

Annual Report 2011-12

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VISION

Austin Health will be renowned for excellence and outstanding leadership in healthcare, research and education.

VALUES

Integrity – We exercise honesty, candour and sincerity.

Accountability – We are transparent, responsible and answerable.

Respect – We treat others with dignity, consideration, equality and value.

Excellence – We continually strive for excellence.

OVERVIEW

Austin Health is the major provider of tertiary health services, health professional education and research in the north-east of Melbourne. Austin Health is world renowned for its research and specialist work in cancer; liver transplantation; spinal cord injuries; neurology; endocrinology; mental health; and rehabilitation.

Austin Health comprises the Austin Hospital, the Heidelberg Repatriation Hospital and the Royal Talbot Rehabilitation Centre.

During 2011-12, Austin Health completed 99,552 inpatient admissions; 186,485 outpatient attendances; and 68,168 emergency attendances.

Report of Operations

CHAIR AND CEO'S REPORT

The Hon. Judith Troeth AM. Chair of the Board of Directors and Dr Brendan Murphy, Chief **Executive Officer**

OVERVIEW

2011-12 has been another successful and busy year for Austin Health. Emergency Department performance has improved significantly, the first stage of the Olivia Newton-John Cancer & Wellness Centre was officially opened and Austin Health continued to lead with new and innovative approaches to healthcare. Budgets were very well managed throughout the year resulting in the achievement of an operating surplus of \$5.2 million.

PERFORMANCE TARGETS

Our Emergency Department (ED) continued to be one of the busiest in the state with 68,168 presentations. There was a 9.5 per cent increase in admissions to overnight beds from ED. We are particularly pleased that despite this growth, there were significant improvements in access performance, with 72 per cent of emergency patients admitted to overnight beds within eight hours, compared to 63 per cent the previous year. For three months of the year, we exceeded the target of 80 per cent of admissions within eight hours. This was an unprecedented achievement and the result of organisation-wide commitment and hard work.

We have maintained our outstanding performance in elective surgery, meeting nearly all surgical targets in 2011-12. Category 2 treatment times remain challenging due to capacity constraints but with the refurbishment and expansion of The Surgery Centre due to open next year, we are hoping to continue to significantly improve in this parameter. The Surgery Centre at the Heidelberg Repatriation Hospital allows us to move appropriate

surgery from Austin Hospital in order to create capacity to better manage our elective workload; a model that has played a significant role over the past four years in improving access to elective surgery.

INNOVATION AND RESEARCH

Austin Health became one of the first health services in Australia to implement fully electronic inpatient medication management in four wards at the Heidelberg Repatriation Hospital. This revolutionary system has been shown to reduce medication errors by replacing traditional paper medication and drug charts with an electronic process. It will be extended to all Austin Health wards by the end of 2012. We are very proud of this ambitious achievement which is transforming our delivery of healthcare and has built on our established record as a trailblazer in clinical information technology development in Australia.

Austin Health was named a Hand Hygiene Centre for Excellence by the World Health Organisation. The award saw Austin Health and Hand Hygiene Australia (based at Austin Health) become one of only four groups worldwide to be honoured in such a manner. The award recognises Austin Health's leadership and considerable ground-breaking work in hand hygiene and the prevention of hospital-acquired infections.

The opening of the Olivia Newton-John Cancer & Wellness Centre was a significant achievement in 2012. The \$189 million Centre brings together three elements: Austin Health's world-class cancer services, the Ludwig Institute for Cancer Research and an important focus on wellness - a new model of care where patients have access to evidence-based complementary therapies and programs to help ease the stress, anxiety and side effects associated with cancer treatment.

The Austin Hospital Liver Transplant Unit (LTU) made history this year. Led by Professor Bob Jones, the transplant team performed Australia's first paediatric intestinal transplant. The complex, multiorgan operation took ten-and-a-half hours to complete, giving the 13-year old recipient a new liver, small bowel, pancreas and duodenum. This came during a recordbreaking transplant marathon, as the LTU completed eight highly complex transplants in ten days – a superb feat and a tribute to the dedication and skill of the team and the hospital.

The LTU completed 57 liver transplants in 2011-12, compared with 56 in 2010-11. There has been major growth in the renal transplant program in 2011-12 with a record 47 transplants conducted, compared with 41 the year before.

The introduction of an eight-bed Acute Assessment Unit (AAU) on Ward 7 West has been working well to take pressure off ED. This new model of care aims to rapidly move General Medical patients from ED into ward beds. Patients are triaged and assessed in ED and then streamlined into the AAU for ongoing management by the General Medicine multidisciplinary team.

A brand new, \$1.5 million Positron Emission Tomography Solid Targetry Laboratory was opened this year with funding from the Australian Nuclear Science and Technology Organisation (ANSTO). This state-of-the-art laboratory will enable the Ludwig Institute for Cancer Research, Austin Health and ANSTO to pursue vital partnership research into new nuclear imaging techniques to benefit patients affected by different types of cancer.

Dr Andrew Scanlon became Victoria's first nurse practitioner (NP) in neurosurgery. This innovation will make a big difference at Austin Hospital where Neurosurgery is experiencing trends of increased acuity and activity and waiting lists have subsequently increased over the years. Dr Scanlon will now be able to autonomously perform

advanced physical assessments; order diagnostic tests and interpret their results; and prescribe appropriate medications, amongst other tasks.

In similar exciting developments this year, Austin Health credentialed and trained the first independent nurse colonoscopist endoscopist in Australia and trained its first nurse cystoscopist. These important workforce innovations provide us with greater capacity to monitor and treat patients who have had or are at risk of either bowel or bladder cancer.

EDUCATION

In 2011-12, the distinct Medical and Nursing Education Units merged into the Clinical Education Unit – a development which heralds a new era in clinical education at Austin Health. In the past, clinical education had been to a large extent discipline specific. Now, the merged unit stimulates inter-professional teamwork and collaboration in health professional education: a new paradigm to better support and prepare the health workforce for the 21st century.

CAPITAL WORKS

The first stage opening of the Olivia Newton-John Cancer & Wellness Centre was an important milestone. We thank the Victorian State Government for its significant financial support for the Centre and thank the Commonwealth Government for its contribution. The project team have delivered on time and ahead of budget.

We also thank Olivia Newton-John, the Appeal Executive (chaired by Mr Andrew Hagger) and Appeal Ambassadors for their support. Thanks also to our very generous individual donors, corporate supporters, philanthropists and philanthropic trusts. This has been a culmination of nearly 10 years of work to deliver this absolutely outstanding facility.

The Health and Rehabilitation Centre at the Heidelberg Repatriation Hospital formally opened in July 2011. This state-of-the art facility consolidates outpatient rehabilitation and specialist ambulatory services into a flexibly designed 'one-stop-shop' for rehabilitation services. We acknowledge the Victorian State Government's significant contribution of \$9.25m to this building and the Commonwealth government contribution of \$4.25m.

Significant work has been undertaken in 2011-12 to improve the Austin Hospital Emergency Department (ED). We are improving the design of our waiting room and triage area in order to provide a more efficient ED to better cope with increased patient demand. Work is also well underway on the \$2 million ICU third pod fit-out at the Austin Hospital.

Plans for the \$5.8 million redevelopment of the Mellor Ward at the Royal Talbot Rehabilitation Centre are progressing well with work almost ready to commence on the new 42-bed ward. We look forward to the commencement of this important project.

The \$15 million renovation and expansion of The Surgery Centre at the Heidelberg Repatriation Hospital will provide four additional theatres and 12 new surgical beds. The Central Sterilising Services Department will also be recommissioned. This project is due for completion in 2013.

Work on the 22-bed Community Care Unit at the Heidelberg Repatriation Hospital has commenced and is due for completion in April 2013. The unit will provide rehabilitation to people with long-term mental health illnesses in a residential setting.

Plans for the multi-million dollar development of the Martin Street car park have been finalised. The car park will give the hospital an additional 650 car spaces and will be completed by August 2013 in time for the second stage opening of the Olivia Newton-John Cancer & Wellness Centre.

THE BOARD

In July 2011, we welcomed Ms Mary Ann Morgan and Dr Con Mylonas to the Austin Health Board. Both members bring unique combinations of knowledge and skill to the Board.

In June 2012, we farewelled Tim Daly AM who finished his term as Chair of the Austin Health Board after nine very successful years of service in the role. Tim was a committed leader and passionate supporter of Austin Health. We hope he retains a close association with the organisation. Ms Miranda Douglas-Crane also finished her term on the Board in June 2012. She played a significant role as Chair of the Audit Committee and we thank her for her contribution over the last four years.

We record our appreciation for the dedication and service to Austin Health by all our Board members.

We also thank the Honourable David Davis MLC, Minister for Health and Ageing and the Department of Health for their ongoing support.

Finally, in accordance with the *Financial Management Act 1994*, we are pleased to present the following Report of Operations for Austin Health for the year ending 30 June 2012.

The Hon. Judith Troeth AM

Judith Trock

Chair

Dr Brendan Murphy Chief Executive Officer

16 August, 2012

Board of Directors

(AS AT 30 JUNE 2012)

Austin Health's Board consists of nine directors, appointed by the Victorian Government. The Board leads the strategic direction for the management, administration and control of Austin Health, its funds and its facilities. Directors are elected for a term of up to three years and may be re-elected to serve for up to nine years.

BOARD MEMBERS

Mr Tim Daly AM (Chair)

Ms Miranda Douglas-Crane

Ms Barbara Hingston

Ms Suzanne Evans

Mr Stephen Kerr

Professor John McNeil AM

Professor David Scott AM

Ms Mary Ann Morgan

Dr Con Mylonas

AUDIT COMMITTEE MEMBERS

Ms Miranda Douglas-Crane (Chair)

Mr Tim Daly AM

Ms Suzanne Evans

Ms Barbara Hingston

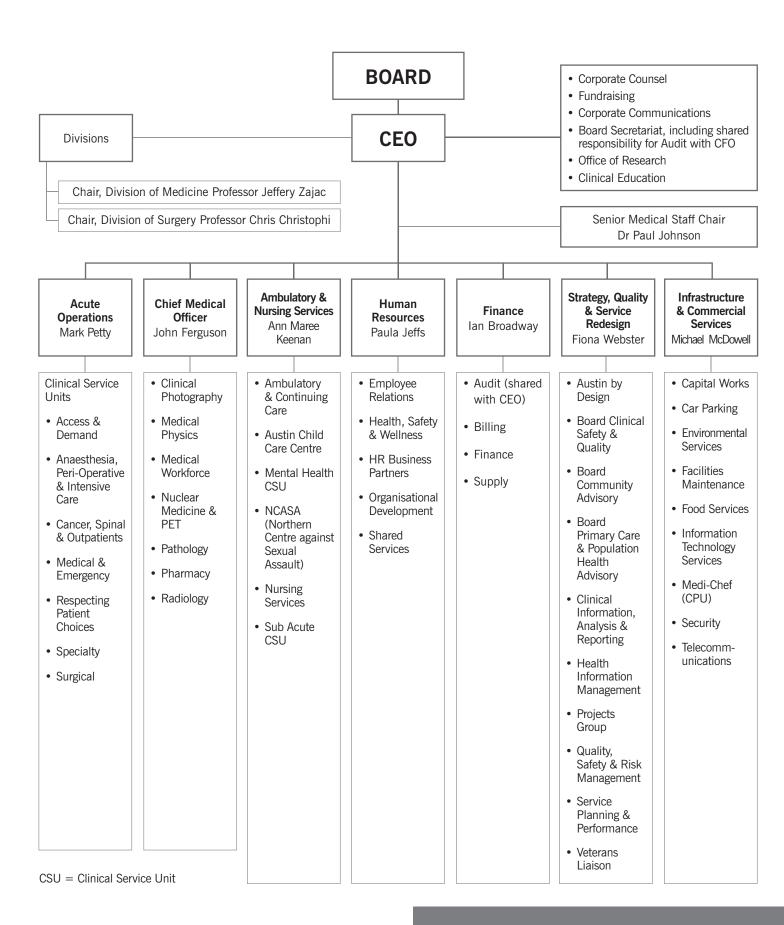
Dr Con Mylonas

CHIEF EXECUTIVE OFFICER

Dr Brendan Murphy

Organisational Structure

(AS AT 30 JUNE 2012)



Human Resources

The Human Resources team assists the organisation to leverage its most valuable asset - its employees.

In 2011-12, Human Resources continued to evaluate its own performance and to implement strategies to improve its own efficiency and transparency; a process of review initiated in the previous financial year.

HUMAN RESOURCES IMPROVEMENTS

As part of efforts to improve the efficiency of Human Resources, a new staff helpdesk portal was introduced called HR Solutions. Employees can now access human resources advice much more simply. Advice is more consistent and the process is more transparent. Queries can also now be better tracked for problem identification and service improvement.

Another significant project delivered was the integration of Austin Health's rostering system with the organisation's payroll process. This project has improved efficiency, governance and payroll accuracy.

ORGANISATIONAL **DEVELOPMENT**

An Organisational Development team was established in 2011-12 to respond to Austin Health's future growth and demands and to develop and prepare the organisation to build the right workforce for the future. A number of new frameworks have been developed to encourage leadership, engage the workforce and provide succession planning.

Work has been completed to design a Senior Medical Leadership Program for Austin Health in order to develop high potential leaders who can help build a new culture of leadership amongst Austin Health's medical workforce.

EMPLOYEE RELATIONS

A specialist employee relations advisory team was created in 2011-12 to enable improved effectiveness in the implementation of organisational change. By centralising this activity into one team, consistency of case management has increased and organisational risk has reduced; timeliness of change implementation has improved and positive relationships with staff have been maintained.

WORKFORCE HEALTH. SAFETY & WELLNESS

Incident Reporting and Safety Programs

WorkSafe Victoria notifiable incidents and workplace injuries and claims have decreased in the past year demonstrating a commitment to safer work practices at Austin Health. There were 33 per cent less workers compensation claims received in Acute Operations and a 50 per cent decrease in Infrastructure & Commercial Services.

The MoveSmart program has been consolidated with a large amount of equipment upgrades and training, support and advice for staff in 2011-12. This has increased staff awareness and there has been a further 30 per cent reduction in manual handling claims for 2011-12.

The Health, Safety and Wellness team has also undertaken significant work to review and upgrade emergency management

systems and response procedures across Austin Health.

Workers Compensation & Injury Management

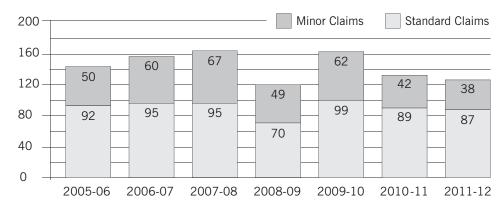
Standard worker's compensation claims have decreased in 2011-12 from 89 to 87 with overall 'all claims' data also demonstrating a reduction from 131 to 125.

Wellness Programs

The Mature Workforce Program was piloted in Mental Health to engage members of the workforce over 50 years of age with regular onsite information, programs and enhanced educational opportunities. The Program has seen Austin Health recognised as a 'Corporate Champion' in the Federal Government's Experience Plus program. Impotantly, funding from the Victorian Department of Health has enabled the expansion of the Mature Workforce Program across the Aged Care and Subacute divisions with an additional 100 staff attending the program in the last 12 months.

Over 1,400 staff attended Work Health checks as part of a very successful Health and Benefits Expo. Hundreds of staff explored the range of health, wellness and corporate benefits available to them. The success of the Expo culminated in Austin Health being nominated for a Work Safe Victoria Award for staff health and wellbeing.

STANDARD WORKCOVER CLAIMS BY YEAR



Infrastructure & Commercial Services

The Infrastructure & Commercial Services team supports and facilitates the delivery of healthcare by continually improving facilities for patients and staff. 2011-12 has been a busy year. Two state-of-the art facilities were opened; ambitious maintenance targets were achieved; and a strategic master plan was completed setting the direction for Austin Health to meet its services needs for the next 10 years in line with the Strategic Services Plan.

CAPITAL WORKS

- The Olivia Newton-John Cancer & Wellness Centre Stages 1 and 2A were completed in April 2012 and officially opened on 22 June 2012. Construction is progressing for Stage 2b;
- Stage 2A refurbishment of Pathology was completed in May 2012;
- Funding of \$3.9m for a 10-bed off-site Prevention and Recovery Care Service facility was successful in 2011-12 and design has commenced;
- Design for the replacement of the Diamond Creek Opportunity Shop was well advanced;
- Construction has commenced on the 22-bed Community Care Unit at the Heidelberg Repatriation Hospital;
- The next stage of the fire safety upgrades commenced across all three sites;
- The expansion of the Martin Street Car park was tendered and is now awaiting final funding approval from the Department of Health and the Treasury Corporation of Victoria;
- The design for the Mellor Ward at the Royal Talbot Rehabilitation Centre was fully completed and is currently issued to the market for tendering;

- Construction works for The Surgery Centre expansion (\$15m) at the Heidelberg Repatriation Hospital; and the Emergency Department triage reconfiguration (\$1m) and the ICU third pod fit-out (\$2m) at the Austin Hospital are progressing;
- Work commenced on the Reverse
 Osmosis and flusher pipe system
 replacement works in the Harold
 Stokes Building at the Austin Hospital;
- Work commenced on the Domestic Heating & Hot Water Pipe Replacement to the wards in the Flanders Wing at the Heidelberg Repatriation Hospital;
- Upgrades began on the two lifts in the main lift block in the Harold Stokes Building at the Austin Hospital.

ENVIRONMENTAL SERVICES

Waste

Educating staff about the importance of correct waste segregation has been a priority through orientation programs and in-service education sessions delivered to clinical and non-clinical areas. During 2011-12, 89 per cent of clinical areas participated in waste education. Austin Health is in the commissioning phase of an organics recycling unit at the Austin Hospital and a recycling compactor has been installed at the Heidelberg Repatriation Hospital, further increasing the ability to recycle.

Energy

Austin Health initiated a trial program which involved replacement of various lights along nominated corridors with Light Emitting Diode (LED) lighting. During these works, it was found that the number of light fittings could also be reduced while maintaining the required lighting levels. As a result, the program has been expanded to include the lift lobby areas throughout one entire building. A program to replace traditional exit lights with LED exit lights is being implemented.

Water

During 2011-12, the Infrastructure & Commercial Services team focused on reducing water consumption through leakage by improving response times to maintenance requests and adding internal water meters to the hydrotherapy pools at the Heidelberg Repatriation Hospital and the Royal Talbot Rehabilitation Centre. Some major infrastructure upgrades will also assist to reduce water consumption through leakage.

Greening

A number of 'greening' projects have been undertaken across Austin Health. At the Austin Hospital, the Level 4 forecourt cafe and the Ward 2 West Paediatric gardens have been established. At the Heidelberg Repatriation Hospital, the wetlands and café courtyard projects have been completed.

Sustainability Reporting

Austin Health produced a Sustainability Report in late 2011 and was only one of two health services in Victoria to do so. Additional environmental information will be reported publicly in the 2011-12 Sustainability Report.

Strategy, Quality and Service Redesign

Strategy, Quality and Service Redesign (SQSR) supports Austin Health's continual service improvement by providing access to performance information; service improvement planning; and clear strategic direction.

SERVICE PLANNING AND **PERFORMANCE**

Service planning investigates and examines new ways of service delivery to improve the experience and health of patients. In consultation with patients and healthcare partners, plans are developed which outline how Austin Health will deliver care in the future in a way that ensures continual improvement in quality of care.

Two significant five to ten year service plans were completed during the 2011-12 financial year:

The Radiology Service Plan ensures the right mix of diagnosis and image-guided interventions to meet community need and to provide good access and a positive experience for patients and referring doctors.

The Ambulatory and Continuing Care Service Plan provides patients with high quality:

- Help in managing chronic conditions such as diabetes and heart disease;
- Home or community-based alternatives to hospital care; and
- Support services at home or in the community to assist recovery.

QUALITY, SAFETY AND RISK MANAGEMENT

In preparation for the new National Safety and Quality Health Service Standards which will be mandatory for all health services from January 2013, a number of significant projects were undertaken in 2011-2012. These included:

- The implementation of a standardised 'track and trigger' observation chart which allows for early recognition of patient deterioration;
- The implementation of a standardised nurse-to-nurse bedside handover tool - the key component of which includes patient involvement in the handover process;
- The rollout of a document control management system for policies, procedures and patient information;
- A trial of 'Patient Centred Walk-Arounds', where inpatients provide real-time feedback about their experiences for the purpose of service improvement; and
- The appointment of two consumer representatives to Austin Health's top level clinical governance group, the Board Clinical Safety and Quality Committee.

