



BENDIGO HOSPITAL



ANNUAL REPORT  
2012-13

# OUR CARE AT A GLANCE

## 65,580

OCCASIONS OF SERVICE PROVIDED  
BY OUR OUTPATIENTS CLINIC

## 46,983

PEOPLE CAME TO OUR EMERGENCY  
DEPARTMENT FOR TREATMENT

## 41,489

PEOPLE WERE ADMITTED TO OUR HOSPITAL

## 11,060

OPERATIONS PERFORMED

## 10,468

AMBULANCE ARRIVALS HANDLED BY OUR  
EMERGENCY DEPARTMENT

## 1,385

ADMISSIONS OF CHILDREN AGE 16 AND UNDER  
TO OUR CHILD AND ADOLESCENT AGED UNIT

## 1,175

BABIES DELIVERED

## 3,103

STAFF EMPLOYED

## 653

BEDS SERVICE

### About us

With more than 3100 staff and covering an area a quarter of the size of Victoria, Bendigo Health Care Group (commonly known as Bendigo Health) is an expanding regional health service offering the advantages of city life combined with the beauty and freedom that comes from living in a regional area.

Bendigo Health, a 653 bed service\*, treated almost 41,000 inpatients, triaged almost 47,000 emergency attendees and welcomed more than 1170 new born babies in the reporting period July 1, 2012 to June 30, 2013.

These services are complemented by a 60-bed rehabilitation unit, eight bed intensive care unit and five operating theatres where more than 11,000 surgical procedures were performed.

The organisation provided services in emergency, maternity, women's health, medical imaging, pathology, rehabilitation, community services, residential aged care, psychiatric care, community dental, hospice/palliative care, cardiology, cancer services and renal dialysis to the people of the Loddon Mallee region.

The three main campuses of Bendigo Health are based in Bendigo, with many services extended to regional settings including areas such as Mildura, Echuca, Swan Hill, Kyneton and Castlemaine.

Demand on services is increasing rapidly with Bendigo being one of Victoria's fastest growing regional cities.

Bendigo Health and the Victorian Government are committed to delivering high quality health care to the community of Bendigo and the greater Loddon Mallee region with the investment of \$55 million in 2009, \$473 million in 2010 and a further \$102 million to deliver a new Bendigo hospital.

In May 2013, Victorian Premier Dr Denis Naphine and Health Minister David Davis announced Exemplar Consortium were successful in winning the contract. Construction on the new facility has begun.

*\* The 653 beds include the 60 bed rehabilitation unit and intensive care unit beds.*

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Welcome to Bendigo Health's annual report for 2012-13. This critical reporting document demonstrates how the organisation has met its strategic objectives outlined in the 2008 – 2013 strategic plan. It also provides a comprehensive and detailed account of Bendigo Health's financial performance and achievements throughout 2012-13.

## Report specifications

Reporting period from July 1, 2012 to June 30, 2013. This report is prepared for the Minister of Health, the Parliament of Victoria and the general public in accordance with relevant government and legislative requirements.

## Our Values

### SERVICE

Be committed to service excellence

### TEAMWORK

Be supportive and work as a team

### RESPECT

Be courteous and respectful to patients, families and each other

### ACCOUNTABILITY

Be responsible and be accountable for our actions

### PERSEVERANCE

Be persistent and show goodwill

### SAFETY

Be aware of safety for patients, staff and visitors

### INTEGRITY

Be honest and act with confidentiality and integrity

### INNOVATION

Be creative and always aim to improve

## Our Vision

Bendigo Health's vision is to:

- ▲ Improve the health of our communities
- ▲ Engender pride and confidence in our services
- ▲ Be a trusted and collaborative leader in our region
- ▲ Support our staff to reach their full potential.

## Our Mission

Bendigo Health's mission as a collaborative leader in health care, is to provide high quality patient centred healthcare encompassing:

- ▲ Tertiary services for the Loddon Mallee region
  - a full range of acute, subacute, residential aged and community based services to our communities
  - work with other health service providers to ensure that care is delivered in the most appropriate environment to meet the clinical social and emotional needs of patients
- ▲ Take a prominent role in teaching, training and research in rural health care
- ▲ Develop staff in an environment of support, learning and striving for best practice
- ▲ Responsibly and sustainably manage our own resources
  - human, physical, environmental and financial
- ▲ Effectively advocate for the health care needs of the community

# CHAIRMAN AND CHIEF EXECUTIVE OFFICER'S REPORT

**It has been a remarkable year at Bendigo Health, with extraordinary achievements against a backdrop of change and challenge; and one that demonstrated the strength of our culture and commitment to our community.**

Undoubtedly, one of the year's most significant highlights for the organisation and indeed the wider community, was the official signing of the contract with Exemplar Consortium to build the much anticipated new Bendigo Hospital. The \$630 million project is the largest public-private partnership to be undertaken in regional Victoria and will transform the way healthcare is delivered to our patients and the community.

The hospital's construction will be a major focus for us all over the next three years and will impact on the physical space around the existing hospital. Community and staff consultation about the facility is well underway; enabling works continue apace; and by the time you are reading this report, the first sod on the site will have been turned.

Bendigo Health's financial result for 2012/13 was again positive for the sixth year in a row. This would not have been possible without the support the executive team receives from their managers and team leaders across the organisation.

In June, we launched Bendigo Health's 2013-18 Strategic Plan. With this plan comes a refreshed organisational vision, *Healthy Communities and World Class Healthcare*, and new staff-developed values of *Passionate, Caring and Trustworthy*. These are simple, but powerful statements and reflect our core reason for being: caring for people from within our communities. The words also reflect a clear change of intent as we respond to growing concerns about the general health of people presenting to Bendigo Health for care. With the support of our other healthcare partners we are confident that we can make a real difference in the healthy communities space.

This plan will provide us with a blueprint for how we respond to the same challenges faced by health services around Australia and across the world. As well as setting the direction for where we want to be as a major regional Victorian health care provider, it will help us to maintain a flexible and skilled workforce in a globally competitive environment, have the appropriate infrastructure to deliver best practice clinical services, research and education, meet the continuing growth for services and maintain good financial management practices.

The development of a new strategic direction gave us the opportunity to reflect on what we have achieved over the past five years under the vision of *Working as one*. Our staff have worked hard to build a good, solid performing organisation; one where we worked smarter and more collaboratively and had greater patient-focused care. This has led to Bendigo Health being recognised among the top performing health services in the state with regard to a number of performance indicators, the implementation of an organisational development framework to support staff and build a stronger culture, improve a number of patient services and amenities, the signing of a collaborative agreement with the Bendigo District Aboriginal Co-operative and strengthening our connection with the community.

Among these new services is a Youth Prevention and Recovery Care Service in Havlin Street East, which is operated in conjunction with Mind Australia. Officially opened in February by the Minister for Mental Health Mary Wooldridge, the service is only the second of its kind in Victoria and provides 24-hour care and support to young people experiencing mental health disorders such as anxiety and depression.

Work on our medical accommodation precinct is nearing completion. The facility will accommodate up to 120 clinicians at a time while they complete their training at Bendigo Health. This development will enhance the experience of our new doctors working in regional Victoria by creating a community to help them settle into Bendigo and gain a sense of belonging through access to a range of facilities and support from other doctors in training. The intention is to provide an experience that will endear these clinicians to our community with a view to retaining their services long term to support Bendigo Health's growth.

The National Health and Hospitals Reform will continue to be a major priority in 2013/14 for all Victorian health services, as the funding implications for the sector evolve. Whilst the temporary changes to the Federal funding in December and January presented a major challenge to our team, we were pleased to be able to get through that period without any staff losses. The understanding and co-operation of all staff during this period was testament to their commitment to their work and their patients and we thank them for their support.

We would like to take this opportunity to thank and acknowledge the contribution of Ms Jan Boyton, who retired from the Board of Directors on 30 June after six years of service. Jan was a passionate community advocate and served on the Governance and Remuneration, Visiting and Strategic Planning and Population Health committees. Most recently she chaired the Community Advisory Committee.

The Board is pleased to confirm Mr John Mulder will continue as CEO for another five years. Mr Mulder's re appointment provides stability and continuity during the next exciting chapter of Bendigo Health.

We would like to express our gratitude and thanks to our wonderful 300-plus hospital volunteers for their continued dedication and support. They are an amazing group of people who capture the life of the organisation, providing comfort and companionship to our patients, their carers and families.

Our sincere thanks, also, to the many clinical, support and executive staff and to the Board of Directors for your contributions throughout the year. Your tireless commitment and passion for delivering the best treatment and care possible is inspiring.

It is our pleasure to present the following Report of Operations for Bendigo Health Care Group, in accordance with the *Financial Management Act 1994*.



**Dr Michael Langdon**  
Chair, Board of Directors  
Bendigo Health



**John Mulder**  
Chief Executive Officer  
Bendigo Health



# STRATEGIC PLAN 2008–2013

## WORKING AS ONE

**Strategic and operational direction at Bendigo Health is guided organisationally by a five year strategic plan, which cascades to each division and department. The 2008 - 2013 'Working as One' strategic plan was developed as a reference source for the development and implementation of priorities to place Bendigo Health in a positive position to face the future.**

The 'Working as One' mantra adopted by the strategic plan committee recognised that teamwork effectively brings together the talents of our staff, doctors, contractors and volunteers and is the key to delivering high quality services. Importantly, 'Working as One' encapsulated the need to develop systems that work as one – integrated and seamless across departments, professions and geographic locations. It recognised the need to collaboratively plan and deliver services with other health care providers in our region – working as one to develop improved health care and health outcomes.

'Working as One' also recognised the need to work in partnership with our community – not only to be responsive to their needs and expectations, but also to inform and educate about our services, our challenges and our vision for the future.

The Bendigo Health 2008-2013 'Working as One' strategic plan concluded on June 30, 2013.

### Looking to the future

The completion of 'Working as One' provided strong direction for Bendigo Health to identify where it needs to be and what it needs to do to meet the future demands across the service. This led to the development of the 2013-2018 Strategic Plan: Healthy Communities and World Class Healthcare, which becomes operational on July 1, 2013.

