrs L Maher
- Mr NS Marshall
- Mrs Norma Marwood
- Mrs Jess Mathison
- Mrs D McConnell
- Mrs Bev McCosh
- Mrs L McCosh
- Mrs Norma McCosh
- Mrs Janice McCrabb
- Mr John McGrath
- Mr Peter McGregor
- Mrs Glenda McIveen (2009)
- Mr Ernie McKenna
- Mrs Mary McKenna
- Mrs Judy McKenzie
- Mrs Olive McKenzie (2015)
- Mr Trevor McKenzie
- Mrs Heather McCosker (2017)
- Mrs H McLaren
- Mrs Shirley McLean
- Mr C McLeod
- Mr Don McRae
- Mrs Wendy McWhinney
- Ms Felicity Melican (2013)
- Dr John Menzies OAM
- JE Meyer
- Mr Andrew Miller
- Mr J Miller
- Mrs J Mills
- Mr Ivan Mirtschin
- Miss Mabel Mitchell
- Mrs Coral Moore
- Mr F Moore
- Mrs Nancy Moore
- Mr Robert Moore
- Mr James Moran
- Mr J Morris Jnr
- Mr W Morris
- Mrs Sharon Muldoon (2017)
- Mrs I Mulligan
- AE Murdock
- Mrs G Mutten
- Nestle (Fonterra) Sports & Social Club
- Mrs Sheryl Nicolson
- Mr AW Noel
- Mrs HW Norman
- Mrs Alison Northeast
- Mr JB Norton
- Mrs Helen Nunn
- Mrs Barbara O'Brien
- Mrs Judy O'Keefe
- Miss K O'Leary
- Mr L O'Rourke
- Mr W Owens
- Mrs Dianne Papworth (2016)
- Mr Ken Parker
- Mrs TJ Parker
- Mrs GR Parsons
- Mr DR Patterson
- Mrs ME Paterson
- Mrs Phyllis Peart
- Dr Ian Pettigrew
- Mr Bill Phillipot OAM
- Ms Barbara Piesse
- Mrs G Pike
- Mrs Gloria Rafferty
- Mrs Margaret Richardson
- Mr DM Ritchie
- Mr Ric Robertson
- Mrs Judy Ross
- Mr NJ Rowley
- Mr Peter Roysland
- Mr JC Rule
- Mr Leo Ryan
- Mrs Sue Sambell
- Mr John Samon
- Mr RG Sampson
- Mrs Eileen Savery
- Mr A E Scott
- Mr L Sedgley
- Mr TT Shaw
- Mrs A B Smart
- Mr M Smill
- Mrs Ann Smith
- Michelle Smith
- Mrs Lynette Stammberger (2017)
- Mrs Margaret Stephens (2020)\*
- Ms G Stevens
- Mr GC Sullivan
- Mrs B Surkitt
- Mrs Mona Swinton (2014)
- Mr DN Symons
- Ms Carolyn Taylor (2014)
- Mrs D Taylor
- Mr F Taylor
- Mr HC Taylor
- Miss Kate Taylor
- Mrs Robbie Taylor
- Miss Yvonne Teale
- Mrs A Thorpe
- Mrs AJ Trotter
- Mr SW Waldron
- Mr JB Walker
- Mrs H Wallace
- Mrs Judith Wallace
- Mrs RJ Wallace
- Mrs D Wedge
- RV Wellman
- Mr AC Whiffen
- Mr G Whiteside
- Mr J Wilkinson
- Mrs June Williams
- Mrs Marion Williams (2010)
- Mrs Zelda Williams
- Mr John Wilson
- Mrs NT Wines
- Mr WJ Wines
- Mr Russell Worland (2019)

Our condolences are extended to the family and friends of the following life governors who passed away during 2020-21: Moira Baulch and Helen Goss.

\*Awarded Life Governorship in 2020-21.

# VOLUNTEERS

Our wonderful team of registered volunteers have supported us through a second year of disruption caused by the coronavirus pandemic. These 332 people have adjusted to numerous swiftly-enforced changes as we continue to implement precautions to help keep them safe, and help stop the spread of COVID-19. During 2020-21, these precautions include having temporarily deferred the volunteering activities of all but 56 volunteers at our Warrnambool Base Hospital and our five-strong telehealth volunteer team at Macarthur Community Health.

## WHERE OUR VOLUNTEERS SUPPORT US

SWH CAMPUS/SITE	2020-21
Camperdown Hospital	77
David Newman Adult Day Centre	18
Lismore Community Health	9
Macarthur Community Health	20
Merindah Lodge	14
Warrnambool Base Hospital	179
Warrnambool Community Health	13
Warrnambool Mental Health Services	2
<b>TOTAL</b>	<b>332</b>

## THE ROLES OUR VOLUNTEERS PLAY

**Camperdown Hospital:** 42 registered volunteers support our Meals on Wheels service while 35 others are involved in our Camperdown & District Hospital Auxiliary and our Camperdown Hospital Trolley Auxiliary.

**David Newman Adult Day Centre:** 18 registered volunteers provide a range of activities for 55 members, including music programs, armchair dancing, bus driving to and from events, assisting with kitchen duties and craft. They offer support and friendship via the centre's A Well For Life Group, Out and About Group, Men's Social Group and Social Support Group.

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

**Macarthur Community Health:** 20 registered volunteers perform many activities including bus driving, transporting clients to medical appointments, Social Support Group assistance, gardening, telehealth and Broadband for Seniors.

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

**Warrnambool Base Hospital:** Of 179 registered volunteers, 86 support onsite programs in our emergency department and medical, rehabilitation, acute, haemodialysis and paediatrics units. The remaining 93 palliative-specific registered volunteers support nine inpatient and community-based palliative care programs to provide support to patients and clients, and their carers and families, across our catchment area.

**Warrnambool Community Health:** 13 registered volunteers assist our diabetes, cardiac rehabilitation and continence teams, perform administration tasks, and ensure the smooth running of our Ostomy Association.

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

## THE EDUCATION AND TRAINING OF OUR VOLUNTEERS

During 2020-21 we provided online hand hygiene training.

## RECOGNISING OUR VOLUNTEERS

The work of our registered volunteers was publicly recognised in a number of ways in 2020-21:

- › Life governorship was awarded to Dorothy Davis and Margaret Stephens for their significant contributions to South West Healthcare. For more information please go to the Life Governors section in this report.
- › SWH Service Awards were presented to 45 volunteers:
  - For 40 years' service: Carmel Absalom, Veronica Broderick, Janet Car and Genevieve McMillan.
  - For 35 years' service: Bernard Sinnott.
  - For 30 years' service: Marion Boyd, Lorraine Graham and Carolyn Taylor.
  - For 25 years' service: Barbara Boyd and Lynette Meath.
  - For 20 years' service: Debbie Cheslett, John Cheslett, Jill Dempsey, Damian Goss, Vivienne Lay, Melva Shanahan, Margaret Stephens and Coral Thomson.
  - For 15 years' service: George Burrow, Sue Currell, Jeanette Duncanson, Norman (Bill) Duncanson, Jan Murray, Gwenda Shaw and Wendy Webster.
  - For 10 years' service: Norma Bull, Sylvia Luke, Helen Moloney, Nelly Phillips, Di Searle, Len Searle and Kasey Walsh.
  - For 5 years' service: Stan Adeney, Andrew Belyea, Maree Belyea, James Boyden, Beverley Farquharson, Arlene Findlay, David Gordon, John Holcolme, Norma Ibbotson, Rhelma Preiss, Ellen Theiller, Carol White and Graham Winduss.

# DONORS

*For a second year running the COVID-19 pandemic greatly impacted on the fundraising hopes of the many community groups that work tirelessly to organise and run events to support our medical equipment, services initiatives and research needs. Almost every event planned for 2020-21 had to be cancelled although we were thrilled the 2021 Murray to Moyne (M2M) Cycle Relay got to go ahead between lockdowns. This allowed our Warrnambool College M2M team to commence fundraising for a distraction therapy entertainment system for children in our paediatrics unit, and for our SWH Scrubbers and The Gasman team to commence fundraising for an ECG machine for our Warrnambool theatres.*

The undeniable value and power of bequests has been highlighted during the pandemic. Of the \$1,342,000 we raised in the past 12 months, \$982,251 came via the lasting legacies of people who had intentionally decided to make a difference upon their passing. Bequests were received from the late Cecil Boyle, Jeanette Buck, John Gordon, Robert McConnell, George Pethard, Ron Rauert and Wendy Smith. Additionally, families and friends gifted \$5,795 in memory of Helen Goss, Lynda Kenna, Shaun Mather and Margaret Snaauw.

Of the vital medical equipment our donors allowed us to purchase this year, a key piece was a \$278,000 telemetry and monitoring upgrade of our two hospitals. This investment now allows us to provide telemetry/monitoring to patients in our Short Stay Unit, expands our coverage of the Warrnambool Base Hospital's telemetry system, and builds capacity at our Camperdown Hospital. In addition, the new software allows our current paging system to be augmented to provide patient data to caregivers - anywhere and anytime - via smartphones and tablets to better support informed clinical decisions and improved care coordination.

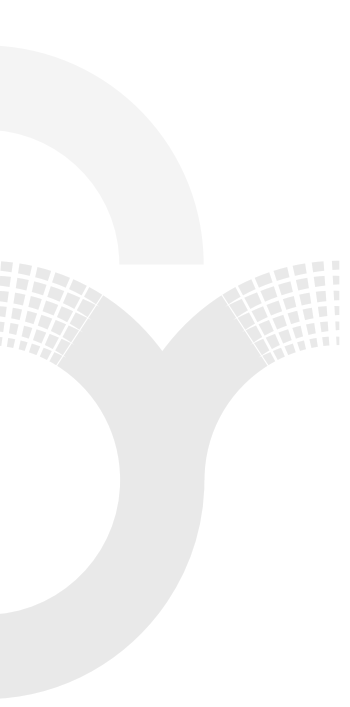
Other medical equipment financed in 2020-21 by the generosity of donors included:

› Tonometer	5,620
Emergency Department	
› Distraction therapy entertainment system	6,000
Paediatrics Unit	
› Wound management/bariatric chair	16,500
Manifold Place	
› Patient lifter	5,320
Rehabilitation Unit	
› Bedside commodes x 5, bath transfer benches x 5, car door safety clips x 30	3,185
Community Palliative Care	
› Patient scales, digital thermometers x 100	2,100
Day Oncology	
› Patient lifter	10,000
Merindah Lodge	
› Vital sign monitors x 2	12,400
Midwifery Unit	

# DISCLOSURE INDEX

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

Legislation	Requirement	Page Reference
<b>MINISTERIAL DIRECTIONS</b>		
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FRD 221	Significant changes in key initiatives and expectations for the future	N/A
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FRD 221	Significant changes in financial position during the year	21
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FRD 221	Details of consultancies under \$10,000	21
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# FINANCIAL STATEMENTS 2020-21

SOUTH WEST HEALTHCARE ANNUAL REPORT 2020-21

**South West Healthcare  
Financial Statements  
Financial year ended 30 June 2021  
BOARD MEMBER'S, ACCOUNTABLE OFFICER'S AND  
CHIEF FINANCE & ACCOUNTING OFFICER'S DECLARATION**

The attached financial statements for South West Healthcare have been prepared in accordance with Direction 5.2 of the Standing Directions of the Assistant Treasurer under the *Financial Management Act 1994*, applicable Financial Reporting Directions, Australian Accounting Standards including Interpretations, and other mandatory professional reporting requirements.

We further state that, in our opinion, the information set out in the comprehensive operating statement, balance sheet, statement of changes in equity, cash flow statement and accompanying notes, presents fairly the financial transactions during the year ended 30 June 2021 and the financial position of South West Healthcare at 30 June 2021.

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

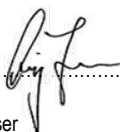
We authorise the attached financial statements for issue on this day.



Mr Bill Brown  
Board Chair

Warrnambool

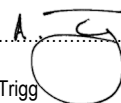
23 September 2021



Craig Fraser  
Chief Executive Officer

Warrnambool

23 September 2021



Andrew Trigg  
Chief Finance & Accounting Officer

Warrnambool

23 September 2021



Victorian Auditor-General's Office

## Independent Auditor's Report

### To the Board of South West Healthcare

<b>Opinion</b>	<p>I have audited the financial report of South West Healthcare (the health service) which comprises the:</p> <ul style="list-style-type: none"> <li>• balance sheet as at 30 June 2021</li> <li>• comprehensive operating statement for the year then ended</li> <li>• statement of changes in equity for the year then ended</li> <li>• cash flow statement for the year then ended</li> <li>• notes to the financial statements, including significant accounting policies</li> <li>• board member's, accountable officer's and chief finance &amp; accounting officer's declaration.</li> </ul> <p>In my opinion the financial report presents fairly, in all material respects, the financial position of the health service as at 30 June 2021 and their financial performance and cash flows for the year then ended in accordance with the financial reporting requirements of Part 7 of the <i>Financial Management Act 1994</i> and applicable Australian Accounting Standards.</p>
<b>Basis for Opinion</b>	<p>I have conducted my audit in accordance with the <i>Audit Act 1994</i> which incorporates the Australian Auditing Standards. I further describe my responsibilities under that Act and those standards in the <i>Auditor's Responsibilities for the Audit of the Financial Report</i> section of my report.</p> <p>My independence is established by the <i>Constitution Act 1975</i>. My staff and I are independent of the health service in accordance with the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 <i>Code of Ethics for Professional Accountants</i> (the Code) that are relevant to my audit of the financial report in Victoria. My staff and I have also fulfilled our other ethical responsibilities in accordance with the Code.</p> <p>I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.</p>
<b>Board's responsibilities for the financial report</b>	<p>The Board of the health service is responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards and the <i>Financial Management Act 1994</i>, and for such internal control as the Board determines is necessary to enable the preparation and fair presentation of a financial report that is free from material misstatement, whether due to fraud or error.</p> <p>In preparing the financial report, the Board is responsible for assessing the health service's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless it is inappropriate to do so.</p>
<b>Other Information</b>	<p>The Board of the health service is responsible for the Other Information, which comprises the information in the health service's annual report for the year ended 30 June 2021, but does not include the financial report and my auditor's report thereon.</p> <p>My opinion on the financial report does not cover the Other Information and accordingly, I do not express any form of assurance conclusion on the Other Information. However, in connection with my audit of the financial report, my responsibility is to read the Other Information and in doing so, consider whether it is materially inconsistent with the financial report or the knowledge I obtained during the audit, or otherwise appears to be materially misstated. If, based on the work I have performed, I conclude there is a material misstatement of the Other Information, I am required to report that fact. I have nothing to report in this regard.</p>