AUSTIN BY DESIGN

Austin by Design is a small team dedicated to improving patient outcomes by redesigning some aspects of the organisation's service delivery. The team achieves this by assessing the efficiency of organisational systems and processes and by training staff in 'lean thinking' and problem solving. In 2011-12 Austin by Design trained more than 90 staff across the organisation. The team now offers lunch time lectures and training programs for multidisciplinary teams and other work groups. The medical staff training program continued with a further ten senior medical staff completing the training program and now employing these skills in their practice. The team also spent 12 months assessing the journey of a stroke patient through Austin Health to identify opportunities for improvement. The detailed information collected from this exciting initiative will be used to develop a detailed plan to improve care for stroke patients.

ROMe-O PROJECT

In June 2012, Austin Health became one of the first health services in Australia to implement electronic medication management into four wards at the Heidelberg Repatriation Hospital. This new system has been shown to reduce medication errors by replacing traditional paper medication and drug charts with an electronic process.

Medical staff are supported by a system that warns for potential drug interactions and allergies and also provides guidance on safe prescribing when ordering medications. Nursing staff use mobile computers to view and record medications scheduled for administration to patients.

Nursing staff in particular have found this new system has many benefits including improved legibility of doctors' medication orders and improvements to the timeliness of medication administration. The system will be extended to all Austin Health wards by the end of 2012.

VETERAN LIAISON

In 2011-12, the Veteran Liaison Department continued to provide support and services to Austin Health's veteran community. The traditional ceremonies of observance were well attended in the Remembrance Garden at the Heidelberg Repatriation Hospital. A generous donation was received from the War Widows Guild of \$100,000 to build a labyrinth at the Heidelberg Repatriation Hospital.

Financials

Austin Health's long-term financial objectives are to improve financial performance; provide funds to reinvest into the organisation; update equipment; stay abreast of technological advances; and allocate our limited resources in a manner which maximises overall quality and performance.

The net result for the 2011-12 financial year (before capital and specific items) was \$5,186,000, which compared favourably with the budgeted breakeven target. It was a pleasing result because it was achieved while once again treating record patient numbers. The result was largely attributable to on-going efficiencies achieved through initiatives introduced in recent years to improve budget accountability.

Specifically, the better than budgeted financial outcome in 2011-12 was the result of:

- Improved utilisation of nursing resources mainly related to the integration of nurse graduates, reduced out-of-hours work and lower nurse agency costs;
- · Improved results in non-operating activities such as commercial operations, research activities and fundraising; and
- Improved financial accountability across many services.

FINANCIAL SUMMARY

981,129	971,071	984,508	993,262	588,527
224,730	204,247	198,797	197,252	177,711
1,205,859	1,175,318	1,183,305	1,190,514	766,238
(100,956)	(110,891)	(97,269)	(74,824)	(88,034)
10,058	(13,437)	(22,334)	16,377	(9,946)
4,872	(14,696)	(26,459)	11,856	(10,018)
5,186	1,259	4,125	4,521	72
702,591	686,462	635,998	604,116	550,247
707,777	687,721	640,123	608,637	550,319
\$000	\$000	\$000	\$000	\$000
2012	2011	2010	2009	2008
	\$000 707,777 702,591 5,186 4,872 10,058 (100,956) 1,205,859 224,730	\$000 \$000 707,777 687,721 702,591 686,462 5,186 1,259 4,872 (14,696) 10,058 (13,437) (100,956) (110,891) 1,205,859 1,175,318 224,730 204,247	\$000 \$000 \$000 707,777 687,721 640,123 702,591 686,462 635,998 5,186 1,259 4,125 4,872 (14,696) (26,459) 10,058 (13,437) (22,334) (100,956) (110,891) (97,269) 1,205,859 1,175,318 1,183,305 224,730 204,247 198,797	\$000 \$000 \$000 \$000 \$000 \$000 \$000 \$00

Our Clinical Services

STATEWIDE SERVICES

Acquired Brain Injury Unit

Brain Disorders Unit

Psychological Trauma and Recovery Service

Statewide Child Mental Health Unit

Spinal Community Integration Service

Ventilation Weaning Unit

Victorian Liver Transplant Unit

Victorian Respiratory Support Service

Victorian Spinal Cord Service

Victorian Toxicology Service and

Poisons Centre

REGIONAL SERVICES

Body Image Eating Disorder Treatment and Recovery Service

Child and Adolescent Mental Health Service

Parent Infant Program

Secure Extended Care Unit

SUB-ACUTE SERVICES

Acquired Brain Injury Unit

Aged Care Consultative Service

Aged Care Volunteer Program

Community Aged Care Packages

Darley House Residential Aged Care Service

Extended Aged Care at Home Dementia

Heidelberg Aged Care Assessment Service

Memory and Cognitive Research Unit

Northern Region Dementia Extended Aged

Care at Home Program

Northern Region Extended Aged Care at

Home Program

Orthotics and Prosthetics

Rehabilitation Services

Restorative Care Program

Transition Care Program

HOME AND AMBULATORY **SERVICES**

Community Link Rapid Response Service

Community Rehabilitation Centre

Day Treatment Centre

Hospital in the Home

Hospital Primary Care Liaison Unit

Medi-Hotel

Pastoral Care

Post Acute Care

Rehabilitation in the Home

Residential Care Outreach Service

Wound Clinic

ALLIED HEALTH

Leisure Services

Neurological Rehabilitation Services

Nutrition and Dietetics

Occupational Therapy

Physiotherapy

Social Work

Speech Pathology

ANAESTHESIA, PERIOPERATIVE AND INTENSIVE CARE

Anaesthesia

Endoscopy

Intensive Care Unit

Pain Services

Perioperative Services (Austin Hospital)

Surgery and Endoscopy Centre

(Austin Hospital)

The Surgery Centre (Heidelberg

Repatriation Hospital)

CANCER SERVICES

Cancer Clinical Trials Centre

Cancer Immunology

Cannulation and Apheresis Treatment

Service

Clinical Haematology

Day Oncology Unit/Chemotherapy

Genetics Service

Lymphoedema Service

Medical Oncology

Palliative Care

Radiation Oncology (Heidelberg Repatriation

Hospital and Ballarat Austin Radiation

Oncology Centre)

Wellness and Supportive Care Program

DIAGNOSTIC SERVICES

Anatomical Pathology

Blood Bank

Bone Densitometry

Centre for Positron Emission Tomography

Chemical Pathology

Clinical Pathology

Haematology

Laboratory Medicine

Microbiology

Molecular Biology

Nuclear Medicine

Radiology including CT, MRI and

Interventional Radiology

SURGERY

Breast

Cardiac

Colorectal

Gastroenterology

Gynaecology

Hepato Pancreato Biliary and Transplant

Maxillo Facial

Neurosurgery

Ophthalmology

Orthopaedics

Paediatrics

Plastics

Thoracics

Upper Gastrointestinal and Endocrine

Urology

Vascular

MEDICAL AND EMERGENCY

Acute Assessment Unit

After Hours GP Clinic

Clinical Pharmacology, Therapeutics

and Hypertension

Dermatology

Emergency Medicine

Endocrinology

General Medicine

Hypertension

Infection Control

Infectious Diseases

Medical Assessment and Planning Unit

Nephrology

Paediatric Medicine

Podiatry

Renal Dialysis

Rheumatology

Short Stay Observation Unit

Toxicology

MENTAL HEALTH

Adolescent Inpatient Unit

Adult Acute Psychiatry Unit

Body Image Eating Disorder Treatment and

Recovery Service

Brain Disorders Program

Child and Adolescent Mental Health Service

Clinical and Health Psychology

Community Mental Health Services

Drug Dependence Clinic

General Hospital Mental Health

North East Area Mental Health Service

Parent Infant Program

Post Trauma Victoria

Secure Extended Care

Psychological Trauma Recovery Service

(including Post Trauma Victoria and

Veterans' Psychiatry Unit)

Statewide Child In Patient

Veterans' Psychiatry Unit

SPECIALTY SERVICES

Acute Stroke Care Unit

Cardiac Catheterisation Laboratories

Cardiac Rehabilitation

Cardiac surgery

Cardiology

Cardiodiagnostics Laboratory

Clinical Neuropsychology

Comprehensive Epilepsy Program

Neurodiagnostics Laboratory

Neuroimmunology

Neurology

Neurosurgery

Ophthalmology

Orthoptics

Respiratory and Sleep Medicine

Respiratory Laboratory

Sleep Laboratory

Thoracic Surgery

Tracheostomy Review and

Management Service

Vascular Laboratory

Vascular Surgery

SPECIALIST SURGICAL AND SPINAL

Audiology

Dental Services

Ear Nose Throat/Head and Neck Surgery

Oral and Maxillofacial Surgery

Orthopaedic Surgery

Plastic and Reconstructive Surgery

Spinal Surgery

OTHER

Northern Centre Against Sexual Assault

Outpatients

Pharmacv

Mandatory Reporting

By Government Gazette Notice dated 1 July 2000, the Governor in Council, on the recommendation of the Minister for Health, established Austin and Repatriation Medical Centre as a body corporate, being a metropolitan health service, pursuant to the provisions of the Health Services Act 1988. The organisation changed its name to Austin Health in 2003. Pursuant to amendments in 2004 to the Health Services Act, Austin Health was designated a public health service and appears as such in Schedule 5 of that Act.

ATTESTATION ON COMPLIANCE WITH AUSTRALIAN/NEW ZEALAND RISK MANAGEMENT **STANDARD**

I, Brendan Murphy certify that Austin Health has risk management processes in place consistent with the Australian/New Zealand Risk Management Standard and an internal control system is in place that enables the executive to understand, manage and satisfactorily control risk exposures. The Board Audit Committee verifies this assurance and that the risk profile of Austin Health has been critically reviewed within the last 12 months.

Austin Health is committed to the ongoing evaluation and development of our new Risk Management Framework.

Dr Brendan Murphy Chief Executive Officer Heidelberg

8 August, 2012

ATTESTATION ON GIFTS. **BENEFITS AND HOSPITALITY**

I, Brendan Murphy certify that:

- my organisation has gifts, benefits and hospitality policies and procedures in place;
- these policies and procedures are consistent with the minimum requirements and accountabilities outlined in the Gifts, Benefits and Hospitality Policy Framework for the Victorian Public Sector issued by the Public Sector Standards Commissioner;
- these policies and procedures are updated, promulgated and provided to my organisation's audit committee for review once a year.

Dr Brendan Murphy

Chief Executive Officer Heidelberg

16 August, 2012

ATTESTATION ON DATA INTEGRITY

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

Dr Brendan Murphy Chief Executive Officer Heidelberg

8 August, 2012

EX-GRATIA PAYMENTS

Austin Health made no ex-gratia payments for the year ending 30 June, 2012.

FREEDOM OF INFORMATION APPLICATIONS 2011-12

Requests received	1013
Fully granted	921
Partially	27
Denied	3
Other:	
Withdrawn	17
Not proceeded	4
Not processed	0
No documents	31
In progress	10

All applications were processed in accordance with the provisions of the *Freedom of Information Act 1982*, which provides a legally enforceable right of access to information held by government agencies. Austin Health reports on these requests to the Victorian Department of Justice annually.

WHISTLEBLOWERS PROTECTION ACT 2001

Austin Health is committed to the aims and objectives of the *Whistleblowers Protection Act 2001* and has procedures in place to facilitate the making of disclosures, to investigate disclosures and to protect persons making disclosures. During 2011-12, there were no disclosures made of improper conduct or detrimental action to Austin Health.

Procedures can be obtained from the Protected Disclosure Officer on 03 9496 5370 or by writing to Austin Health, PO Box 5555, Heidelberg, Victoria, 3084.

VICTORIAN INDUSTRY PARTICIPATION POLICY ACT 2003

During 2011-12, Austin Health had no projects that commenced or were completed during the 2011-12 reporting period, to which the *Victorian Industry Participation Policy (VIPP)* applied.

BUILDING ACT 1993 AND BUILDING REGULATION 2006

During the financial year it has been Austin Health's practice to obtain building permits for new projects and certificates of occupancy or certificates of final inspection for all completed projects. Registered building practitioners have been engaged for all new building projects.

In order to ensure Austin Health's buildings are maintained in a safe and functional condition ongoing maintenance programs are in place. Routine inspections were also undertaken throughout the year. From those inspections, Austin Health identified areas that required rectification and recommendations were made for this work to be carried out.

NATIONAL COMPETITION POLICY

Austin Health continues to comply with the National Competition Policy. In addition, the Victorian Government's competitive neutrality pricing principals for all relevant business activities have been applied by Austin Health.

Mandatory Reporting

(CONTINUED)

CONSULTANCIES ENGAGED DURING 2011-12

Consultancy	Originating Master Name	Sum of Amount	Future Commitment
Bed configuration project	CSIRO	\$59,000.00	\$0.00
Courier services review	Votar Partners	\$58,500.00	\$0.00
ONJ IT enablers project	Data Agility Pty Ltd	\$55,290.00	\$0.00
Radiology & hTrak review	Arpos Pty Ltd	\$51,311.35	\$0.00
Post Trauma Recovery Service review	Aspex Consulting	\$28,677.27	\$0.00
Laboratory IT & Business Case	Paxton Partners Pty Ltd	\$26,476.99	\$0.00
ONJ Clerical & Reception modelling	Data Agility Pty Ltd	\$26,000.00	\$0.00
ONJ supply chain review	Arpos Pty Ltd	\$25,311.35	\$0.00
Review of pre-admission services	LD&D Australia Pty Ltd	\$24,000.00	\$0.00
Switchboard review	Votar Partners	\$22,510.00	\$0.00
Pharmacy supply chain review	Logdesign	\$20,000.00	\$0.00
PSA supervisor review	Votar Partners	\$18,771.00	\$0.00
Ward 9 - IT, Dietetics & Nutrition review	K20 AU Pty Ltd	\$18,000.00	\$0.00
Health Independence Program administration review	Votar Partners	\$18,000.00	\$0.00
Evaluation of NEMICS PD grant program	Cathy Balding Qualityworks Pty Ltd	\$17,850.00	\$0.00
Review SMS costs	Susan Sdrinis	\$15,000.00	\$0.00
Sub-Acute administration review	Votar Partners	\$15,000.00	\$0.00
Pharmacy review	David Ford	\$15,000.00	\$0.00
AH Digital TV project	Lehr consultants International Aust	\$14,580.00	\$0.00
Electricity supply project	Advance Business Consult Service	\$14,150.00	\$0.00
Martin St Carpark	Bonacci Group Pty Ltd	\$11,000.00	\$0.00
Totals		\$554,427.96	

Less than \$10,000 per consultancy There were 22 consultancies engaged at a total cost of \$79,796.51.

AVAILABILITY OF OTHER INFORMATION

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

- (a) A statement of pecuniary interest has been completed.
- (b) Details of shares held by senior officers as nominee or held beneficially.
- (c) Details of publications produced by the Department about the activities of the Health Service and where they can be obtained.
- (d) Details of changes in prices, fees, charges, rates and levies charged by the Health Service.
- (e) Details of any major external reviews carried out on the entity.
- (f) Details of major research and development activities undertaken by the Health Service that are not otherwise covered either in the Report of Operations or in a document that contains the financial report and Report of Operations.
- (g) Details of overseas visits undertaken including a summary of the objectives and outcomes of each visit.
- (h) Details of major promotional, public relations and marketing activities undertaken by the Health Service to develop community awareness of the Health Service and its services.
- (i) Details of assessments and measures undertaken to improve the occupational health and safety of employees.

- (j) General statement on industrial relations within the Health Service and details of time lost through industrial accidents and disputes, which is not otherwise detailed in the Report of Operations.
- (k) A list of major committees sponsored by the Health Service, the purposes of each committee and the extent to which the purposes have been achieved.

MERIT AND EQUITY

Recruitment, selection and employment within Austin Health complies with employment conditions as specified in relevant Health Awards and Enterprise Bargaining Agreements. The employment of staff satisfies equal employment opportunity requirements, legislative and moral obligations, and terms and conditions of the Fair Work Act, Australia including National Employment Standards.

WORK FORCE DATA

Labour Category	June Current mo	June Current month FTE		
	2011	2012	2011	2012
Nursing	2,144.35	2,107.05	2,100.26	2,098.81
Administration and Clerical	801.39	792.13	805.68	797.08
Medical Support	648.59	654.91	658.32	653.43
Hotel and Allied Services	540.88	511.31	548.82	519.32
Medical Officers	137.17	147.61	141.41	141.64
Hospital Medical Officers	387.67	414.32	390.43	405.52
Sessional Clinicians	102.96	108.15	99.87	101.27
Ancillary Staff (Allied Health)	473.41	479.58	444.40	470.86

Statement of Priorities

PART A: STRATEGIC PRIORITIES FOR 2011-12

	Strategic Priority	Deliverables	Outcome
1	Ensure that health care is clinically effective and provided in the most clinically effective and cost-effective environments	Ambulatory & Continuing Care Service Plan completed	Draft plan completed. Final plan to be completed in July 2012.
2	Develop and implement new models of care in the Olivia Newton-John Cancer & Wellness Centre	Appointment of Project Co-ordinators and establishment of User Groups Transitions plans to ambulatory oncology services complete and implemented	Completed Plans in place with first clinics commencing 2nd July 2012.
3	Progress capacity enhancement projects, including the redevelopment of the Intensive Care Unit (Pod C), Emergency Department triage and The Surgery Centre	Construction commenced and progressing on site	Construction progressing on schedule, with anticipated completion in the 2012-13 financial year.
4	Extend Health Assistants in Nursing (HAN) role in acute inpatient wards	Additional 9 acute wards with HAN, with reduced specialling and increased patient and staff satisfaction	The Health Assistants in Nursing now employed in additional nine acute wards and meeting deliverables.
5	Implement Billing Project	Approved (and controllable) deadlines as per approved Plan, met	Project completed to extent possible (within the control of Austin Health). Further work will be undertaken as business as usual when relevant systems are updated and external suppliers available.
6	Implementation of the Journey to Zero in targeted wards for Observation Response Charts	Improved compliance with observation orders and escalation of care requirements	Trial in targeted wards was successfully undertaken in 2011 and organisation wide model subsequently developed. Observation and response chart with vital signs procedure and escalation policy were rolled out organisation wide in May 2012. Baseline audit was completed and post implementation audits are scheduled for 1, 6 and 12 months.
7	Implementation of Release 2C Cerner Millennium clinical system that provides electronic inpatient prescribing and administration	Go-live with electronic inpatient prescriptions and administration in pilot area	Go-live has occurred in HRH sub-acute wards

PART B: PERFORMANCE PRIORITIES

FINANCIAL PERFORMANCE

Key performance indicator	Target	Progress to end June 2012
Operating result		
Annual operating result (\$m)	0	5.186
Cash management		
Creditors	< 60 days	45 days
Debtors	< 60 days	68 days

ACCESS PERFORMANCE

Key performance indicator	Target	Progress to end June 2012
Emergency care		
Percentage of operating time on hospital bypass	3	2.1
Percentage of emergency patients transferred to an inpatient bed within 8 hours	80	72
Percentage of non-admitted emergency patients with a length of stay less than 4 hours	80	67
Number of patients with a length of stay in the Emergency Department greater than 24 hours	0	4
Percentage of Triage Category 1 emergency patients seen immediately	100	100
Percentage of Triage Category 2 emergency patients seen within 10 minutes	80	80
Percentage of Triage Category 3 emergency patients seen within 30 minutes	75	61

Key performance indicator	Target	Progress to end June 2012
Elective surgery		
Percentage of Urgency Category 1 elective patients admitted within 30 days	100	100
Percentage of Urgency Category 2 elective surgery patients waiting less than 90 days	80	65
Percentage of Urgency Category 3 elective surgery patients waiting less than 365 days	90	90
Number of patients on the elective surgery waiting list (1)	3,499	3,517
Number of Hospital initiated Postponements (HiPs) per 100 scheduled admissions	8	8

⁽¹⁾ The target shown is the number of patients on the elective surgery waiting list as at 30 June 2012.