'Healthy Communities and World Class Healthcare' ensures that Bendigo Health maintains strategic focus, keeping pace with changes in demand driven by an ageing population, the rising impact of chronic diseases, changes in technology and policy and the way that healthcare is delivered.

Preparations for the new plan began in August 2012, with Midnight Sky chosen from a competitive shortlist to work with Bendigo Health on the new plan and on a review of the existing organisational Values. The development process began at a two-day strategic planning workshop in November 2012 which was attended by two Community Advisory Committee members (a first for Bendigo Health), board members and executive management members.

The workshop resulted in the development of a bold new vision for Bendigo Health 'Healthy Communities and World Class Healthcare' and definition of our role; 'Empowering people and working together'.

On 26 June 2013, Bendigo Health successfully launched the new Strategic Plan 2013-18 (Healthy Communities and World Class Healthcare and a new set of organisational Values: Caring, Passionate and Trustworthy.



## ACHIEVEMENTS

### Achieving Sustainability

- ▲ Emergency Department redevelopment (2010) – A new state-of-the-art \$9.5 million Emergency Department opened, providing patients in central Victoria with faster treatment in an emergency
- ▲ New Bendigo Hospital announcement (2010)
- ▲ Site clearing for the new Bendigo Hospital (2011)
- ▲ Bendigo Primary Care Centre opened (2011)
- ▲ Short Stay Observation Unit opening (2011)
- ▲ Accommodation Project announcement (2012) – Bendigo Health board chair Dr Michael Langdon turned the first sod of soil for the \$25 million accommodation project, a major new residential development in North Bendigo.
- ▲ Bendigo Community Dental Clinic opened (2011)
- ▲ Stella Anderson Nursing Home opening (2010) – A new \$13.6 million aged care facility to boost access to world-class care for aged care residents in the Loddon Mallee was opened
- ▲ Medical/Surgical Units swap (2011)
- ▲ Mini skills laboratory opening
- ▲ Antenatal clinic opening (2011) – A new antenatal clinic opened in Epsom providing women with greater access to care and support during their pregnancy. The clinic provides women who are considered a low risk pregnancy access to a midwife from approximately 15 weeks gestation through to birth
- ▲ Refurbished theatres (2010) – Bendigo Health opened its newly renovated theatre area as part of a State Government critical infrastructure project. The theatre area has received a face-lift, fire safety upgrades and other cosmetic upgrades including plastering and painting completed

- ▲ Transit Lounge opening (2009) – The transit lounge was launched, not only helping to improve patient care, but also helping to free up bed-space for new patients entering the hospital. The transit lounge is a comfortable place for patients who have been discharged from the ward to wait for things such as medications or transport home
- ▲ Volunteer Information Desk (2009) – A new information desk at the main entrance of the hospital campus is staffed by volunteers who are the first point of contact for visitors. Volunteers assist in way-finding and have provided more than 70,000 cases of assistance since its inception
- ▲ Underground fire tanks installed (2011)
- ▲ Building management system award
- ▲ Ambulance opening (2012)

### Enhancing Services

- ▲ New cardiology equipment
- ▲ Psychiatric Services redesign (2011) – A new model has been developed, incorporating the existing three teams into one integrated team. This now allows patients to work with one clinician and one psychiatrist throughout their recovery, allowing relationship strengthening between the parties. Initial evaluation has provided valuable feedback in terms of further developing the model
- ▲ VolExpress implementation (2010) – The focus of the VolExpress service is to transport Bendigo Health patients between campuses and also to homes for patients who are unable to access transport. This service is staffed fully by volunteers and has assisted more than 3000 people since its inception
- ▲ Volunteers Service expansion (2009) – Since the appointment of the Volunteers Services manager, volunteers numbers have increased from 149 to 285
- ▲ Volunteer Expo (2011) – Bendigo Health hosted an expo to highlight the role of its volunteers and say thank you as part of National Volunteer Week

- ▲ Long Stay Older Patients regional toolkit launch (2010)
  - The Long Stay Older Patient's (LSOP) project team launched the 'Best Care for Older People Everywhere' toolkit, coinciding with International Person Centred Care month. The long stay older patients (LSOP) project is a joint Commonwealth and Department of Health initiative that focuses on improving care for older people in hospital and throughout their ongoing health care journey
- ▲ Renal node services established
- ▲ Organ donation program (2009) - A specialist nurse was appointed to support a national initiative aimed at boosting organ and tissue donation in Victoria. The nurse works with DonateLife to increase the Loddon Mallee community's access to life-saving and life-enhancing transplants
- ▲ Launch of new Bendigo hospital website (2010) - [www.newbendigohospital.org.au](http://www.newbendigohospital.org.au) features the latest information on the new Bendigo hospital project
- ▲ Infant hearing screening (2010) - The completion of the Victorian Infant Hearing Screening program's phase three expansion saw Bendigo Health become one of the first regional hospitals to achieve screening of all newborn babies
- ▲ Premmie Week
- ▲ Adult Prevention and Recovery Care
- ▲ Youth Prevention and Recovery Care (2013) - Bendigo Health officially opened its newly constructed Youth Prevention and Recovery Care (YPARC) facility. The facility is run in conjunction with MIND Australia and is one of the first of its kind in a regional area
- ▲ New website/intranet released
- ▲ Dementia web launch
- ▲ VitCUU Bendigo launch (2009)

## Supporting Education and Research

- ▲ Education precinct - The education precinct has changed the landscape of Bendigo and comprises of the Monash Regional Clinical School and La Trobe University Nursing School. Both of these facilities bode well for the future education and retention of employees at Bendigo Health
- ▲ Graduate nurses (annually) - Bendigo Health boasts one of the most popular graduate nurse programs in the state. Bendigo Health accepts around 30 graduate nurses every year who participate in four rotations throughout the year
- ▲ New interns (annually) - Bendigo Health accepts around 30 new interns every year, with record applications for the program received in 2012 and surpassed again in 2013
- ▲ 90 continuing education sessions conducted
- ▲ Seven ACHSM graduates supported
- ▲ Aesop training
- ▲ More than 100,000 student clinical placement days supported
- ▲ Establishment of the Medical Workforce Unit (2011) - Now known as the HMO Support Unit, co-ordinates medical appointments, queries from overseas medical staff, recruitment and rostering
- ▲ Establishment of a clinical deanery

## Enabling People

- ▲ ICU auxiliary 30-year anniversary (2009) - The Intensive Care Auxiliary celebrated 30-years of contributions, raising more than \$600,000 over the journey. Founding president Iris Benbow remains at the helm of the auxiliary
- ▲ Lifestyle challenge
- ▲ Computer upgrades and thin client rollout
- ▲ Recognition of service (annually) - Every year Bendigo Health recognises its long serving and loyal employees. Employees range from 10 years of service to more than 40 years
- ▲ Staff health checks (annually since 2011) - As Bendigo's largest employer, Bendigo Health offered free health checks to all staff commencing April 2011. The consultations, conducted by Bendigo Community Health Services under the Workcover scheme, provided early indicators to staff members regarding health issues and advice on how to improve their health
- ▲ Staff awards (annually) - Bendigo Health's talented staff are constantly recognised and celebrated for their achievements through several internal publications and external media coverage
- ▲ New bike shed (2011) - In response to staff feedback and a push towards healthier commuting for all staff a new bike shed was built on the hospital campus
- ▲ Pirate cheer for rehabilitation patients

## Strengthening Partnerships

- ▲ Signing of collaboration (2011) – Bendigo Health’s focus on improving the recognition and identification of Aboriginal and Torres Strait Islander patients/clients was affirmed with the signing of a collaboration agreement with Bendigo and District Aboriginal Co-operative. The agreement demonstrates an on-going commitment by Bendigo Health to close the health gap between aboriginal and non-aboriginal people in the community
- ▲ Refugee Week
- ▲ Give Me 5 For Kids (annually) – Every year in the month of June local radio station 3BO drives the charity for children’s services at Bendigo Health. A record figure of \$53,000 was raised in 2012, however, the forecast for 2013 is more than \$110,000
- ▲ Mamta – is a caseload model of midwifery care that offers continuity of care throughout pregnancy, birth and the postnatal period. Midwives work in small teams of two or three to ensure women have an opportunity to get to know their carer. The Mamta model has developed many strong relationships with clients and celebrated its fifth anniversary of the program in August 2012
- ▲ Chinese doctor visit (annually since 2011) – Bendigo Health hosts a three day visit from 20 Chinese doctors from Nantong University. The doctors are part of a group of Chinese academics who undertake a 12 week English language and culture program in conjunction with La Trobe University
- ▲ Cultural Diversity
- ▲ NAIDOC Week celebrations (annually) – Bendigo Health conducts a simultaneous morning tea across all of its sites to mark NAIDOC Week. Representatives also participate in other external ceremonies and events throughout the region
- ▲ Flood support (18/1/2011) – When flood waters hit the neighbouring township of Rochester, aged care residents from Rochester and Elmore District Health Service were evacuated to Bendigo Health services

## Building Leadership

- ▲ Development of the Organisational Development and Improvement division
- ▲ Open staff forum
- ▲ Fireside chats – Communications and Marketing facilitated this monthly program with executive team members speaking to staff in a relaxed environment. The chats gave guidance and leadership to staff looking to further their careers
- ▲ Pulse Survey (2011)
- ▲ New performance management framework
- ▲ 360 degree feedback introduced for senior roles
- ▲ Great Managers, Great Results (2012) – see page 21

## Improving Quality

- ▲ Launch of Quality of Care DVD (2009) – Bendigo Health’s Quality team became the first to deliver the Quality of Care report in a DVD format, steering away from the traditional printed format
- ▲ Quality of Care report online (2010) – Surpassing the previous year’s DVD, the Quality team became the first health service in Victoria to deliver the report online
- ▲ Patient Centred Care
- ▲ Participation in Health Round Table benchmarking group
- ▲ Joan Pinder Nursing Home accreditation
- ▲ ICT Governance Framework established
- ▲ Healthy food options
- ▲ ISO Certification (2011) – Bendigo Health joined elite company when it achieved an ISO9001 certification for its payroll, salary packaging and supply departments. The ISO9001 certification is an internationally recognised system which allows the organisation to better respond to future changes in strategic direction and be better aligned to customers’ needs
- ▲ Successful ACHS accreditation



# BENDIGO HOSPITAL PROJECT

## THE JOURNEY SO FAR

**The \$630 million Bendigo Hospital Project received the green light for construction after the contracts were signed in May between the Victorian Government and the Exemplar Health consortium.**

This significant milestone in the project marks the commencement of an exciting 25 year relationship between the State Government, Bendigo Health and Exemplar Health.