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**Auditor's responsibilities for the audit of the financial report**

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

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

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

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

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MELBOURNE  
20 October 2021



Dominika Ryan  
*as delegate for the Auditor-General of  
Victoria*

## COMPREHENSIVE OPERATING STATEMENT FOR THE FINANCIAL YEAR ENDED 30 JUNE 2021

	Note	2021 \$ '000	2020 \$ '000
<b>Income from Transactions</b>			
Operating Activities	2.1	227,555	212,239
Non-operating Activities	2.1	137	335
<b>Total Income from Transactions</b>		<b>227,692</b>	<b>212,574</b>
<b>Expenses from Transactions</b>			
Employee Expenses	3.1	159,651	150,858
Supplies and Consumables	3.1	31,320	26,903
Finance Costs	3.1	18	17
Depreciation and Amortisation	3.1	15,462	16,706
Other Operating Expenses	3.1	28,149	26,366
<b>Total Expenses from Transactions</b>		<b>234,600</b>	<b>220,850</b>
<b>Net Result from Transactions - Net Operating Balance</b>		<b>(6,908)</b>	<b>(8,276)</b>
Other Economic Flows Included in Net Result			
Net gain/(loss) on sale of non-financial assets	3.4	186	64
Net gain/(loss) on financial instruments at fair value	3.4	15	(18)
Other gain/(loss) from Other Economic Flows	3.4	1,478	(408)
<b>Total Other Economic Flows Included in Net Result</b>		<b>1,679</b>	<b>(362)</b>
<b>Net Result for the year</b>		<b>(5,229)</b>	<b>(8,638)</b>
<b>Other Comprehensive Income</b>			
<b>Items that will not be classified to Net Result</b>			
Changes in Property, Plant & Equipment Revaluation Surplus	4.1f	2,209	-
<b>Total Other Comprehensive Income</b>		<b>2,209</b>	<b>-</b>
<b>Comprehensive Result for the Year</b>		<b>(3,020)</b>	<b>(8,638)</b>

## BALANCE SHEET AS AT 30 JUNE 2021

	Note	2021 \$ '000	2020 \$ '000
<b>Current Assets</b>			
Cash and Cash Equivalents	6.2	39,264	26,740
Receivables and contract assets	5.1	4,370	4,488
Inventories		1,736	1,746
Prepayments and Other assets		698	239
<b>Total Current Assets</b>		<b>46,068</b>	<b>33,213</b>
<b>Non-Current Assets</b>			
Receivables and contract assets	5.1	7,889	7,206
Property, Plant and Equipment	4.1	225,671	231,296
<b>Total Non-Current Assets</b>		<b>233,560</b>	<b>238,502</b>
<b>TOTAL ASSETS</b>		<b>279,628</b>	<b>271,715</b>
<b>Current Liabilities</b>			
Payables and contract liabilities	5.2	24,807	16,964
Borrowings	6.1	424	304
Provisions	3.2	32,034	29,662
Other Current liabilities	5.3	3,172	2,673
<b>Total Current Liabilities</b>		<b>60,437</b>	<b>49,603</b>
<b>Non-Current Liabilities</b>			
Borrowings	6.1	1,119	610
Provisions	3.2	3,490	3,900
<b>Total Non-Current Liabilities</b>		<b>4,609</b>	<b>4,510</b>
<b>TOTAL LIABILITIES</b>		<b>65,046</b>	<b>54,113</b>
<b>NET ASSETS</b>		<b>214,582</b>	<b>217,602</b>
<b>EQUITY</b>			
Property, Plant and Equipment Revaluation Surplus	4.1f	118,110	115,901
Restricted Specific Purpose Reserve	SCE	22	22
Contributed Capital	SCE	77,339	77,339
Accumulated Surpluses	SCE	19,111	24,340
<b>TOTAL EQUITY</b>		<b>214,582</b>	<b>217,602</b>

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

## CASHFLOW STATEMENT FOR THE FINANCIAL YEAR ENDED 30 JUNE 2021

	Note	2021 \$ '000	2020 \$ '000
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>			
Operating grants from government		207,564	188,109
Capital grants from State government		2,535	3,647
Patient and resident fees received		4,439	5,035
Private practice fees received		1,514	1,705
GST received from Australian Taxation Office		5,011	4,594
Interest received		137	335
Other receipts		16,651	13,933
<b>Total Receipts</b>		<b>237,851</b>	<b>217,358</b>
Employee Expenses Paid		(147,437)	(139,417)
Non Salary Labour Costs		(11,731)	(11,285)
Payments for Supplies and Consumables		(35,820)	(28,077)
Finance Costs		(18)	(17)
Cash outflow for leases		(91)	(72)
Other Payments		(25,282)	(27,862)
<b>Total Payments</b>		<b>(220,379)</b>	<b>(206,730)</b>
<b>NET CASH FLOW FROM / (USED IN) OPERATING ACTIVITIES</b>	8.1	<b>17,472</b>	<b>10,628</b>
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>			
Capital donations received		1,342	828
Proceeds from Investments		-	1,000
Purchase of Non-Financial Assets		(7,430)	(5,697)
Proceeds from disposal of Non-Financial Assets		734	403
<b>NET CASH FLOW FROM /(USED IN) INVESTING ACTIVITIES</b>		<b>(5,354)</b>	<b>(3,466)</b>
<b>CASH FLOWS FROM FINANCING ACTIVITIES</b>			
Proceeds from Government Equity		-	595
Repayment of Borrowings		(92)	(260)
Proceeds from Borrowings		-	-
Repayment of Accommodation Deposits		(95)	(2,012)
Receipt of Accommodation Deposits and Monies in Trust		593	1,797
<b>NET CASH FLOW FROM /(USED IN) FINANCING ACTIVITIES</b>		<b>406</b>	<b>120</b>
<b>NET INCREASE / (DECREASE) IN CASH AND CASH EQUIVALENTS HELD</b>		<b>12,524</b>	<b>7,282</b>
CASH AND CASH EQUIVALENTS AT BEGINNING OF FINANCIAL YEAR		26,740	19,458
<b>CASH AND CASH EQUIVALENTS AT END OF OF FINANCIAL YEAR</b>	6.2	<b>39,264</b>	<b>26,740</b>

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

## STATEMENT OF CHANGES IN EQUITY FOR THE FINANCIAL YEAR ENDED 30 JUNE 2021

	Property, Plant and Equipment Revaluation Surplus \$ '000	Restricted Specific Purpose Surplus Reserve \$ '000	Contributed Capital \$ '000	Accumulated Surpluses/ (Deficits) \$ '000	Total \$ '000
Note					
<b>Balance at 1 July 2019</b>	115,901	22	76,744	33,570	226,237
Effect of adoption of AASB 15, 16 and 1058	8.9			(592)	(592)
Net result for the year	-	-	-	(8,638)	(8,638)
Contribution by owners	-	-	595	-	595
<b>Balance at 30 June 2020</b>	<b>115,901</b>	<b>22</b>	<b>77,339</b>	<b>24,340</b>	<b>217,602</b>
Net result for the year		-	-	(5,229)	(5,229)
Other comprehensive income for the year	2,209	-	-	-	2,209
<b>Balance at 30 June 2021</b>	<b>118,110</b>	<b>22</b>	<b>77,339</b>	<b>19,111</b>	<b>214,582</b>

## NOTE 1: BASIS OF PREPARATION

### Structure

- 1.1 Basis of preparation of the financial statements
- 1.2 Impact of COVID-19 pandemic
- 1.3 Abbreviations and terminology used in the financial statements
- 1.4 Joint Arrangements
- 1.5 Key accounting estimates and judgements
- 1.6 Accounting standards issued but not yet effective
- 1.7 Goods and Services Tax (GST)
- 1.8 Reporting entity

### NOTE 1 : BASIS OF PREPARATION

These financial statements represent the audited general purpose financial statements for South West Healthcare (ABN 41 189 754 233) for the year ended 30 June 2021. The report provides users with information about South West Healthcare's stewardship of resources entrusted to it.

This section explains the basis of preparing the financial statements and identifies the key accounting estimates and judgements.

#### NOTE 1.1: BASIS OF PREPARATION OF THE FINANCIAL STATEMENTS

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, 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 (DTF), and relevant Standing Directions (SDs) authorised by the Assistant Treasurer.

South West Healthcare is a not-for-profit entity and therefore applies the additional AUS paragraphs applicable to a "not-for-profit" health service under the Australian Accounting Standards. Australian Accounting Standards set out accounting policies that the AASB has concluded would result in financial statements containing relevant and reliable information about transactions, events and conditions. Apart from the changes in accounting policies, standards and interpretations as noted below, material accounting policies adopted in the preparation of these financial statements are the same as those adopted in the previous period.

South West Healthcare operates on a fund accounting basis and maintains three funds: Operating, Specific Purpose and Capital Funds.

The financial statements, except for the cash flow information, have been prepared on an accruals basis and are based on historical costs, modified, where applicable, by the measurement at fair value of selected non-current assets, financial assets and financial liabilities.

The financial statements are prepared on a going concern basis (refer note 8.8 Economic Dependency).

The financial statements are in Australian dollars.

The amounts presented in the financial statements have been rounded to the nearest thousand dollars. Minor discrepancies in tables between totals and sum of components are due to rounding.

The annual financial statements were authorised for issue by the Board of South West Healthcare and its controlled entities on 23 September 2021.

## NOTE 1.2: IMPACT OF COVID-19 PANADEMIC

In March 2020 a state of emergency was declared in Victoria due to the global coronavirus pandemic, known as COVID-19. Since this date, to contain the spread of COVID-19 and prioritise the health and safety of our community, South West Healthcare was required to comply with various directions announced by the Commonwealth and State Governments, which in turn, has continued to impact the way in which South West Healthcare operates.

South West Healthcare introduced a range of measures in both the prior and current year, including:

- introducing restrictions on non-essential visitors
- greater utilisation of telehealth services
- implementing reduced visitor hours
- deferring elective surgery and reducing activity
- transferring inpatients to private health facilities
- performing COVID-19 testing
- administering COVID-19 vaccinations
- implementing work from home arrangements where required and appropriate.

As restrictions have eased towards the end of the financial year and South West Healthcare has been able to revise some measures where appropriate including increasing elective surgeries back to full capacity. Many restrictions noted above remain in place.

The financial impacts of the pandemic are disclosed at:

- Note 2: Funding delivery of our services
- Note 3: The cost of delivering services
- Note 4: Key assets to support service delivery
- Note 5: Other assets and liabilities
- Note 6: How we finance our operations

## NOTE 1.3 ABBREVIATIONS AND TERMINOLOGY USED IN THE FINANCIAL STATEMENTS

Reference	Title
AASB	Australian Accounting Standards Board
AASs	Australian Accounting Standards, which included interpretations
DH	Department of Health
DTF	Department of Treasury and Finance
FMA	Financial Management Act 1994
SD	Standing Direction
SWARH	South West Alliance of Rural Health
VAGO	Victorian Auditor General's Office
WIES	Weighted Inlier Equivalent Separation
SWH	South West Healthcare

## NOTE 1.4: JOINT ARRANGEMENTS

Interests in joint arrangements are accounted for by recognising in South West Healthcare's financial statements, its share of assets liabilities and any revenue and expenses of any joint arrangements.

South West Healthcare has the following joint arrangement: SWARH Health Alliance - Joint Venture Agreement

Details of the joint arrangements are set out in Note 8.7

## NOTE 1.5: KEY ACCOUNTING ESTIMATES AND JUDGEMENTS

Management make estimates and judgements when preparing the financial statements.

These estimates and judgements are based on historical knowledge and best available current information and assume any reasonable expectation of future events. Actual results may differ.

Revisions to key estimates are recognised in the period in which the estimate is revised and also in future periods that are affected by the revision.

The accounting policies and significant management judgements and estimates used, and any changes thereto, are identified at the beginning of each section where applicable and are disclosed in further detail throughout the accounting policies.

## NOTE 1.6: ACCOUNTING STANDARDS ISSUED BUT NOT YET EFFECTIVE

An assessment of accounting standards and interpretations issued by the AASB that are not yet mandatorily applicable to South West Healthcare and their potential impact when adopted in future periods is outlined below:

Standard	Adoption Date	Impact
AASB 17: Insurance Contracts	Reporting periods on or after 1 January 2023	Adoption of this standard is not expected to have a material impact.
AASB 2020-1: Amendments to Australian Accounting Standards – Classification of Liabilities as Current or Non-Current	Reporting periods on or after 1 January 2022.	Adoption of this standard is not expected to have a material impact.
AASB 2020-3: Amendments to Australian Accounting Standards – Annual Improvements 2018-2020 and Other Amendments	Reporting periods on or after 1 January 2022.	Adoption of this standard is not expected to have a material impact.
AASB 2020-8: Amendments to Australian Accounting Standards – Interest Rate Benchmark Reform – Phase 2	Reporting periods on or after 1 January 2021.	Adoption of this standard is not expected to have a material impact.

There are no other accounting standards and interpretations issued by the AASB that are not yet mandatorily applicable to South West Healthcare in future periods.

## NOTE 1.7: GOODS AND SERVICES TAX (GST)

Income, expenses and assets are recognised net of the amount of GST, except where the GST incurred is not recoverable from the Australian Taxation Office (ATO). In these circumstances the GST is recognised as part of the cost of acquisition of the asset or as part of the expense.

Receivables and payables in the Balance Sheet are stated inclusive of the amount of GST. The net amount of GST recoverable from, or payable to, the ATO is included with other receivables or payables in the Balance Sheet.

Cash flows are included in the Cash Flow Statement on a gross basis, except for the GST components of cash flows arising from investing or financing activities which are recoverable from, or payable to the ATO, which are disclosed as operating cash flows.