Statement of Priorities

(CONTINUED)

SERVICE PERFORMANCE

Key performance indicator	Target	Actual at end June 2012
WIES (1) activity		
Percentage of WIES		
(public & private) performance to target	98 to 102	99.5
Elective surgery (2)		
Number of patients admitted from the elective surgery waiting list – quarter 1	2,726	2 714
-	2,720	2,714
Number of patients admitted from the elective surgery		
waiting list – quarter 2	2,520	2,591
Number of patients admitted from the elective surgery		
waiting list – quarter 3	2,289	2,558
Number of patients admitted from the elective surgery	0.615	0.676
waiting list – quarter 4	2,615	2,676
Critical care		
ICU minimum operating capaci	ity 18	18
Quality and safety		
Health service		
accreditation	Full compliance	Full compliance
Residential aged care accreditation	Full compliance	Full compliance
Cleaning standards	Full compliance	Full compliance
Infection Surveillance Clinical indicators	No outliers	No outliers
Hand Hygiene Program compliance rate	65	78
SAB rate per occupied bed days (3)	< 2/10,000	0.7/10,000

Key performance indicator	Target	Actual at end June 2012
Victorian Patient Satisfaction Monitor: (OCI) (4)	73	Austin – 75.1 HRH – 77.8 RTRC – 74.8
Consumer Participation Indicator (5)	75	Austin – 77.0 HRH – 78.3 RTRC – 75.1
Maternity		
Percentage of women with prearranged postnatal home care	100	N/A
Mental Health		
28 day readmission rate	14	10.7
Post-discharge follow up rate (6)	75	81.7
Seclusion rate per occupied bed days (7)	< 20/1,000	4.7

- (1) WIES is a Weighted Inlier Equivalent Separation.
- (2) Established benchmark targets for patient access to public health service It is expected that health services show demonstrable improvement towards achievement of benchmark targets
- (3) SAB is Staphylococcus aureus bacteraemia
- (4) The target for the Victorian Patient Satisfaction Monitor is the Overall Care Index (OCI) which comprises six categories
- (5) The Consumer Participation Indicator is a category of the Victorian Patient Satisfaction Monitor
- (6) Applicable to child and adolescent, adult and aged services
- (7) Most recent available result

PART C: ACTIVITY AND FUNDING

Activity and funding type	Actual activity at end June 2012
Acute Inpatients	
WIES Public	53,296
WIES Private	13,087
WIES (Public, Private)	66,382
WIES Renal	1,839
WIES DVA	1,750
WIES TAC	811
WIES TOTAL	70,783
Sub-Acute Inpatient	
CRAFT Public	572
CRAFT Private	129
Rehab Spinal	5,348
Rehab L1 Public	3,959
Rehab L1 Private	190
Rehab L1 DVA	88
Rehab L2 Public	638
Rehab L2 Private	118
Rehab L2 DVA	789
Rehab - paediatric	233
GEM Public	18,939
GEM Private	5,576
GEM DVA	2,801
Palliative Care Public	4,967
Palliative Care Private	746
Palliative Care DVA	257
Restorative Care	1,422

Activity and funding type	Actual activity at end June 2012
Ambulatory	
VACS – Allied Health	57,064
VACS – Allied Health DVA	23,699
VACS – Variable	101,092
VACS – Variable DVA	1,653
Radiotherapy – WAUs Public	48,527
Radiotherapy – WAUs DVA	1,709
Transition care - Bed days	7,070
Transition care - Homeday	9,964
SACS	25,200
SACS DVA	326
Post Acute Care	1,528
Post Acute Care DVA	25
Aged Care	
Residential Aged Care	21,399
HACC	1,241
Mental Health	
MH - Inpatient	47,946
MH - Ambulatory (1)	38,707

⁽¹⁾ Activity was under-reported for the period, November 2011 to June 2012, due to industrial action.

Disclosure Index

The annual report of Austin Health is prepared in accordance with all relevant Victorian legislation. This index has been prepared to facilitate identification of Austin Health's compliance with statutory disclosure requirements.

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Financial Statements

Chairperson's, Chief Executive Officer's and Executive Director, Finance's Declaration

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

We further state that, in our opinion, the information set out in the comprehensive operating statement, balance sheet, statement of changes in equity, cash flow statement and notes to and forming part of the financial statements, presents fairly the financial transactions during the year ended 30 June 2012 and financial position of Austin Health as at 30 June 2012.

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.

Chairperson

Chief Executive Officer

Executive Director, Finance

Heidelberg, Victoria

Heidelberg, Victoria

Heidelberg, Victoria

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10/...8./2012



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INDEPENDENT AUDITOR'S REPORT

To the Board Members of Austin Health

The Financial Report

The accompanying financial report for the year ended 30 June 2012 of Austin Health which comprises the comprehensive operating statement, balance sheet, statement of changes in equity, cash flow statement, notes comprising a summary of significant accounting policies and other explanatory information, and the Chairperson's, Chief Executive Officer's and Executive Director, Finance's declaration has been audited.

The Board Members' Responsibility for the Financial Report

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

Auditor's Responsibility

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

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

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

Independent Auditor's Report (continued)

Independence

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

Opinion

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

Matters Relating to the Electronic Publication of the Audited Financial Report

This auditor's report relates to the financial report of Austin Health for the year ended 30 June 2012 included both in Austin Health's annual report and on the website. The Board Members of Austin Health are responsible for the integrity of Austin Health's website. I have not been engaged to report on the integrity of Austin Health's website. The auditor's report refers only to the subject matter described above. It does not provide an opinion on any other information which may have been hyperlinked to/from these statements. If users of the financial report are concerned with the inherent risks arising from publication on a website, they are advised to refer to the hard copy of the audited financial report to confirm the information contained in the website version of the financial report.

MELBOURNE 5 September 2012 Lo√ D D R Pearson Auditor-General

l. Jeffin

Auditing in the Public Interest

Comprehensive operating statement For the year ended 30 June 2012

	Note	Total 2012 \$000	Total 2011 \$000
Revenue from Operating Activities	2	705,312	685,784
Revenue from Non-Operating Activities	2	2.465	1.937
Employee Expenses	3	(516,243)	(499,057)
Non Salary Labour Costs	3	(6,696)	(9,224)
Supplies and Consumables	3	(105,175)	(104,974)
Other Expenses	3	(74,477)	(73,207)
Net Result Before Capital & Specific Items	_ _	5,186	1,259
Capital Purpose Income	2	80,771	63,861
Impairment of Non-Financial Assets	3	-	-
Depreciation and Amortisation	4	(70,957)	(74,345)
Expenditure Using Capital Purpose Income	3	(4,942)	(4,212)
Net Result for the Year	=	10,058	(13,437)
Other Comprehensive Income			
Net fair value revaluation on Non Financial Assets		-	-
Comprehensive Result for the Year	_	10,058	(13,437)

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

Balance sheet As at 30 June 2012

	Note	Total 2012 \$000	Total 2011 \$000
Current Assets			
Cash and Cash Equivalents	6	57,638	27,674
Receivables	7	32,878	32,627
Investments and Other Financial Assets	8	-	25,077
Inventories	9	5,864	6,706
Other Assets	11 _	2,017	2,779
Total Current Assets	_	98,397	94,863
Non-Current Assets			
Receivables	7	24,658	18,036
Investments and Other Financial Assets	8	154	154
Other Assets	11	221	104
Property, Plant and Equipment	12	1,079,286	1,060,846
Intangible Assets	13 _	3,143	1,315
Total Non-Current Assets		1,107,462	1,080,455
TOTAL ASSETS	_	1,205,859	1,175,318
Current Liabilities			
Payables	14	39,310	37,588
Borrowings	15	521	488
Provisions	16	141,770	126,408
Other Liabilities	17	2,395	895
Total Current Liabilities	_	183,996	165,379
Non-Current Liabilities			
Borrowings	15	22,502	23,023
Provisions	16	18,104	15,711
Other Liabilities	17	128	134
Total Non-Current Liabilities		40,734	38,868
TOTAL LIABILITIES		224,730	204,247
NET ASSETS	=	981,129	971,071
EQUITY			
Property, Plant & Equipment Revaluation Surplus	18(a)	546,297	546,297
Restricted Specific Purpose Surplus	18(a)	5,861	5,738
Contributed Capital	18(b)	529,927	529,927
Accumulated Surpluses/(Deficits)	18(c)	(100,956)	(110,891)
TOTAL EQUITY	` ' =	981,129	971,071
Commitments	22	05 760	05.005
Commitments Contingent Liabilities	22	85,769 6.250	95,005 3,750
Contingent Liabilities	23 _	6,250	3,750
	=	92,019	98,755

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

Statement of changes in equity For the year ended 30 June 2012

	Note	Property, Plant & Equipment Revaluation Surplus	Restricted Specific Purpose Surplus	Accumulated Surpluses/(Deficits)	Contributions by Owners	Total
		\$000	\$000	\$000	\$000	\$000
Balance at 1 July 2010		546,297	5,553	(97,269)	529,927	984,508
Net result for the year as restated Other comprehensive income for the		ı	185	(13,437)	,	(13,252)
year Transfer to accumulated surplus	18 a, c	1 1	1 1	- (185)	1 1	(185)
Balance at 30 June 2011		546,297	5,738	(110,891)	529,927	971,071
Net result for the year Other comprehensive income for the		ı	123	10,058	'	10,181
year Transfer to accumulated surplus Transfer to contributed capital	18 a, c	1 1 1	1 1 1	- (123)	1 1 1	(123)
Balance at 30 June 2012	·	546,297	5,861	(100,956)	529,927	981,129

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

Cash flow statement For the year ended June 2012

`	Note	Total 2012 \$000	Total 2011 \$000
CASH FLOWS FROM OPERATING ACTIVITIES			
Operating Grants from Government		556,629	534,566
Patient and Resident Fees Received		24,408	26,686
Private Practice Fees Received		11,832	11,646
Donations and Bequests Received		2,628	1,521
GST Received from/(paid to) ATO		41	(648)
Recoupment from Private Practice for use of Hospital		22.224	
Facilities		30,624	30,355
Interest Received		2,501	2,101
Other Receipts		70,776	64,615
Employee Expenses Paid		(497,558)	(491,068)
Non Salary Labour Costs		(6,696)	(9,224)
Finance Costs		(1,999)	(1,846)
Other Payments	_	(174,338)	(166,576)
Cash Generated from Operations		18,848	2,128
Capital Grants from Government		70,194	45,264
Capital Donations and Bequests Received		4,357	3,372
Other Capital Receipts		4,294	4,968
Other Capital Payments		(4,941)	(4,211)
NET CASH INFLOW(OUTFLOW) FROM OPERATING	_		
ACTIVITIES	19	92,752	51,521
CASH FLOWS FROM INVESTING ACTIVITIES	_	·	·
Proceeds from Sale of Investments		25,077	13,891
Payments for Non-Financial Assets		(87,384)	(61,910)
Proceeds from sale of Non-Financial Assets		94	483
NET CASH INFLOW/(OUTFLOW) FROM INVESTING	_		
ACTIVITIES	_	(62,213)	(47,536)
CACH FLOWIC FROM FINANCING ACTIVITIES			
CASH FLOWS FROM FINANCING ACTIVITIES		(F7F)	(004)
Repayment of Borrowings	_	(575)	(601)
NET CASH INFLOW/(OUTFLOW) FROM FINANCING			
ACTIVITIES	_	(575)	(601)
NET INCREASE/(DECREASE) IN CASH AND EQUIVALENT	TS HELD	29,964	3,384
CASH AND CASH EQUIVALENTS AT BEGINNING OF			
YEAR	6 _	27,634	24,250
CASH AND CASH EQUIVALENTS AT END OF YEAR	6	57,598	27,634

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

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Note 1: Summary of Significant Accounting Policies

(a) **Statement of Compliance**

The financial statements are general purpose financial statements which have been prepared in accordance with the Financial Management Act 1994 and applicable Australian Accounting Standards (AASs) issued by the Australian Accounting Standards Board (AASB).

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

The Health Service is a not-for-profit entity and therefore applies the additional Aus paragraphs applicable to "not-for-profit" Health Services under the AASs.

The annual financial statements were authorised for issue by the Board of Austin Health on 10 August 2012.

(b) Basis of accounting preparation and measurement

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

The accounting policies set out below have been applied in preparing the financial statements for the year ended 30 June 2012, and the comparative information presented in these financial statements for the year ended 30 June 2011.

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

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

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

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

Particularly, exceptions to the historical cost convention include:

- Non-current physical assets, which subsequent to acquisition, are measured at valuation and are reassessed with sufficient regularity to ensure that the carrying amounts do not materially differ from their fair values:
- Derivative financial instruments, managed investment schemes, certain debt securities, and investment properties after initial recognition, which are measured at fair value through profit and loss:
- Available-for-sale investments which are measured at fair value with movements reflected in equity until the asset is derecognised; and
- The fair value of assets other than land is generally based on their depreciated replacement value.

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

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

Note 1: Summary of Significant Accounting Policies (continued)

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

- the fair value of land, buildings, infrastructure, plant and equipment (refer to note 1(i));
- actuarial assumptions for employee benefit provisions based on likely tenure of existing staff, patterns of leave claims, future salary movements and future discount rates (refer to note 1(j)).

(c) **Reporting Entity**

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

Its principle address is:

Austin Hospital Studley Road Heidelberg Victoria 3084.

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

Scope and presentation of financial statements (d) **Fund Accounting**

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

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

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

Residential Aged Care Service

The Residential Aged Care Service operations are an integral part of Austin Health and shares its resources. An apportionment of land and buildings has been made based on floor space. The results of the two operations have been segregated based on actual revenue earned and expenditure incurred by each operation in Note 2b to the financial statements.

The Residential Aged Care Service is substantially funded from Commonwealth bed-day subsidies.

Net Result Before Capital & Specific Items

The subtotal entitled 'Net result Before Capital & Specific Items' is included in the comprehensive operating statement to enhance the understanding of the financial performance of Austin Health. This subtotal reports the result excluding items such as capital grants, assets received or provided free of charge, depreciation, expenditure using capital purpose income and items of an unusual nature and amount such as specific income and expenses. The exclusion of these items is made to enhance matching of income and expenses so as to facilitate the comparability and consistency of results between years and Victorian Public Health Services. The 'Net result Before Capital & Specific Items' is used by the management of Austin Health, the Department of Health and the Victorian Government to measure the ongoing performance of Health Services in operating hospital services.

Note 1: Summary of Significant Accounting Policies (continued)

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

- Capital purpose income, which comprises all tied grants, donations and bequests received for the purpose of acquiring non-current assets, such as capital works, plant and equipment or intangible assets. It also includes donations of plant and equipment. Consequently the recognition of revenue as capital purpose income is based on the intention of the provider of the revenue at the time the revenue is provided.
- Specific income/expense, comprises the following items, where material:
 - Voluntary departure packages
 - Write-down of inventories
 - Non-current asset revaluation increments/decrements
 - Diminution/impairment of investments
 - Restructuring of operations (disaggregation/aggregation of Health Services)
 - Litigation settlements
 - Non-current assets lost or found
 - Forgiveness of loans
 - Reversals of provisions
 - Voluntary changes in accounting policies (which are not required by an accounting standard or other authoritative pronouncement of the Australian Accounting Standards Board)
- Impairment of financial and non-financial assets, includes all impairment losses (and reversal of previous impairment losses), which have been recognised in accordance with Note 1 (j) and (i)
- Depreciation and amortisation, as described in Note 1 (f)
- Assets provided or received free of charge (refer to Note 1 (g) and (h))
- Expenditure using capital purpose income, comprises expenditure which either falls below the asset capitalisation threshold or doesn't meet asset recognition criteria and therefore does not result in the recognition of an asset in the balance sheet, where funding for that expenditure is from capital purpose income.

Balance sheet

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

Statement of changes in equity

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

Cash flow statement

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

For the cash flow statement presentation purposes, cash and cash equivalents includes bank overdrafts, which are included as current borrowings in the balance sheet.

Comparative Information

The Mary Guthrie Residential Care Facility has 20 beds funded under the Commonwealth "Residential Aged Care Nursing Home" scheme. This facility is reported under the "Residential Aged Care, including Mental Health" program in Note 2a and 3a. The facility was previously reported as part of the Mental Health program.

(e) **Income Recognition**

Income is recognised in accordance with AASB 118 Revenue and is recognised as to the extent that it is probable that the economic benefits will flow to Austin Health and the income can be reliably measured. Unearned income at reporting date is reported as income received in advance.

Amounts disclosed as revenue are, where applicable, net of returns, allowances and duties and taxes.

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

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

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

Indirect Contributions from the Department of Health

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

Patient and Resident Fees

Patient fees are recognised as revenue at the time invoices are raised or accrued when a service is performed.

Private Practice Fees

Private practice fees are recognised as revenue at the time invoices are raised or accrued when a service is performed.

Donations and Other Bequests

Donations and bequests are recognised as revenue when received. If donations are for a special purpose, they may be appropriated to a reserve, such as the specific restricted purpose reserve.

Dividend Revenue

Dividend revenue is recognised when the right to receive payment is established.

Interest Revenue

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

Sale of investments

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

Resources Received Free of Charge or for Nominal Consideration

Resources received free of charge or for nominal consideration are recognised at their fair value when the transferee obtains control over them, irrespective of whether restrictions or conditions are imposed over the use of the contributions, unless received from another Health Service or agency as a consequence of a restructuring of administrative arrangements. In the latter case, such transfer will be recognised at carrying value. Contributions in the form of services are only recognised when a fair value can be reliably determined and the services would have been purchased if not donated.

Expense Recognition (f)

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

Cost of Goods Sold

Costs of goods sold are recognised when the sale of an item occurs by transferring the cost or value of the item/s from inventories.

Employee expenses

Employee expenses include:

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

Defined contribution 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 contribution superannuation plans are expensed when incurred.

Defined benefit superannuation plans

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

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

The name and details of the major employee superannuation funds and contributions made by Austin Health are as follows:

Fund	Contributions Paid or Payable for th	
	2012	2011
	\$'000	\$'000
Defined benefit plans:		
Hospital Superannuation Board – Health Super	2,489	2,781
Commonwealth Superannuation Scheme	2,001	2,019
ESS (previously GSO)	499	584
Defined contribution plans:		
Hospital Superannuation Board – Health Super	23,745	23,470
Hesta	10,282	9,586
Other	892	1,169
Total	39,908	39,609

Depreciation

Assets with a cost in excess of \$1,000 are capitalised and depreciation has been provided on depreciable assets so as to allocate their cost or valuation over their estimated useful lives. Depreciation is generally calculated on a straight line basis, at a rate that allocates the asset value, less any estimated residual value over its estimated useful life. Estimates of the remaining useful lives and depreciation method for all assets are reviewed at least annually, and adjustments made where appropriate. This depreciation charge is not funded by the Department of Health.

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

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

	2012	2011
Building Components:		
- Shell/Structure	Up to 60 years	Up to 60 years
- Siteworks/Site Services	Up to 30 years	Up to 30 years
- Services	Up to 28 years	Up to 28 years
- Fitout	Up to 20 years	Up to 20 years
Plant & Equipment	Up to 15 years	Up to 15 years
Medical Equipment	Up to 15 years	Up to 15 years
Computers and Communication	Up to 5 years	Up to 5 years
Furniture and Fitting	Up to 5 years	Up to 5 years
Motor Vehicles	Up to 3 years	Up to 3 years
Other Equipment	Up to 5 years	Up to 5 years
Intangible Assets	Up to 3 years	Up to 3 years

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

Amortisation

Amortisation is allocated to intangible assets with finite useful lives on a systematic (typically straightline) basis over the asset's useful life. Amortisation begins when the asset is available for use, that is, when it is in the location and condition necessary for it to be capable of operating in the manner intended by management. The amortisation period and the amortisation method for an intangible asset with a finite useful life are reviewed at least at the end of each annual reporting period. In addition, an assessment is made at each reporting date to determine whether there are indicators that the intangible asset concerned is impaired. If so, the assets concerned are tested as to whether their carrying value exceeds their recoverable amount.

Amortisation (continued)

Intangible assets with indefinite useful lives are not amortised, but are tested for impairment annually or whenever there is an indication that the asset may be impaired. The useful lives of intangible assets that are not being amortised are reviewed each period to determine whether events and circumstances continue to support an indefinite useful life assessment for that asset. In addition, the Health Service tests all intangible assets with indefinite useful lives for impairment by comparing the recoverable amount for each asset with its carrying amount:

- Annually: and
- whenever there is an indication that the intangible asset may be impaired.

Any excess of the carrying amount over the recoverable amount is recognised as an impairment loss. Intangible assets with finite useful lives are amortised over a 3 year period (2011: 3 years).

Finance Costs

Finance costs are recognised as expenses in the period in which they are incurred.