The new hospital is the largest regional infrastructure development in Victoria's history and will create more than 770 jobs during construction, as well as provide significant flow on effects for Bendigo's economy.

The new hospital will have 372 inpatient beds, 72 same day beds, 10 operating theatres, an integrated cancer centre, a mental health unit, a wellness centre and a helipad connected by bridge link to the main hospital.

The project will also deliver a range of supporting commercial facilities and services including a 128-room hotel, a 180-seat conference facility, retail and cafe spaces, enhanced landscaping, and refurbished heritage buildings.

The development comprises a whole of precinct solution - 'one precinct, one hospital'. A bridge across Arnold Street will integrate the precinct into one site.

Realising the vision for the Bendigo Hospital Project has not happened overnight. Here is the story so far.



**BENDIGO HEALTH STAFF CELEBRATE THE MUCH ANTICIPATED ANNOUNCEMENT OF \$55 MILLION FOR STAGE ONE OF THE BENDIGO HOSPITAL PROJECT.**



*Pictured (L-R): Caption; A crowd of more than 100 people gathered to witness the chimney demolition; Bendigo Health CEO John Mulder at the 2010 State Budget announcement of \$473 million for the Bendigo Hospital Project; Construction manager Bendigo Hospital Project Adam Hardinge, executive director Bendigo Hospital Project David Walker and Bendigo Health CEO John Mulder were on hand at the demolition of the former HART building.*

## 2006

- ▲ Bendigo Health received \$2 million in State Government funding to plan for a new hospital.

## 2007

- ▲ Bendigo Health developed a service plan for a new hospital.

## 2009

- ▲ Bendigo Health received \$55 million in State Government funding for stage one of the hospital project, including critical infrastructure works, relocation of Ambulance Victoria from Arnold Street and other preparatory works.
- ▲ Staff user groups were formed. Over the next two years, more than 500 staff attended user group meetings to share information, experience and expertise for the Bendigo Hospital Project. Staff provided valuable input into areas such as the model of care, functional brief, design statements, room lists and furniture, fittings and equipment.

## 2010

- ▲ Five houses in Mercy Street were demolished to clear a site for the new hospital. Accurate Demolition also recycled many of the products, such as bricks and window frames, from the demolition site
- ▲ In 2010, Bendigo Health received \$473 million in funding in the May state budget
- ▲ Bendigo Health received an additional \$102 million in funding from the State Government as part of a pre-election commitment, making the total investment \$630 million

- ▲ Executive director Bendigo Hospital Project David Walker undertook a study tour of hospitals in Europe and the US. He visited 14 hospitals in 18 days across five countries. The aim of the study tour was to gain an understanding of the trends in healthcare design in Europe and the United States of America, and gain exposure to the machinations of very large health projects. The study tour also provided an opportunity to interact with healthcare professionals from around the world who had already undertaken significant health capital development projects
- ▲ Works commenced to relocate Ambulance Victoria from Arnold Street to five locations across Bendigo. Ambulance stations are now located in Epsom, Eaglehawk, Bendigo CBD and Strathdale. A regional workshop and office is located in North Bendigo
- ▲ A review of service delivery (or model of care - the way services are delivered) commenced. Ageing population, chronic disease management, changes in consumer demands and expectations and the introduction of new technologies and equipment are some of the factors that constantly challenge a health service to continually review their model of care to ensure that health professionals are seeing the same picture, working towards a common set of goals and are able to evaluate performance on an agreed basis. The development of the model of care is an interactive process, in consultation with a number of key stakeholders.



## 2011

- ▲ Enabling works commenced to prepare a site for the Bendigo Hospital Project. Enabling works included the relocation of the Ambulance Victoria service, closure of Mercy Street, site clearance including demolition, relocating staff and services from the Barnard Street site and construction of temporary energy plants.
- ▲ We commenced preparing buildings for demolition. These works included performing an audit of the buildings earmarked for demolition and what they were used for. The next step was to relocate services out of these buildings
- ▲ The first building was demolished to make way for the new hospital. The HART building at the front of the Barnard Street site was demolished to make way for a temporary energy centre, as part of the enabling works for the Bendigo Hospital Project. Other buildings demolished in 2011 included parts of the former trades workshops and the fleet offices
- ▲ Bendigo Health acquired the land and buildings in Havlin Street East (formally the Department of Education and Early Childhood Development) to relocate services from the Barnard Street site in preparation of the new hospital. Approximately 300 staff were relocated to the Havlin Street East Complex
- ▲ The State Government released the Invitation for Expression of Interest (IEOI) for the Bendigo Hospital Project. The IEOI sought proposals from consortia to design, construct and finance the new hospital

## 2012

- ▲ Shortlisted consortia were announced. Two consortia were selected to respond to the tender brief for the Bendigo Hospital Project. Each consortium demonstrated significant experience in delivering multi-billion dollar projects across the globe
- ▲ An interactive tender process commenced. This process included many meetings between the State Government, Bendigo Health and the two shortlisted bidders
- ▲ We farewelled a number of buildings to clear a site for the new hospital. Possibly the most significant event was the demolition of the chimney on the Barnard Street site. The last surviving bricklayer who built the chimney and a woman who remembers watching the chimney being built were among the 100 people who gathered on the streets to witness the demolition. In the weeks following the laundry and chimney demolition, the demolition of the boiler house also drew large crowds as two large excavators made short work of this building too. The former Ambulance Victoria building was demolished as part of works to prepare the site for the new hospital.

## 2013

- ▲ A major project commenced with the Bendigo Hospital Project Construction Management team being funded to complete a range of mandatory heritage works across the Barnard Street site. The areas included in the scope of works include West Wing, Concert Hall, Administration Buildings and the Hope Street wall. Stage one included the demolition of 1970 amenity wings attached to the West Wing and the covered walkways linking Staff Amenities, Administration, Concert Hall and the GE Mayne Lecture Theatre
- ▲ Premier Dr Denis Naphine and Health Minister David Davis visited Bendigo Health in April to announce the Exemplar consortium as preferred bidder for the Bendigo Hospital Project. The result of the bidder process is an outstanding design, one the community will be proud of for decades to come
- ▲ The State Government provided \$350,000 for the Leveraging the Benefits of the Bendigo Hospital Project. A steering group has been established to improve local career opportunities, support local businesses wanting to secure work on the redevelopment project and ensure the local economy maximises the benefits of project. The steering group includes the City of Greater Bendigo, Bendigo Health, Bendigo Business Council, Department of Health, Industry Capability Network, Loddon Mallee Regional Development Australia Committee and Regional Development. The project will focus on increasing local apprenticeships and workers employed in the construction, ensuring local construction and supply chain businesses tender for contracts and growing local construction and supply chain businesses.
- ▲ Exemplar Health was awarded the contract for the Bendigo Hospital Project.

*Pictured opposite (from top): Seated: Hon Dr Denis Naphine MP Premier, Stephen McDonough Project Director Exemplar Health Back row Tony Lubafsky Project Director Department of Health, Dr Michael Langdon Bendigo Health Board Chair, Pradeep Philip Department of Health Secretary, David Walker Bendigo Health Executive Director Bendigo Hospital Project, Hon David Davis MP Minister for Health and John Mulder Bendigo Health Chief Executive Officer; Two huge excavators made light work of the former boiler house; The 1970s add-ons are gently peeled off the West Wing as part of the heritage works; Representatives from the Leveraging the Benefits steering group joined Deputy Premier Peter Ryan on the site of the new hospital.*

*This page (from top): Our new hospital – Internal courtyard; Main atrium; External spaces; Aerial view; Outside courtyards.*



# PEOPLE AND CULTURE

## Sit-Stand Project for Sedentary Workers

Implementation of electric sit to stand desks and ergotron height adjustable desk adaptors commenced in 2012-2013. The occupational health and safety team monitored the impact of the new equipment for the impacted staff with extremely positive outcomes.

## Aboriginal Employment Plan

In the latter part of 2012 Bendigo Health finalised its Aboriginal Employment Plan. A project officer was appointed in early 2013 to support the implementation of the plan and build essential partnership that will enhance employment opportunities for aboriginal people at Bendigo Health.

## Goldfields Careers – Horizons website

Bendigo Health played an integral role in the establishment of the new Horizons website. The project was designed to build a website that would enable students from across the region to easily identify work experience opportunities. As the largest employer in the region Bendigo Health has promoted almost 300 work experience opportunities on the website. This has built the profile of our organisation as a place to undertake work experience with students in the region.

## Health and Wellbeing Program – Lunch n Learn Sessions

The health promotion steering committee commenced a series of lunch 'n' learn session in 2013. The sessions to date have covered basic nutrition and exercise, health cooking classes and dealing with menopause. The sessions have been well attended by staff and are integral to promoting health and wellbeing amongst the staffing group at Bendigo Health.

## Health & Wellbeing Survey

Staff across Bendigo Health had the opportunity to respond to a survey regarding their personal health and wellbeing. Staff were also offered the opportunity to provide input to the health and wellbeing initiatives that they would personally benefit from.

## Victorian Smokefree Healthcare Services Network

In May 2012 Bendigo Health joined the Victorian Smokefree Healthcare Services Network. Based on the self assessment Bendigo Health achieved Gold status.

## The Victorian Public Sector Young Leaders Conference 2013

In June eight young leaders from Bendigo Health attended the Victorian Public Sector Young Leaders Conference.

## Victorian Regional Living Expo

Bendigo Health attended the Victorian Regional Living Expo in April. The expo showcased regional lifestyle and career opportunities for people living in metropolitan Melbourne.