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

## NOTE 1.8 REPORTING ENTITY

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

Its principal address is:

Ryot Street  
Warrnambool, Victoria 3280

A description of the nature of South West Healthcare operations and its principal activities is included in the report of operations, which does not form part of these financial statements.

## NOTE 2: FUNDING DELIVERY OF OUR SERVICES

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

### Structure

- 2.1 Revenue and Income from Transactions
- 2.2 Fair value of assets and services received free of charge or for nominal consideration
- 2.3 Other income

### Telling the COVID-19 story

Activity Based Funding decreased as the level of activity agreed in the Statement of Priorities couldn't be delivered due to reductions in the number of patients being treated at various times throughout the financial year.

This was offset by funding provided by the Department of Health to compensate for reductions in revenue and to cover certain direct and indirect COVID-19 related costs.

Funding provided included:

- State repurpose grants to fund WIES recall waiver
- Sustainability funding for Mental Health
- Additional elective surgery funding
- Mental health capacity funding

Revenue recognised to fund the delivery of our services during the financial year was not materially impacted by the COVID-19 coronavirus pandemic because the health service's response was limited to implementing COVID safe practices.

### Key judgements and estimates

This section contains the following key judgements and estimates:

Key judgements and estimates	Description
Identifying performance obligations	<p>South West Healthcare applies significant judgment when reviewing the terms and conditions of funding agreements and contracts to determine whether they contain sufficiently specific and enforceable performance obligations.</p> <p>If this criteria is met, the contract/funding agreement is treated as a contract with a customer, requiring South West Healthcare to recognise revenue as or when the health service transfers promised goods or services to customers.</p> <p>If this criteria is not met, funding is recognised immediately in the net result from operations.</p>
Determining timing of revenue recognition	<p>South West Healthcare applies significant judgement to determine when a performance obligation has been satisfied and the transaction price that is to be allocated to each performance obligation. A performance obligation is either satisfied at a point in time or over time.</p>
Determining time of capital grant income recognition	<p>South West Healthcare applies significant judgement to determine when its obligation to construct an asset is satisfied. Costs incurred is used to measure the health service's progress as this is deemed to be the most accurate reflection of the stage of completion.</p>

## NOTE 2.1 REVENUE AND INCOME FROM TRANSACTIONS

	2021 \$ '000	2020 \$ '000
<b>Operating activities</b>		
<b>Revenue from contracts with customers</b>		
Government grants (State) - Operating	98,638	96,305
Government grants (Commonwealth) - Operating	16,486	15,615
Patient and Resident Fees	4,116	4,892
Private practice fees	1,683	1,893
<b>Total Revenue from contracts with customers</b>	<b>120,923</b>	<b>118,705</b>
<b>Other sources of income</b>		
Government grants (State) - Operating	83,627	73,509
Government grants (State) - Capital	3,493	3,485
Other Capital Purpose Income	1,513	1,265
Indirect Contributions by Department of Health	1,232	1,066
Assets received free of charge or for nominal consideration	2,036	334
Other Revenue from Operating Activities (including non-capital donations)	14,731	13,875
<b>Total other sources of income from operating activities</b>	<b>106,632</b>	<b>93,534</b>
<b>Total revenue and income from operating activities</b>	<b>227,555</b>	<b>212,239</b>
<b>Non-operating activities</b>		
<b>Income from other services</b>		
Interest	137	335
<b>Total other sources on income</b>	<b>137</b>	<b>335</b>
<b>Total income from non-operating activities</b>	<b>137</b>	<b>335</b>
<b>Total revenue and Income from transactions</b>	<b>227,692</b>	<b>212,574</b>

<sup>1</sup> Commercial activities represent business activities which health service enter into to support their operations.

### How we recognise revenue and income from transactions

#### Government Operating Grants

To recognise revenue, South West Healthcare assesses whether there is a contract that is enforceable and has sufficiently specific performance obligations in accordance with AASB 15: Revenue from Contracts with Customers.

When both these conditions are satisfied, the health service:

- Identifies each performance obligation relating to the revenue
- recognises a contract liability for its obligations under the agreement
- recognises revenue as it satisfied its performance obligations, at the time or over time when services are rendered

Where the contract is not enforceable and/or does not have sufficiently specific performance obligations, the health service:

- recognises the asset received in accordance with the recognition requirements of other applicable Accounting Standards (for example, AASB 9, AASB 16, AASB 116 and AASB 138)
- recognises related amounts (being contributions by owners, lease liabilities, financial instruments, provisions, revenue or contract liabilities from a contract with a customer), and
- recognises income immediately in profit or loss as the difference between the initial carrying amount of the asset and the related amount

## NOTE 2.1 REVENUE AND INCOME FROM TRANSACTIONS (CONTINUED)

The types of government grants recognised under AASB 15: Revenue from Contracts with Customers includes:

Government Grant	Performance Obligation
Activity Based Funding (ABF) paid as Weighted Inlier Equivalent Separation (WIES) casemix	The performance obligations for ABF are the number and mix of patients admitted to hospital (defined as 'casemix') in accordance with the levels of activity agreed to, with the Department of Health in the annual Statement of Priorities. Revenue is recognised at a point in time, which is when a patient is discharged, in accordance with the WIES activity when an episode of care for an admitted patient is completed. WIES activity is a cost weight that is adjusted for time spent in hospital, and represents a relative measure of resource use for each episode of care in a diagnosis related group.
Other one-off grants if funding conditions contain enforceable and sufficiently specific performance obligations	For other grants with performance obligations South West Healthcare exercises judgement over whether the performance obligations have been met, on a grant by grant basis.

### Capital Grants

Where South West Healthcare receives a capital grant, it recognises a liability for the excess of the initial carrying amount of the financial asset received over any related amounts (being contributions by owners, lease liabilities, financial instruments, provisions, revenue or contract liabilities arising from a contract with a customer) recognised under other Australian Accounting Standards.

Income is recognised progressively as the asset is constructed which aligns with South West Healthcare's obligation to construct the asset. The progressive percentage of costs incurred is used to recognise income, as this most accurately reflects the stage of completion.

### Patient and Resident Fees

Patient and resident fees are charges that can be levied on patients for some services they receive. Patient and resident fees are recognised at a point in time when the performance obligation, the provision of services, is satisfied, except where the patient and resident fees relate to accommodation charges. Accommodation charges are calculated daily and are recognised over time, to reflect the period accommodation is provided.

### Private Practice Fees

Private practice fees include recoupments from various private practice organisations for the use of hospital facilities. Private practice fees are recognised over time as the performance obligation, the provision of facilities, is provided to customers.

### Commercial activities

Revenue from commercial activities includes items such as car park income, provision of meals to external users, medical supplies shop, cafés and recoveries for salaries and wages. Commercial activity revenue is recognised at a point in time, upon provision of the goods or service to the customer.

### Non-cash contributions from the Department of Health

The Department of Health makes some payments on behalf of South West Healthcare as follows:

Supplier	Description
Victorian Managed Insurance Authority	The Department of Health purchases non-medical indemnity insurance for South West Healthcare which is paid directly to the Victorian Managed Insurance Authority. To record this contribution, such payments are recognised as income with a matching expense in the net result from transactions.
Department of Health	Long Service Leave (LSL) revenue is recognised upon finalisation of movements in LSL liability in line with the long service leave funding arrangements set out in the relevant Department of Health Hospital Circular.

## 2.2 FAIR VALUE OF ASSETS AND SERVICES RECEIVED FREE OF CHARGE OR FOR NOMINAL CONSIDERATION

	2021 \$ '000	2020 \$ '000
Cash donations and gifts	1,342	828
Assets received free of charge under State supply arrangements	2,036	334
<b>Total fair value of assets and services received free of charge or for nominal consideration</b>	<b>3,378</b>	<b>1,162</b>

### How we recognise the fair value of assets and services received free of charge or for nominal consideration

#### **Donations and bequests**

Donations and bequests are generally recognised as income upon receipt (which is when South West Healthcare usually obtained control of the asset) as they do not contain sufficiently specific and enforceable performance obligations. Where sufficiently specific and enforceable performance obligations exist, revenue is recorded as and when the performance obligation is satisfied.

#### **Personal Protective equipment**

In order to meet the State of Victoria's health system supply needs during the COVID-19 pandemic, the purchasing of essential personal protective equipment (PPE) and other essential plant and equipment was centralised.

Generally, the State Supply Arrangement stipulates that Health Purchasing Victoria (trading as HealthShare Victoria) sources, secures and agrees terms for the purchase of PPE. The purchases are funded by the Department of Health, while Monash Health takes delivery and distributes an allocation of the products to health services. South West Healthcare received these resources free of charge and recognised them as income.

#### **Contributions**

South West Healthcare may receive assets for nil or nominal consideration to further its objectives. The assets are recognised at their fair value when South West Healthcare obtains control over the asset, irrespective of whether restrictions or conditions are imposed over the use of the contributions.

On initial recognition of the asset, South West Healthcare recognises related amounts being contributions by owners, lease liabilities, financial instruments, provisions and revenue or contract liabilities arising from a contract with a customer.

South West Healthcare recognises income immediately in the profit or loss as the difference between the initial fair value of the asset and the related amounts.

The exception to this policy is when an asset is received from another government agency or department as a consequence of a restructuring of administrative arrangements, in which case the asset will be recognised at its carrying value in the financial statements of South West Healthcare as a capital contribution transfer.

#### **Voluntary Services**

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

## 2.3 OTHER INCOME

	2021 \$ '000	2020 \$ '000
Interest	137	335
<b>Total other income</b>	<b>137</b>	<b>335</b>

### How we recognise other income

#### ***Interest Income***

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

## NOTE 3: THE COST OF DELIVERING OUR SERVICES

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

### Structure

- 3.1 Expenses from Transactions
- 3.2 Employee benefits in the Balance Sheet
- 3.3 Superannuation
- 3.4 Other Economic Flows

### Telling the COVID-19 story

Where there is a material impact:

Expenses incurred to deliver our services increased during the financial year which was partially attributable to the COVID-19 Coronavirus pandemic and its impact on our economy and the health of our community.

Additional costs were incurred to:

- establish facilities within South West Healthcare for the treatment of suspected and admitted COVID patients resulting in an increase in employee costs, additional equipment purchases,
- implement COVID safe practices throughout South West Healthcare including increased cleaning, increased security, consumption of personal protective equipment provided as resources free of charge,
- assist with COVID-19 case management, contact tracing and outbreak management contributing to an increase in employee costs,
- establish vaccination clinics to administer vaccines to staff and the community resulting in an increase in employee costs, additional equipment purchased and other costs.

### Key judgements and estimates

This section contains the following key judgements and estimates:

Key judgements and estimates	Description
Measuring and classifying employee benefit liabilities	<p>South West Healthcare applies significant judgment when measuring and classifying its employee benefit liabilities.</p> <p>Employee benefit liabilities are classified as a current liability if South West Healthcare does not have an unconditional right to defer payment beyond 12 months. Annual leave, accrued days off and long service leave entitlements (for staff who have exceeded the minimum vesting period) fall into this category.</p> <p>Employee benefit liabilities are classified as a non-current liability if South West Healthcare has a conditional right to defer payment beyond 12 months. Long service leave entitlements (for staff who have not yet exceeded the minimum vesting period) fall into this category.</p> <p>South West Healthcare also applies judgement to determine when it expects its employee entitlements to be paid. With reference to historical data, if the health service does not expect entitlements to be paid within 12 months, the entitlement is measured at its present value. All other entitlements are measured at their nominal value.</p>

## NOTE 3.1: EXPENSES FROM TRANSACTIONS

	2021 \$ '000	2020 \$ '000
Salaries and Wages	124,353	116,588
On-costs	15,036	14,790
Agency Expenses	7,405	7,107
Fee for Service Medical Officer Expenses	11,731	11,285
Workcover Premium	1,126	1,088
<b>Total Employee Expenses</b>	<b>159,651</b>	<b>150,858</b>
Drug Supplies	12,560	11,538
Medical & Surgical Supplies (including Prosthesis)	10,171	8,261
Diagnostic and Radiology Supplies	7,016	5,367
Other Supplies and Consumables	1,573	1,737
<b>Total Supplies and Consumables</b>	<b>31,320</b>	<b>26,903</b>
Finance Costs	18	17
<b>Total Finance Costs</b>	<b>18</b>	<b>17</b>
Other Administration Expenses	19,470	18,171
<b>Total Other Administrative Expenses</b>	<b>19,470</b>	<b>18,171</b>
Fuel, Light, Power and Water	2,155	2,160
Repairs and Maintenance	2,033	1,973
Maintenance Contracts	1,294	1,297
Medical Indemnity Insurance	2,564	2,549
Expenditure for Capital Purposes	633	216
<b>Total Other Operating Expenses</b>	<b>8,679</b>	<b>8,195</b>
Depreciation and Amortisation (refer note 4.2)	15,462	16,706
<b>Total Other Non-Operating Expenses</b>	<b>15,462</b>	<b>16,706</b>
<b>Total Expenses from Transactions</b>	<b>234,600</b>	<b>220,850</b>

### How we recognise expenses from transactions

#### Expense recognition

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

#### Employee Expenses

Employee expenses include:

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

## NOTE 3.1: EXPENSES FROM TRANSACTIONS (CONTINUED)

### Supplies and consumables

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

### Finance costs

Finance costs include:

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

### Other operating expenses

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

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

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

### Non-operating expenses

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

**NOTE 3.2: EMPLOYEE BENEFITS IN THE BALANCE SHEET**

	<b>2021</b>	<b>2020</b>
	<b>\$ '000</b>	<b>\$ '000</b>
<b>Current Provisions</b>		
Employee Benefits (i)		
Annual Leave		
- unconditional and expected to be settled wholly within 12 months <sup>(i)</sup>	10,849	9,640
- unconditional and expected to be settled wholly after 12 months <sup>(ii)</sup>	571	412
Long Service Leave		
- unconditional and expected to be settled wholly within 12 months <sup>(i)</sup>	2,190	2,324
- unconditional and expected to be settled wholly after 12 months <sup>(ii)</sup>	14,527	13,706
Accrued Days Off		
- unconditional and expected to be settled wholly within 12 months <sup>(i)</sup>	337	284
	<b>28,474</b>	<b>26,366</b>
<b>Provisions related to Employee Benefit On-Costs</b>		
- unconditional and expected to be settled wholly within 12 months <sup>(i)</sup>	1,470	1,292
- unconditional and expected to be settled wholly after 12 months <sup>(ii)</sup>	2,090	2,004
	<b>3,560</b>	<b>3,296</b>
<b>Total current employee benefits</b>	<b>32,034</b>	<b>29,662</b>
<b>Non-current provisions</b>		
Conditional Long Service Leave Entitlements	3,102	3,467
Provisions related to Employee Benefit On-Costs	388	433
<b>Total non-current employee benefits</b>	<b>3,490</b>	<b>3,900</b>
<b>Total employee benefits</b>	<b>35,524</b>	<b>33,562</b>

Notes:

(i) The amounts disclosed are nominal amounts

(ii) The amounts disclosed are discounted to present values

**NOTE 3.2(A) EMPLOYEE BENEFITS AND RELATED ON-COSTS CURRENT EMPLOYEE BENEFITS AND RELATED ON-COSTS**

	<b>2021</b>	<b>2020</b>
	<b>\$ '000</b>	<b>\$ '000</b>
Unconditional LSL Entitlement	18,808	18,033
Annual Leave Entitlements	12,847	11,309
Accrued Days Off	379	320
	<b>32,034</b>	<b>29,662</b>
<b>Non-Current Employee Benefits and related on-costs</b>		
Conditional Long Service Leave Entitlements <sup>(ii)</sup>	3,490	3,900
<b>Total Employee Benefits and Related On-costs</b>	<b>35,524</b>	<b>33,562</b>
<b>Carrying amount at start of year</b>	33,562	31,298
Additional provisions recognised	14,453	14,878
Amounts incurred during the year	(12,491)	(12,614)
<b>Balance at end of year</b>	<b>35,524</b>	<b>33,562</b>

## NOTE 3.2: EMPLOYEE BENEFITS IN THE BALANCE SHEET (CONTINUED)

### How we recognise employee benefits

#### Employee benefit recognition

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

#### Provisions

Provisions are recognised when South West Healthcare has a present obligation, the future sacrifice of economic benefits is probable, and the amount of the provision can be measured reliably.