Finance costs include:

- interest on bank overdrafts and short-term and long-term borrowings;
- amortisation of discounts or premiums relating to borrowings; and
- amortisation of ancillary costs incurred in connection with the arrangement of borrowings;

Resources Provided Free of Charge or for Nominal Consideration

Resources provided free of charge or for nominal consideration are recognised at their fair value when the transferee obtains control over them, irrespective of whether restrictions or conditions are imposed over the use of the contributions, unless received from another Health Service or agency as a consequence of a restructuring of administrative arrangements. In the latter case, such transfer will be recognised at carrying value. Contributions in the form of services are only recognised when a fair value can be reliably determined and the services would have been purchased if not donated.

Financial instruments (g)

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 Austin Health's activities, certain financial assets and financial liabilities arise under statute rather than a contract. Such financial assets and financial liabilities do not meet the definition of financial instruments in AASB 132 Financial Instruments: Presentation. For example, statutory receivables arising from taxes, fines and penalties do not meet the definition of financial instruments as they do not arise under contract.

Where relevant, for note disclosure purposes, a distinction is made between those financial assets and financial liabilities that meet the definition of financial instruments in accordance with AASB 132 and those that do not.

The following refers to financial instruments unless otherwise stated.

Categories of non-derivative financial instruments

Financial assets and liabilities at fair value through profit or loss

Financial assets are categorised as fair value through profit or loss at trade date if they are classified as held for trading or designated as such upon initial recognition. Financial instrument assets are designated at fair value through profit or loss on the basis that the financial assets form part of a group of financial assets that are managed by the entity concerned based on their fair values, and have their performance evaluated in accordance with documented risk management and investment strategies.

Financial instruments at fair value through profit or loss are initially measured at fair value and attributable transaction costs are expensed as incurred. Subsequently, any changes in fair value are recognised in the net result.

Financial assets held for trading purposes are classified as current assets and are stated at fair value, with any resultant gain or loss recognised in the net result. The net gain or loss recognised in net result incorporates any dividend or interest earned on the financial asset. Fair value is determined in the manner described in Note 21.

Loans and receivables

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

Loans and receivables category includes cash and deposits (refer to Note 1(h)), term deposits with maturity greater than three months, trade receivables, loans and other receivables, but not statutory receivables.

The effective interest method is a method of calculating the amortised cost of a financial asset and of allocating interest income over the relevant period. The effective interest rate is the rate that exactly discounts estimated future cash receipts through the expected life of the financial asset, or, where appropriate, a shorter period.

Held-to-maturity investments

If the Health Service has the positive intent and ability to hold nominated investments to maturity, then such financial assets may be classified as held-to-maturity. Held-to-maturity financial assets are recognised initially at fair value plus any directly attributable transaction costs. Subsequent to initial recognition held-to-maturity financial assets are measured at amortised cost using the effective interest method, less any impairment losses.

The Health Service makes limited use of this classification because any sale or reclassification of more than an insignificant amount of held-to-maturity investments not close to their maturity, would result in the whole category being reclassified as available-for-sale. The Health Service would also be prevented from classifying investment securities as held-to-maturity for the current and the following two financial years.

The held-to-maturity category includes certain term deposits and debt securities for which the entity concerned intends to hold to maturity.

Available-for-sale financial assets

Available-for-sale financial instrument assets are those designated as available-for-sale or not classified in any other category of financial instrument asset. Such assets are initially recognised at fair value. Gains and losses arising from changes in fair value are recognised directly in equity until the investment is disposed of or is determined to be impaired, at which time the cumulative gain or loss previously recognised in equity is included in net result for the period. Fair value is determined in the manner described in Note 21.

Financial liabilities at amortised cost

Financial instrument liabilities are initially recognised on the date they are originated. They are initially measured at fair value plus any directly attributable transaction costs. Subsequent to initial recognition, these financial instruments are measured at amortised cost with any difference between the initial recognised amount and the redemption value being recognised in profit and loss over the period of the interest-bearing liability, using the effective interest rate method.

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

Financial assets (h)

Cash and Cash Equivalents

Cash and cash equivalents comprise cash on hand and cash at bank, deposits at call and highly liquid investments with an original maturity of 3 months or less, held for the purpose of meeting short term cash commitments rather than investment purposes, which are readily convertible to known amounts of cash and are subject to insignificant risk of changes in value.

Receivables

Receivables consist of:

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

Trade debtors are carried at nominal amounts due and are due for settlement within 30 days from the date of recognition. Collectability of debts is reviewed on an ongoing basis, and debts which are known to be uncollectible are written off. A provision for doubtful debts is recognised when there is objective evidence that the debts may not be collected and bad debts are written off when identified.

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

Receivables are recognised initially at fair value and subsequently measured at amortised cost, using the effective interest method, less any accumulated impairment.

Investments and Other Financial Assets

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

Investments are classified in the following categories:

- Financial assets at fair value through profit or loss:
- Loans and receivables: and
- Available-for-sale financial assets.

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

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

All financial assets, except those measured at fair value through profit or loss are subject to annual review for impairment.

Impairment of Financial Assets

At the end of each reporting period Austin Health assesses whether there is objective evidence that a financial asset or group of financial asset is impaired. Objective evidence includes financial difficulties of the debtor, default payments, debts which are more than 60 days overdue, and changes in debtor credit ratings. All financial instruments assets, except those measured at fair value through profit or loss, are subject to annual review for impairment.

Bad and doubtful debts for financial assets are assessed on a regular basis. Those bad debts considered as written off by mutual consent are classified as a transaction expense. The bad debts not written off by mutual consent and allowance for doubtful receivables are classified as 'other economic flows' in the net result.

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

Where a financial asset's fair value at balance date has reduced by 20 per cent or more than its cost price; or where its fair value has been less than its cost price for a period of 12 or more months, the financial instrument is treated as impaired.

In 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.

(i) Non-Financial Assets

Inventories

Inventories include goods and other property held either for sale, consumption or for distribution at no or nominal cost in the ordinary course of business operations. It includes land held for sale and excludes depreciable assets.

Inventories held for distribution are measured at cost, adjusted for any loss of service potential. All other inventories, including land held for sale, are measured at the lower of cost and net realisable value.

The bases used in assessing loss of service potential for inventories held for distribution include current replacement cost and technical or functional obsolescence. Technical obsolescence occurs when an item still functions for some or all of the tasks it was originally acquired to do, but no longer matches existing technologies. Functional obsolescence occurs when an item no longer functions the way it did when it was first acquired.

Cost is assigned to land for sale (undeveloped, under development and developed) and to other high value, low volume inventory items on a specific identification of cost basis (identify classes). Cost for all other inventory is measured on the basis of weighted average cost.

Inventories acquired for no cost or nominal consideration are measured at current replacement cost at the date of acquisition.

Non-financial Physical Assets Classified as Held for Sale

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

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

Property, Plant and Equipment

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

Crown Land is measured at fair value with regard to the property's highest and best use after due consideration is made for any legal or constructive restrictions imposed on the asset, public announcements or commitments made in relation to the intended use of the asset. Theoretical opportunities that may be available in relation to the asset(s) are not taken into account until it is virtually certain that any restrictions will no longer apply.

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

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

Revaluations of Non-current Physical Assets

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

Revaluation increments are credited directly to the asset revaluation surplus, except that, to the extent that an increment reverses a revaluation decrement in respect of that same class of asset previously recognised as an expense in net result, the increment is recognised as income in the net result. Revaluation decrements are recognised immediately as expenses in the net result, except that, to the extent that a credit balance exists in the asset revaluation surplus in respect of the same class of assets, they are debited directly to the asset revaluation surplus.

Revaluation increases and revaluation decreases relating to individual assets within an asset class are offset against one another within that class but are not offset in respect of assets in different classes. Revaluation surplus are normally not transferred to accumulated funds on derecognition of the relevant asset.

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

Intangible Assets

Intangible assets represent identifiable non-monetary assets without physical substance such as patents, trademarks, and computer software and development costs (where applicable). Intangible assets are initially recognised at cost. Subsequently, intangible assets with finite useful lives

are carried at cost less accumulated amortisation and accumulated impairment losses. Costs incurred subsequent to initial acquisition are capitalised when it is expected that additional future economic benefits will flow to the Health Service.

Other non-financial assets

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

Disposal of Non-Financial Assets

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

Impairment of Non-Financial Assets

Apart from intangible assets with indefinite useful lives, all other non-financial assets are assessed annually for indications of impairment, except for:

- inventories:
- non-current physical assets held for sale; and
- assets arising from construction contracts.

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

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

If there is an indication that there has been a change in the estimate of an asset's recoverable amount since the last impairment loss was recognised, the carrying amount shall be increased to its recoverable amount. The reversal of the impairment loss occurs only to the extent that the asset's carrying amount does not exceed the carrying amount that would have been determined, net of depreciation or amortisation, if no impairment loss had been recognised in prior years.

It is deemed that, in the event of the loss of an asset, the future economic benefits arising from the use of the asset will be replaced unless a specific decision to the contrary has been made. The recoverable amount for most assets is measured at the higher of depreciated replacement cost and fair value less costs to sell. Recoverable amount for assets held primarily to generate net cash inflows is measured at the higher of the present value of future cash flows expected to be obtained from the asset and fair value less costs to sell.

(j) Liabilities

Payables

Payables consist of:

Contractual payables which consist predominantly of accounts payable representing liabilities
for goods and services provided to the health service prior to the end of the financial year that
are unpaid, and arise when the health service becomes obliged to make future payments in
respect of the purchase of those goods and services.

The normal credit terms are usually Nett 30 days.

Statutory payables, such as goods and services tax and fringe benefits tax payables.

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

Borrowings

All borrowings are initially recognised at fair value of the consideration received, less directly attributable transaction costs (refer also to note 1(k). The measurement basis subsequent to initial recognition depends on, whether the Health Service has categorised its borrowings as either, financial liabilities designated at fair value through profit or loss, or financial liabilities at amortised cost. Any difference between the initial recognised amount and the redemption value is recognised in net result over the period of the borrowing using the effective interest method.

Provisions

Provisions are recognised when the Health Service 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 provision 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. Where a provision is measured using the cash flows estimated to settle the present obligation, its carrying amount is the present value of those cash flows, using a discount rate that reflects the time value of money and risks specific to the provision.

When some or all of the economic benefits required to settle a provision are expected to be received from a third party, the receivable is recognised as an asset if it is virtually certain that recovery will be received and the amount of the receivable can be measured reliably.

Employee Benefits

Wages and Salaries, Annual Leave and Accrued Days Off

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

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

Long Service Leave

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

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

The components of this current LSL liability are measured at:

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

Non-Current Liability - conditional LSL (representing less than 10 years of continuous service) is disclosed as a non-current liability. There is an unconditional right to defer the settlement of the entitlement until the employee has completed the requisite years of service. Conditional LSL is required to be measured at present value.

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

Termination Benefits

Termination benefits are payable when employment is terminated before the normal retirement date or when an employee accepts voluntary redundancy in exchange for these benefits.

Liabilities for termination benefits are recognised when a detailed plan for the termination has been developed and a valid expectation has been raised with those employees affected that the terminations will be carried out. The liabilities for termination benefits are recognised in other creditors unless the amount or timing of the payments is uncertain, in which case they are recognised as a provision.

On-Costs

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

Superannuation liabilities

Austin Health does not recognise any unfunded defined benefit liability in respect of the superannuation plans because the Health Service 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 administers and discloses the State's defined benefit liabilities in its financial statements.

Onerous contracts

An onerous contract is considered to exist when the Health Service has a contract under which the unavoidable cost of meeting the contractual obligation exceeds the estimated economic benefits to be received. Present obligations arising under onerous contracts are recognised as a provision to the extent that the present obligation exceeds the estimated economic benefits to be received.

Make good provisions

Make good provisions are recognised when the Health Service has contractual obligations to remove leasehold improvements from leased properties and restore the leased premises to their original condition at the end of the lease term. The related expenses of making good such properties are recognised when leasehold improvements are made.

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 expense in the estimated consolidated comprehensive operating statement.

(k) Leases

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

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

Finance Leases

Entity as lessor

Austin Health has one finance lease arrangement as a lessor. Rent payable to Austin Health that is considered material is recorded in the balance sheet as a lease receivable.

Entity as lessee

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

Operating Leases

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

Operating lease payments, including any contingent rentals, are recognised as an expense in the comprehensive operating statement on a straight line basis over the lease term, except where another systematic basis is more representative of the time pattern of the benefits derived from the use of the leased asset.

Lease Incentives

All incentives for the agreement of a new or renewed operating lease are recognised as an integral part of the net consideration agreed for the use of the leased asset, irrespective of the incentive's nature or form or the timing of payments.

In the event that lease incentives are received by the lessee to enter into operating leases, such incentives are recognised as a liability. The aggregate benefits of incentives are recognised as a reduction of rental expense on a straight-line basis, except where another systematic basis is more representative of the time pattern in which economic benefits from the leased asset is diminished.

Leasehold Improvements

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

(I) Equity

Contributed Capital

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

Property, Plant & Equipment Revaluation Surplus

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

Financial Asset Available-for-Sale Revaluation Surplus

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

Specific Restricted Purpose Reserve

A specific restricted purpose reserve is established where the Health Service has possession or title to the funds but has no discretion to amend or vary the restriction and/or condition underlying the funds received.

(m) Commitments

Commitments for future expenditure are not recognised on the balance sheet. Commitments for expenditure 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 individual projects are stated. These future expenditures cease to be disclosed as commitments once the related liabilities are recognised on the balance sheet.

(n) Contingent assets and contingent liabilities

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

(o) Goods and Services Tax (GST)

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

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

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

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

(p) Rounding

All amounts shown in the financial statements are expressed to the nearest \$1,000 unless otherwise stated.

(q) New Accounting Standards and Interpretations

Certain new Australian accounting standards and interpretations have been published that are not mandatory for the 30 June 2012 reporting period.

As at 30 June 2011, the following standards and interpretations had been issued but were not mandatory for the reporting period ending 30 June 2012. Austin Health has not and does not intend to adopt these standards early.

Note 1: Summary of Significant Accounting Policies (continued)

Standard/Interpretation	Summary	Applicable for Annual Reporting period beginning	Impact on Financial Statements
AASB 2009-12 Amendments to Australian Accounting Standards [AASBs 5, 8, 108, 110, 112, 119, 133, 137, 139, 1023 & 1031 and Interpretations 2, 4, 16, 1039 & 1052]	Makes numerous editorial changes to a range of Australian Accounting Standards and Interpretations. In particular, it amends AASB 8 Operating Segments to require an entity to exercise judgement in assessing whether a government and entities known to be under the control of that government are considered a single customer for the purposes of certain operating segment disclosures. It also makes numerous editorial amendments to a range of Australian Accounting Standards and Interpretations, including amendments to reflect changes made to the text of IFRS by the IASB.	1 July 2011	No significant impact on Financial Statements
AASB 2010-4 Amendments to Australian Accounting Standards arising from the Annual Improvements Project [AASB 1, AASB 7, AASB 101, AASB 134 and Interpretation 13]	Emphasises the interaction between quantitative and qualitative AASB 7 disclosures and the nature and extent of risks associated with financial instruments. Clarifies that an entity will present an analysis of other comprehensive income for each component of equity, either in the statement of changes in equity or in the notes to the financial statements. Provides guidance to illustrate how to apply disclosure principles in AASB 134 for significant events and transactions. Clarifies that when the fair value of award credits is measured based on the value of the awards for which they could be redeemed, the amount of discounts or incentives otherwise granted to customers not participating in the award credit scheme, is to be taken into account.	1 July 2011	No significant impact on Financial Statements
AASB 2010-5 Amendments to Australian Accounting Standards [AASB 1, 3, 4, 5, 101, 107, 112, 118, 119, 121, 132, 133, 134, 137, 139, 140, 1023 & 1038 and Interpretations 112, 115, 127, 132 & 1042]	This Standard makes numerous editorial amendments to a range of Australian Accounting Standards and Interpretations, including amendments to reflect changes made to the text of IFRS by the IASB. These amendments have no major impact on the requirements of the amended pronouncements.	1 July 2011	No significant impact on Financial Statements

Note 1: Summary of Significant Accounting Policies (continued)

Standard/Interpretation	Summary	Applicable for Annual Reporting period beginning	Impact on Financial Statements
AASB 1054 Australian Additional Disclosures	This standard is as a consequence of phase 1 of the joint Trans-Tasman Convergence project of the AASB and FRSB. This standard, with AASB 2011-1 relocates all Australian specific disclosures from other standards to one place and revises disclosures in the following areas: (a) Compliance with Australian Accounting Standards (b) The statutory basis or reporting framework for financial statements (c) Whether the entity is a for-profit or not-for-profit entity (d) Whether the financial statements are general purpose or special purpose (e) Audit fees (f) Imputation credits	1 July 2011	No impact on Financial Statements
AASB 2010-6 Amendments to Australian Accounting Standards – Disclosures on Transfers of Financial Assets [AASB 1 & AASB 7]	The amendments increase the disclosure requirements for transactions involving transfers of financial assets but which are not derecognised and introduce new disclosures for assets that are derecognised but the entity continues to have a continuing exposure to the asset after the sale.	1 July 2011	No significant impact on Financial Statements
AASB 1048	AASB 1048 identifies the Australian Interpretations and classifies them into two groups: those that correspond to an IASB Interpretation and those that do not. Entities are required to apply each relevant Australian Interpretation in preparing financial statements that are within the scope of the Standard. The revised version of AASB 1048 updates the lists of Interpretations for new and amended Interpretations issued since the June 2010 version of AASB 1048.	1 July 2011	No significant impact on Financial Statements

Note 1: Summary of Significant Accounting Policies (continued)

Standard/Interpretation	Summary	Applicable for Annual Reporting period beginning	Impact on Financial Statements
AASB 2011-3 Amendments to Australian Accounting Standards – Orderly Adoption of Changes to the ABS GFS Manual and Related Amendments (AASB 1049)	This Standard makes amendments including clarifying the definition of the ABS GFS Manual, facilitating the orderly adoption of changes to the ABS GFS Manual and related disclosures to AASB 1049. Amendments to Australian Accounting Standards – Improvements to AASB 1049 can be found in AASB 2011-13.	1 July 2012	This amendment is unlikely to have any significant impact.
AASB 2011-9 Amendments to Australian Accounting Standards – Presentation of Other Comprehensive Income [AASB 1, 5, 7, 101, 112, 120, 121, 132, 133, 134, 1039 & 1049]	This Standard requires entities to group items presented in other comprehensive income on the basis of whether they might be reclassified subsequently to profit or loss and those that will not.	1 July 2012	Detail of impact is still being assessed.
AASB 13 Fair Value Measurement	AASB 13 establishes a single source of guidance for determining the fair value of assets and liabilities. AASB 13 does not change when an entity is required to use fair value, but rather, provides guidance on how to determine fair value when fair value is required or permitted. Application of this definition may result in different fair values being determined for the relevant assets. AASB 13 also expands the disclosure requirements for all assets or liabilities carried at fair value. This includes information about the assumptions made and the qualitative impact of those assumptions on the fair value determined. Consequential amendments were also made to other standards via AASB 2011-8.	1 July 2013	Detail of impact is still being assessed.

Note 1: Summary of Significant Accounting Policies (continued)

Standard/Interpretation	Summary	Applicable for Annual Reporting period beginning	Impact on Financial Statements
AASB 119 Employee Benefits	The main change introduced by this standard is to revise the accounting for defined benefit plans. The amendment removes the options for accounting for the liability, and requires that the liabilities arising from such plans is recognized in full with actuarial gains and losses being recognized in other comprehensive income. It also revised the method of calculating the return on plan assets. The revised standard changes the definition of short-term employee benefits. The distinction between short-term and other long-term employee benefits is now based on whether the benefits are expected to be settled wholly within 12 months after the reporting date. Consequential amendments were also made to other standards via AASB 2011-10.	1 July 2013	Detail of impact is still being assessed.