## Organisational Wide Staff Survey – Pulse

Bendigo Health conducted its second organisational wide staff survey. The survey was open for comment over a three week period with 59% of staff responding to the survey. Bendigo Health increased staff engaged from 27% to 37% since the time of the last survey in 2010. This is significant improvement and positions the organisation well for the move to the new hospital.





**BENDIGO HEALTH FULL TIME EQUIVALENT FIGURES FOR MONTH OF JUNE**

LABOUR CATEGORY	JUNE 2012	JUNE 2013
Nursing Services	1,050	1,059
Medical Support Services	196	188
Medical Officers	46	48
Hotel & Allied Services	231	241
Hospital Medical Officers	121	133
Ancillary Support Services	211	225
Administration & Clerical	396	399
Sessional Medical Officers	16	16
<b>Grand Total</b>	<b>2,266</b>	<b>2,308</b>

LABOUR CATEGORY	YTD 2011-12	YTD 2012-13
Nursing Services	1,040	1,049
Medical Support Services	207	184
Medical Officers	48	47
Hotel & Allied Services	260	235
Hospital Medical Officers	126	125
Ancillary Support Services	208	212
Administration & Clerical	386	393
Sessional Medical Officers	16	16
<b>Grand Total</b>	<b>2,291</b>	<b>2,260</b>

# VOLUNTEERS

**Bendigo Health thanks the many motivated and enthusiastic volunteers who display a passion for helping others. Volunteers are integral to the health service and provide invaluable support to staff, patients and visitors.**

Bendigo Health currently employs almost 300 volunteers who help out by generously giving their time, energy and care to patients, residents and visitors. Volunteers assist in many areas across Bendigo Health including palliative care, emergency, inpatient rehabilitation, gift shop, transit lounge and our five residential aged care facilities.

## **How our volunteers help**

Our volunteers help in a variety of ways, with the majority providing companionship to our patients, residents and visitors. How they do this can vary, dependant on the area in which they are working. For example, in our clinical spaces and aged care services, our volunteers provide companionship by being involved in an activity program or one-on-one visiting. In our Day Procedure Unit, volunteers provide companionship by sitting with an anxious patient before and after a procedure and within our palliative care service, volunteers comfort a dying patient or a grieving family.

Our volunteers help thousands of people every year to navigate their way through the health care setting just by being a friendly face and offering their time to listen to people who need to use the services of Bendigo Health. Our volunteers help in the provision of service, are an integral part of the Bendigo Health team and bring a sense of community and warmth into what can often be a daunting experience.

Bendigo Health also has volunteers behind the traditional clinical face of the health service by helping with basic administrative tasks such as mail-outs, construction of files and information packs for patients and carers as well as communication and marketing packs for Bendigo Health programs across the region. In the last 12 months volunteers have contributed more than 17,000 hours of their time to Bendigo Health.

## **Orientation of our volunteers**

As part of our process of engagement all prospective volunteers are required to attend a mandatory orientation prior to commencement. This is an opportunity for volunteers to determine whether Bendigo Health is the organisation that suits their volunteering needs, as well as an opportunity for the organisation to detail clear guidelines as to their roles and strategies for self care. It is also an opportunity for the volunteers to meet with like minded others, as the social component of volunteering is also very important. At Bendigo Health we ensure that our volunteers have been given the right tools and resources to ensure they are safe and confident when volunteering. Ninety nine per cent of participants have enjoyed the orientation so much they said they would recommend it to others.

## **Other volunteers**

In addition to the almost 300 volunteers currently employed by Bendigo Health, many other volunteers also contributed to our services. The organisation is very fortunate to have several auxiliaries which raise much needed funds. Bendigo Health is also grateful to other community groups and volunteers such as Heartbeat, Central Victorian Stroke Support Group, Amputee Support Group and our parish visitors.

## **Latrobe University partnership**

Another highlight for Bendigo Health Volunteer Services was to continue our partnership with La Trobe University's Speech Pathology ASSIST Program. This program is aimed at providing speech pathology students an environmental experience within a healthcare setting, assisting them in their studies, whilst increasing the number of volunteers supporting our patients. This year seven students were oriented and will volunteer in the Medical Unit, Emergency Department and Inpatient Rehabilitation Unit.

## Hospitals Volunteer Benchmarking Exercise

In March, Bendigo Health instigated a Hospital Volunteer Services benchmarking exercise, a tool that was disseminated to the Rural/Regional Volunteer Managers Network (also a Bendigo Health initiative). Seventeen hospitals from Victoria, South Australia and Queensland provided information about their volunteer programs such as numbers of volunteers, numbers of staff working with volunteers and types of programs. A full report was provided back to participants to help them better understand where their program sits in comparison to similar size health organisations. The feedback from the network has been incredibly positive. This will be an annual benchmarking exercise with hospitals already reaching out to the networks and encouraging more hospitals to get involved next year.

## Minister for Health volunteer awards 2013

Volunteer Services had two teams nominate for the Minister for Health Volunteer Awards.

Our Gift Shop and Lolly Trolley team were nominated for the service they provide both in the shop and by taking a trolley containing toiletries, newspapers, snacks and other personal items around to our patients who are unable to get out of their hospital bed. This team of volunteers were nominated due to their commitment towards helping where they can and their 'can do' attitude has a positive impact on all those they come into contact with.

Our Cardiac Rehabilitation team were nominated for assisting with the cardiac rehabilitation program twice weekly since 2005. This program offers education and exercise to all clients with coronary heart disease. The volunteers in this area provide support to these patients and their families and encourage them to return to an active and satisfying life. This group of volunteers were praised for their dedication and commitment to the service.

Although neither team received a Minister for Health Volunteer Award - they are certainly winners in the eyes of Bendigo Health.



OUR VOLUNTEERS CONTRIBUTED IN EXCESS OF

**>17,000 HOURS**

EMERGENCY DEPARTMENT VOLUNTEERS ASSISTED

**>12,145 PEOPLE**

OUR MEET AND GREET VOLUNTEERS AT THE FRONT ENTRANCE TO THE HOSPITAL HELPED TO NAVIGATE

**>14,135 PATIENTS AND VISITORS**

OUR TRANSIT LOUNGE VOLUNTEERS ASSISTED

**1,449 PATIENTS**

TO DISCHARGE FROM OUR SERVICE.

OUR VOL EXPRESS TRANSPORT VOLUNTEERS TRANSPORTED

**1,114 PATIENTS**

BETWEEN OUR MANY CAMPUSES FOR VARIOUS PROCEDURES AND TREATMENTS.

OUR ADMINISTRATIVE VOLUNTEERS CREATED

**>12,000 MEDICAL RECORDS,  
>250 PALLIATIVE CARE  
ADMISSION PACKS,  
>550 INFORMATION PACKS**

FOR CARER SUPPORT SERVICES AND

**>1,000 PATIENT  
INFORMATION PACKS**

FOR OUR DISTRICT NURSING TEAM.

# ORGANISATIONAL DEVELOPMENT AND IMPROVEMENT

**The Organisational Development and Improvement (ODI) division supports the enhancement of the Bendigo Health patient experience through a comprehensive range of initiatives.**

A well established clinical education program is now complemented by a developing corporate training program which includes the Great Managers, Great Results leadership and management course. ODI also continues to strive to create the best possible learning environment for student clinical education through the multi disciplinary clinical deanery that coordinate the large amount of undergraduate student clinical placement activity across the health service.

The Quality @ BH team support continuous quality improvement through a robust risk management and compliance framework, organisational wide support for the achievement of accreditation requirements and a recently enhanced business planning process. Goal setting, accountability and recognition are all part of the model that will align our organisational effort and drive the achievement of our new strategic plan.

Building the capacity for our organisation to grow and maximising the opportunity that the new Bendigo Hospital will bring remains a focus for the ODI division. Through the implementation of initiatives such as the staff development program, models of care and the Studer framework we continue to support our staffing group to manage change and build a positive culture of high performance.

Research and project activity is supported by our relationship with some of our key partners including Monash and La Trobe Universities. Much of the research completed at Bendigo Health is collaborative with information regarding the outcomes of the research shared to inform strategy and policy development as well as organisational risk management.

In the coming year work will commence on aligning organisational effort and behaviour to achieve the new strategic plan. The organisational values of Caring, Passionate and Trustworthy will be embraced through the development of department and organisational behavioural statements. The development of these will be supported by the ODI division and will define our staff group's commitment to the way in which we will need to behave to achieve our bold vision.

## **Collaborative Health Education and Research Centre**

The mission of Bendigo Health's Collaborative Health Education and Research Centre (CHERC) is to provide contemporary, innovative, interdisciplinary health education, research and consultancy services to meet the needs of health and education providers and consumers. CHERC has continued its success in attracting funding to develop and implement a range of health education and research initiatives for Bendigo Health and the region. CHERC has a team of 46 highly skilled and experienced educators and researchers.

Some of the activities managed through CHERC include:

### **Continuing Nursing and Midwifery Education (CNME) program**

CHERC continued to coordinate the CNME program on behalf of all acute health services in the Loddon Mallee region. In 2012-2013, 90 education sessions were conducted across the region with 1076 participants. The program continues to receive positive feedback from participants.

### **Graduate Nurses**

In 2012 Bendigo Health's Graduate Nurse Program supported 30 Registered Nurses and three Enrolled Nurses in their transition year.

### **Post Graduate Nursing Studies**

In May 2013 Bendigo Health awarded \$23,000 in scholarships.

Bendigo Health supported 121 nurses undertaking significant studies within the organisation in various courses including; Midwifery, Gerontology, Critical Care and Diploma of Nursing.

**TABLE 1. FUNDING RECEIVED THROUGH LMCPN**

PROJECT TITLE	FUNDING RECEIVED	PURPOSE
Clinical Supervision	\$197,680	Delivery of clinical supervision training throughout the region
Simulated Learning	\$192,945	Employment and operating costs associated with the simulated learning environment coordinator for the region
Rural Accommodation & Infrastructure	\$493,946	To refurbish the 46 Lucan St units and build a common room suitable to make these units appropriate for dedicated student accommodation
LM CPN Administration	\$269,000	Employment and operating costs of the CPN

### Nurse and Midwifery Education Committee

Established in August 2012;

- ▲ To review and evaluate education programs internally and review and comment on external courses.
- ▲ To provide competency frameworks for nurses working at Bendigo Health and to develop policy to support these.