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

#### Annual Leave and Accrued Days Off

Liabilities for annual leave and accrued days off are all recognised in the provision for employee benefits as 'current liabilities', because the health service does not have an unconditional right to defer settlements of these liabilities.

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

- Nominal value – if the health service expects to wholly settle within 12 months; or
- Present value – if the health service does not expect to wholly settle within 12 months

#### Long Service Leave (LSL)

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

Unconditional LSL is disclosed in the notes to the financial statements as a current liability, even where the health service does not expect to settle the liability within 12 months because it will not have the unconditional right to defer the settlement of the entitlement should an employee take leave within 12 months. An unconditional right arises after a qualifying period.

The components of this current LSL liability are measured at

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

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

#### Termination benefits

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

#### On-Costs related to employee benefits

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

## NOTE 3.3: SUPERANNUATION

Fund	Paid Contributions for the year		Outstanding Contributions at Year End		
	2021	2020	2021	2020	
	\$ '000	\$ '000	\$ '000	\$ '000	
<b>Defined Benefit Plans</b> <sup>(i)</sup> :	First State Super	276	274	27	35
	State Super Fund	101	133	12	-
<b>Defined Contribution Plans:</b>					
	First State Super	6,992	7,360	801	799
	HESTA	2,870	2,677	329	326
	Australian Super	194	96		
	Host Plus	215	134		
	Accumulation				
	Other	1,165	719	173	151
Total		<b>11,813</b>	<b>11,393</b>	<b>1,342</b>	<b>1,311</b>

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

### How we recognise superannuation

Employees of South West Healthcare are entitled to receive superannuation benefits and the Health Service contributes to both defined benefit and defined contribution plans.

### Defined benefit superannuation plans

The defined benefit plan(s) provides benefits based on years of service and final average salary.

The amount charged to the comprehensive operating statement in respect of defined benefit superannuation plans represents the contributions made by the Health Service to the superannuation plans in respect of the services of current Health Service staff during reporting period. Superannuation contributions are made to the plans based on the relevant rules of each plan and are based upon actuarial advice.

South West Healthcare does not recognise any defined benefit liability in respect of the plans because the hospital has no legal or constructive obligation to pay future benefits relating to its employees; its only obligation is to pay superannuation contributions as they fall due. The Department of Treasury and Finance discloses the State's defined benefits liabilities in its disclosure for administered items.

However superannuation contributions paid or payable for the reporting period are included as part of employee benefits in the comprehensive operating statement of the Health Service.

The name, details and amounts that have been expensed in relation to the major employee superannuation funds and contributions made by South West Healthcare are disclosed above.

### Defined contribution superannuation plans

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

The name, details and amounts that have been expensed in relation to the major employee superannuation funds and contributions made by South West Healthcare are disclosed above.

**NOTE 3.4: OTHER ECONOMIC FLOWS INCLUDED IN OPERATING RESULT**

	2021 \$ '000	2020 \$ '000
<u>Net gain/(loss) on sale of non-financial assets</u>		
Net gain on disposal of property plant and equipment	186	64
<b>Total net gain/(loss) on non-financial assets</b>	<b>186</b>	<b>64</b>
<u>Net gain/(loss) on financial instruments at fair value</u>		
<u>Net gain/(loss) on financial instruments</u>		
Allowance for Impairment losses for contractual receivables	15	(18)
<b>Total net gain/(loss) on financial instruments at fair value</b>	<b>15</b>	<b>(18)</b>
<u>Other gains/(losses) from other economic flows</u>		
Net gain/(loss) arising from revaluation of long service liability	1,478	(408)
<b>Total other gains/(losses) from other economic flows</b>	<b>1,478</b>	<b>(408)</b>
<b>Total other gains/(losses) from economic flows</b>	<b>1,679</b>	<b>(362)</b>

**How we recognise other economic flows**

Other economic flows are changes in the volume or value of an asset or liability that do not result from transactions. Other gains/(losses) from other economic flows include the gains or losses from:

**Net Gain /(loss) on non-financial assets**

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

**Net gain/(loss) on financial instruments**

Net gain/ (loss) on financial instruments includes

- realised and unrealised gains and losses from revaluations of financial instruments at fair value
- impairment and reversal of impairment for financial instruments at amortised cost refer to Note 4.1 Other financial assets; and
- disposals of financial assets and derecognition of financial liabilities

## NOTE 4: KEY ASSETS TO SUPPORT SERVICE DELIVERY

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

### Structure

- 4.1 Property, plant & equipment
- 4.2 Depreciation and amortisation

### Telling the COVID-19 story

Assets used to support the delivery of our services during the financial year were not materially impacted by the COVID-19 Coronavirus pandemic and its impact on our economy and the health of our community.

### Key judgements and estimates

This section contains the following key judgements and estimates:

Key judgements and estimates	Description
Measuring fair value of property, plant and equipment and investment properties	<p>South West Healthcare obtains independent valuations for its non-current assets at least once every five years. If an independent valuation has not been undertaken at balance date, the health service estimates possible changes in fair value since the date of the last independent valuation with reference to Valuer-General of Victoria indices.</p> <p>Managerial adjustments are recorded if the assessment concludes a material change in fair value has occurred. Where exceptionally large movements are identified, an interim independent valuation is undertaken.</p>
Estimating useful life and residual value of property, plant and equipment	<p>South West Healthcare assigns an estimated useful life to each item of property, plant and equipment, whilst also estimating the residual value of the asset, if any, at the end of the useful life. This is used to calculate depreciation of the asset.</p> <p>The health service reviews the useful life, residual value and depreciation rates of all assets at the end of each financial year and where necessary, records a change in accounting estimate.</p>
Estimating useful life of right-of-use assets	<p>The useful life of each right-of-use asset is typically the respective lease term, except where the health service is reasonably certain to exercise a purchase option contained within the lease (if any), in which case the useful life reverts to the estimated useful life of the underlying asset.</p> <p>South West Healthcare applies significant judgement to determine whether or not it is reasonably certain to exercise such purchase options.</p> <p>Where a lease agreement requires South West Healthcare to restore a right-of-use asset to its original condition at the end of a lease, the health service estimates the present value of such restoration costs. This cost is included in the measurement of the right-of-use asset, which is depreciated over the relevant lease term.</p>
Identifying indicators of impairment	<p>At the end of each year, South West Healthcare assesses impairment by evaluating the conditions and events specific to the health service that may be indicative of impairment triggers. Where an indication exists, the health service tests the asset for impairment.</p> <p>The health service considers a range of information when performing its assessment, including considering:</p> <ul style="list-style-type: none"> <li>› If an asset's value has declined more than expected based on normal use</li> <li>› If a significant change in technological, market, economic or legal environment which adversely impacts the way the health service uses an asset</li> <li>› If an asset is obsolete or damaged</li> <li>› If the asset has become idle or if there are plans to discontinue or dispose of the asset before the end of its useful life</li> <li>› If the performance of the asset is or will be worse than initially expected.</li> </ul> <p>Where an impairment trigger exists, the health services applies significant judgement and estimate to determine the recoverable amount of the asset.</p>

**NOTE 4.1: PROPERTY, PLANT AND EQUIPMENT****(A) GROSS CARRYING AMOUNT AND ACCUMULATED DEPRECIATION**

	<b>2021</b>	<b>2020</b>
	<b>\$ '000</b>	<b>\$ '000</b>
<b>Land</b>		
- Land at Fair Value	15,777	12,234
- Land at Cost	0	1,119
- Land Improvements at fair value	1,233	1,390
Less Accumulated Depreciation	(74)	(40)
<b>Total Land</b>	<b>16,936</b>	<b>14,703</b>
<b>Buildings</b>		
- Buildings Under Construction at Cost	1,225	1,910
- Buildings at Fair Value	209,318	216,075
Less Accumulated Depreciation	(24,880)	(13,371)
	184,438	202,704
- Buildings at Cost	5,077	1,286
Less Accumulated Depreciation	(409)	(96)
	4,668	1,190
- Buildings - Leasehold Improvements at fair Value	0	342
Less Accumulated Depreciation	0	(337)
	0	5
<b>Total Buildings</b>	<b>190,331</b>	<b>205,809</b>
<b>Plant and Equipment</b>		
- Plant and Equipment at Fair Value	9,597	9,338
Less Accumulated Depreciation	(8,171)	(7,714)
<b>Total Plant and Equipment</b>	<b>1,426</b>	<b>1,624</b>
<b>Medical Equipment</b>		
- Medical Equipment at Fair Value	18,819	17,436
Less Accumulated Depreciation	(13,703)	(12,779)
<b>Total Medical Equipment</b>	<b>5,116</b>	<b>4,657</b>
<b>Computers &amp; Communications</b>		
- Computers & Communications at fair value	8,309	8,020
Less Accumulated Depreciation	(7,341)	(6,332)
<b>Total Computers &amp; Communications</b>	<b>968</b>	<b>1,688</b>
<b>Furniture and Fittings</b>		
-Furniture and Fittings at Fair Value	4,165	4,073
Less Accumulated Depreciation	(3,568)	(3,927)
<b>Total Furniture and Fittings</b>	<b>597</b>	<b>146</b>
<b>Motor Vehicles</b>		
- Motor Vehicles at Fair Value	2,598	3,147
Less Accumulated Depreciation	(1,650)	(1,629)
<b>Total Motor Vehicles</b>	<b>948</b>	<b>1,518</b>
<b>Right of Use Assets</b>		
- Information Technology	4,638	4,461
Less Accumulated Depreciation	(3,426)	(3,626)
	1,212	835
- Properties	8,065	379
Less Accumulated Depreciation	(784)	(63)
	7,281	316
- Motor Vehicles	898	0
Less Accumulated Depreciation	(42)	0
	856	0
<b>Total Right of Use Assets</b>	<b>9,349</b>	<b>1,151</b>
<b>TOTAL</b>	<b>225,671</b>	<b>231,296</b>

## NOTE 4.1: PROPERTY, PLANT AND EQUIPMENT (CONTINUED)

### NOTE 4.1(B) RECONCILIATIONS OF THE CARRYING AMOUNTS OF EACH CLASS OF ASSET

	Note	Buildings & Buildings under construction	Land \$ '000	Plant & Equipment \$ '000	Medical Equipment \$ '000	Computers & Comms \$ '000	Furniture & Fittings \$ '000	Motor Vehicles \$ '000	Right of Use Assets \$ '000	Total \$ '000
<b>Balance at 1 July 2019</b>		217,344	13,624	1,814	4,359	2,069	198	1,978	1,265	242,651
Additions		2,111	1,119	243	1,300	375	7	0	213	5,368
Disposals		0	0	0	0	0	0	(17)	0	(17)
Depreciation (Refer note 4.2)		(13,646)	(40)	(433)	(1,002)	(756)	(59)	(443)	(327)	(16,706)
<b>Balance at 1 July 2020</b>		205,809	14,703	1,624	4,657	1,688	146	1,518	1,151	231,296
Additions		2,822	1,755	249	1,567	402	93	0	1,553	8,441
Disposals		(219)	(154)	0	(7)	0	0	(160)	(273)	(813)
Net Transfers between classes		(6,277)	(1,540)	(12)	3	(631)	637	0	7,820	0
Revaluation Increments			2,209							2,209
Depreciation (Refer note 4.2)		(11,804)	(37)	(435)	(1,104)	(491)	(279)	(410)	(902)	(15,462)
<b>Balance at 30 June 2021</b>		190,331	16,936	1,426	5,116	968	597	948	9,349	225,671

## NOTE 4.1: PROPERTY, PLANT AND EQUIPMENT (CONTINUED)

### Land and buildings carried at valuation

A full revaluation of South West Healthcare's land and buildings was performed by the Valuer-General of Victoria (VGV) in May 2019 in accordance with the requirements of Financial Reporting Direction (FRD) 103H Non-Financial Physical Assets. The valuation, which conforms to Australian Valuation Standards, was determined by reference to the amounts for which assets could be exchanged between knowledgeable willing parties in an arm's length transaction. The effective date of the valuation for both land and buildings was 30 June 2019.

### How we recognise property, plant and equipment

Property, plant and equipment are tangible items that are used by South West Healthcare in the supply of goods or services, for rental to others, or for administration purposes, and are expected to be used during more than one financial year.