Note 1: Summary of Significant Accounting Policies (continued)

Standard/Interpretation	Summary	Applicable for Annual Reporting period beginning	Impact on Financial Statements
Annual Improvements 2009 – 2011 Cycle Annual Improvements to IFRSs 2009 – 2011 Cycle	This standard sets out amendments to International Financial Reporting Standards (IFRSs) and the related bases for conclusions and guidance made during the International Accounting Standards Board's Annual Improvements process. These amendments have not yet been adopted by the AASB.	1 July 2013	Detail of impact is still being assessed.
	The following items are addressed by this standard:		
	IFRS 1 First-time Adoption of International Financial Reporting Standards		
	Repeated application of IFRS 1Borrowing costs		
	IAS 1 Presentation of Financial Statements • Clarification of the requirements for comparative information		
	IAS 16 Property, Plant and Equipment Classification of servicing equipment		
	IAS 32 Financial Instruments: Presentation Tax effect of distribution to holders of equity instruments		
	IAS 34 Interim Financial Reporting Interim financial reporting and segment information for total assets and liabilities		
AASB 2014 Amendments to Australian Accounting Standards to Remove Individual Key Management Personnel Disclosure Requirements [AASB 124]	This Amendment deletes from AASB 124 individual key management personnel disclosure requirements for disclosing entities that are not companies.	1 July 2013	Detail of impact is still being assessed, however unlikely to have a significant impact.

Note 1: Summary of Significant Accounting Policies (continued)

Standard/Interpretation	Summary	Applicable for Annual Reporting period beginning	Impact on Financial Statements
AASB 1053 Application of Tiers of Australian Accounting Standards	This Standard establishes a differential financial reporting framework consisting of two Tiers of reporting requirements for preparing general purpose financial statements: (a) Tier 1: Australian Accounting Standards (b) Tier 2: Australian Accounting Standards – Reduced Disclosure Requirements Tier 2 comprises the recognition, measurement and presentation requirements of Tier 1 and substantially reduced disclosures corresponding to those requirements. The following entities apply Tier 1 requirements in preparing general purpose financial statements: (a) For-profit entities in the private sector that have public accountability (as defined in this Standard) (b) The Australian Government and State, Territory and Local Governments The following entities apply either Tier 2 or Tier 1 requirements in preparing general purpose financial statements: (a) For-profit private sector entities that do not have public accountability (b) All not-for-profit private sector entities (c) Public sector entities other than the Australian Government and State, Territory and Local Governments. Consequential amendments to other standards to implement the regime were introduced by AASB 2010-2, 2011-2, 2011-6, 2011-11 and 2012-1.	1 July 2013	The Victorian Government is currently considering the impacts of Reduced Disclosure Requirements (RDRs) for certain public sector entities and has not decided if RDRs will be implemented to the Victorian Public Sector.
AASB 2012 – 2 Amendments to Australian Accounting Standards – Disclosures – Offsetting Financial Assets and Financial Liabilities	AASB 2012-2 principally amends AASB 7 Financial Instruments: Disclosures to require disclosure of information that will enable users of an entity's financial statements to evaluate the effect or potential effect of netting arrangements, including rights of set-off associated with the entity's recognised financial assets and recognised financial liabilities, on the entity's financial position.	1 July 2013	Detail of impact is still being assessed.

Note 1: Summary of Significant Accounting Policies (continued)

Standard/Interpretation	Summary	Applicable for Annual Reporting period beginning	Impact on Financial Statements
AASB 2012 – 4 Amendments to Australian Accounting Standards – Government Loans	AASB 2012-4 adds an exception to the retrospective application of Australian Accounting Standards under AASB 1 First-time Adoption of Australian Accounting Standards to require that first-time adopters apply the requirements in AASB 139 Financial Instruments: Recognition and Measurement (or AASB 9 Financial Instruments) and AASB 120 Accounting for Government Grants and Disclosure of Government Assistance prospectively to government loans (including those at a below-market rate of interest) existing at the date of transition to Australian Accounting Standards.	1 July 2013	Detail of impact is still being assessed.
AASB 2012 – 5 Amendments to Australian Accounting Standards arising from Annual Improvements 2009–2011 Cycle	The Standard addresses a range of improvements, including the following: • repeat application of AASB 1 is permitted (AASB 1); and • clarification of the comparative information requirements when an entity provides a third balance sheet (AASB 101 Presentation of Financial Statements).	1 July 2013	Detail of impact is still being assessed.
AASB 2012 – 3 Amendments to Australian Accounting Standards – Offsetting Financial Assets and Financial Liabilities	AASB 2012-3 adds application guidance to AASB 132 Financial Instruments: Presentation to address inconsistencies identified in applying some of the offsetting criteria of AASB 132, including clarifying the meaning of "currently has a legally enforceable right of set-off" and that some gross settlement systems may be considered equivalent to net settlement.	1 July 2015	Detail of impact is still being assessed.

Note 1: Summary of Significant Accounting Policies (continued)

Standard/Interpretation	Summary	Applicable for Annual Reporting period beginning	Impact on Financial Statements
AASB 9 Financial Instruments (continued)	AASB 9 includes requirements for the classification and measurement of financial assets. It was further amended by AASB 2010-7 to reflect amendments to the accounting for financial liabilities. These requirements improve and simplify the approach for classification and measurement of financial assets compared with the requirements of AASB 139. The main changes are described below. (a) Financial assets that are debt instruments will be classified based on (1) the objective of the entity's business model for managing the financial assets; (2) the characteristics of the contractual cash flows. (b) Allows an irrevocable election on initial recognition to present gains and losses on investments in equity instruments that are not held for trading in other comprehensive income. Dividends in respect of these investments that are a return on investment can be recognised in profit or loss and there is no impairment or recycling on disposal of the instrument. (c) Financial assets can be designated and measured at fair value through profit or loss at initial recognition if doing so eliminates or significantly reduces a measurement or recognition inconsistency that would arise from measuring assets or liabilities, or recognising the gains and losses on them, on different bases. (d) Where the fair value option is used for financial liabilities the change in fair value is to be accounted for as follows: • The change attributable to changes in credit risk are presented in other comprehensive income (OCI) • The remaining change is presented in profit or loss	1 July 2015	Detail of impact is still being assessed.

Note 1: Summary of Significant Accounting Policies (continued)

Standard/Interpretation	Summary	Applicable for Annual Reporting period beginning	Impact on Financial Statements
AASB 9 Financial Instruments (continued)	If this approach creates or enlarges an accounting mismatch in the profit or loss, the effect of the changes in credit risk are also presented in profit or loss. Consequential amendments were also made to other standards as a result of AASB 9, introduced by AASB 2009-11 and superseded by AASB 2010-7 and 2010-10.	1 July 2015	Detail of impact is still being assessed.

(r) **Category Groups**

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

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

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

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

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

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

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

Off Campus, Ambulatory Services (Ambulatory) comprises all recurrent health revenue/expenditure on public hospital type services including palliative care facilities and rehabilitation facilities, as well as services provided under the following agreements: Services that are provided or received by hospitals (or area Health Services) but are delivered/received outside a hospital campus, services which have moved from a hospital to a community setting since June 1998, services which fall within the agreed scope of inclusions under the new system, which have been delivered within hospital's i.e. in rural/remote areas.

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

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

(s) Going Concern

The financial statements have been prepared on a going concern basis. Austin Health has:

- A net surplus result of \$10.1 million for the year ended 30 June 2012 (\$13.4 million deficit for the year ended 30 June 2011);
- Depreciation/Amortisation Expense of \$71.0 million for the year ended 30 June 2012 (\$74.3 million for the year ended 30 June 2011) which is not matched with recurrent funding;
- A working capital deficiency of \$85.6 million as at 30 June 2012 (\$70.4 million deficiency as at 30 June 2011);
- Net cash inflows of \$30.0 million for the year ended 30 June 2012 (\$3.4 million inflows for the year ended 30 June 2011); and
- Management will commit to achieve agreed budget targets and all other requirements of its 2012/13 statement of priorities.

With respect to Austin Health's current financial position, the Board and Management of Austin Health have initiated various strategies which will be monitored throughout the 2012/13 financial year. On the basis of the advice and assurances received in writing from the Department of Health, the Directors of Austin Health are of the opinion that Austin Health will be able to pay its debts as and when they fall due.

Note 2: Revenue

	HSA 2012	HSA 2011	H&CI 2012	H&CI 2011	Total 2012	Total 2011
	\$000	\$000	\$000	\$000	\$000	\$000
Revenue from Operating Activities						
Government Grants						
- Department of Health	520,505	507,204	•	1	520,505	507,204
- Department of Human Services	1,908	2,304	•	1	1,908	2,304
- State Government - Other	•	7	450	ı	450	_
- Commonwealth Government						
- Residential Aged Care Subsidy	4,109	3,911	1	1	4,109	3,911
- Other	31,975	25,163	-	-	31,975	25,163
Total Government Grants	558,497	538,589	450	1	558,947	538,589
Indirect Contributions by Department of 1001th						
indirect Contributions by Department of Treatment - Insurance	770	8 075	1	ı	770	8 075
- Long Service Leave	6,621	2,075	1	ı	6,621	2,075
Total Indirect Contributions by Department of Health	7,391	10,150	1	ı	7,391	10,150
Patient and Resident Fees						
- Patient and Resident Fees (Refer note 2b)	26,344	25,860	1	1	26,344	25,860
- Residential Aged Care (Refer note 2b)	1,223	1,293	-	-	1,223	1,293
Total Patient and Resident Fees	27,567	27,153	1	1	27,567	27,153

Note 2: Revenue (continued)

	200	ASP.	H&CI	2 2 2 2	Iotal	lotal
	\$000	\$000	\$000	\$000	\$000	\$000
Business Units						
- Laboratory Medicine	1	1	16,245	15,174	16,245	15,174
- Diagnostic Imaging	1	178	3,219	3,410	3,219	3,588
Commercial Activities & Specific Purpose Funds						
- Private Practice and Other Patient Activities Fees	1	1	5,527	6,443	5,527	6,443
- Commercial Laboratory Medicine	ı	1	ı	ı	ı	ı
- Commercial Diagnostic Imaging	1	1	ı	1	1	ı
- Mental Health Services	1	1	1,859	1,406	1,859	1,406
- Pharmacy Services	1	319	325	245	325	564
- Affiliated Entities	1	1	3,642	4,260	3,642	4,260
- Retail Services	1	1	757	722	757	722
- Laundry	ı	1	ı	2,396	ı	2,396
- Food Production Kitchen	ı	1	2,754	2,538	2,754	2,538
- Car Park	1	1	7,747	7,174	7,747	7,174
- Research	1	1	10,655	8,647	10,655	8,647
- Cardiology	1	1	717	222	717	222
- Child Care	1	1	1,490	1,318	1,490	1,318
- Nuclear Medicine	1	1	942	828	942	828
- Fundraising	ı	1	1,255	086	1,255	980
- Hospital Department Funds	1	1	1,893	1,481	1,893	1,481
- Salary Packaging	ı	1	2,499	2,392	2,499	2,392
- Other	1	-	857	1,706	857	1,706
Total Commercial Activities and Specific Purpose Funds		497	62,383	61,707	62,383	62,204
Donations and Bequests	ı	ı	1	1	ı	ı
Recoupment from Private Practice for use of Hospital		L 0				0
Facilities Other Revenue from Operating Activities	31,445	30,355			31,445 17,579	30,355 17,333
Total Revenue from Operating Activities	642,479	624,077	62,833	61,707	705,312	685,784
Donations and Bequests Recoupment from Private Practice for use of Hospital Facilities Other Revenue from Operating Activities Total Revenue from Operating Activities	31,445 17,579 642,479	30,355 17,333 624,077	62,833	- 61,707		31,445 17,579 705,312

Note 2: Revenue (continued)

	HSA	HSA	H&CI	H&CI	Total	Total
	2012	2011	2012	2011	2012	2011
	\$000	\$000	\$000	\$000	\$000	\$000
Revenue from Non-Operating Activities						
Interest & Dividends	2,253	1,937	ı	1	2,253	1,937
Other Revenue from Non-Operating Activities	212	1	ı	-	212	ı
Total Revenue from Non-Operating Activities	2,465	1,937			2,465	1,937
Revenue from Capital Purpose Income						
State Government Capital Grants						
- Targeted Capital Works & Equipment	•	1	3,078	4,255	3,078	4,255
- Other	ı	ı	62,603	40,664	62,603	40,664
- DoH Indirect Contribution	ı	ı	2,819	7,684	2,819	7,684
Commonwealth Government Capital Grants	ı	ı	1,513	5,202	1,513	5,202
Residential Accommodation Payments (refer note 2b)	ı	ı	302	211	302	211
Assets Received Free of Charge (refer note 2d)	ı	ı	ı	ı	ı	ı
Net Gain/(Loss) on Disposal of Non-Financial Assets	•	ı	91	87	91	87
(refer note 2c)						
Capital Interest	1	1	1,122	2,263	1,122	2,263
Donations and Bequests	1	ı	4,357	3,372	4,357	3,372
Other Capital Purpose Income	•	1	1,886	123	1,886	123
Total Revenue from Capital Purpose Income	•	•	80,771	63,861	80,771	63,861
Total Revenue (Refer Note 2a)	644,944	626,014	143,604	125,568	788,548	751,582

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

This note relates to revenue above the net result line only, and does not reconcile to comprehensive income.

Note 2a: Analysis of Revenue by Source

	Admitted	Outpatients	EDS	Ambulatory	Mental	RAC incl.	Aged	Other	Total
	Patients				Health	Mental	Care		
						Health			
	2012	2012	2012	2012	2012	2012	2012	2012	2012
	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000
Revenue from Services Supported by									
Health Services Agreement									
Government Grants	351,396	61,400	20,823	63,506	46,166	8,648	3,685	2,873	558,497
Indirect Contributions by Department of									
Health *	6,043	333	201	414	308	45	12	36	7,392
Patient and Resident Fees (refer note 2b)	19,481	819		4,682	1,283	1,223	79		27,567
Recoupment from Private Practice for									
Use of Hospital Facilities	13,288	14,401	1,893	478	66	1	_	1,285	31,445
Business Units - Pathology & Radiology									1
Other Revenue from Operating Activities	10,395	2,177	1,096	1,374	2,423	28	65	232	17,790
Interest & Dividends	2,253								2,253
Capital Purpose Income (refer note 2)									1
Sub-Total Revenue from Services									
Supported by Health Services Agreement	402,856	79,130	24,013	70,454	50,279	9,944	3,842	4,426	644,944
Revenue from Services Supported by									
Hospital and Community Initiatives									
Donations & Bequests (non capital)	1	ı	•	ı	ı	1	1	2,628	2,628
Commercial Activities & Specific Purpose								000	000
Splink	•	•	•	•	•	•	•	00,00	00,400
Capital Purpose Income (refer note 2)	1		1		1	ı	1	80,771	80,771
Sub-Total Revenue from Services Supported									
by Hospital and Community Initiatives	1	1	•	1			•	143,604	143,604
Total Revenue	402.856	79.130	24.013	70.454	50.279	9.944	3.842	148.030	788.548
		(- 1 - 1	-11-		

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

Note 2a: Analysis of Revenue by Source (continued)

	Admitted	Outpatients	EDS	Ambulatory	Mental	RAC incl.	Aged	Other	Total
	Patients			`	Health	Mental Health	Care		
I	2011 \$000	2011 \$000	2011 \$000	2011 \$000	2011 \$000	2011 \$000	2011 \$000	2011 \$000	2011 \$000
Revenue from Services Supported by									
Health Services Agreement									
Government Grants	328,671	64,797	19,997	62,509	44,878	7,964	3,525	3,248	538,589
Indirect Contributions by Department of									
Health *	9,640	126	74	157	117	17	4	15	10,150
Patient and Resident Fees (refer note 2b)	17,973	531	1	5,989	1,319	1,293	48	1	27,153
Recoupment from Private Practice for									
Use of Hospital Facilities	13,049	13,635	1,793	482	79	1	_	1,316	30,355
Business Units - Pathology & Radiology									1
Other Revenue from Operating Activities	9,881	2,325	1,769	1,574	1,875	34	99	306	17,830
Interest & Dividends	1,937	1	1	1	1	1	1	1	1,937
Capital Purpose Income (refer note 2)	1	-	-	-	-	1	-	1	
Sub-Total Revenue from Services									
Supported by Health Services Agreement	381,151	81,414	23,633	73,711	48,268	9,308	3,644	4,885	626,014
Revenue from Services Supported by									
Hospital and Community Initiatives									
Donations & Bequests (non capital)	ı	1	ı	1	1	1	ı	1,521	1,521
Commercial Activities & Specific Purpose									
Funds	1	1	1	1	•	1		60,186	60,186
Capital Purpose Income (refer note 2)	1	1	1	1	1	1	1	63,861	63,861
Sub-Total Revenue from Services Supported									
by Hospital and Community Initiatives	1	1	1	1	1	1	1	125,568	125,568
Total Revenue	381,151	81,414	23.633	73.711	48.268	9.308	3.644	130.453	751,582

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

Note 2b: Patient and Resident Fees Raised

	2012	2011
	\$000	\$000
Patient and Resident Fees Raised (*)		
Recurrent:		
Acute (Inc rehabilitation, GEM and other acute types)		
- Inpatients (*)	23,095	22,678
- Outpatients	1,191	1,144
Residential Aged Care		
- Generic	954	971
- Mental Health	269	322
Mental Health	1,282	1,319
Prosthetics & Orthotics	776	719
Total Patient and Resident Fees	27,567	27,153
Capital Purpose Income:		
Residential Accommodation Payments (**)	302	
Total Capital Purpose Income	302	-

^{*} Compensable payments paid to hospitals as grants from the Department of Health (such as TAC, WIES and DVA throughput) are excluded.

Note 2c: Net Gain/(Loss) on Disposal of Non-Financial Assets

	2012	2011
	\$000	\$000
Proceeds from Disposal of Assets held for Re-Sale		
Plant & Equipment	-	245
Linen		231
Total Proceeds from Disposal of Current Assets	-	476
Proceeds from Disposal of Non-Current Assets		
Plant & Equipment	11	5
Motor Vehicles	83	8
Buildings		-
Total Proceeds from Disposal of Non-Current Assets	94	489
Less: Written Down Value of Assets Held for Re-Sale		
Linen	-	300
Plant		96
	-	396
Less: Written Down Value of Non-Current Assets Sold		
Plant & Equipment	-	3
Medical Equipment	1	-
Other Equipment	-	-
Computers and Communication	1	3
Motor Vehicles	1	-
Total Written Down Value of Non-Current Assets Sold	3	402
Net gains/(losses) on Disposal of Non-Current Assets	91	87

^{**} This includes accommodation charges, interest earned on accommodation bonds and retention amount.

Note 2d: Assets Received Free of Charge or For Nominal Consideration

There were no assets received free of charge or for nominal consideration recognised during the years ended 30 June 2012 and 30 June 2011.

Note 2e: Specific Income

There was no specific income recognised during the years ended 30 June 2012 and 30 June 2011.