### ilearn@bendigohealth

A 'one stop shop' for all staff to access education and training at Bendigo Health has now been launched. ilearn@bendigohealth provides the organisation with its own learning management system resulting in enhanced access to online learning modules and improved tracking and reporting of staff undertaking online learning packages and competencies.

### Clinical Deanery

Bendigo Health continues its commitment to the provision of high quality clinical placements to students. The Clinical Deanery has embedded its role in overseeing the co-ordination and administration of student clinical placements. In 2012 Bendigo Health hosted 30,853 student placement days as well 8,619 days for dentistry and oral health student days. Through this Bendigo Health supported 16 educational partners.

### Clinical Placement Network

CHERC continued to host the Loddon Mallee Clinical Placement Network (LM CPN). The LM CPN supported 24 health services throughout the region to adopt and implement the use of vicPlace - Victoria's information

management system for clinical placements (also being project managed by CHERC). Subsequently 26 education providers have been supported to adopt the system by the LM CPN team.

Within the CHERC team, the LM CPN liaise with coordinators to ensure the latest information from the Department of Health regarding funding, best practice, systems and reporting is available to support timely decisions and responses to a dynamic education portfolio.

LM CPN staff supported all stakeholders throughout the region to secure funds for simulated learning, small capital and equipment, clinical supervision, expanded settings, and rural accommodation and Infrastructure. Table 1 provides a brief overview of the funding.

### Clinical Support and Supervision Program (CSSP)

Five hundred and seventy six clinicians from a broad range of disciplines and from across the region participated in the CSSP training. This project aimed to develop, deliver and evaluate a three tier clinical supervision training model that builds the capacity of Loddon Mallee Health Services to provide quality supervision and mentoring to students on clinical placement. This was a collaborative project with Bendigo Health and Monash University providing the clinical and academic educators to develop and deliver the different tiers of clinical supervision training to an interdisciplinary audience. Feedback from the program participants was very positive.

## Improving Care for Older People (IC4OP)

The Improving Care for Older People (IC4OP) project funding for 2012-2013 enabled the project team to continue to embed and sustain the work undertaken over the past few years at Bendigo Health to address the needs of older people in preventing functional decline whilst in hospital. Key domains of activity have focused on improvements in person centred care, patient assessment, nutrition, mobility and falls, dementia, delirium and depression. There has also been a great deal of work occurring in the organisation that covers the other domains of functional decline. The IC4OP project officers have provided input into the domains of palliative care, advance care planning, skin integrity and medication.

Bendigo Health received additional funding to provide the regional support role for the remainder of the initiative. This role provided support to the health services involved across the region to ensure their strategies were embedded and sustained. The resources and outcomes of the initiative were also shared across the region to all health services, care providers across the care continuum and education providers.

A large focus of 2012-2013 was to expand the reach of IC4OP to the region. The cognition consultant provided education on person centred care and the three cognition domains across the region. The principles of IC4OP have been well received and resources shared widely. A final forum titled Best Care for Older People: Everyone's Business was held in March 2013. This forum was well attended and well received with representatives from education, quality, management and clinicians across the care continuum throughout Victoria.

## Allied Health Assistant Workforce reforms

In 2012-2013, CHERC was successful in gaining funding from the Department of Health to conduct projects aimed at increasing the capacity of the Allied Health Assistant (AHA) workforce both at Bendigo Health and with a sub-regional cluster of health services. The main outcomes of these projects include the development of strategic plans for each organisation to expand their AHA workforce, evaluation of a remote supervision model for AHA's working in small rural health services and provision of mentoring for allied health professionals.

## Quality@BH

### Development of strategic plan

The past 12 months have involved a dedicated effort in review, consultation and preparation of the next Bendigo Health strategic plan (2013 - 18). The preparations began in August 2012 with an internal strategic planning team developing an approach that involved engaging the best

facilitators to work with the internal team to deliver upon the production of the new strategic plan for Bendigo Health.

A two-day Strategic Planning workshop in November 2012 was attended by two Community Advisory Committee members (a first time for Bendigo Health), Board and the Executive Management team. The initial workshop outcomes were closely monitored and further refined to start shaping the new Strategic Plan with the oversight of Bendigo Health Strategic Planning and Population Health Committee (a subcommittee of the Board). The workshop resulted in the development of a bold new vision for Bendigo Health 'Healthy Communities and World Class Healthcare' and definition of our role; "Empowering people and working together".

A further workshop was conducted with the broader Group Executive and Directors to finalise outcomes and objectives that could be measured in a meaningful way to be able to monitor the success in achieving objectives in the new Strategic Plan.

In parallel to the work to launch the plan, Business Managers worked with their Executive Directors to compose their annual business plans to ensure alignment of planning cycles. Each division set annual targets and were coached to work in a 90 day target setting framework as based on Studer Principles. The first 90 day cycle commenced on the 1st of July with the start of the new Strategic Plan.

On June 26, Bendigo Health successfully launched the new Strategic Plan 2013-18 (Healthy Communities and World Class Healthcare) and a new set of organisational Values (Caring, Passionate and Trustworthy).

## Accreditation highlights

The past 12 months have involved many decisions to be made on the best approach for accreditation under a new National framework for health service accreditation. The National Safety and Quality Health Service Standards (NSQHS) were developed by the Australian Commission on Safety and Quality in Health Care (ACSQHC). The primary aims of the NSQHS Standards are to protect the public from harm and to improve the quality of health service provision. They provide a quality assurance mechanism that tests whether relevant systems are in place to ensure minimum standards of safety and quality are met, and a quality improvement mechanism that allows health services to realise aspirational or developmental goals.

Bendigo Health has chosen to undergo accreditation under all 10 NSQHS standards in 2013 as part of our membership with the Australian Council of Healthcare Standards (ACHS) as our accreditation assessment provider. This has involved a significant education campaign and self assessment process to ensure organisational understanding and ownership of

the new standards. In March 2013, Bendigo Health underwent an ACHS Consultancy visit to assess our level of preparedness and provide feedback on our progress towards achieving accreditation in the new NSQHS Standards in November 2013. The outcomes from the March consultancy visit provided valuable feedback and information for the organisation in order to meet the standards in November.

### Redesign activity highlights

The Victorian Department of Health, Redesigning Hospital Care Program developed a robust tool to assess organisational capability for improvement called the Health Improvement Capability Quotient, or 'Health ICQ'. The Health ICQ assisted Bendigo Health to assess our level of organisational development and to identify potential areas to strengthen capability for improvement. The tool assessed Bendigo Health against four operational excellence domains, as follows: organisational systems and structures, workforce skills and knowledge, results and system impact and culture and behaviours. The results showed some key opportunities for improvement in the way we support and enable staff to undertake improvement activities. In response to this ODI has commenced a program of work.

Other redesign projects in the past year have included:

- ▲ Work on the development of the new Acute Medical Unit (AMU) team which is now the medical unit responsible for all acute medical assessments.
- ▲ Reducing patient admission delays associated with bed cleaning
- ▲ National Emergency Access Targets for the Emergency Department which now require 75 % of patients to be discharged or admitted in less than four hours.
- ▲ TORCH: Tool for Organisation to Reveal Constraints in Health (TORCH) program which was developed as an extension of the Department of Health (DoH) Redesigning Hospital Care Program. TORCH used a systematic approach to look at the whole of health service, end to end with a focus on improving access, quality, safety and efficiency. TORCH is a rapid assessment tool that measured the functional constraints of patient flow. The tool provided a high level view of constricted areas within an organisation from end to end-resulting in a holistic overview. The project identified constricted areas, functional constraints and provided key areas of focus for Bendigo Health and the Patient Access Committee.

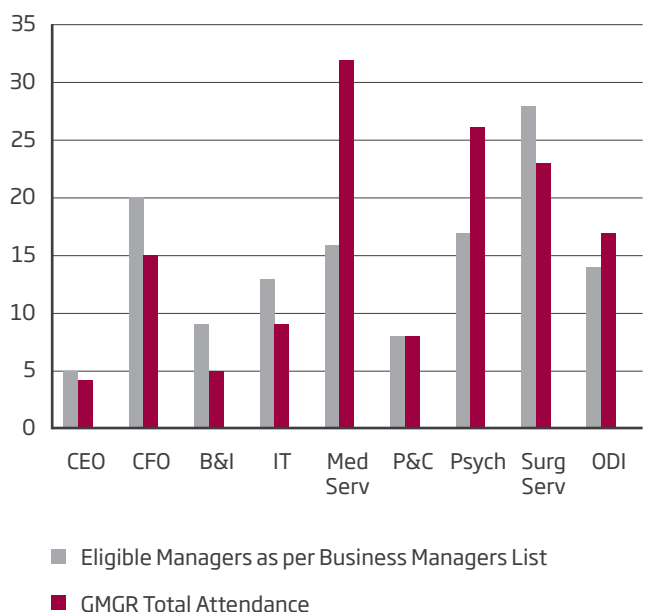
## Organisational Development

### Great Manager, Great Results

One of the biggest highlights for the Organisational Development department over the last 12 months has been the full roll-out and consolidation of the Great Manager, Great Results (GMGR) Management and Leadership Development Program. 79% of Business Unit Managers have attended a GMGR session. In addition to the 45 modules which constitute the standard program it has also provided a vehicle whereby a range of additional high level education opportunities have been offered to managers across the organisation. Over the full year 120 modules have been offered constituting 370 hours of development opportunities. Program adoption has been strong with managers from all tiers and disciplines taking advantage of the developmental opportunities. The following table shows core eligibility for GMGR by division in blue and the number who have attended a GMGR module in burgundy. Where attendance is higher than eligibility it indicates high levels of attendance by tier four and aspiring managers.