### Initial recognition

Items of property, plant and equipment (excluding right-of-use assets) are initially measured at cost. Where an asset is acquired for no or nominal cost, being far below the fair value of the asset, the deemed cost is its fair value at the date of acquisition. Assets transferred as part of an amalgamation/machinery of government change are transferred at their carrying amounts.

The cost of constructed non-financial physical assets includes the cost of all materials used in construction, direct labour on the project and an appropriate proportion of variable and fixed overheads.

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

### Subsequent measurement

Items of property, plant and equipment (excluding right-of-use assets) are subsequently measured at fair value less accumulated depreciation and impairment losses where applicable.

Fair value is determined with reference to the asset's highest and best use (considering legal or physical restrictions imposed on the asset, public announcements or commitments made in relation to the intended use of the asset).

Further information regarding fair value measurement is disclosed below.

### Revaluation

Fair value is based on periodic valuations by independent valuers, which normally occur once every five years, based upon the asset's Government Purpose Classification, but may occur more frequently if fair value assessments indicate a material change in fair value has occurred.

Where an independent valuation has not been undertaken at balance date, South West Healthcare perform a managerial assessment to estimate possible changes in fair value of land and buildings since the date of the last independent valuation with reference to Valuer-General of Victoria (VGV) indices.

An adjustment is recognised if the assessment concludes that the fair value of land and buildings has changed by 10% or more since the last revaluation (whether that be the most recent independent valuation or managerial valuation). Any estimated change in fair value of less than 10% is deemed immaterial to the financial statements and no adjustment is recorded. Where the assessment indicates there has been an exceptionally material movement in the fair value of land and buildings since the last independent valuation, being equal to or in excess of 40%, South West Healthcare would obtain an interim independent valuation prior to the next scheduled independent valuation.

An independent valuation of South West Healthcare's property, plant and equipment was performed by the VGV on May 2019. The valuation, which complies with Australian Valuation Standards, was determined by reference to the amount for which assets could be exchanged between knowledgeable willing parties in an arm's length transaction. The managerial assessment performed at 30 June 2021 indicated an increase in buildings of 6% and an increase in land of 16.63%. As the cumulative movement for buildings was less than 10% since the last revaluation a managerial revaluation adjustment was not required as at 30 June 2021. As the cumulative movement for land was greater than 10% since the last revaluation a managerial revaluation adjustment was required at 30 June 2021.

## NOTE 4.1: PROPERTY, PLANT AND EQUIPMENT (CONTINUED)

Revaluation increases (increments) arise when an asset's fair value exceeds its carrying amount. In comparison, revaluation decreases (decrements) arise when an asset's fair value is less than its carrying amount. Revaluation increments and revaluation decrements 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 increments are recognised in 'Other Comprehensive Income' and are credited directly to the asset revaluation reserve, 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, in which case the increment is recognised as income in the net result.

Revaluation decrements are recognised in 'Other Comprehensive Income' to the extent that a credit balance exists in the asset revaluation reserve in respect of the same class of property, plant and equipment. Otherwise, the decrement is recognised as an expense in the net result.

The revaluation reserve included in equity in respect of an item of property, plant and equipment may be transferred directly to retained earnings when the asset is derecognised.

### Impairment

At the end of each financial year, South West Healthcare assesses if there is any indication that an item of property, plant and equipment may be impaired by considering internal and external sources of information. If an indication exists, South West Healthcare estimates the recoverable amount of the asset. Where the carrying amount of the asset exceeds its recoverable amount, an impairment loss is recognised. An impairment loss of a revalued asset is treated as a revaluation decrease as noted above.

Southwest Healthcare has concluded that the recoverable amount of property, plant and equipment which are regularly revalued is expected to be materially consistent with the current fair value. As such, there were no indications of property, plant and equipment being impaired at balance date.

### How we recognise right-of-use assets

Where South West Healthcare enters a contract, which provides the health service with the right to control the use of an identified asset for a period of time in exchange for payment, this contract is considered a lease.

Unless the lease is considered a short-term lease or a lease of a low-value asset (refer to Note 6.1 for further information), the contract gives rise to a right-of-use asset and corresponding lease liability. South West Healthcare presents its right-of-use assets as part of property, plant and equipment as if the asset was owned by the health service.

Right-of-use assets and their respective lease terms include:

Class of right-of-use asset	Lease Term
Leased land	4 to 10 years
Leased buildings	4 to 10 years
Leased plant, equipment, furniture fittings and vehicles	3 to 5 years

### Presentation of right-of-use assets

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

### Initial recognition

When a contract is entered into, South West Healthcare assesses if the contract contains or is a lease. If a lease is present, a right-of-use asset and corresponding lease liability is recognised. The definition and recognition criteria of a lease is disclosed at Note 6.1.

The right-of-use asset is initially measured at cost and comprises the initial measurement of the corresponding lease liability, adjusted for:

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

## NOTE 4.1: PROPERTY, PLANT AND EQUIPMENT (CONTINUED)

### Subsequent measurement

Right-of-use assets are subsequently measured at cost less accumulated depreciation and accumulated impairment losses where applicable. Right-of-use assets are also adjusted for certain remeasurements of the lease liability (for example, when a variable lease payment based on an index or rate becomes effective).

### Impairment

At the end of each financial year, South West Healthcare assesses if there is any indication that a right-of-use asset may be impaired by considering internal and external sources of information. If an indication exists, South West Healthcare estimates the recoverable amount of the asset. Where the carrying amount of the asset exceeds its recoverable amount, an impairment loss is recognised.

### NOTE 4.1(C) FAIR VALUE MEASUREMENT HIERARCHY FOR ASSETS

	Carrying amount as at 30 June 2021 \$ '000	Fair value measurement at end of reporting period using:		
		Level 1 <sup>(i)</sup> \$ '000	Level 2 <sup>(i)</sup> \$ '000	Level 3 <sup>(i)</sup> \$ '000
<b>Land at fair value</b>				
Non-Specialised land	8,628	-	8,628	-
Specialised land	8,308	-	-	8,308
<b>Total of land at fair value</b>	<b>16,936</b>	<b>-</b>	<b>8,628</b>	<b>8,308</b>
<b>Buildings at fair value</b>				
Non-Specialised buildings	8,500	-	8,500	-
Specialised buildings	180,606	-	-	180,606
<b>Total of building at fair value</b>	<b>189,106</b>	<b>-</b>	<b>8,500</b>	<b>180,606</b>
<b>Plant and equipment at fair value</b>				
Plant equipment and vehicles at fair value				
- Plant and equipment	1,426	-	-	1,426
- Medical Equipment	5,116	-	-	5,116
- Computers & Communications	968	-	-	968
- Furniture and Fittings	597	-	-	597
- Motor Vehicles	948	-	948	-
<b>Total of plant, equipment and vehicles at fair value</b>	<b>9,055</b>	<b>-</b>	<b>948</b>	<b>8,107</b>
<b>TOTAL</b>	<b>215,097</b>	<b>-</b>	<b>948</b>	<b>197,021</b>
	Carrying amount as at 30 June 2020 \$ '000	Fair value measurement at end of reporting period using:		
		Level 1 \$ '000	Level 2 \$ '000	Level 3 \$ '000
<b>Land at fair value</b>				
Specialised land	14,703	-	-	14,703
<b>Total of land at fair value</b>	<b>14,703</b>	<b>-</b>	<b>-</b>	<b>14,703</b>
<b>Buildings at fair value</b>				
Specialised buildings	203,899	-	-	203,899
<b>Total of building at fair value</b>	<b>203,899</b>	<b>-</b>	<b>-</b>	<b>203,899</b>
<b>Plant and equipment at fair value</b>				
Plant equipment and vehicles at fair value				
- Plant and equipment	1,624	-	-	1,624
- Medical Equipment	4,657	-	-	4,657
- Computers & Communications	1,688	-	-	1,688
- Furniture and Fittings	146	-	-	146
- Motor Vehicles	1,518	-	1,518	-
<b>Total of plant, equipment and vehicles at fair value</b>	<b>9,633</b>	<b>-</b>	<b>1,518</b>	<b>8,115</b>
<b>TOTAL</b>	<b>228,235</b>	<b>-</b>	<b>1,518</b>	<b>226,717</b>

Note (i) Classified in accordance with the fair value hierarchy. There have been transfers between levels during the period.

## NOTE 4.1: PROPERTY, PLANT AND EQUIPMENT (CONTINUED)

## NOTE 4.1(D) RECONCILIATION OF LEVEL 3 FAIR VALUE

	Land \$ '000	Buildings \$ '000	Plant and Equipment \$ '000	Medical Equipment \$ '000	Computers & Comms \$ '000	Furniture & Fittings \$ '000
<b>30-Jun-21</b>						
<b>Balance at 1 July 2020</b>	14,703	203,899	1,624	4,657	1,688	146
<b>Purchases (sales) &amp; reclassifications</b>	1,601	3,288	249	1,560	402	93
- Transfer to held for sale	-	-	-	-	-	-
- Net Transfers between classes	(10,168)	(14,777)	(12)	3	(631)	637
Gains or losses recognised in net result						
- Depreciation	(37)	(11,804)	(435)	(1,104)	(491)	(279)
<b>Subtotal</b>	6,099	180,606	1,426	5,116	968	597
Items recognised in other comprehensive income						
- Revaluation	2,209	-	-	-	-	-
<b>Subtotal</b>	2,209	-	-	-	-	-
<b>Balance at 30 June 2021</b>	8,308	180,606	1,426	5,116	968	597
<b>30-Jun-20</b>						
<b>Balance at 1 July 2019</b>	13,624	216,259	1,814	4,359	2,069	198
<b>Purchases (sales) &amp; reclassifications</b>	1,119	1,286	243	1,300	375	7
- Transfer to held for sale	-	-	-	-	-	-
- Net Transfers between classes	-	-	-	-	-	-
Gains or losses recognised in net result						
- Depreciation	(40)	(13,646)	(433)	(1,002)	(756)	(59)
<b>Subtotal</b>	14,703	203,899	1,624	4,657	1,688	146
Items recognised in other comprehensive income						
- Revaluation	-	-	-	-	-	-
<b>Subtotal</b>	-	-	-	-	-	-
<b>Balance at 30 June 2020</b>	14,703	203,899	1,624	4,657	1,688	146

(i) Classified in accordance with the fair value hierarchy, refer Note 4.1(c)

## NOTE 4.1: PROPERTY, PLANT AND EQUIPMENT (CONTINUED)

### NOTE 4.1(E) FAIR VALUE DETERMINATION

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

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

#### How we measure fair value

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

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

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

The Valuer-General Victoria (VGV) is South West Healthcare independent valuation agency. The estimates and underlying assumptions are reviewed on an ongoing basis.

#### Valuation hierarchy

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

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

#### Identifying unobservable inputs (level 3) fair value measurements

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

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

## NOTE 4.1: PROPERTY, PLANT AND EQUIPMENT (CONTINUED)

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

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

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

### Specialised land and specialised buildings

Specialised land includes Crown Land which is measured at fair value with regard to the property's highest and best use after due consideration is made for any legal or physical restrictions imposed on the asset, public announcements or commitments made in relation to the intended use of the asset. Theoretical opportunities that may be available in relation to the assets are not taken into account until it is virtually certain that any restrictions will no longer apply. Therefore, unless otherwise disclosed, the current use of these non-financial physical assets will be their highest and best use.

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

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

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

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

An independent valuation of the Health Service's specialised land and specialised buildings was performed by the Valuer-General Victoria. The valuation was performed using the market approach adjusted for CSO. The effective date of the valuation is 30 June 2019.

### Vehicles

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

### Furniture, fittings, plant and equipment

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

There were no changes in valuation techniques throughout the period to 30 June 2021.

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

## NOTE 4.1: PROPERTY, PLANT AND EQUIPMENT (CONTINUED)

### NOTE 4.1(F) PROPERTY, PLANT AND EQUIPMENT REVALUATION SURPLUS

	2021 \$ '000	2020 \$ '000
<b>Property, Plant and Equipment Revaluation Surplus</b>		
Balance at the beginning of the reporting period	115,901	115,901
Revaluation Increment		
- Land	2,209	-
- Buildings	-	-
<b>Balance at the end of the reporting period*</b>	<u>118,110</u>	<u>115,901</u>
<b>*Represented by:</b>		
- Land	11,551	9,342
- Buildings	106,559	106,559
<b>Total</b>	<u>118,110</u>	<u>115,901</u>

### NOTE 4.2: DEPRECIATION AND AMORTISATION

	2021 \$ '000	2020 \$ '000
<b>Depreciation</b>		
Buildings	11,841	13,686
Plant & Equipment	435	433
Medical Equipment	1,104	1,002
Computers & Communications	491	756
Furniture & Fittings	279	59
Motor Vehicles	410	443
Right of Use Assets	902	327
<b>Total Depreciation</b>	<u>15,462</u>	<u>16,706</u>

#### How we recognise depreciation

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

Right-of-use assets are depreciated over the lease term or useful life of the underlying asset, whichever is the shortest. Where a lease transfers ownership of the underlying asset or the cost of the right-of-use asset reflects that the health service anticipates to exercise a purchase option, the specific right-of-use asset is depreciated over the useful life of the underlying asset.

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

	2021	2020
Buildings		
- Structure Shell Building Fabric	6 to 52 Years	6 to 52 Years
- Site Engineering Services and Central Plant	4 to 47 years	4 to 47 years
Central Plant		
- Fit Out	1 to 47 years	1 to 47 years
- Trunk Reticulated Building Systems	2 to 47 years	2 to 47 years
Plant and Equipment	Up to 20 years	Up to 20 years
Medical Equipment	Up to 15 years	Up to 15 years
Computers and Communication	Up to 5 years	Up to 5 years
Furniture and Fittings	Up to 20 years	Up to 20 years
Motor Vehicles	Up to 10 years	Up to 10 years
Leasehold Improvements	Up to 10 years	Up to 10 years
Land Improvements	10 years	10 years

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

## NOTE 5: OTHER ASSETS AND LIABILITIES

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

### Structure

- 5.1 Receivables and contract assets
- 5.2 Payables and contract liabilities
- 5.3 Other liabilities

### Telling the COVID-19 story

The measurement of other assets and liabilities were not materially impacted by the COVID-19 Coronavirus pandemic and its impact on our economy and the health of our community.