Note 3: Expenses

	V	< U	Call	Cal	Total	Total
	2012	2011	2012	2011	2012	2011
	\$000	\$000	\$000	\$000	\$000	\$000
Employee Expenses						
Salaries & Wages	426,130	411,971	26,033	24,367	452,163	436,338
WorkCover Premium	4,101	4,838	187	215	4,288	5,053
Departure Packages	2,147	3,710	38	2,194	2,185	5,904
Long Service Leave	17,304	12,194	343	332	17,647	12,526
Superannuation	38,263	37,507	1,697	1,729	39,960	39,236
Total Employee Expenses	487,945	470,220	28,298	28,837	516,243	499,057
Non Salary Labour Costs						
Agency Costs - Nursing	2,581	4,586	4	14	2,585	4,600
Agency Costs - Other	2,808	3,049	1,303	1,575	4,111	4,624
Total Non Salary Labour Costs	5,389	7,635	1,307	1,589	969'9	9,224
Supplies & Consumables						
Drug Supplies	20,116	31,600	24	25	20,140	31,625
S100 Drugs	19,079	7,241	ı	1	19,079	7,241
Medical, Surgical Supplies and Prosthesis	53,639	54,491	517	602	54,156	55,093
Pathology Supplies	7,327	5,217	1,740	3,158	6,067	8,375
Food Supplies	4,113	3,937	(1,380)	(1,297)	2,733	2,640
Total Supplies & Consumables	104,274	102,486	901	2,488	105,175	104,974

Note 3: Expenses (continued)

	HSA	HSA	H&CI	H&CI	Total	Total
	2012	2011	2012	2011	2012	2011
	\$000	\$000	\$000	\$000	\$000	\$000
Other Expenses						
Domestic Services & Supplies	5,776	5,064	2,348	2,012	8,124	7,076
Fuel, Light, Power and Water	7,486	6,745	268	266	7,754	7,011
Insurance costs funded by DoH	770	8,075	1	1	770	8,075
Motor Vehicle Expenses	829	745	29	36	707	781
Repairs and Maintenance	6,787	5,152	230	375	7,017	5,527
Maintenance Contracts	14,995	11,531	403	381	15,398	11,912
Patient Transport	1,554	1,617	24	6	1,578	1,626
Bad & Doubtful Debts	1,254	269	105	48	1,359	617
Lease Expenses	2,111	2,206	1,227	1,772	3,338	3,978
Finance Costs (refer note 5)	434	107	1,556	1,587	1,990	1,694
Other Administrative Expenses	18,798	15,112	5,127	6,142	23,925	21,254
Other	1,737	3,017	203	288	1,940	3,305
Audit Fees						
- VAGO - Audit of Financial Statements	229	210	1	1	229	210
- Other	348	141	ı	ı	348	141
Total Other Expenses	62,957	60,291	11,520	12,916	74,477	73,207

Note 3: Expenses (continued)

	HSA	HSA	H&CI	H&CI	Total	Total
	2012	2011 \$000	2012 \$000	2011 \$000	2012 \$000	2011 \$000
Expenditure using Capital Purpose Income						
Employee Benefits						
- Salaries and Wages	•	1	1,028	(618)	1,028	(618)
- Workcover Premium	•	1	23	40	23	40
- Superannuation	•	•	235	315	235	315
- Long Service Leave	•	1	32	89	32	89
Total Employee Benefits	•	1	1,318	(195)	1,318	(195)
Non Salary Labour Costs						
- Agency Costs - Other	1	-	337	338	337	338
Total Non Salary Labour Costs	•	,	337	338	337	338
Other Expenses						
- Domestic Services & Supplies	•	•	2	9	2	9
- Motor Vehicle Expenses	1	1	1	2	1	2
- Administrative Expenses	1	1	1,790	2,114	1,790	2,114
- Other	1	1	1,479	1,933	1,479	1,933
Finance Costs (refer note 5)	1	1	13	41	13	14
Total Other Expenses	•	•	3,287	4,069	3,287	4,069
Total Expenditure using Capital Purpose Income	1	٠	4,942	4,212	4,942	4,212
A Company of the Comp						
Impairment of Not-Fillatical Assets Depresiation and Amortisation (refer note 4)	1		70 057	77 375	70 057	77 375
ביים ביים אינוסו ומפונטון (ו פופן דוסנפ +)	'	•	10,001	0,4	10,601	0,4
Total	1	ı	70,957	74,345	70,957	74,345
Total Expenses	660,565	640,632	117,925	124,387	778,490	765,019

Note 3a: Analysis of Expenses by Source

	Admitted	Outpatients	EDS	Ambulatory	Mental	RAC incl.	Aged	Other	Total
	Patients				Health	Mental Health	Care		
	2012 \$000	2012 \$000	2012 \$000	2012 \$000	2012 \$000	2012 \$000	2012 \$000	2012 \$000	2012 \$000
Services Supported by Health Services									
Agreement									
Employee Expenses	279,084	52,522	32,225	63,276	44,834	8,482	1,859	5,663	487,945
Non Salary Labour Costs	2,714	783	304	894	202	156	10	21	5,389
Supplies & Consumables	71,576	20,399	2,316	5,825	1,161	290	1,434	1,273	104,274
Other Expenses from Continuing Operations	36,341	7,734	2,068	066'6	4,501	966	459	434	62,523
Finance Costs	373	10	∞	23	17	_	2	1	434
Total Expenses from Services									
Supported by Health Services Agreement	390,088	81,448	36,921	80,008	51,020	9,925	3,764	7,391	660,565
Services Supported by Hospital &									
Community Initiatives									
Employee Expenses	•	1	1	1	1	1	•	28,298	28,298
Non Salary Labour Costs	ı	ı	ı	1	1	1	1	1,307	1,307
Supplies & Consumables	1	1	1	1	1	1	1	901	901
Other Expenses from Continuing Operations	1	1	1	1	1	1	1	9,964	9,964
Finance Costs	-	-	•	ı	1	1	1	1,556	1,556
Total Expenses from Services									
Supported by Hospital & Community									
Initiatives	1	1	•	1	1	1	1	42,026	42,026

Note 3a: Analysis of Expenses by Source (continued)

	Admitted Patients	Outpatients	EDS	Ambulatory	Mental Health	RAC incl. Mental Health	Aged Care	Other	Total
	2012 \$000	2012 \$000	2012 \$000	2012 \$000	2012 \$000	2012 \$000	2012 \$000	2012 \$000	2,012 \$000
Expenditure using Capital Purpose Income									
Employee Expenses	•	1	1	1	1	1	1	1,318	1,318
Non Salary Labour Costs	1	1	1	1	1	1	1	337	337
Other Expenses	1	•	'	1	1	•	•	3,287	3,287
Finance Costs	1	•	'	1	1	•	•	13	13
Total Expenditure using Capital									
Purpose Income	1	1	1	•	1	1	1	4,942	4,942
Impairment of Non-Financial Assets	•	•	•	•	•	1	1	•	1
Depreciation & Amortisation (refer note 4)	1	1	•	1	•	1	-	70,957	70,957
	1	1	1	1	1	1	ı	70,957	70,957
Total Expenses	390,088	81,448	36,921	80,008	51,020	9,925	3,764	125,316	778,490

Note 3a: Analysis of Expenses by Source (continued)

	Admitted	Outpatients	EDS	Ambulatory	Mental	RAC incl.	Aged	Other	Total
	Patients				Health	Mental Health	Care		
	2011	2011	2011	2011	2011	2011	2011	2011	2011
	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000
Services Supported by Health Services									
Agreement									
Employee Expenses	268,218	49,565	30,595	61,998	45,035	8,039	1,758	5,012	470,220
Non Salary Labour Costs	3,969	803	466	1,100	1,114	149	16	18	7,635
Supplies & Consumables	66,700	23,653	2,006	5,643	1,070	279	1,555	1,580	102,486
Other Expenses from Continuing Operations	36,094	7,450	1,767	8,915	4,643	456	397	462	60,184
Finance Costs	ı	ı	1	ı	1	-	-	107	107
Total Expenses from Services									
Supported by Health Services Agreement	374,981	81,471	34,834	77,656	51,862	8,923	3,726	7,179	640,632
Services Supported by Hospital &									
Community Initiatives									
Employee Expenses	1	1	1	1	1	1	1	28,837	28,837
Non Salary Labour Costs	1	1	1	1	1	1	1	1,589	1,589
Supplies & Consumables	1	1	1	1	1	1	1	2,488	2,488
Other Expenses from Continuing Operations	1	1	1	1	1	1	1	11,329	11,329
Finance Costs	1	1	•	-	-	-	1	1,587	1,587
Total Expenses from Services									
Supported by Hospital & Community									
Initiatives	1	ı	ı	1	1	1	ı	45,830	45,830

Note 3a: Analysis of Expenses by Source (continued)

	Admitted	Outpatients	EDS	Ambulatory	Mental	RAC incl.	Aged	Other	Total
	Patients				Health	Mental	Care		
•						Health			
	2011	2011	2011	2011	2011	2011	2011	2011	2011
	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000
Expenditure using Capital Purpose Income									
Employee Benefits	1	•	,	1	,	1	1	(195)	(195)
Non Salary Labour Costs	1	1	1	1	1	1	1	338	338
Other Expenses	ı	1	•	1	•	ı	1	4,055	4,055
Finance Costs	1	•	,	1	,	1	1	14	14
Sub-Total Expenditure using Capital									
Purpose Income	-	-	•	1	•	-	-	4,212	4,212
Impairment of Non-Financial Assets	1	1	•	1	•	ı	1	74,345	74,345
Depreciation & Amortisation (refer note 4)	_	-	•	-	•	-	-	-	1
	1		•	•	•	•	•	74,345	74,345
Total Expenses	374,981	81,471	34,834	77,656	51,862	8,923	3,726	131,566	765,019

Note 3b: Analysis of Expenses by Business Unit for Services Supported by Hospital and Community Initiatives

	Total 2012	Total
	\$000	2011 \$000
Commercial Activities:	·	·
- Private Practice and Other Patient Activities	3,205	3,547
- Laboratory Medicine	12,785	13,421
- Diagnostic Imaging	762	1,128
- Mental Health Services	1,426	1,437
- Pharmacy Services	262	241
- Affiliated Entities	3,324	3,873
- Retail Services	9	27
- Laundry	0	2,346
- Food Production Kitchen	2,432	2,352
- Car Park	2,477	2,561
- Research	9,693	9,572
- Cardiology	587	593
- Child Care	1,176	1,125
- Nuclear Medicine	264	234
- Fundraising	545	513
- Hospital Department Funds	1,240	1,056
- Salary Packaging	1,115	1,103
- Other	724	808
Total	42,026	45,937

Note 3c: Specific Expenses

There were no specific expenses incurred during the years ended 30 June 2012 and 30 June 2011.

Note 4: Depreciation and Amortisation

	Total	Total
	2012	2011
	\$000	\$000
Depreciation		
Buildings	55,557	59,115
Plant & Equipment	1,954	1,344
Motor Vehicles	137	146
Medical Equipment	8,683	9,371
Computers and Communication	1,602	1,493
Other Equipment	1,512	1,453
Furniture and Fittings	151	125
Total Depreciation	69,596	73,047
Amortisation		
Intangible Assets	1,361	1,298
	1,361	1,298
Total Depreciation & Amortisation	70,957	74,345

Note 5: Finance Costs

	Total	Total
	2012	2011
	\$000	\$000
Interest on Long Term Borrowings	1,858	1,577
Bank Charges	145	131
Total Finance Costs	2,003	1,708

Note 6: Cash and Cash Equivalents

	Total	Total
	2012	2011
	\$000	\$000
Cash on Hand	69	69
Cash at Bank	13,461	9,047
Deposits at Call	44,108	18,558
Total Cash and Cash Equivalents	57,638	27,674
Represented by: Cash for Health Service Operations (as per Cash Flow		
Statement)	57,598	27,634
Cash for Monies Held in Trust		
- Cash at Bank	40	40
	40	40
Total	57,638	27,674

For the purpose of the Cash Flow Statement, cash includes cash on hand and in banks, and short-term deposits which are readily convertible to cash on hand and are subject to an insignificant risk of change in value.

The movement in Deposits at Call represents a timing difference in relation to Department of Health grants.

Note 7: Receivables

	Total	Total
	2012	2011
CURRENT	\$000	\$000
CURRENT		
Contractual		
Inter Hospital Debtors	3,334	3,545
Trade Debtors	9,941	11,419
Other Debtors - Major Projects Victoria	13	997
Patient Fees	16,180	12,563
Accrued Investment Income	45	293
Accrued Revenue - Other	2,418	2,388
Less Allowance for Doubtful Debts		
Trade Debtors	(390)	(387)
Patient Fees	(1,087)	(567)
	30,454	30,251
Statutory		
GST Receivable	2,424	2,376
	2,424	2,376
TOTAL CURRENT RECEIVABLES	32,878	32,627
NON CURRENT		
Statutory		
DHS - Long Service Leave	24,658	18,036
TOTAL NON-CURRENT RECEIVABLES	24,658	18,036
TOTAL DECENTARIES	F7 F00	E0 000
TOTAL RECEIVABLES	57,536	50,663
(a) Movement in the Allowance for Doubtful Debts		
	Total	Total
	2012	2011

	Total	Total
	2012	2011
	\$000	\$000
Balance at beginning of year	955	791
Amounts written off during the year	(779)	(361)
Increase/(decrease) in allowance recognised in net result	1,301	525
Balance at end of year	1,477	955

Ageing analysis of receivables (b)

Please refer to note 21(b) for the ageing analysis of receivables

Nature and extent of risk arising from receivables

Please refer to note 21(b) for the nature and extent of credit risk arising from receivables

Note 8: Investments and other Financial Assets

(a) Ageing analysis of other financial assets
Please refer to note 21(b) for the ageing analysis of other financial assets

(b) Nature and extent of risk arising from other financial assets
Please refer to note 21(b) for the nature and extent of credit risk arising from other financial assets

	Operating Fund	ating	Specific Purpose Fund	urpose	Cap	Capital Fund	Total	al le
	2012	2011	2012	2011	2012	2011 \$000	2012 \$000	2011
Current Term Deposit								
Aust. Dollar Term Deposits > 3 months	1	ı	ı	52	ı	25,025	1	25,077
Total Current	1	1	1	52	1	25,025	1	25,077
Non Current								
Other - Shares	1	1	154	154	1		154	154
Total Non Current	1	1	154	154	1	1	154	154
TOTAL	1	1	154	206	•	25,025	154	25,231
Represented By:								
Health Service Investments	1	1	154	206	1	25,025	154	25,231

Note 9: Inventory

	Total 2012	Total 2011
	\$000	\$000
Current - at cost		
Pharmaceuticals	2,731	3,070
Catering Supplies	61	78
Medical and Surgical Lines	3,063	3,550
Administrative Stores	9	8
TOTAL INVENTORIES	5,864	6,706

Note 10: Non-Financial Physical Assets Classified as Held for Sale

There were no Non-Financial assets held for resale at 30 June 2011 and 2012.

Note 11: Other Assets

	Total	Total
	2012	2011
	\$000	\$000
Prepayments - Current	2017	2779
Prepayments - Non Current	221	104
Total Other Assets	2,238	2,883

Note 12: Property, Plant & Equipment

	Total	Total
	2012	2011
	\$000	\$000
Land	·	
Land at fair value	180,251	180,251
Total Land	180,251	180,251
Buildings		
Buildings under Construction at cost	125,563	90,375
Buildings at Cost	61,175	22,729
Less Accumulated Depreciation	(3,443)	(1,742)
	57,732	20,987
Buildings at fair value	831,678	831,678
Less Accumulated Depreciation	(169,267)	(115,412)
	662,411	716,266
Total Buildings	845,706	827,628
Plant and Equipment		
Plant and Equipment Plant and Equipment at Fair Value	29,428	25,922
Less Accumulated Depreciation	(18,287)	(16,333)
Total Plant and Equipment	11,141	9,589

Note 12: Property, Plant & Equipment (continued)

	Total	Total
	2012	2011
	\$000	\$000
Motor Vehicles		
Motor Vehicles at Fair Value	1,321	1,426
Less Accumulated Depreciation	(1,162)	(1,254)
Total Motor Vehicles	159	172
Medical Equipment		
Medical Equipment at Fair Value	91,463	87,431
Less Accumulated Depreciation	(73,867)	(67,068)
Total Major Medical	17,596	20,363
Computers and Communication		
Computers and Communication at Fair Value	10,218	8,863
Less Accumulated Depreciation	(8,392)	(6,903)
Total Computers and Communication	1,826	1,960
Other Equipment		
Other Equipment at Fair Value	9,608	9,349
Less Accumulated Depreciation	(6,520)	(5,950)
Total Other Equipment	3,088	3,399
Furniture and Fittings		
Furniture and Fittings at Fair Value	1,422	1,270
Less Accumulated Depreciation	(1,122)	(972)
Total Furniture and Fittings	300	298
Assets Under Construction		
Medical Equipment under Construction	19,220	17,186
Total Assets under construction	19,220	17,186
Total Property, Plant & Equipment	1,079,286	1,060,846

Land carried at valuation - 2010

Management completed a Land Fair Value Assessment using the VGV indices as at 30 June 2010. This resulted in a Revaluation of Land - increase \$16,547,045. Subsequent assessments have resulted in no further revaluation of land.

Land and buildings carried at valuation - 2009

An independent valuation of the Health Service's property was performed by the *Valuer-General Victoria* to determine the fair value of the land and buildings. The valuation, which conforms to Australian Valuation Standards, was determined by reference to the amounts for which assets could be exchanged between knowledgeable willing parties in an arm's length transaction. The valuation was based on independent assessments. The effective date of the valuation was 30 June 2009. Subsequent assessments have resulted in no further revaluation of buildings.

Plant and Equipment carried at fair value

As noted in note 1(i) plant and equipment are measured at fair value in accordance with FRD 103D. Based on management assessment of fair value of plant and equipment it was found that fair value approximated depreciated replacement cost and therefore a revaluation was not required.

Austin Health owns the Melbourne Brain Centre building that is situated on the Austin Campus and valued at \$26.8 million. The rights to use this building have been assigned to the Florey Neuroscience Institutes under an arrangement that is deemed a finance lease pursuant to Accounting Standard AASB117. The rent payable to Austin Health on this building is not considered material and as such not recorded on the Austin Health balance sheet as a lease receivable.

Note 12: Property, Plant & Equipment (continued)

Reconciliation of the carrying amount of each class of asset at the beginning and end of the previous and current and previous financial year is set out below.

	Land	Buildings	Plant & Equipment	Motor Vehicles	Medical	Computers & Comm'ns	Other Equipment	Furniture & Fittings	Total \$000
Balance at 1 July 2010	180 251	841 040	5 646	175	32 462	2 023	3 159	237	1 064 993
Additions		45,703	5,290	143	14,458	1,433	1,693	186	68,906
Revaluation Increment Depreciation Expense (refer Note 4)	1 1	. (59,115)	(1,344)	- (146)	- (9,371)	(1,493)	- (1,453)	. (125)	(73,047)
Balance at 30 June 2011	180,251	827,628	9,589	172	37,549	1,960	3,399	298	1,060,846
Additions	'	73,635	3,506	125	7,951	1,469	1,200	153	88,039
Disposals Revaluation Increment/(Decrements)	1 1	1 1	1 1	(1)	€ ,	(1)	1 1	1 1	(3)
Depreciation and Amortisation (refer Note 4)	'	(55,557)	(1,954)	(137)	(8,683)	(1,602)	(1,512)	(151)	(69,596)
Balance at 30 June 2012	180,251	845,706	11,141	159	36,816	1,826	3,087	300	1,079,286

Note 13: Intangible Assets

	Total 2012	Total 2011
	\$000	\$000
Software	13,115	9,925
Less Accumulated Amortisation	(9,972)	(8,610)
Total Intangible Assets	3,143	1,315

Reconciliation of the carrying amount of intangible assets at the beginning and end of the previous and current financial year is set out below.

	Software \$000	Total \$000
Balance at 1 July 2010	1,919	1,919
Additions	694	694
Disposals	-	-
Amortisation Expense (refer Note 4)	(1,298)	(1,298)
		- 4.045
Balance at 1 July 2011	1,315	1,315
Additions	3,189	3,189
Disposals Amortisation Expense (refer Note 4)	(1,361)	(1,361)
Balance at 30 June 2012	3,143	3,143

Note 14: Payables

	Total	Total
	2012	2011
	\$000	\$000
Contractual		
Trade Creditors	10,931	9,782
Accrued Interest	386	394
Accrued Expenses	14,283	14,605
Salary Packaging	5,076	4,438
Other	132	123
	30,808	29,342
Statutory		
GST Payable	578	489
Department of Health	1,532	1,656
Pay As You Go Withholding	2,145	1,970
Superannuation Payable	4,247	4,131
	8,502	8,246
Total Payables	39,310	37,588

Note 14: Payables (continued)

Maturity analysis of payables

Please refer to note 21(c) for the ageing analysis of payables

Nature and extent of risk arising from payables (b)

Please refer to note 21(c) for the nature and extent of risks arising from payables

Note 15: Borrowings

	Total	Total
	2012	2011
	\$000	\$000
Current		
Australian Dollar Borrowings		
- Treasury Corporation Victoria	521	488
Total Current	521	488
Non-Current		
Australian Dollar Borrowings		
- Treasury Corporation Victoria	22,502	23,023
Total Non Current	22,502	23,023
Total Borrowings	23,023	23,511

Terms and conditions of Interest Bearing Liabilities - Treasury Corporation Victoria

- Repayments are quarterly with the final instalment due 25 years from date of the last draw down in i) April 2008
- Average interest rate applied during 2011/12 was 6.70% (2010/11: 6.72%). ii)
- The loan is secured by a Statutory Guarantee from the Government of Victoria in favour of Treasury iii) Corporation Victoria under Section 30 of the Health Services Act.
- Total approved value of borrowings is \$25 million.