Evaluations have shown that satisfaction with the content and perceived knowledge gain from attending modules has generally been very high. Expert external facilitation has been provided by local, national and international guests including VitalSmarts, CTC Masters, Angela Ballard, the State Services Authority and Associate Professor Dr Tanja Manser. The majority of modules (77%) are internally facilitated and one of the most rewarding aspects of the program has been the opportunity to provide a platform to showcase the expertise that exists within our own organisation.

ELIGIBILITY FOR GMGR (AS PER BUSINESS MANAGERS LIST) AND ATTENDANCE BY DIVISION AS AT 30/6/2013



More important than satisfaction and perceived knowledge gain is whether participants apply what they learn after the training. A post-training survey asking participants if they have implemented what they learned during selected GMGR sessions (see table below) showed very satisfying outcomes with the highest being that 88% of Crucial Conversations attendees used the skills they had learned.

Crucial Conversations training has been provided to 72% of business managers across the organisation including senior executive and medical staff. Two staff members have been certified to continue facilitation of this world class communications skills training. The training will flow down to general staffing levels in late 2013 and is a key strategy of the organisation's change management plan.

### Change Management

Organisational Development has played a key role in the development and implementation of the organisation's Change Management plan. The plan defines an adopted approach to change management and identifies a range of interventions strongly aligned with the new Bendigo Hospital Project principles.

Highlights in change management have included the development of toolkits to support managers through

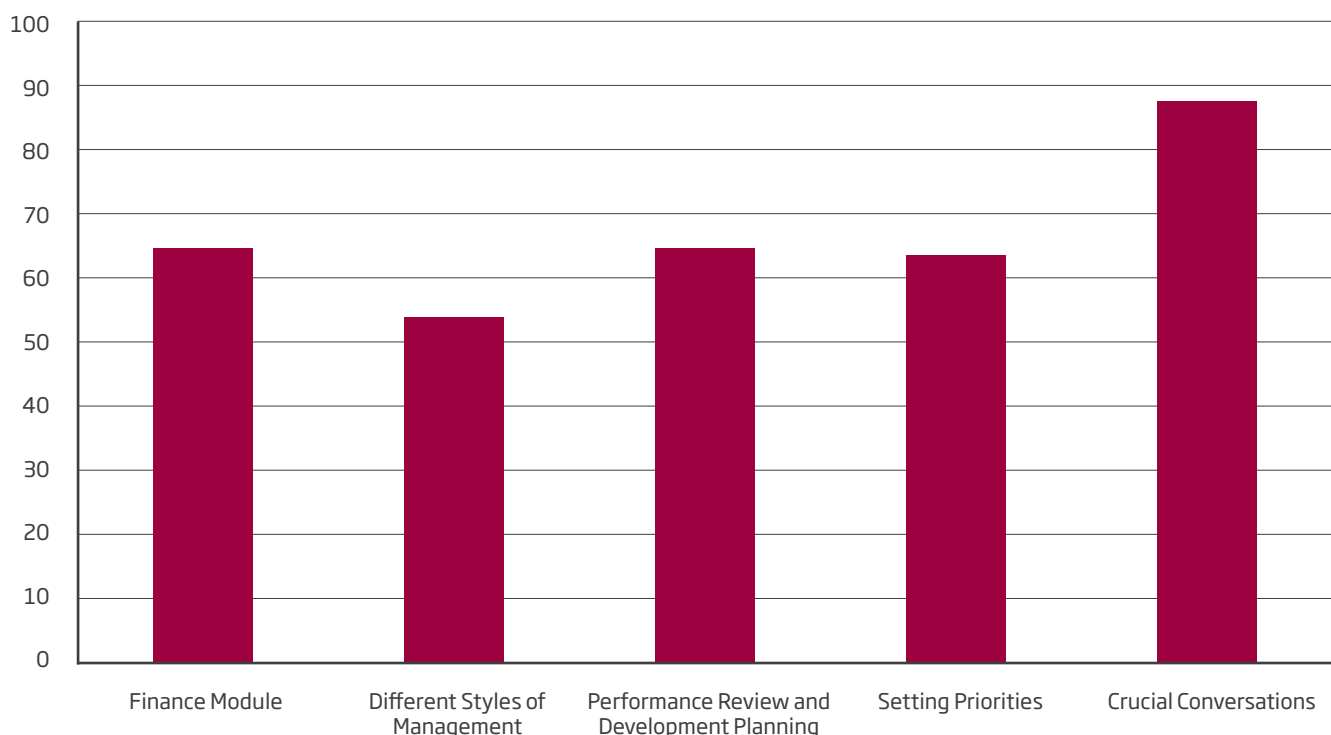
general and specific change processes including model of care development.

Management capability in relation to the management of change will be further enhanced through the delivery of additional change management training over the coming year.

### Staff Development

Planning is currently underway to develop a comprehensive staff development program which will provide non-clinical education, training and well-being programs for all staff across the organisation. This program will complement GMGR and further support the change management initiatives identified in the Change Management plan.

**RESULTS OF POST-TRAINING IMPLEMENTATION SURVEY CONDUCTED OF BUSINESS MANAGERS >1 MONTH POST TRAINING FOR SELECTED GMGR MODULES - NB SETTING PRIORITIES EXTERNALLY FACILITATED, ALL OTHERS INTERNALLY FACILITATED**







# QUALITY AWARDS

**The Quality Care Council and Quality @ BH developed these awards to highlight the great work in quality improvement occurring in our organisation.**

To further build upon the positive quality improvement culture at Bendigo Health, the monthly quality awards program selects a quality improvement activity/project as a finalist. Quality improvement activities may be either in clinical or non-clinical areas. Monthly finalists are then judged for the annual Bendigo Health quality award by the Quality Care Council. The overall 2011-12 quality award and highly commended projects were announced at the Bendigo Health annual general meeting in November.

## WINNER 2012 BENDIGO HEALTH QUALITY AWARD

### Maternity Services

#### **Normalising caesarean birth through skin to skin contact and breastfeeding in the theatre complex.**

Caesarean sections traditionally place restrictions on the support person or partner in the theatre complex with unnecessary separation. For example a partner, baby or midwife would return to maternity ward and the mother would be left by herself until ready for return to the ward.

The Maternity Unit planned to initiate unrestricted skin to skin access at any time in the theatre complex in order to personalise the birth experience during caesarean sections and to encourage baby led breastfeeding in the theatre complex.

Emphasis remained on the importance of keeping the family together. Maternity Services then provided patient advocacy towards normalising and personalising the caesarean birthing process, allowing bonding to occur through skin to skin and unrestricted feeding in the theatre complex, supported by their partner and midwife.

This allowed the caesarean post birth experience to be as similar as possible to what occurs in post delivery in the labour ward setting.

Throughout the project, improved mother skin to skin contact with their new baby without time delays was observed and recorded. Baby led attachment and or breastfeeding was able to occur and observed.

The project has allowed Maternity Services to meet requirements for the Baby Friendly Hospital Initiative.

Maternity Services subsequently made a submission outlining the changes made to practice and focus to the International Board of Certified Lactation Consultants Care for an award demonstrating this best practice. Maternity services were successful in receiving a two year Accreditation Care Award.

## HIGHLY COMMENDED

### **Acute Outpatients and Outpatient Rehabilitation Services**

#### **Improving client management of lower back pain**

## FINALISTS 2012-2013

Judging for the overall winner has commenced with the Quality Care Council who will present the award at this year's annual general meeting in November.

### July 2012

Essential deaf alerting equipment set  
*Deaf Access Loddon Mallee*

### August 2012

Meals Support at Home  
*Child and Adolescent Unit*

### September 2012

Anne Caudle Centre campus parking and access study  
*Outpatient Rehabilitation, OHS and Volunteer Services*

### October 2012

Development of an educational DVD for staff on inpatient neuro-logical rehabilitation  
*Rehabilitation/GEM unit*

### November 2012

Percutaneous Endoscopic Gastrostomy (PEG) tube protocol and management  
*Residential Services & Dietetics*

### December 2012

Patients Presenting to the ED with Bleeding in Early Pregnancy  
*Emergency Department*

### February 2013

Supporting consumers with mental illness to make healthier lifestyle choices: Spring Challenge 2012 Vahland House-SECU

### March 2013

Improvements to orientation programs for Doctors in Training  
*HMO Support Unit*

### April 2013

Blood and Blood Product System Improvements  
*Transfusion Nurse Consultant*

### May 2013

Balance Group: Review of current program structure, criteria and discharge planning  
*Falls Clinic Outpatient Rehabilitation*

### June 2013

Introduction of Iron Replacement Flow Chart in Haemodialysis Care  
*Renal Dialysis Unit*

# INFECTION PREVENTION AND CONTROL

The Infection Prevention and Control Unit provides consultancy for many health services throughout the Loddon Mallee region. The unit's role is educate and assist with the prevention and monitoring of infections, methods of control, and the rapid identification and investigation of outbreaks of potential infection hazards.

## Hand hygiene

Bendigo Health is a member of the World Health Organisation hand hygiene initiative, '5 Moments for Hand Hygiene'. Staff are monitored for hand hygiene compliance to the five moments for hand hygiene. Infection Prevention Control staff monitor hand hygiene compliance by direct observation of staff and this data is reported quarterly to the Department of Health Victoria. Improved hand hygiene significantly reduces the risk of infection spreading to our patients, clients, volunteers, staff, visitors and contractors. Alcohol based hand rub is provided across Bendigo Health and is available when passing through all Bendigo Health sites.

## Immunisation

For more than 200 years, it has been proven that vaccination offers protection against many bacterial and viral diseases. As a result of successful vaccination programs, deaths from tetanus, diphtheria, Haemophilus influenza type b and measles are now extremely rare in Australia. Infection Prevention Control recommends and promotes immunisation within Bendigo Health and the wider community. Vaccination not only protects individuals, but also others in the community, by increasing the general level of immunity and minimising the spread of infection. It is vital that healthcare professionals take every available opportunity to vaccinate children and adults. It is also important that the public be aware of the proven effectiveness of immunisation to save lives and prevent serious illness.

This year's influenza campaign generated higher numbers of staff being vaccinated earlier in the campaign, compared to previous years. Increasing the frequency of clinics and initiating a cut off date contributed to this. Clinics were held every Tuesday, Wednesday and Thursday. Site visits to nursing homes, Havlin Street campus and Anne Caudle Centre campus were also coordinated.