### Key judgements and estimates

Key judgements and estimates	Description
Estimating the provision for expected credit losses	South West Healthcare uses a simplified approach to account for the expected credit loss provision. A provision matrix is used, which considers historical experience, external indicators and forward-looking information to determine expected credit loss rates.
Measuring deferred capital grant income	Where South West Healthcare has received funding to construct an identifiable non-financial asset, such funding is recognised as deferred capital grant income until the underlying asset is constructed. South West Healthcare applies significant judgement when measuring the deferred capital grant income balance, which references the estimated the stage of completion at the end of each financial year.
Measuring contract liabilities	South West Healthcare applies significant judgement to measure its progress towards satisfying a performance obligation as detailed in Note 2. Where a performance obligation is yet to be satisfied, the health service assigns funds to the outstanding obligation and records this as a contract liability until the promised good or service is transferred to the customer.

## NOTE 5.1: RECEIVABLES AND CONTRACT ASSETS

	2021 \$ '000	2020 \$ '000
<b>CURRENT RECEIVABLES AND CONTRACT ASSETS</b>		
<b>Contractual</b>		
Patient Fees and Resident Debtors	606	493
Trade Debtors	2,545	2,395
Receivables - South West Alliance of Rural Health	453	937
Accrued Revenue	35	14
Accrued Grants - Department of Health & Human Services	263	310
Accrued Grants - Commonwealth Department of Health	88	-
Provision for impairment	(46)	(62)
<b>Total contractual receivables</b>	<b>3,944</b>	<b>4,087</b>
<b>Statutory</b>		
GST Receivable - Health Service	426	401
<b>Total statutory receivables</b>	<b>426</b>	<b>401</b>
<b>TOTAL CURRENT RECEIVABLES AND CONTRACT ASSETS</b>	<b>4,370</b>	<b>4,488</b>

**NOTE 5.1: RECEIVABLES AND CONTRACT ASSETS (CONTINUED)****NON CURRENT RECEIVABLES AND CONTRACT ASSETS****Contractual**

Long Service Leave - Department of Health and Human Services

7,889 7,206

**TOTAL NON-CURRENT RECEIVABLES AND CONTRACT ASSETS**

7,889 7,206

**TOTAL RECEIVABLES AND CONTRACT ASSETS**

12,259 11,694

(i) Financial assets classified as receivables and contract assets (Note 7.1(a))

Total receivables and contract assets

12,259 11,694

GST Receivable

(426) (401)

Total financial assets

7.1(a)

**11,833 11,293****NOTE 5.1 (A) MOVEMENT IN THE ALLOWANCE FOR IMPAIRMENT LOSSES OF CONTRACTUAL RECEIVABLES****Balance at beginning of the year**

62 44

Increase in allowance

- 26

Decrease in allowance

(4) -

Amounts written off during the year

(11) (8)

Reversal of allowance written off during the year as uncollectable

- -

**Balance at end of the year****47 62****How we recognise receivables**

Receivables consist of:

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

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

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

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

**Impairment losses of contractual receivables**

Refer to Note 7.1(A) for South West Healthcare's contractual impairment losses.

## NOTE 5.2: PAYABLES & CONTRACT LIABILITIES

	Notes	2021 \$ '000	2020 \$ '000
<b>CURRENT PAYABLES &amp; CONTRACT LIABILITIES</b>			
<b>Contractual</b>			
Trade Creditors <sup>(i)</sup>		2,361	1,203
Accrued Salaries & Wages		2,107	3,326
Accrued Expenses		6,496	6,007
Payables - South West Alliance of Rural Health		1,434	1,372
Amounts Payable to governments and agencies		-	608
Deferred grant income	5.2 (a)	-	609
Contract liabilities- Income in Advance	5.2 (b)	12,098	3,148
Income in Advance - South West Alliance of Rural Health	5.2 (b)	311	691
<b>TOTAL CURRENT PAYABLES &amp; CONTRACT LIABILITIES</b>		<b>24,807</b>	<b>16,964</b>

(i) Financial liabilities classifies as payables and contract liabilities (Note 7.1(a))

Total payables and contract liabilities		24,807	16,964
Defferred grant income		-	(609)
Contract liabilities		(12,409)	(3,148)
Department of Health		-	(608)
<b>Total financial liabilities</b>	7.1(a)	<b>12,398</b>	<b>12,599</b>

### How we recognise payables and contract liabilities

Payables consist of:

- Contractual payables, which mostly includes payables in relation to goods and services. These payables are classified as financial instruments and measured at amortised cost. Accounts payable and salaries and wages payable represent liabilities for goods and services provided to the Health Service prior to the end of the financial year that are unpaid.
- Statutory payables, which most includes amount payable to the Victorian Government and Goods and Services Tax (GST) payable. 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 contracts.

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

### NOTE 5.2 (A): DEFERRED CAPITAL GRANT REVENUE

	2021 \$ '000	2020 \$ '000
<b>Opening balance of deferred grant income</b>	609	447
Grant consideration for capital works received during the year	-	670
Deferred Grant Revenue recognised as revenue due to the completion of the capital works	(609)	(508)
<b>Closing balance of deferred grant income</b>	<b>0</b>	<b>609</b>

### How we recognise deferred capital grant revenue

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

**NOTE 5.2: PAYABLES & CONTRACT LIABILITIES (CONTINUED)****NOTE 5.2 (B): CONTRACT LIABILITIES**

	<b>2021</b>	<b>2020</b>
	<b>\$ '000</b>	<b>\$ '000</b>
<b>Opening balance of contract liabilities</b>	3,839	
Adjustment for initial adoption of AASB 15	-	145
Grant Consideration received	12,409	3,694
Revenue recognised for the completion of a performance obligation	(3,839)	-
<b>Total contract liabilities</b>	<b>12,409</b>	<b>3,839</b>
<b>* Represented by:</b>		
- Current contract liabilities	12,409	3,839
-Non-current contract liabilities	-	-
	<b>12,409</b>	<b>3,839</b>

**How we recognise contract liabilities**

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

The balance of contract liabilities was significantly higher than the previous reporting period due a reallocation of current year COVID Grants by the Department of Health.

Contract liabilities are derecognised and recorded as revenue when promised goods and services are transferred to the customer. Refer to Note 2.1.

**Maturity analysis of payables**

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

**NOTE 5.3: OTHER LIABILITIES**

	<b>2021</b>	<b>2020</b>
	<b>\$ '000</b>	<b>\$ '000</b>
<b>CURRENT</b>		
Patient Monies Held in Trust	81	97
Accommodation Bonds (Refundable Entrance Fees)	2,738	2,208
Other monies held in trust	353	368
<b>TOTAL CURRENT</b>	<b>3,172</b>	<b>2,673</b>
<b>Represented by the following assets:</b>		
Cash Assets (refer to Note 6.2)	3,172	2,673
<b>TOTAL OTHER LIABILITIES</b>	<b>3,172</b>	<b>2,673</b>

**How we recognise other liabilities****Refundable Accommodation Deposit ("RAD")/Accommodation Bond liabilities**

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

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

## NOTE 6: HOW WE FINANCE OUR OPERATIONS

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

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

### Structure

- 6.1 Borrowings
- 6.2 Cash and cash equivalents
- 6.3 Commitments for expenditure

### Telling the COVID-19 story

Our finance and borrowing arrangements were not materially impacted by the COVID-19 Coronavirus pandemic and its impact on our economy and the health of our community.

### Key judgements and estimates

This section contains the following key judgements and estimates:

Key judgements and estimates	Description
Determining if a contract is or contains a lease	South West Healthcare applies significant judgement to determine if a contract is or contains a lease by considering if the health service: <ul style="list-style-type: none"> <li>- has the right-to-use an identified asset</li> <li>- has the right to obtain substantially all economic benefits from the use of the leased asset and</li> <li>- can decide how and for what purpose the asset is used throughout the lease.</li> </ul>
Determining if a lease meets the short-term or low value asset lease exemption	South West Healthcare applies significant judgement when determining if a lease meets the short-term or low value lease exemption criteria. The health service estimates the fair value of leased assets when new. Where the estimated fair value is less than \$10,000, the health service applies the low-value lease exemption. The health service also estimates the lease term with reference to remaining lease term and period that the lease remains enforceable. Where the enforceable lease period is less than 12 months the health service applies the short-term lease exemption.
Discount rate applied to future lease payments	South West Healthcare discounts its lease payments using the interest rate implicit in the lease. If this rate cannot be readily determined, which is generally the case for the health service's lease arrangements, South West Healthcare uses its incremental borrowing rate, which is the amount the health service would have to pay to borrow funds necessary to obtain an asset of similar value to the right-of-use asset in a similar economic environment with similar terms, security and conditions.
Assessing the lease term	The lease term represents the non-cancellable period of a lease, combined with periods covered by an option to extend or terminate the lease if South West Healthcare is reasonably certain to exercise such options. South West Healthcare determines the likelihood of exercising such options on a lease-by-lease basis through consideration of various factors including: <ul style="list-style-type: none"> <li>› If there are significant penalties to terminate (or not extend), the health service is typically reasonably certain to extend (or not terminate) the lease.</li> <li>› If any leasehold improvements are expected to have a significant remaining value, the health service is typically reasonably certain to extend (or not terminate) the lease.</li> <li>› The health service considers historical lease durations and the costs and business disruption to replace such leased assets.</li> </ul>

## NOTE 6.1: BORROWINGS

	2021 \$ '000	2020 \$ '000
<b>Current Borrowings</b>		
Finance Lease Liability - South West Alliance of Rural Health <sup>(iii)</sup>	174	141
Department of Health Loan <sup>(i)</sup>	92	92
Lease liability <sup>(ii)</sup>	158	71
<b>Total Current Borrowings</b>	<b>424</b>	<b>304</b>
<b>Non Current Borrowings</b>		
Finance Lease Liability - South West Alliance of Rural Health <sup>(iii)</sup>	311	188
Department of Health Loan <sup>(i)</sup>	92	183
Lease liability <sup>(ii)</sup>	716	239
<b>Total Non-Current Borrowings</b>	<b>1,119</b>	<b>610</b>
<b>Total Borrowings</b>	<b>1,543</b>	<b>914</b>

(i) These are unsecured loans which bear no interest

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

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

### How we recognise borrowings

Borrowings refer to interest bearing liabilities mainly raised from advances from the Treasury Corporation of Victoria (TCV) and other funds raised through lease liabilities, service concession arrangements and other interest-bearing arrangements.

### Initial recognition

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

### Subsequent measurement

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

### Maturity analysis

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

### Defaults and breaches

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

### NOTE: 6.1(A) LEASE LIABILITIES

South West Healthcare's lease liabilities are summarised below:

	2021 \$'000	2020 \$'000
Total undiscounted lease liabilities	1,359	641
Less unexpired finance expenses	(42)	(5)
<b>Net lease liabilities</b>	<b>1,317</b>	<b>639</b>

## NOTE 6.1: BORROWINGS (CONTINUED)

The following table sets out the maturity analysis of lease liabilities, showing the undiscounted lease payments to be made after the reporting date.

	Minimum future lease payments	
	2021 \$'000	2020 \$'000
Not later than one year	332	212
Later than 1 year and not later than 5 years	1,027	432
Later than 5 years	-	-
<b>Minimum future lease liability</b>	<b>1,359</b>	<b>644</b>
Less future finance charges	(42)	(5)
<b>TOTAL</b>	<b>1,317</b>	<b>639</b>
	Present value of minimum future lease payments	
	2021 \$'000	2020 \$'000
	332	212
	985	427
<b>TOTAL</b>	<b>1,317</b>	<b>639</b>

**\* Represented by:**

- Current liabilities
- Non-current liabilities

**TOTAL**

### How we recognise lease liabilities

A lease is defined as a contract, or part of a contract, that conveys the right for South West Healthcare to use an asset for a period of time in exchange for payment.

To apply this definition, South West Healthcare ensures the contract meets the following criteria

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

South West Healthcare's lease arrangements consist of the following:

Type of asset Leased	Leased Term
Leased land	10 years
Leased buildings	10 years
Leased plant, equipment, furniture, fittings and vehicles	3 to 5 years

All leases are recognised on the balance sheet, with the exception of low value leases (less than \$10,000 AUD) and short term leases of less than 12 months. The following low value, short term and variable lease payments are recognised in profit or loss:

Type of payment	Description of payment	Type of leases captured
Low value lease payments	Leases where the underlying asset's fair value, when new, is no more than \$10,000	Equipment leases
Short-term lease payments	Leases with a term less than 12 months	Building lease

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

## NOTE 6.1: BORROWINGS (CONTINUED)

### Separation of lease and non-lease components

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

### Initial measurement

The lease liability is initially measured at the present value of the lease payments unpaid at the commencement date, discounted using the interest rate implicit in the lease if that rate is readily determinable or South West Healthcare incremental borrowing rate. Our lease liability has been discounted by 2.2%

Lease payments included in the measurement of the lease liability comprise the following:

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

In determining the lease term, management considers all facts and circumstances that create an economic incentive to exercise an extension option, or not exercise a termination option. Extension options (or periods after termination options) are only included in the lease term and lease liability if the lease is reasonably certain to be extended (or not terminated).

### Subsequent measurement

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

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

### Leases with significantly below market terms and conditions

South West Healthcare holds lease arrangements which contain significantly below-market terms and conditions, which are principally to enable the health service to further its objectives. These are commonly referred to as a peppercorn or concessionary lease arrangement.

The nature and terms of such lease arrangements, including South West Healthcare's dependency on such lease arrangements is described below:

Description of leased asset	Our dependence on lease	Nature and terms of lease
Properties - Accomodation and specialised program accomodation.	The leased properties is used for accomodation and mental health programs. South West Healthcare's dependence on this lease is considered low. Although properties leased are fully utilised and are some are specialised they do not represent a material operating risk.	Lease payments of \$104 per property are required per annum. The lease commenced in 2014 and has a lease term of 10 years. Restrictions placed on the use of the asset include approval for any non maintenance changes.