Maturity analysis of interest bearing liabilities (a)

Please refer to note 21(c) for the ageing analysis of interest bearing liabilities

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

Please refer to note 21(c) for the nature and extent of risks arising from interest bearing liabilities

(c) **Defaults and breaches**

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

Note 16: Provisions

	Total	Total
	2012	2011
	\$000	\$000
Current Provisions		_
Employee Benefits		
- Unconditional and expected to be settled within 12 months	86,291	74,867
- Unconditional and expected to be settled after 12 months	42,708	38,177
Employee Termination Benefits	1,214	2,468
Provision related to Employee Benefit On-Costs		
- Unconditional and expected to be settled within 12 months	7,072	6,887
- Unconditional and expected to be settled after 12 months	4,485	4,009
Total Current Provisions	141,770	126,408

Note 16: Provisions (continued)

Non-Current Provisions \$000 Employee Benefits 16.384 14.218 Provision related to Employee Benefit On-Costs 1.720 1.493 Total Non-Current Provisions 18,104 15.711 Total Provisions 159,874 142,119 (a) Employee Benefits and Related On-Costs Total 2012 2011 Current Employee Benefits and related on-costs Total 5000 5000 Current Employee Benefits and related on-costs 1,355 41,056 41,955 41,056 41,955 41,056 41,955 41,056 A1,955 41,056 A1,955 41,056 A1,955 A1,056 A1,158 A1,056 A1,158 A1,056 A1,158 A1,056 A1,158 A1,056 A1,158 A1,056 A1,157 A1,158 A1,056 A1,158 A1,056 A1,157 A1,158 A1,058 A1,158 A1,058 A1,058 A1,058 A1,058 A1,058 A1,058 A1,058 A1,158 A1,058 A1,058 A1,058 A1,058 A1,058 A1,058 A1,058 </th <th></th> <th>Total 2012</th> <th>Total 2011</th>		Total 2012	Total 2011	
Non-Current Provisions				
Provision related to Employee Benefit On-Costs 1,20 1,493 1,5711	Non-Current Provisions			
Total Provisions	Employee Benefits	16,384	14,218	
Total Provisions	Provision related to Employee Benefit On-Costs	1,720	1,493	
(a) Employee Benefits and Related On-Costs Total 2012 2011	Total Non-Current Provisions	18,104	15,711	
Total 2012 2011 S000	Total Provisions	159,874	142,119	
Current Employee Benefits and related on-costs 2012 \$000 Current Employee Benefits and related on-costs 66,860 61,198 Annual Leave Entitlements 66,860 61,198 Annual Leave Entitlements 41,855 41,056 Accrued Wages and Salaries 20,141 11,743 Accrued Days Off 1,357 1,515 Non-Current Employee Benefits and related on-costs 16,384 14,218 Conditional Long Service Leave Entitlements (present value) 16,384 14,218 Total Employee Benefits and Related On-Costs 13,277 12,389 Total Employee Benefits and Related On-Costs 159,874 142,119 (b) Movements in provisions 159,874 142,119 (b) Movement in Long Service Leave: Total Total Balance at start of year 83,335 78,476 Provision made during the year 90,028 7,734 Settlement made during the year 90,028 7,734 Balance at end of year 90,028 7,734 Balance at end of year 90,028 7,734 Total 2012 <td>(a) Employee Benefits and Related On-Costs</td> <td></td> <td></td>	(a) Employee Benefits and Related On-Costs			
Current Employee Benefits and related on-costs \$000 \$000 Unconditional LSL Entitlement 66,860 61,198 Annual Leave Entitlements 41,855 41,056 Accrued Wages and Salaries 20,141 11,743 Accrued Days Off 1,357 1,515 Non-Current Employee Benefits and related on-costs Total Employee Benefits and Related On-Costs 16,384 14,218 Total Employee Benefits and Related On-Costs 13,277 12,389 Total Employee Benefits and Related On-Costs 159,874 142,119 (b) Movements in provisions Total Total Movement in Long Service Leave: Total Total Balance at start of year 83,335 78,476 Provision made during the year 90,028 7,734 Settlement made during the year 90,028 7,734 Balance at end of year 91,985 83,335 Note 17: Other Liabilities Total Total Current Total 2012 2011 Monies Held in Trust 40 41 -Patient Monies Hel		Total	Total	
Current Employee Benefits and related on-costs Unconditional LSL Entitlement 66,860 61,198 Annual Leave Entitlements 41,855 41,056 Accrued Wages and Salaries 20,141 11,743 Accrued Days Off 1,357 1,515 Non-Current Employee Benefits and related on-costs Conditional Long Service Leave Entitlements (present value) 16,384 14,218 Total Employee Benefits and Related On-Costs 13,277 12,389 Total Employee Benefits and Related On-Costs 159,874 142,119 (b) Movements in provisions Total Total Total Movement in Long Service Leave: Total Total Total Balance at start of year 83,335 78,476 Provision made during the year 17,678 12,593 Settlement made during the year (9,028) (7,734) Balance at end of year 91,985 83,335 Note 17: Other Liabilities Total 2012 2011 5000 \$000 \$000 Current Monies Held in Trust 40 41 <td></td> <td>2012</td> <td>2011</td>		2012	2011	
Unconditional LSL Entitlement 66,860 61,198 Annual Leave Entitlements 41,855 41,056 Accrued Wages and Salaries 20,141 11,743 Accrued Days Off 1,357 1,515 Non-Current Employee Benefits and related on-costs Conditional Long Service Leave Entitlements (present value) 16,384 14,218 Total Employee Benefits and Related On-Costs 13,277 129,731 On-Costs 13,277 12,389 Total Employee Benefits and Related On-Costs 159,874 142,119 (b) Movements in provisions Total Employee Benefits and Related On-Costs Total Employee Benefits and Related On-Costs <td rows<="" td=""><td></td><td>\$000</td><td>\$000</td></td>	<td></td> <td>\$000</td> <td>\$000</td>		\$000	\$000
Annual Leave Entitlements 41,855 41,056 Accrued Wages and Salaries 20,141 11,743 Accrued Days Off 1,357 1,515 Non-Current Employee Benefits and related on-costs Conditional Long Service Leave Entitlements (present value) 16,384 14,218 Total Employee Benefits and Related On-Costs 13,277 12,389 Total Employee Benefits and Related On-Costs 159,874 142,119 (b) Movements in provisions Total 2012 2011 Solutional Long Service Leave: Balance at start of year 83,335 78,476 Provision made during the year 17,678 12,593 Settlement made during the year (9,028) (7,734) Balance at end of year 91,985 83,335 Note 17: Other Liabilities Total 2012 2011 Current Total 2012 2011 Monies Held in Trust 40 41 -Patient Monies Held in Trust 40 41 -Patient Monies Held in Trust 40 41 -Patient Monies - Department of				
Accrued Wages and Salaries 20,141 11,743 Accrued Days Off 1,357 1,515 Non-Current Employee Benefits and related on-costs 16,384 14,218 Conditional Long Service Leave Entitlements (present value) 16,384 14,218 Total Employee Benefits and Related On-Costs 13,277 12,389 Total Employee Benefits and Related On-Costs 159,874 142,119 (b) Movements in provisions Total 2012 2011 Movement in Long Service Leave: Total 2012 2011 Balance at start of year 83,335 78,476 Provision made during the year 17,678 12,593 Settlement made during the year 91,985 83,335 Note 17: Other Liabilities Total 2012 2011 Vote 17: Other Liabilities Total 2012 2011 Voterent Wones 2012 2011 Monies Held in TrustPatient Monies Held in TrustPatient Monies Held in TrustPatient Monies - Department of Health* 40 41 Borrowings - Department of Health* 100 100 Other 2,255 754 <td></td> <td></td> <td></td>				
Accrued Days Off 1,357 1,515 Non-Current Employee Benefits and related on-costs 16,384 14,218 Total Employee Benefits and Related On-Costs 13,277 12,389 Total Employee Benefits and Related On-Costs 159,874 142,119 (b) Movements in provisions Total Employee Benefits and Related On-Costs 159,874 142,119 (b) Movements in provisions Total Employee Benefits and Related On-Costs 159,874 142,119 (b) Movements in provisions Total Employee Benefits and Related On-Costs 159,874 142,119 2012 2011 2012 201				
Non-Current Employee Benefits and related on-costs 16,384 14,218 146,597 129,731 129,731 129,731 12,389 13,277 12,389 159,874 142,119 159,874 142,119 159,874 142,119 159,874 142,119 159,874 142,119 159,874 142,119 159,874 142,119 159,874 142,119 159,874 142,119 159,874 142,119 159,874 142,119 159,874 142,119 159,874 142,119 159,874 142,119 159,874 159,87				
Conditional Long Service Leave Entitlements (present value) 16,384 14,218 Total Employee Benefits and Related On-Costs 146,597 129,731 On-Costs 13,277 12,389 Total Employee Benefits and Related On-Costs 159,874 142,119 (b) Movements in provisions Total 2012 2011 2011 2012 2011 2011 2012 2011 2011 2012 2011 2011 2012 2011 2011 2011 2012 2011 201	•	1,357	1,515	
Total Employee Benefits and Related On-Costs 146,597 129,731 On-Costs 13,277 12,389 Total Employee Benefits and Related On-Costs 159,874 142,119 (b) Movements in provisions Total 2012 2011 2011 2012 2011 2011 2012 2011 2010 2000				
On-Costs 13,277 12,389 Total Employee Benefits and Related On-Costs 159,874 142,119 (b) Movements in provisions Total Total 2012 2011 2000 \$000 Movement in Long Service Leave: 83,335 78,476 2012 2011 2012 2011 2012 2014 2012 2014 2012 2014 2012 2014 2012 2012 2014 2012 2011 3000 \$000 Current Monies Held in Trust 40 41 40 41 80 40 41 80 764 40 41 80 764		·		
Total Employee Benefits and Related On-Costs 159,874 142,119	Total Employee Benefits and Related On-Costs	146,597	129,731	
Total 2012 2011 \$000 \$000	On-Costs	13,277	12,389	
Total 2012 2011 \$000 \$000	Total Employee Benefits and Related On-Costs	159,874	142,119	
Movement in Long Service Leave: 83,335 78,476 Balance at start of year 83,335 78,476 Provision made during the year 17,678 12,593 Settlement made during the year (9,028) (7,734) Balance at end of year 91,985 83,335 Note 17: Other Liabilities Total 2012 2011 \$000 \$000 Current Monies Held in Trust 40 41 Borrowings - Department of Health* 100 100 Other 2,255 754	(b) Movements in provisions			
Movement in Long Service Leave: \$000 \$000 Balance at start of year 83,335 78,476 Provision made during the year 17,678 12,593 Settlement made during the year (9,028) (7,734) Balance at end of year 91,985 83,335 Note 17: Other Liabilities Total 2012 2011 2011 2011 2000 \$000 Current Monies Held in Trust - Patient Monies Held in Trust 40 40 41 Borrowings - Department of Health* 100 100 100 100 Other 2,255 754		Total	Total	
Movement in Long Service Leave: Balance at start of year 83,335 78,476 Provision made during the year 17,678 12,593 Settlement made during the year (9,028) (7,734) Balance at end of year 91,985 83,335 Note 17: Other Liabilities Total 2012 2011 2011 2012 2011 2011 2011 201		2012	2011	
Balance at start of year 83,335 78,476 Provision made during the year 17,678 12,593 Settlement made during the year (9,028) (7,734) Balance at end of year 91,985 83,335 Note 17: Other Liabilities Total 2012 2011 2012 2011 Current Monies Held in Trust - Patient Monies Held in Trust 40 41 40 41 Borrowings - Department of Health* 100 100 Other 2,255 754		\$000	\$000	
Provision made during the year 17,678 12,593 Settlement made during the year (9,028) (7,734) Balance at end of year 91,985 83,335 Note 17: Other Liabilities Total 2012 2011 \$000 \$000 \$000 Current Monies Held in Trust -Patient Monies Held in Trust 40 41 Borrowings - Department of Health* 100 100 Other 2,255 754	Movement in Long Service Leave:			
Settlement made during the year (9,028) (7,734) Balance at end of year 91,985 83,335 Note 17: Other Liabilities Total 2012 Total 2012 2011 Current \$000 \$000 Monies Held in Trust - Patient Monies Held in Trus	Balance at start of year	83,335	78,476	
Balance at end of year 91,985 83,335 Note 17: Other Liabilities Total 2012 2011 2011 \$000 Total 2012 2011 \$000 Current Monies Held in Trust 40 41 40 41 Patient Monies Held in Trust 40 100 100 40 100 Other 2,255 754	Provision made during the year	17,678	12,593	
Total Total 2012 2011 \$000 \$000	Settlement made during the year	(9,028)	(7,734)	
Current 40 41 Monies Held in Trust 40 41 Patient Monies Held in Trust 40 41 Borrowings - Department of Health* 100 100 Other 2,255 754	Balance at end of year	91,985	83,335	
Current 2012 \$000 2011 \$000 \$000 Monies Held in Trust -Patient Monies Held in Trust 40 41 41 Borrowings - Department of Health* 100 100 100 100 100 100 100 100 100 100	Note 17: Other Liabilities			
Current \$000 \$000 Monies Held in Trust 40 41 -Patient Monies Held in Trust 40 41 Borrowings - Department of Health* 100 100 Other 2,255 754		Total	Total	
Current Monies Held in Trust 40 41 -Patient Monies Held in Trust 40 41 Borrowings - Department of Health* 100 100 Other 2,255 754		2012	2011	
Monies Held in Trust 40 41 -Patient Monies Held in Trust 40 100 Borrowings - Department of Health* 100 100 Other 2,255 754		\$000	\$000	
-Patient Monies Held in Trust 40 41 Borrowings - Department of Health* 100 100 Other 2,255 754				
Borrowings - Department of Health* 100 100 Other 2,255 754		40	41	
Other 2,255 754				
	Total Current	2,395	895	

Note 17: Other Liabilities (continued)

	Total 2012	Total 2011
	\$000	\$000
Non-Current		
Borrowings - Department of Health*	47	134
Other	81	-
Total Non Current	128	134
Total Other Liabilities	2,523	1,029

* Borrowings - Department of Health

- Austin Health has one loan repayable to the Department of Health.
- b)
- Repayments on this loan are monthly with the final instalment due on 31 December 2013.

 This is an interest free loan, however a present value calculation has applied an interest rate of 2.87% c) as at 30 June 2012 (30 June 2011: 4.72%).

Note 18: Equity

	Total	Total
	2012	2011
	\$000	\$000
(a) Surpluses		
Property, Plant & Equipment Revaluation Surplus		
Balance at the Beginning of the Reporting Period Revaluation Increments/(Decrements):	546,297	546,297
- Land	-	-
- Buildings		-
Balance at the end of the Reporting Period	546,297	546,297
Represented by:		
- Land	150,699	150,699
- Buildings	395,598	395,598
	546,297	546,297
Restricted Specific Purpose Reserve		
Balance at the Beginning of the Reporting Period	5,738	5,553
Transfers to/(from) Restricted Specific Purpose Reserve	123	185
Balance at the end of the Reporting Period	5,861	5,738
Total Surpluses	552,158	552,035
(b) Contributed Capital		
Balance at the Beginning of the Reporting Period	529,927	529,927
Capital Contributions received from Victorian Government		
Balance at the end of the Reporting Period	529,927	529,927

Note 18: Equity (continued)

	Total 2012 \$000	Total 2011 \$000
(c) Accumulated Deficits		
Balance at the Beginning of the Reporting Period Net Result for the Year Transfers (to)/from Surplus	(110,891) 10,058 (123)	(97,269) (13,437) (185)
Balance at the end of the Reporting Period	(100,956)	(110,891)
Total Equity at the end of Financial Year	981,129	971,071

The Property, Plant & Equipment Asset Revaluation Surplus arises on the revaluation of property, plant and equipment.

Note 19: Reconciliation of Net Result for the Year to Net Cash Inflow/(Outflow) from Operating Activities

	Total	Total
	2012	2011
	\$000	\$000
Net Result for the Year	10,058	(13,437)
Depreciation and Amortisation	70,957	74,345
Provision for Doubtful Debts	521	163
Net (Gain)/Loss from Sale of Plant and Equipment	(91)	(87)
DoH Capital Grant - Indirect Contribution	(2,819)	(7,684)
Change in Operating Assets & Liabilities:		
Increase/(Decrease) in Payables	697	(4,386)
Increase/(Decrease) in Employee Benefits	17,755	10,776
Increase/(Decrease) in Other Liabilities	1,581	(476)
(Increase)/Decrease in Receivables	(7,394)	(6,758)
(Increase)/Decrease in Inventories	842	(4)
(Increase)/Decrease in Prepayments	645	(931)
Net Cash Inflow from Operating Activities	92,752	51,521

Note 20: Non-Cash Financing and Investing Activities

	Total	Total
	2012	2011
	\$000	\$000
Assets Received Free of Charge	-	_
Acquisition of Assets through DoH Indirect Contributions	2,819	7,684
Total Non-Cash Financing & Investing Activities	2,819	7,684

Note 21: Financial Instruments

Financial Risk Management Objectives and Policies

The Austin Health's principal financial instruments comprise of:

- Cash Assets
- **Term Deposits**
- Receivables (excluding statutory receivables)
- Payables (excluding statutory payables)
- Loan with TCV

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

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

Categorisation of financial Instruments

	Note	Category	Carrying Amount 2012 \$000	Carrying Amount 2011 \$000
Financial Assets				
Cash and cash equivalents	6	N/A	57,638	27,674
Receivables	7	Loans and Receivables	30,454	30,251
Other Financial Assets	8	Available for Sale Financial Assets (at fair value)	154	25,231
Total Financial Assets (i)		-	88,246	83,156
Financial Liabilities				
		Financial Liabilities		
Payables	14	measured at amortised cost Financial Liabilities	30,808	29,341
Interest Bearing Liabilities	15	measured at amortised cost Financial Liabilities	23,023	23,511
Other Liabilities	17	measured at amortised cost	2,523	1,029
Total Financial Liabilities (ii)		_	56,354	53,881

- (i) The total amount of financial assets disclosed here excludes statutory receivables (i.e. GST input tax credit recoverable)
- The total amount of financial liabilities disclosed here excludes statutory payables (i.e Taxes payables (ii) and Superannuation owing)

Credit Risk (b)

Credit risk arises from the contractual financial assets of the Health Service, which comprise cash and deposits, non-statutory receivables and available for sale contractual financial assets. The Health Service's exposure to credit risk arises from the potential default of a counter party on their contractual obligations resulting in financial loss to the Health Service. Credit risk is measured at fair value and is monitored on a regular basis.

Credit Risk (continued)

Credit risk associated with the Health Service's contractual financial assets is minimal because the main debtor is the Victorian Government. For debtors other than the Government, it is the Health Service's policy to only deal with entities with high credit ratings of a minimum Triple-B rating and to obtain sufficient collateral or credit enhancements, where appropriate.

In addition, the Health Service does not engage in hedging for its contractual financial assets and mainly obtains contractual financial assets that are on fixed interest, except for cash assets, which are mainly cash at bank. As with the policy for debtors, the Health Service'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 the Health Service will not be able to collect a receivable. Objective evidence includes financial difficulties of the debtor, default payments, debts which are more than 60 days overdue, and changes in debtor credit ratings.

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 Austin Health's maximum exposure to credit risk without taking account of the value of any collateral obtained.

Credit quality of contractual financial assets that are neither past due nor impaired

	Financial Institutions (AAA credit rating) \$000	Government Agencies (AAA credit rating) \$000	Government Agencies (BBB credit rating) \$000	Other (min BBB credit rating) \$000	Total \$000
2012 - Financial Assets					
Cash and Cash Equivalents	57,638	-	-	-	57,638
Receivables: -					
- Trade Debtors	-	3,334	-	-	3,334
- Other Receivables (i)	-	3,686	-	-	3,686
Other Financial Assets					
- Term Deposits	-	-	-	-	-
Total Financial Assets	57,638	7,020	-	-	64,658
2011 - Financial Assets Cash and Cash Equivalents Receivables: -	27,674	-	-	-	27,674
- Trade Debtors	-	3,792	-	-	3,792
- Other Receivables	-	2,779	-	-	2,779
Other Financial Assets					,
- Term Deposits	25,077	_	-		25,077
Total Financial Assets	52,751	6,571	-	-	59,322

The amounts disclosed here exclude statutory amounts (eg amounts owing to Govt and GST input tax credit recoverable)

(b) Credit Risk (continued)

Ageing analysis of Financial Assets as at 30 June

			Past D	ue But not Imp	aired	
	Carrying Amount \$000	Not past Due & Not Impaired \$000	1 - 3 Months \$000	3 months -1 Year \$000	1 - 5 Years \$000	Impaired Financial \$000
2012 - Financial Assets						
Cash and Cash Equivalents	57,638	57,638	-	-	-	-
Receivables: -						
- Trade Debtors	12,885	5,656	4,585	2,644	-	-
- Other Receivables	17,569	9,789	2,661	5,119	-	-
Other Financial Assets						
- Term Deposits	-	-	-	-	-	-
- Unlisted Shares	154	154	-	-	-	-
Total Financial Assets	88,246	73,237	7,246	7,763	-	-
2011 - Financial Assets						
Cash and Cash Equivalents	27,674	27,674	-	-	-	-
Receivables: -						
- Trade Debtors	14,577	9,595	2,899	2,083	-	-
- Other Receivables	15,674	11,377	1,931	2,366	-	-
Other Financial Assets			į			
- Term Deposits	25,077	25,077	-	-	-	-
- Unlisted Shares	154	154		-	-	-
Total Financial Assets	83,156	73,877	4,830	4,449	-	-

Ageing analysis of financial assets have excluded statutory financial assets (i.e. GST input tax credits).