### STAFF IMMUNISATION PROGRAM

VACCINATION - INFLUENZA	VACCINATION PROGRAM 2011	VACCINATION PROGRAM 2012	VACCINATION PROGRAM 2013
Influenza (same time last year)	1302	1369	1914 (to date)

# ENVIRONMENTAL PERFORMANCE

**Bendigo Health is committed and striving to minimise the environmental impacts associated with our operations to the greatest extent possible. We are seeking to achieve continual improvement in the management of our environmental impacts. It is our intention to pursue a vision of sustainability to achieve a fairer, safer and healthier world, and to integrate this into our business operations.**

For the first time, Bendigo Health is publishing a stand-alone Environmental Report, which compliments this Annual Report and provides additional data and commentary about our environmental performance.

During the year Bendigo Health developed an Environmental Management Plan, which will guide our activities for the next year while we transition across to the new Strategic Plan with its goal of a 12% reduction in resource consumption between 2013 and 2016.

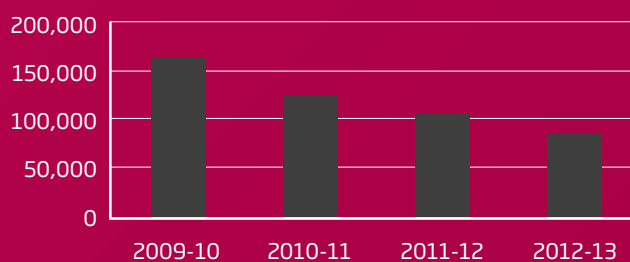
The accompanying charts shows how our environmental performance in terms of energy and water for our two largest campuses:

- ▲ Electricity usage has decreased 2.9% in the last year, which is expected to be the result of changes to the air conditioning temperatures. However, costs have increased by 21.1% due to a combination of higher electricity prices and the introduction of carbon pricing.
- ▲ Natural gas usage has decreased by 30.9% due to several factors – closure of the Loddon Linen Service and old boiler house, and establishment of new energy centres to supply steam. Similar to electricity, costs have increased 11.3% due to higher gas prices and the introduction of carbon pricing.
- ▲ Water use has decreased by 19% in the last year due to closure of the Loddon Linen Service, and most garden watering and construction activities using Class A recycled water. Price increases for water and trade waste have increased costs by 1.5%.

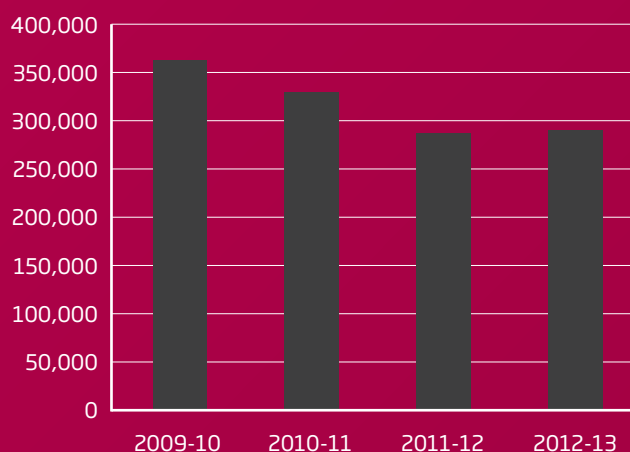
A highlight for the reporting period includes negotiations with the developer of the Accommodation Project to change the hot water systems from electric storage to natural gas – which will reduce energy costs, electricity use and carbon emissions.

## Town water consumption for the Bendigo Hospital and Anne Caudle Centre only

WATER CONSUMPTION IN ML



WATER COST IN \$

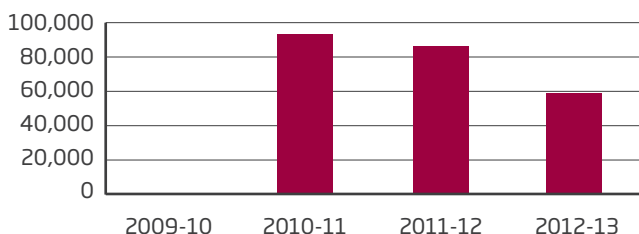


### Notes

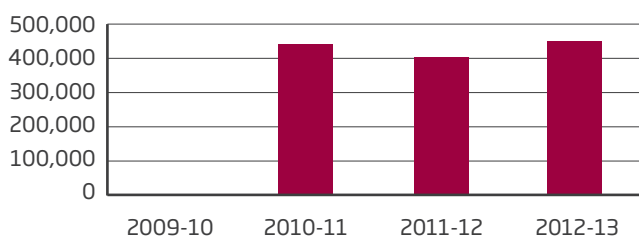
- ▲ Significant drop at ACC since July 2010 is due to a reduction in Loddon Linen Services' volumes, with closure in March 2012.
- ▲ Recycled water supplied since Nov 2010, which has helped to reduce town water consumption.
- ▲ Costs include water, recycled water, sewerage and trade waste charges.

## Natural gas consumption for the Bendigo Hospital and Anne Caudle Centre only

NATURAL GAS CONSUMPTION IN GJ



NATURAL GAS COST IN \$

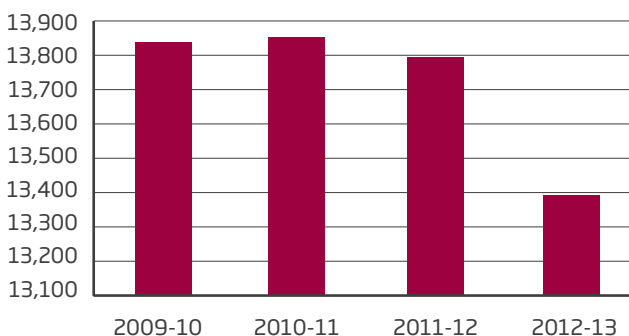


### Notes

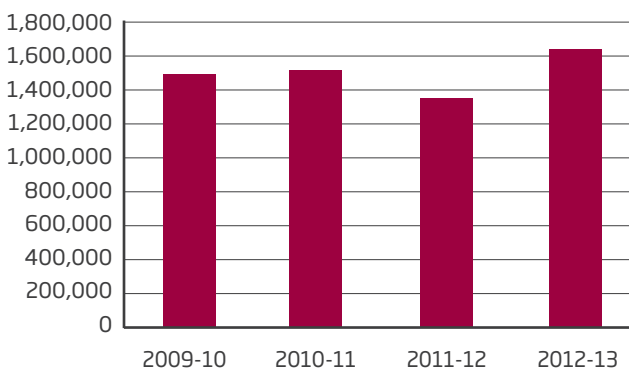
- ▲ TBH boilers operational from November 2011, previously steam supplied from ACC
- ▲ Significant drop at ACC since July 2010 is due to the ceassation of the cogeneration plant and Loddon Linen services
- ▲ Prior to July 2010, both sites were supplied from the cogeneration plant (operated by a third party)

## Electricity consumption for the Bendigo Hospital and Anne Caudle Centre only

ELECTRICITY CONSUMPTION IN MWH



ELECTRICITY COST IN \$



### Notes

- ▲ Data quality average; corrected July 2013 to excl GST and include losses
- ▲ Slightly higher costs at ACC in 2012 because of NBH enabling works and relocation of supply point

# PASTORAL CARE

## YEAR IN REVIEW

### Fostering wellbeing on your life's journey...

Pastoral Care seeks to engage with people's 'ultimate concerns' as they journey through life. These issues often arise when in hospital, as people may be struggling to make sense of the circumstances with which they are faced. Pastoral Care is sometimes called Spiritual Care and is provided by chaplains who have their own faith, whilst also accepting and respecting the beliefs of others.

The Pastoral Care team members are sensitive to and respectful of different faith traditions, beliefs and cultural needs. Support is also offered to those who have no allegiance to a particular faith or religious belief. Referrals can be made by staff or family in times of distress, bereavement, celebration and renewed hope by contacting chaplains directly, or sending a request through the Pastoral Care office.

The team consists of:

#### Denominational Chaplains

Patients, families and staff can arrange a pastoral care visit directly. Denominational chaplains may also be contacted after hours in an emergency. For those who nominate a specific faith on their records, a denominational chaplain may visit you during your time at Bendigo Health.

#### Honorary Chaplains

Honorary chaplains offer visitation to all patients, regardless of faith background, and are assigned to visit specific wards or facilities on a weekly basis.

#### Mental Health Chaplain

Wiehahn Maritz began in August 2012 in the new role of full time mental health chaplain, offering spiritual care in mental health facilities within the Bendigo Health catchment area.

#### Pastoral Care Co-ordinator

Karen Lunney works part time to oversee the provision of pastoral care/chaplaincy. Karen began in April 2013 and brings a background of ministry with young people in the Catholic Church, theological education, and working closely with people to the role.

Rev. Rex Fisher retired from the role of Pastoral Care Co-ordinator and Uniting Church Chaplain at the beginning of May. Rex had been with Bendigo Health for many years, and pioneered the role of Co-ordinator. His gentle presence and care for people will be missed, and we wish him well in his retirement.

#### Pastoral Care Forum

On 16 April 2013, renowned author Arnold Zable led the Pastoral Care Forum exploring the Healing Power of Story. Over 70 people sat enthralled and were invited to reflect on the power of story for people we encounter in the health care setting and beyond, so as to fully engage with them.

Showcased were: the fabulous Memento book designed for sharing life stories available through our sponsors Mulqueen Family Funeral Directors and Peter Mulqueen shared some of his family stories. Irene Nolan reflected on her research into spirituality and aged care, and Jason Fletcher spoke about Advance Care Planning. The feedback was overwhelmingly positive from staff and volunteers alike.

#### Remembrance services

Remembrance services have been held throughout the year and May 2013 saw the first organisation wide remembrance service, held at the Salvation Army centre on Mundy Street. These services recognise the lives of those who have spent their final days in the care of Bendigo Health. Families and staff gathered to reflect, share mementos and light candles to honour those who have died.