## NOTE 6.2: CASH AND CASH EQUIVALENTS

	2021	2020
	\$ '000	\$ '000
Cash on hand (excluding monies held in trust)	7	9
Cash at bank (excluding monies held in trust)	36,074	24,046
Deposits at Call (excluding monies held in trust)	12	12
<b>Total cash held for operations</b>	<u>36,093</u>	<u>24,067</u>
Cash at Bank (monies held in trust)	3,171	2,673
<b>Total cash held as monies in trust</b>	<u>3,171</u>	<u>2,673</u>
<b>Total cash and cash equivalents</b>	<u>39,264</u>	<u>26,740</u>

### How we recognise cash and cash equivalents

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

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

## NOTE 6.3: COMMITMENTS FOR EXPENDITURE

	2021	2020
	\$ '000	\$ '000
<b>Capital expenditure commitments payable</b>		
Less than 1 year	354	1,507
<b>Total Capital expenditure commitments</b>	<u>354</u>	<u>1,507</u>
<b>Other operating Commitments</b>		
Share of SWARH Maintenance, Software Agreement & Network Obligations		
Less than 1 year	469	1,108
Longer than 1 year but not longer than 5 years	685	122
<b>Total Non-cancellable Lease Commitments</b>	<u>1,154</u>	<u>1,230</u>
<b>Total Commitments (inclusive of GST)</b>	1,508	2,737
Less GST recoverable from the Australian Tax Office	137	249
<b>Total Commitments (exclusive of GST)</b>	<u>1,371</u>	<u>2,488</u>

### How we disclose our commitments

Our commitments relate to expenditure and short term and low value leases.

### Expenditure commitments

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

## NOTE 7: RISKS, CONTINGENCIES & VALUATION UNCERTAINTIES

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

### Structure

- 7.1 Financial instruments
- 7.2 Financial risk management objectives and policies
- 7.3 Contingent assets and contingent liabilities

### NOTE 7.1: FINANCIAL INSTRUMENTS

Financial instruments arise out of contractual agreements that give rise to a financial asset of one entity and a financial liability or equity instrument of another entity. Due to the nature of South West Healthcare's activities, certain financial assets and financial liabilities arise under statute rather than a contract (for example, taxes, fines and penalties). Such financial assets and financial liabilities do not meet the definition of financial instruments in AASB 132 Financial Instruments: Presentation.

#### (A) CATEGORISATION OF FINANCIAL INSTRUMENTS

	Financial Assets at Amortised Cost \$ '000	Financial Liabilities at Amortised Cost \$ '000	Total \$ '000
<b>2021</b>			
<b>Contractual Financial Assets</b>			
Cash and cash equivalents	39,264	-	39,264
Receivables and contract assets	11,833	-	11,833
<b>Total Financial Assets</b>	<b>51,097</b>	<b>-</b>	<b>51,097</b>
<b>Financial Liabilities</b>			
Payables	-	12,398	12,599
Borrowings	-	669	669
Other Financial Liabilities			
- Accommodation Bonds	-	2,738	2,738
- Other	-	434	434
<b>Total Financial Liabilities</b>	<b>-</b>	<b>16,239</b>	<b>16,440</b>

## NOTE 7.1: FINANCIAL INSTRUMENTS (CONTINUED)

### (A) CATEGORISATION OF FINANCIAL INSTRUMENTS (CONTINUED)

2020	Contractual financial assets - loans and receivables \$ '000	Contractual financial liabilities at amortised cost \$ '000	Total \$ '000
<b>Contractual Financial Assets</b>			
Cash and cash equivalents	26,740	-	26,740
Receivables and contract assets	11,293		11,293
Total Financial Assets	38,033	-	38,033
<b>Financial Liabilities</b>			
Payables	-	12,516	12,516
Borrowings	-	604	604
Other Financial Liabilities			
- Accommodation Bonds	-	2,208	2,208
- Other	-	465	465
Total Financial Liabilities	-	15,793	15,793

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

### How we categorise financial instruments

#### Categories of financial assets

Financial assets are recognised when South West Healthcare becomes party to the contractual provisions to the instrument. For financial assets, this is at the date South West Healthcare commits itself to either the purchase or sale of the asset (i.e. trade date accounting is adopted).

Financial instruments (except for trade receivables) are initially measured at fair value plus transaction costs, except where the instrument is classified at fair value through net result, in which case transaction costs are expensed to profit or loss immediately.

Where available, quoted prices in an active market are used to determine the fair value. In other circumstances, valuation techniques are adopted.

Trade receivables are initially measured at the transaction price if the trade receivables do not contain a significant financing component or if the practical expedient was applied as specified in AASB 15 para 63.

#### Financial assets at amortised cost

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

- the assets are held by South West Healthcare solely to collect the contractual cash flows and
- the assets' contractual terms give rise to cash flows that are solely payments of principal and interest on the principal amount outstanding on specific dates.

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

South West Healthcare recognises the following assets in this category:

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

## NOTE 7.1: FINANCIAL INSTRUMENTS (CONTINUED)

### Categories of financial liabilities

Financial liabilities are recognised when South West Healthcare becomes a party to the contractual provisions to the instrument. Financial instruments are initially measured at fair value plus transaction costs, except where the instrument is classified at fair value through profit or loss, in which case transaction costs are expensed to profit or loss immediately.

### Financial liabilities at amortised cost

Financial liabilities are measured at amortised cost using the effective interest method, where they are not held at fair value through net result.

The effective interest method is a method of calculating the amortised cost of a debt instrument and of allocating interest expense in net result over the relevant period. The effective interest is the internal rate of return of the financial asset or liability. That is, it is the rate that exactly discounts the estimated future cash flows through the expected life of the instrument to the net carrying amount at initial recognition.

South West Healthcare recognises the following liabilities in this category:

- payables (excluding statutory payables and contract liabilities)
- borrowings and
- other liabilities (including monies held in trust).

### Derecognition of financial assets

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

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

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

### Derecognition of financial liabilities

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

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

### Reclassification of financial instruments

A financial asset is required to be reclassified between fair value between amortised cost, fair value through net result and fair value through other comprehensive income when, and only when, South West Healthcare's business model for managing its financial assets has changed such that its previous model would no longer apply.

A financial liability reclassification is not permitted.

## NOTE 7.2: FINANCIAL RISK MANAGEMENT OBJECTIVES AND POLICIES

As a whole, South West Healthcare financial risk management program seeks to manage the risks and the associated volatility of its financial performance.

Details of the significant accounting policies and methods adopted, included 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 above are disclosed throughout the financial statements

South West Healthcare's main financial risks include credit risk, liquidity risk and interest rate risk. South West Healthcare manages these financial risks in accordance with its financial risk management policy.

South West Healthcare uses different methods to measure and manage the different risks to which it is exposed. Primary responsibility for the identification and management of financial risks rests with the Accountable Officer.

### NOTE 7.2 (A) CREDIT RISK

Credit risk refers to the possibility that a borrower will default on its financial obligations as and when they fall due. South West Healthcare's exposure to credit risk arises from the potential default of a counter party on their contractual obligations resulting in financial loss to South West Healthcare. Credit risk is measured at fair value and is monitored on a regular basis.

Credit risk associated with South West Healthcare's contractual financial assets is minimal because the main debtor is the Victorian Government. For debtors other than the Government, the health service is exposed to credit risk associated with patient and other debtors.

In addition, South West Healthcare does not engage in hedging for its contractual financial assets and mainly obtains contractual financial assets that are on fixed interest, except for cash and deposits, which are mainly cash at bank. As with the policy for debtors, South West Healthcare's policy is to only deal with banks with high credit ratings.

Provision of impairment for contractual financial assets is recognised when there is objective evidence that South West Healthcare will not be able to collect a receivable. Objective evidence includes financial difficulties of the debtor, default payments, debtors that are more than 60 days overdue, and changes in debtor credit ratings.

Contract financial assets are written off against the carrying amount when there is no reasonable expectation of recovery. Bad debt written off by mutual consent is classified as a transaction expense. Bad debt written off following a unilateral decision is recognised as other economic flows in the net result

Except as otherwise detailed in the following table, the carrying amount of contractual financial assets recorded in the financial statements, net of any allowances for losses, represents South West Healthcare's maximum exposure to credit risk without taking account of the value of any collateral obtained.

There has been no material change to South West Healthcare's credit risk profile in 2020-21.

### Impairment of financial assets under AASB 9

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

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

## NOTE 7.2: FINANCIAL RISK MANAGEMENT OBJECTIVES AND POLICIES (CONTINUED)

### Contractual receivables at amortised cost

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

On this bases, South West Healthcare determines the closing loss allowance at the end of the financial year as follows:

		Less					
	Current	than 1 month	1-3 months	3 months - 1 year	1-5 years	Total	
30-Jun-20							
Expected loss rate	0%	0%	10%	3%	3%		
Gross carrying amount of contractual receivables	2,526	697	376	121	105	3,825	
<b>Loss allowance</b>	<b>0</b>	<b>0</b>	<b>19</b>	<b>6</b>	<b>37</b>	<b>62</b>	
	Current	than 1 month	1-3 months	3 months - 1 year	1-5 years	Total	
30-Jun-21							
Expected loss rate	0%	0%	5%	8%	40%		
Gross carrying amount of contractual receivables	3,376	214	138	147	69	3,944	
<b>Loss allowance</b>	<b>0</b>	<b>0</b>	<b>7</b>	<b>12</b>	<b>28</b>	<b>46</b>	

### Statutory receivables and debt investments at amortised cost

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

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

### NOTE 7.2 (B) LIQUIDITY RISK

Liquidity risk arises from being unable to meet financial obligations as they fall due.

South West Healthcare is exposed to liquidity risk mainly through the financial liabilities as disclosed in the face of the balance sheet and the amounts related to financial guarantees. The health service manages its liquidity risk by:

- close monitoring of its short-term and long-term borrowings by senior management, including monthly reviews on current and future borrowing levels and
- maintaining an adequate level of uncommitted funds that can be drawn at short notice to meet its short-term obligations
- holding investments and other contractual financial assets that are readily tradeable in the financial markets and
- careful maturity planning of its financial obligations based on forecasts of future cash flows.

South West Healthcare'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 investments and other financial assets.

## NOTE 7.2: FINANCIAL RISK MANAGEMENT OBJECTIVES AND POLICIES (CONTINUED)

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

### NOTE 7.2 (B) LIQUIDITY RISK

Note	Total Carrying Amount	Nominal Amount	Maturity Dates			
			Less than 1 Month	1 - 3 Months	3 Months - 1 Year	1 - 5 Years
<b>2021</b>	\$	\$	\$	\$	\$	\$
<b>Financial Liabilities</b>						
<i>At amortised cost</i>						
Payables <sup>(i)</sup>	5.2	24,807	24,807	24,807	0	0
Borrowings	6.1	669	669	22	66	178
Other Financial Liabilities						
- Accommodation Deposits	5.3	2,738	2,738	0	137	1,561
- Other	5.3	434	434	0	434	0
<b>Total Financial Liabilities</b>		28,648	28,648	24,829	637	1,739
<b>2020</b>						
<b>Financial Liabilities</b>						
<i>At amortised cost</i>						
Payables <sup>(i)</sup>	5.2	16,964	16,964	16,964	0	0
Borrowings	6.1	604	604	20	60	153
Other Financial Liabilities						
- Accommodation Deposits	5.3	2,208	2,208	0	110	1,259
- Other	5.3	465	465	0	465	0
<b>Total Financial Liabilities</b>		20,241	20,241	16,984	635	1,412

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

### NOTE 7.2 (C) MARKET RISK

South West Healthcare's exposures to market risk are primarily through interest rate risk, foreign currency risk and equity price risk. Objectives, policies and processes used to manage each of these risks are disclosed below.

#### Sensitivity disclosure analysis and assumptions

South West Healthcare's sensitivity to market risk is determined based on the observed range of actual historical data for the preceding five-year period. South West Healthcare cannot be expected to predict movements in market rates and prices. The following movements are 'reasonably possible' over the next 12 months:

- a change in interest rates of 1% up or down and

#### Interest rate risk

Fair value interest rate risk is the risk that the fair value of a financial instrument will fluctuate because of changes in market interest rates. South West Healthcare does not hold any interest-bearing financial instruments that are measured at fair value, and therefore has no exposure to fair value interest rate risk.

Cash flow interest rate risk is the risk that the future cash flows of a financial instrument will fluctuate because of changes in market interest rates. South West Healthcare has minimal exposure to cash flow interest rate risks through cash and deposits.

## NOTE 7.3: CONTINGENT ASSETS AND CONTINGENT LIABILITIES

There are no known contingent assets or contingent liabilities for South West Healthcare at the date of this report. (Nil 2020)

### How we measure and disclose contingent assets and contingent liabilities

Contingent assets and contingent liabilities are not recognised in the balance sheet but are disclosed and, if quantifiable, are measured at nominal value.

Contingent assets and liabilities are presented inclusive of GST receivable or payable respectively.

### Contingent assets

Contingent assets are possible assets that arise from past events, whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the health service.

These are classified as either quantifiable, where the potential economic benefit is known, or non-quantifiable.

### Contingent liabilities

Contingent liabilities are:

- possible obligations that arise from past events, whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not wholly within
- present obligations that arise from past events but are not recognised because:
  - It is not probable that an outflow of resources embodying economic benefits will be required to settle the obligations or
  - the amount of the obligations cannot be measured with sufficient reliability.

Contingent liabilities are also classified as either quantifiable or non-quantifiable.

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## NOTE 8: OTHER DISCLOSURES

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

### Structure

- 8.1 Reconciliation of Net Result for the Year to Net Cash Flow from Operating Activities
- 8.2 Responsible persons disclosure
- 8.3 Remuneration of Executive Officers
- 8.4 Related Parties
- 8.5 Remuneration of auditors
- 8.6 Events occurring after the balance sheet date
- 8.7 Jointly Controlled Operations
- 8.8 Economic Dependency
- 8.9 Equity

## Telling the COVID-19 story

Our other disclosures were not materially impacted by the COVID-19 Coronavirus pandemic and its impact on our economy and the health of our community.