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

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

(c) **Liquidity Risk**

Liquidity risk is the risk that the Health Service would be unable to meet its financial obligations as and when they fall due.

The Health Service's maximum exposure to liquidity risk is the carrying amounts of financial liabilities as disclosed in the face of the balance sheet. The Health Service manages its liquidity risk through regular cash forecasts and ensuring sufficient available cash is held to meet its obligations.

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

Note 21: Financial Instruments (continued)

Maturity analysis of financial liabilities as at 30 June

				Matı	Maturity Dates		
		Contract-	Less than	1-3	3 months	1-5	Over 5
	Carrying	ual Cash	1 month	Months	- 1 Year	Years	Years
	Amount	Flows					
	\$000	\$000	\$000	\$000	\$000	\$000	\$000
2012 - Financial Liabilities							
Payables	30,808	1	30,808	1	ı	1	ı
Interest Bearing Liabilities	23,023	23,023	127	129	265	2,468	20,034
Other Liabilities (i)	2,376	ı	200	444	1,232	1	1
Borrowings - DHS	147	147	-	30	70	47	I
Total Financial Liabilities	56,354	23,170	31,635	603	1,567	2,515	20,034
2011 - Financial Liabilities							
Payables	29,341	1	29,341	1	ı	'	I
Interest Bearing Liabilities	23,511	23,511	119	121	248	2,309	20,714
Other Liabilities	795	ı	209	188	ı	ı	I
Borrowings - DHS	234	234	-	30	70	134	1
Total Financial Liabilities	53,881	23,745	30,067	339	318	2,443	20,714

Excludes statutory financial liabilities (ie GST payable)

Market Risk

to foreign currency and other price risks. Objectives, policies and processes used to manage each of these risks are disclosed in the paragraph below. Austin Health's exposures to market risk are primarily through interest rate risk with only insignificant exposure

Currency Risk

Austin Health is exposed to insignificant foreign currency risk through its payables relating to purchases of supplies and consumables from overseas. This is because of a limited amount of purchases denominated in foreign currencies and a short timeframe between commitment and settlement.

Interest Rate Risk

Exposure to interest rate risk might arise primarily through Austin Health's interest bearing liabilities. Minimisation of the risk is achieved by mainly undertaking fixed rate or non-interest bearing financial instruments. For financial liabilities, Austin Health mainly undertakes financial liabilities with relatively even maturity profiles.

Other Price Risk

Austin Health does not have any material other price risks.

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

	Weighted		Intere	st Rate Exp	osure
	Average		Fixed	Variable	Non
	Effective	Carrying	Interest	Interest	Interest
	Interest	Amount	Rate	Rate	Bearing
	Rates (%)	\$000	\$000	\$000	\$000
2012- Financial Assets					
Cash and Cash Equivalents	3.72	57,638	-	57,569	69
Receivables: - (i)					
- Trade Debtors	3.50	12,885	-	-	12,885
- Other Receivables	3.50	17,569	-	-	17,569
Other Financial Assets					
- Term Deposits	4.40	-	-	-	-
- Unlisted Shares	-	154	-	-	154
		88,246	-	57,569	30,677
2012 - Financial Liabilities					
Payables	3.50	30,808	-	-	30,808
Interest Bearing Liabilities	6.70	23,023	23,023	-	-
Other Liabilities	3.50	2,376	-	-	2,376
Borrowings - DHS	-	147	-	-	147
		56,354	23,023	-	33,331
2011 Financial Assets					
Cash and Cash Equivalents	4.88	27,674	-	27,605	69
Receivables: -					
- Trade Debtors	4.75	14,577	_	-	14,577
- Other Receivables	4.75	15,674	-	_	15,674
Other Financial Assets					
- Term Deposits	6.00	25,077	25,077	-	-
- Unlisted Shares	-	154	-	-	154
		83,156	25,077	27,605	30,474
2011 - Financial Liabilities					
Payables	4.75	29,341	-	-	29,341
Interest Bearing Liabilities	6.70	23,511	23,511	-	-
Other Liabilities	4.75	795	-	-	795
Borrowings - DHS		234			234
		53,881	23,511	-	30,370

Excludes types of statutory financial assets & liabilities

(d) Market Risk (continued)

Sensitivity Disclosure Analysis

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

- A parallel shift of +1% and -1% in market interest rates (AUD) from year end rates.

- A parallel shift of +1% and -1% in inflation rates (AUD) from year end rates.

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

		,	Interest Rate Risk	ate Risk			Other Price Risk	ce Risk	
	Carrying	۲-	-1%	+	+1%	-1	-1%	+1	+1%
	Amount	Profit	Equity	Profit	Equity	Profit	Equity	Profit	Equity
2012	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000
Financial Assets									
Cash and Cash Equivalents	57,638	(929)	(576)	929	929	'	•	•	1
Receivables: - (i)									
- Trade Debtors	12,885	1	1	ı	I	1	•	'	1
- Other Receivables	17,569	ı	ı	1	1	1	ı	ı	1
Other Financial Assets									
- Term Deposits	1	1	1	1	ı	1	1	'	1
- Unlisted Shares	154	1	-	1	_	-	-	'	-
Total Financial Assets	88,246	(249)	(576)	929	216	ı	1	ı	ı
Financial Liabilities									
Payables	30,808	ı	1	1	ı	ı	•	1	1
Interest Bearing Liabilities	23,023	1	ı	1	ı	1	1	1	1
Other Liabilities	2,376	1	ı	'	1	1	'	1	1
Borrowings - DHS	147	'	1	1	1	1	-	1	1
Total Financial Liabilities	56,354	-	•	1	-	-	-	-	-

The carrying amount excludes types of statutory financial assets and liabilities (ie GST input tax credit and GST payable)

Note 21: Financial Instruments (continued)

Carrying Amount Prof 2011 \$000 \$00 Financial Assets 27,674 (2 Cash and Cash Equivalents 27,674 (2 Receivables: - Trade Debtors 14,577 - Other Receivables 15,674 Other Financial Assets 25,077 - Unlisted Shares 154 Total Financial Assets 83.156 (2	\$000 \$000	Equity \$000	+1 Profit \$000	+1% Equity \$000	1-	-1%	+	+1%
Amount Practical Assets and Cash Equivalents 27,674 ivables: - 14,577 de Debtors 15,674 er Receivables 15,674 n Deposits 25,077 sted Shares 154 Financial Assets 25,077 Financial Assets 83,156	\$000 \$000 (277	\$000 \$000 (277)	Profit \$000	Equity \$000	7.5			
reial Assets \$000 \$1 and Cash Equivalents 27,674 27,674 ivables: - 14,577 de Debtors 15,674 er Receivables 15,674 r Financial Assets 25,077 sted Shares 154 Financial Assets 83,156	\$000	\$000	\$000	\$000	Protit	Equity	Profit	Equity
quivalents 27,674 es 14,577 es 15,674 ssets 25,077 ssets 25,077 ssets 83,156	(277	(277)	277		\$000	\$000	\$000	\$000
auivalents 27,674 es 14,577 es 15,674 ssets 25,077 154 ssets 83,156	(277	(277)	277					
es 15,674 ssets 25,077 154		1 1		277	1	1	'	•
es 15,674 ssets 25,077 ssets 83.156		1 1						
es 15,674 ssets 25,077 154		1	1	ı	ı	ı	ı	•
25,077 154 154 83.156			1	ı	ı	•	1	•
25,077 154 ssets 83,156	-							
154 ssets 83.156	1	1	1	ı	1	1	1	•
83.156	-	-	1	_	1	1	1	•
	(277)	(277)	277	277	1	'	1	1
Financial Liabilities								
Payables 29,341	-	1	ı	ı	ı	1	1	1
Interest Bearing Liabilities 23,511	<u>'</u>	1	1	ı	ı	1	1	•
Other Liabilities 795	1	ı		ı	ı	1	ı	1
Borrowings - DHS 234	-	-	1	-	1	1	1	•
Total Financial Liabilities 53,881	'	1	1	1	ı	1	1	1

(i) The carrying amount excludes types of statutory financial assets and liabilities (ie GST input tax credit and GST payable)

(e) Fair Value

The fair values and net fair values of financial instrument assets and liabilities are determined as follows:

- Level 1 the fair value of financial instrument with standard terms and conditions and traded in active liquid markets are determined with reference to quoted market prices;
- Level 2 the fair value is determined using inputs other than quoted prices that are observable for the financial asset or liability, either directly or indirectly; and
- Level 3 the fair value is determined in accordance with generally accepted pricing models based on discounted cash flow analysis using unobservable market inputs.

The financial assets include holdings in unlisted shares. Fair value of these is determined by projecting future cash inflows from expected future dividends and subsequent disposal of the securities. These cash flows are then discounted back to their present value using a discount rate.

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

The following table shows that the fair values of most of the contractual financial assets and liabilities are the same as the carrying amounts.

Comparison between Carrying Amount and Fair Value

	Carrying Amount	Fair Value	Carrying Amount	Fair Value
	2012	2012	2011	2011
	\$000	\$000	\$000	\$000
Financial Assets				
Cash and Cash Equivalents	57,638	57,638	27,674	27,674
Receivables: - (i)				
- Trade Debtors	12,885	12,885	14,577	14,577
- Other Receivables	17,569	17,569	15,674	15,674
Other Financial Assets				
- Term Deposits	-	-	25,077	25,077
- Unlisted Shares	154	154	154	154
Total Financial Assets	88,246	88,246	83,156	83,156
Financial Liabilities				
Payables	30,808	30,808	29,341	29,341
Interest Bearing Liabilities	23,023	23,023	23,511	23,511
Other Liabilities	2,376	2,376	795	795
Borrowings - DHS	147	147	234	234
Total Financial Liabilities	56,354	56,354	53,881	53,881

⁽i) The carrying amount excludes types of statutory financial assets and liabilities (ie GST input tax credit and GST payable)

(e) Fair Value (continued)

Financial assets measured at fair value

	Carrying Amount As		Measurementing Period	
	At June	Level 1	Level 2	Level 3
	\$000	\$000	\$000	\$000
2012 Financial Assets at Fair				
Value Through Profit & Loss Available for sale financial assets				
- Equities and Managed Funds	154	-	154	-
Total Financial Assets	154	-	154	-
2011 Financial Assets at Fair Value Through Profit & Loss Available for sale financial assets				
- Equities and Managed Funds	154	-	154	-
Total Financial Assets	154	-	154	-

Note 22: Commitments for Expenditure

	Total	Total
	2012	2011
	\$000	\$000
Capital expenditure commitments		
Land and Buildings	58,336	77,804
Plant and Equipment	22,436	11,174
Total capital expenditure commitments	80,772	88,978
Land and Buildings		
Not later than one year	49,671	56,899
Later than 1 year and not later than 5 years	8,665	20,905
Later than 5 years		-
Total	58,336	77,804
Plant and Equipment		
Not later than one year	22,436	11,174
Later than 1 year and not later than 5 years	-	-
Later than 5 years		-
Total	22,436	11,174
Lease Commitments		
Commitments in relation to leases contracted for at the reporting date:		
Operating Leases	4,997	6,027

Note 22: Commitments for Expenditure (continued)

	Total	Total
	2012	2011
	\$000	\$000
Operating Leases		
Non-cancellable		
Not later than one year	1,992	2,470
Later than 1 year and not later than 5 years	3,005	3,557
Later than 5 years		-
Total	4,997	6,027
Total Commitments for Expenditure (inclusive of GST)	85,769	95,005
less GST recoverable from the Australian Tax Office		·
Total Commitments for Expenditure (exclusive of GST)	85,769	95,005

Austin Health has entered into Operating Lease arrangements with various financial organisations mainly to lease Assets in the Medical Equipment class. The average lease term is over five (5) years and the commitments represent payments due under non-cancellable operating leases.

Note 23: Contingent Liabilities

Details of estimates of maximum amounts of contingent liabilities are as follows:

	Total	Total
	2012	2011
	\$000	\$000
Contingent Liabilities		
Quantifiable		
Other - Recallable Capital Grant Medical Scanning System	2,250	2,750
Other - Recallable Capital Grant Pathology Redevelopment		
Stage 2	4,000	1,000
Total Quantifiable Contingent Liabilities	6,250	3,750

Austin Health obtained a Recallable Capital Grant during the 2008/09 financial year from the Department of Health to assist with the financing of the Medical Scanning project. Further Recallable Capital Grants were obtained in 2010/11 and 2011/12 to assist with the financing of the Pathology Redevelopment Stage 2 project. At inception all grants were included in State Government Capital Grants in Note 2. As per advice from the Department of Health:

"My letter included a schedule for the repayment of the recallable capital by way of future cash flow adjustments. Please be advised, by way of clarification, that no decision has been taken by the Department in respect of the need for your hospital to bear those future cash flow adjustments at this time. Decisions about whether recallable grants are to be repaid are solely at the discretion of the Department in consideration of the outcomes arising from the expenditure of the grant funds and other policy considerations. As such, hospitals at this time have no obligation to repay the recallable grant unless the Department determines at some point in the future that a cash flow adjustment in respect of the recallable grant is warranted."

Note 24: Operating Segments

	RACS	RACS	Acute	Acute	Other	Other	Total	Total
	2012	2011	2012	2011	2012	2011	2012	2011
	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000
Revenue External Segment Revenue	9,944	9,308	574,199	557,973	,	,	584,144	567,280
Unallocated Revenue					201,029	180,102	201,029	180,102
Total Revenue	9,944	9,308	574,199	557,973	201,029	180,102	785,173	747,382
Expenses								
External Segment Expense	9,925	8,923	588,465	568,942	1	1	598,390	577,865
Unallocated Expense	'	1	1	1	178,242	185,577	178,242	185,577
Total Expenses	9,925	8,923	588,465	568,942	178,242	185,577	776,632	763,442
Net Result from Ordinary Activities	19	385	(14,266)	(10,969)	22,787	(5,475)	8,541	(16,060)
Interest Expense	ı	1	ı	1	(1,858)	(1,577)	(1,858)	(1,577)
Interest Income	•	•	2,253	1,937	1,122	2,263	3,375	4,200
Net Result for the Year	19	385	(12,013)	(9,032)	22,051	(4,789)	10,058	(13,437)
Other Information								
Segment Assets	8,958	9,167	830,771	803,193	•	1	839,729	812,360
Unallocated Assets	'	•	•	-	366,130	362,958	366,130	362,958
Total Assets	8,958	9,167	830,771	803,193	366,130	362,958	1,205,859	1,175,318
Segment Liabilities	3,160	2,215	163,075	137,452	1	1	166,235	139,667
Unallocated Liabilities		1	1	-	58,495	64,580	58,495	64,580
Total Liabilities	3,160	2,215	163,075	137,452	58,495	64,580	224,730	204,247
Acquisition of Property, Plant,	200	7	000	000	000	л 000	0000	0000
Depreciation & Amortisation Expense	801	774	52 814	57,046	17.342	16.565	70.957	74.345
00100010010010101010101010101000000000)),	1)),	.)),)(

Note 24: Segment Reporting (continued)

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

Business Segments	Services
Residential Aged Care Services (RACS)	Residential Aged Care Nursing Home Services
including Mental Health	Mary Guthrie House

All inpatient, outpatient and emergency services offered within the public health system excluding Mental Health Services.

All inter-segment transfers are based on cost.

Geographical Segment

net result from ordinary activities and segment assets relate to operations in North Eastern Metropolitan Melbourne, Victoria. Austin Health operates predominantly in North Eastern Metropolitan Melbourne, Victoria. More than 90% of revenue,

Note 25a: Responsible Persons Disclosures

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

Responsible Persons	Period
The Hon David Davis, MLC, Minister for Health and Ageing	01/07/2011 – 30/06/2012
The Hon Mary Wooldridge, MLA, Minister for Mental Health	01/07/2011 – 30/06/2012
The Austin Health Board	
Mr Tim Daly AM (Chairman)	01/07/2011 - 30/06/2012
Dr Con Mylonas	01/07/2011 - 30/06/2012
Ms Suzanne Evans	01/07/2011 - 30/06/2012
Prof John McNeil	01/07/2011 - 30/06/2012
Ms Barbara Hingston	01/07/2011 - 30/06/2012
Ms Mary Ann Morgan	01/07/2011 - 30/06/2012
Professor David Scott	01/07/2011 - 30/06/2012
Mr Stephen Kerr	01/07/2011 - 30/06/2012
Ms Miranda Douglas-Crane	01/07/2011 – 30/06/2012
Accountable Officer	
Du Duoradora Maranhar	04/07/0044 00/00/0040

Dr Brendan Murphy 01/07/2011 - 30/06/2012

Remuneration of Responsible Persons

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

\$20,000	-	\$29,999
\$30,000	-	\$39,999
\$60,000	-	\$69,999
\$410,000	-	\$419,999
Total number	rs	

2012 No.	2011 No.
1	1
7	7
1	1
1	1
10	10

Total remuneration received or due and receivable by Responsible
Persons from Austin Health amounted to:

2012	2011
\$	\$
730,729	698,495

Amounts relating to Responsible Ministers are reported in the Financial Statement of the Department of Premier and Cabinet

Retirement Benefits of Responsible Person

There were no retirement benefits paid to Directors during the year.

Changes to the Austin Health Board after 30 June 2012.

As at 30 June 2012, Mr Tim Daly and Ms Miranda Douglas - Crane completed their terms of appointment to the Austin Health Board. The Hon Judith Troeth AM and Mr Damian Mitsch were appointed from 1 July 2012.

Other Transactions of Responsible Persons and their Related Parties.

There were no transactions with responsible persons or their related entities other than those within normal employee relationships on terms and conditions no more favourable than those available in similar arms length dealings.

Note 25b: Executive Officer Disclosures

Executive Officer Disclosures

The number of Executive Officers, other than Ministers and Accountable Officers, and their total remuneration during the reported period are shown in the first two columns in the table below in their relevant income bands. The base remuneration of Executive Officers is shown in the third and fourth columns. Base remuneration is exclusive of bonus payments, LSL payments, redundancy payments and retirement benefits.

	Total Rem	uneration	Base Rem	uneration
	2012	2011	2012	2011
	No	No	No	No
\$0 - \$99-999	-	-	-	1
\$100,000 - \$109,999	-	1	1	-
\$110,000 - \$119,999	1	-	-	-
\$140,000 - \$149,999	-	-	-	-
\$150,000 - \$159,999	-	-	-	-
\$160,000 - \$169,999	-	-	-	-
\$180,000 - \$189,999	-	-	-	-
\$190,000 - \$199,999	-	-	-	1
\$200,000 - \$209,999	-	-	1	1
\$210,000 - \$219,999	1	1	2	-
\$220,000 - \$229,999	-	-	-	1
\$230,000 - \$239,999	-	1	2	1
\$240,000 - \$249,999	1	-	-	-
\$250,000 - \$259,999	1	-	1	1
\$260,000 - \$269,999	1	1	-	-
\$280,000 - \$289,999	1	1	1	-
\$290,000 - \$299,999	1	1	-	1
\$310,000 - \$319,999	1	-	-	-
\$330,000 - \$339,999	-	1	-	-
\$380,000 - \$389,999	-	-	-	-
Total	8	7	8	7
Total remuneration	2,004,623	1,730,788	1,783,483	1,444,880

Note 26: Events Occurring after the Balance Sheet Date

There were no events occurring after the balance sheet date.

Note 27: Economic dependency

Austin Health is wholly dependent on the continued financial support of the State Government and in particular, the Department of Health. The Department of Health has provided confirmation that it will continue to provide Austin Health adequate cash flow support to meet its current and future obligations as and when they fall due for a period up to September 2013.

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