## NOTE 8.1: RECONCILIATION OF NET RESULT FOR THE YEAR TO NET CASH FLOW FROM OPERATING ACTIVITIES

	2021 \$ '000	2020 \$ '000
<b>NET RESULT FOR THE YEAR</b>	(5,229)	(8,638)
<b>Non-cash movements</b>		
Non Cash Revenue - Assets received from Department of Health & Human Services (DHHS)	(174)	-
Depreciation	15,462	16,706
Allowance for impairment losses of contractual receivables	(15)	18
<b>Movements included in investing and financing activities</b>		
Net (gain)/loss from disposal of non financial physical assets	(186)	(64)
Less cash inflow/outflow from investing and financing activities		260
Less capital donations	(1,342)	(828)
<b>Movements in assets and liabilities</b>		
Change in Operating Assets & Liabilities		
(Increase)/Decrease in Receivables	118	1,026
(Increase)/Decrease in Other Assets	(958)	95
Increase/(Decrease) in Payables	924	(7,305)
Increase/(Decrease) in Provisions	559	(557)
Increase/(Decrease) in Other Liabilities	8,302	9,931
Increase/(Decrease) Change in Inventories	11	(16)
	<hr/>	<hr/>
<b>NET CASH INFLOW/(OUTFLOW) FROM OPERATING ACTIVITIES</b>	<b>17,472</b>	<b>10,628</b>

## NOTE 8.2: RESPONSIBLE PERSON DISCLOSURES

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

	Period
The Honourable Martin Foley	
Minister for Mental Health	1 Jul 2020 - 29 Sep 2020
Minister for Health	26 Sep 2020 - 30 Jun 2021
Minister for Ambulance Services	26 Sep 2020 - 30 Jun 2021
Minister for the Coordination of Health and Human Services: COVID-19	26 Sep 2020 - 9 Nov 2020
The Honourable Jenny Mikakos	
Minister for Health	1 Jul 2020 - 26 Sep 2020
Minister for Ambulance Services	1 Jul 2020 - 26 Sep 2020
Minister for the Coordination of Health and Human Services: COVID-19	1 Jul 2020 - 26 Sep 2020
The Honourable Luke Donnellan	
Minister for Child Protection	1 Jul 2020 - 30 Jun 2021
Minister for Disability, Ageing and Carers	1 Jul 2020 - 30 Jun 2021
The Honourable James Merlino:	
Minister for Mental Health	29 Sep 2020 - 30 Jun 2021

## NOTE 8.2: RESPONSIBLE PERSON DISCLOSURES (CONTINUED)

### Governing Boards

Mrs. N. Allen	1 Jul 2020 - 30 Jun 2021
Dr G. Toogood	1 Jul 2020 - 30 Jun 2021
Mr. B. Brown	1 Jul 2020 - 30 Jun 2021
Mrs. J. Waterhouse	1 Jul 2020 - 30 Jun 2021
Dr. B. Northeast	1 Jul 2020 - 30 Jun 2021
Ms. K. Gaston	1 Jul 2020 - 30 Jun 2021
Ms. A. Patchett	1 Jul 2020 - 30 Jun 2021
Mr A. Gillan	1 Jul 2020 - 30 Jun 2021
Mr. R. Montgomery	1 Jul 2020 - 26 July 2020
Ms. R. Held	1 Jul 2020 - 30 Jun 2021

### Accountable Officers

Mr C. Fraser (Chief Executive Officer)	1 Jul 2020 - 30 Jun 2021
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### Remuneration of Responsible Persons

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

Income Band	2021	2020
	No:	No:
\$0 - \$9,999	1	0
\$10,000 - \$19,999	8	7
\$20,000 - \$29,999	1	2
\$330,000 - \$339,999	0	1
\$370,000 - \$379,999	1	0
<b>Total Numbers</b>	<b>11</b>	<b>10</b>
	<b>2021</b>	<b>2020</b>
	<b>\$ '000</b>	<b>\$ '000</b>
<b>Total remuneration received or due and receivable by Responsible Persons from the reporting entity amounted to:</b>	<b>547</b>	<b>482</b>

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

## NOTE 8.3: REMUNERATION OF EXECUTIVES

### Remuneration of executives

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

Remuneration of executive officers	2021	2020
	\$ '000	\$ '000
Short-term employee benefits	1,604	1,539
Post-employment benefits	145	128
Other long-term benefits	35	10
<b>Total Remuneration</b>	<b>1,784</b>	<b>1,677</b>
<b>Total Number of executives <sup>(i)</sup></b>	<b>11</b>	<b>8</b>
<b>Total annualised employee equivalent (AEE) <sup>(ii)</sup></b>	<b>7.75</b>	<b>7.00</b>

Notes:

- The total number of executive officers includes persons who meet the definition of Key Management Personnel (KMP) of the entity under AASB 124 Related Party Disclosures and are also reported within the related parties note disclosure (Note 8.4)
- Annualised employee equivalent is based on working 38 ordinary hours per week over the reporting

## NOTE 8.3: REMUNERATION OF EXECUTIVES (CONTINUED)

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

### Short-term employee benefits

Wages and salaries, annual leave or sick leave that are usually paid or payable on a regular basis,

### Post-employment benefits

Pensions and other retirement benefits (such as superannuation guarantee contributions) paid or payable on a discrete basis when employment has ceased.

### Other long-term benefits

Long service leave, other long-service benefit or deferred compensation.

### Termination benefits

Termination of employment payments, such as severance packages.

## NOTE 8.4: RELATED PARTIES

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

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

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

## NOTE 8.4: RELATED PARTIES (CONTINUED)

### Key management personnel

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

Entity	Key Management Personnel	Position Title	Period
South West Healthcare	Mr. B.Brown	Chair of the Board	01/07/20 - 30/06/21
South West Healthcare	Mrs. N. Allen	Board Member	01/07/20 - 30/06/21
South West Healthcare	Dr. G.Toogood	Board Member	01/07/20 - 30/06/21
South West Healthcare	Mr. R.Montgomery	Board Member	01/07/20 - 26/07/20
South West Healthcare	Mrs. J.Waterhouse	Board Member	01/07/20 - 30/06/21
South West Healthcare	Dr. B.Northeast	Board Member	01/07/20 - 30/06/21
South West Healthcare	Ms. K. Gaston	Board Member	01/07/20 - 30/06/21
South West Healthcare	Ms. A. Patchett	Board Member	01/07/20 - 30/06/21
South West Healthcare	Mr. A. Gillan	Board Member	01/07/20 - 30/06/21
South West Healthcare	Ms. R. Held	Board Member	01/07/20 - 30/06/21
South West Healthcare	Mr C.Fraser	Chief Executive Officer	01/07/20 - 30/06/21
South West Healthcare	Mr. A.Trigg	Chief Operating Officer	01/07/20 - 30/06/21
South West Healthcare	Dr. G. Sousa	Interim Executive Director Medical Services	01/07/20 - 16/04/21
South West Healthcare	Ms. G. Stevenson	Executive Director Nursing & Midwifery	01/07/20 - 30/06/21
South West Healthcare	Mr. J. Brennan	Executive Director Service Development	01/07/20 - 30/06/21
South West Healthcare	Ms. K. Cook	Executive Director Mental Health Services	01/07/20 - 20/08/20
South West Healthcare	Mr. R. Champion	Executive Director Mental Health Services	09/11/20 - 30/06/21
South West Healthcare	Ms. K. Anderson	Executive Director Primary and Community Services	01/07/20 - 30/06/21
South West Healthcare	Ms. L. Viljoen	Executive Director People and Culture	01/07/20 - 09/02/21
South West Healthcare	Dr. K. McConnon	Executive Director Medical Services	10/05/21 - 30/06/21
South West Healthcare	Ms. E. Holley	Executive Director People and Culture	22/03/21 - 30/06/21

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

	2021	2020
COMPENSATION	\$ '000	\$ '000
Short term employee benefits	2,102	1,974
Post-employment benefits	184	166
Other long-term benefits	46	19
<b>Total</b>	<b>2,332</b>	<b>2,159</b>

(i) Total remuneration paid to KMPs employed as a contractor during the reporting period through accounts payable has been reported under short-term employee benefits.

(ii) KMPs are also reported in Note 8.2 Responsible Persons or Note 8.3 Remuneration of Executives.

### Significant transactions with government-related entities

	2021	2020
Transactions	\$ '000	\$ '000
Department of Health & Human Services	188,628	171,907
Indirect Contributions (DHHS)	1,232	1,066
Assets received free of charge	2,036	334
Contributed Capital	-	595
Repayment of Funding - Interest free loan	92	69
<b>Total</b>	<b>191,988</b>	<b>173,971</b>

## NOTE 8.4: RELATED PARTIES (CONTINUED)

### Balances Outstanding

Funding Outstanding	2021 \$ '000	2020 \$ '000
Department of Health & Human Services LSL Debtor	7,889	7,206
Interest free loan balance	184	277

Expenses incurred by the Health Service in delivering services and outputs are in accordance with Health Purchasing Victoria requirements. Goods and services including procurement, diagnostics, patient meals and multi-site operational support are provided by other Victorian Health Service Providers on commercial terms

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

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

### Transactions with key management personnel and other related parties

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

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

There were no related party transactions with Cabinet Ministers required to be disclosed in 2021.

## NOTE 8.5: REMUNERATION OF AUDITORS

	2021 \$ '000	2020 \$ '000
<b>Victorian Auditor-General's Office</b>		
Audit of financial statements	47	48
	<u>47</u>	<u>48</u>

## NOTE 8.6: EVENTS OCCURRING AFTER THE BALANCE SHEET DATE

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

## NOTE 8.7: JOINT ARRANGEMENTS

Name of Entity	Principal Activity	Ownership Interest	
		2021 %	2020 %
Southwest Alliance of Rural Health	Information Systems	14.73	14.52

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

	2021 \$ '000	2020 \$ '000
<b>Current Assets</b>		
Cash and Cash Equivalents	1,506	1,265
Receivables	453	937
Inventories	3	7
Prepayments	97	78
<b>Total Current Assets</b>	<u>2,059</u>	<u>2,287</u>
<b>Non Current Assets</b>		
Property, Plant and Equipment	1,209	838
DHS LSL Debtors	72	83
<b>Total Non Current Assets</b>	<u>1,281</u>	<u>921</u>
<b>Total Assets</b>	<u><u>3,340</u></u>	<u><u>3,208</u></u>
<b>Current Liabilities</b>		
Payables	1,434	1,371
Deferred Income	311	691
Provisions	256	249
Lease Liabilities	141	141
<b>Total Current Liabilities</b>	<u>2,142</u>	<u>2,452</u>
<b>Non Current Liabilities</b>		
Employee Provisions	50	47
Lease Liabilities	311	188
<b>Total Non Current Liabilities</b>	<u>361</u>	<u>235</u>
<b>Total Liabilities</b>	<u>2,503</u>	<u>2,687</u>
<b>Net Assets</b>	<u><u>837</u></u>	<u><u>521</u></u>

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

#### Revenues

Operating Activities	2,669	2,825
Non Operating Activities	350	285
	<u>3,019</u>	<u>3,110</u>

#### Expenses

Employee Expenses	1,140	1,339
Maintenance Contracts and IT Support	1,067	1,223
Other Expenses	249	143
Finance Costs	11	15
Depreciation and Amortisation	280	264
<b>Total Operating Expenses</b>	<u>2,747</u>	<u>2,984</u>

#### Other Economic Flows included in the result

Revaluation of Long Service Leave	13	(23)
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#### Net Result

	<u>285</u>	<u>103</u>
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\* Figures obtained from the unaudited SWARH financial statements

### Contingent Liabilities and Capital Commitments

There are no known contingent assets or liabilities for South West Alliance of Rural Health as at the date of this report. The financial results included for SWARH are unaudited at the date of signing the financial statements.

## NOTE 8.8 ECONOMIC DEPENDENCY

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

## NOTE 8.9 EQUITY

### Contributed capital

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

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

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

### Financial assets at fair value through comprehensive income revaluation reserve

The financial assets at fair value through other comprehensive income revaluation reserve arises on the revaluation of financial assets (such as equity instruments) measured at fair value through other comprehensive income. Where such a financial asset is sold, that portion of the reserve which relates to that financial asset may be transferred to accumulated surplus/deficit.

### Specific restricted purpose reserves

The specific restricted purpose reserve is established where South West Healthcare has possession or title to the funds but has no discretion to amend or vary the restriction and/or condition underlying the funds received.



## SWH HOSPITALS

### **Camperdown Hospital**

Robinson Street  
Camperdown 3260

**p** 03 5593 7300

**e** [frontdesk@swh.net.au](mailto:frontdesk@swh.net.au)

### **Warrnambool Base Hospital**

Ryot Street  
Warrnambool 3280

**p** 03 5563 1666

**e** [info@swh.net.au](mailto:info@swh.net.au)

## SWH MENTAL HEALTH SERVICES

### **Camperdown**

64 Scott Street  
Camperdown 3260

**p** 03 5593 6000

### **Hamilton**

12 Foster Street  
Hamilton 3300

**p** 03 5551 8418

### **Portland**

63 Julia Street  
Portland 3305

**p** 03 5522 1000

### **Warrnambool**

Koroit Street  
Warrnambool 3280

**p** 03 5561 9100

South West   
**Healthcare**

[www.southwesthealthcare.com.au](http://www.southwesthealthcare.com.au)



## SWH AGED CARE FACILITY

### **Merindah Lodge**

York Street  
Camperdown 3260

**p** 03 5593 7366

**e** [merindah@swh.net.au](mailto:merindah@swh.net.au)

## SWH COMMUNITY HEALTH CENTRES

### **Camperdown**

140 Manifold Street  
Camperdown 3260

**p** 03 5557 0900

**e** [mplace2@swh.net.au](mailto:mplace2@swh.net.au)

### **David Newman Adult Day Centre**

20a Church Street  
Camperdown 3260

**p** 03 5593 7364

**e** [dcentre@swh.net.au](mailto:dcentre@swh.net.au)

### **Lismore**

High Street  
Lismore 3324

**p** 03 5558 3000

**e** [lismore2@swh.net.au](mailto:lismore2@swh.net.au)

### **Macarthur**

12 Ardonachie Street  
Macarthur 3286

**p** 03 5552 2000

**e** [macarthur@swh.net.au](mailto:macarthur@swh.net.au)

### **Warrnambool**

287 Koroit Street  
Warrnambool 3280

**p** 03 5563 4000

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