#### Sacred Spaces

Pastoral Care staff are actively involved in the planning of the Sacred Space in the new Bendigo Hospital. Sacred Spaces on the Anne Caudle Centre campus (off Perrin Plaza coffee shop) and the Bendigo Hospital (main entrance, ground floor behind the lifts) are being given new life to encourage patients, families and staff to take time for reflection.

# WORKCOVER PERFORMANCE

In 2012-2013 the Occupational Health and Safety (OHS) departments continued to reinforce a prevention approach to risk management, Bendigo Health's WorkCover statistics continue to improve.

Total claims have reduced by 8% and the number of lost time days due to WorkCover injuries has continued to decrease to a record low of 992. This represents a 49% decrease from last year.

THE ACTUAL COST OF WORKCOVER CLAIMS DECREASED TO **\$220,712**. THIS REPRESENTS A **58% DECREASE**.

## Effective and sustainable return to work programs

OHS continues to improve the effectiveness of our return to work programs for injured staff by utilising the services of an external occupational rehabilitation (OR) provider. The OR provider is monitoring staff for up to three months once medically cleared to return to their pre injury hours/duties to ensure sustainability in their pre injury role. Bendigo Health's preferred provider, Resolve Rehabilitation Services, have achieved the highest rating provided by WorkSafe for applying the principles of direct communication with treating health providers, early intervention, keeping in mind the individual circumstances of the injured workers, their managers and their work environment and maintaining cost effectiveness to achieve desired goals and outcomes. Resolve Rehabilitation Services have achieved 87% success rate for sustainable outcomes for our staff, which is markedly higher than the whole Victorian scheme.

	2012/13	2011/12	2010/11	2009/10	2008/9
Number of standard claims	46	50	55	32	43
Number of WorkCover days paid	992	1953	3946	3008	3879
Total workers compensation payments paid. (Including lost time and medical expenses)	220,712	532,655	780,484	507,446	946,196



*Mindshop excellence program – Crusoe College students, Bendigo Health’s Jenny Arnold WorkCover and Absence Manager and Graham Olsen Occupational Health and Safety Manager*



## Working with our community

### Physical activity for sedentary workers

Bendigo Health’s OHS Manager, Graham Olsen has had further success with the implementation of the physical activity project directed toward our sedentary workforce. In 2012/13, another 68 office ergonomic assessments were completed and 222 staff attended sedentary worker education sessions. These sessions are designed to provide staff with a better understanding the benefits of actively moving at work.

We have now purchased over 40 height adjustable work stations allowing staff members the choice of sitting or standing.

## Mindshop Excellence Program

In the spirit of working with our community, Bendigo Health OHS department in conjunction with students from Crusoe College Kangaroo Flat participated in a program known as Mindshop Excellence. The main focus of this program was to provide students with an understanding of OHS in the health care industry. Students undertook interviews of staff that have been allocated active sitting workstations to measure effectiveness and satisfaction. The students compiled and presented a motivating presentation to key college staff, parents and People and Culture staff.

## Electronic OHS Auditing system

The OHS department has implemented the latest technology by introducing a new method of conducting internal audits and assessments using an iPad.

The application known as ‘iAuditor’, is an electronic system that can be tailored to organisational needs or users can utilise a bank of audit templates available from auditors worldwide. The OHS department is presently conducting audits across the organisation use iAuditor.

# BOARD OF DIRECTORS



## Dr Michael Langdon

PhD BEd DipBus DipT G/CertEdStudies  
G/DipEdAdmin Dip Company Directors

Dr Langdon is CEO of Bendigo Access Employment (BAE), which provides specialised employment help for people with a disability, injury or illness. He has an extensive background working in leadership positions in education and training. Dr Langdon has served on numerous boards and is currently a director on Workspace Australia board. He previously served on the Bendigo Health Board from 1994 - 2004. Dr Langdon was reappointed chairman of Bendigo Health Board of Directors from 1 July 2011 and is Chair of the Building, Medical Advisory and Governance and Remuneration committees, and is a member of the Finance, Audit, Visiting and New Bendigo Hospital Steering committees. *Term of appointment expires 30/6/2014.*



## Mr Adam Woods

CA BApSci

Mr Woods is Head of Finance Shared Services at Bendigo Adelaide Bank Ltd including responsibility for Accounting, Reconciliations, Treasury Operations and Finance IT Systems. Within Bendigo Health, he is a member of the Quality Care Council, Finance, Audit, Building and Visiting Committees. *Term of appointment expires 30/06/2014.*



## Mr Bill O'Neil

BA (Urban & Regional Studies) VEPLA

Mr O'Neil is a town planner and regional economic development practitioner. He operates his own consulting business, serving a range of public and private sector clients throughout Victoria and interstate. He resides in Harcourt with his family and participates in a range of community activities. Within Bendigo Health, Mr O'Neil is Chair of the Strategic Planning and Population Health committee, a member of the Quality Care Council, Medical Advisory and Building committees and convenor of the Visiting Committee. *Term of appointment expires 30/6/2015.*



## Mr Graeme Stewart

ACA Bachelor of Business

Mr Stewart is a partner in AFS & Associates, a Bendigo based public accounting group. He is also a director and member of the finance committee of Girton Grammar School Ltd and a director of the Bendigo Primary Care Clinic Ltd. Within Bendigo Health, he is chair of the Audit Committee and a member of the Finance, Building and Visiting committees. *Term of appointment expires 30/6/2015*



## Ms Margaret O'Rourke

FAICD

Ms O'Rourke is a consultant with a background in telecommunications having 34 years experience in the industry working extensively throughout Australia. She is Chair of Bendigo TAFE and Director of Bendigo Business Council and Tasmanian Ports Corporation. Within Bendigo Health, Ms O'Rourke is a member of the Finance, Audit, Building, Governance and Remuneration Committees, Quality Care Council, and Visiting Committee. *Term of appointment expires 30/6/2015*



## Ms Jan Boynton

BTRP FAICD FPIA

Ms Boynton is the Regional Director for Loddon Mallee Region with Regional Development Victoria. She was previously CEO of Radius Disability Services and director of city strategy with the City of Greater Bendigo. She has an extensive background working in rural and regional Victoria and resides on a farm near Marong. Within Bendigo Health, Ms Boynton is chair of the Community Advisory Committee and a member of the Governance and Remuneration, Visiting, Building and Strategic Planning and Population Health committees. *Term of appointment expires 30/06/2013*



### Mr Geoff Michell

Dip CE MBA MAICD

Mr Michell is a consultant and director of a number of Boards including Bendigo Community Telco and the Wimmera

Catchment Management Authority and is chairman of the Bendigo Tourism Board. Within Bendigo Health, Mr Michell is Chair of the Finance committee and a member of the Audit, Building, Governance and Remuneration, Visiting and Strategic Planning and Population Health committees.

*Term of appointment expires 30/06/2016*



### Ms Sue Clarke

G/Dip Soc Sciences (CD) G/Dip Bus Fellow ANZSOG GAICD

Ms Clarke is a consultant in the health sector, a Civil Celebrant and is partner in a

local retail business. She is a director of Haven, Loddon Mallee Murray Medicare Locals, Central Victorian GP Network, Heathcote Health, Zonta Bendigo and Chair of the Community Foundation for Bendigo and Central Victoria. She joined the Board of Bendigo Health in 2010 and is a member of the Consumer Advisory Committee, Strategic Planning and Population Health, Building and Visiting Committees and Chair of the Quality Care Council. *Term of appointment expires 30/6/2016*

ATTENDANCE AT BOARD MEETINGS 2012-2013													
	2012						2013						
	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	
Michael Langdon	▲	▲	▲	▲		▲		▲	▲	▲	▲	▲	
Bill O'Neil	▲	▲	▲	▲	No meeting held in November	▲	No meeting held in January	▲	▲	▲	▲	▲	
Graeme Stewart	▲	▲	▲	▲		▲		▲	▲	▲	▲	▲	▲
Jan Boynton	▲	▲	▲	▲		▲		▲	▲	▲	▲	▲	▲
Geoff Michell	▲	▲	▲	▲		▲		▲	▲	▲	▲	▲	▲
Margaret O'Rourke	Reappointed 24 July 2013	▲	▲	▲		▲		▲	▲	▲	▲	▲	▲
Sue Clarke	▲	▲	▲	▲		▲		▲	▲	▲	▲	▲	▲
Adam Woods	▲	▲	▲	▲		▲		▲	▲	▲	▲	▲	▲

▲ Leave of absence ▲ Apology ▲ In attendance

# COMMITTEES

## Quality Care Council

The Quality Care Council is a sub-committee of the board responsible for leading and influencing the quality and safety agenda by overseeing and monitoring the quality processes throughout Bendigo Health, for the purpose of achieving continuous quality improvement in all operational aspects of care and service delivery.

The Council monitors the standard of care and services provided to patients and clients, including the clinical practice and clinical competence of staff providing these services. It is the Council's role to oversee and monitor the clinical risk management program, review reports on health and safety of staff where relevant to quality of care, receive reports ensuring accreditation is achieved and to regularly report to the board of directors on the overall quality, effectiveness, appropriateness and use of services rendered to patients and clients of the hospital.

The Council meets bi-monthly and comprises: three members of the board of directors, the chief executive officer, executive director of nursing, chief medical officer, an authorised psychiatrist, executive director of community and continuing care, a representative of the medical staff group, director of governance and risk management, risk manager and a representative of the Community Advisory Committee.

Ms Sue Clarke (Chair)

Mr Bill O'Neil (Director)

Ms Margaret O'Rourke (Director)

Mr Adam Woods (Director)

Mr John Mulder (Chief Executive Officer)

Dr Andre Nel (Executive Director Medical Services and Chief Medical Officer)

Mr Peter Faulkner (Executive Director of Nursing)

Ms Liz Hamilton (Executive Director of Community and Continuing Care)

Ms Robyn Lindsay (Executive Director Organisational Development and Improvement)

Dr Philip Tune (Authorised Psychiatrist)

Dr Jason Fletcher (Medical Staff Representative)

Ms Yvonne Wrigglesworth (Director Governance Strategy and Risk)

Mr Tony Poskus (Risk Manager)

Ms Frances Sheean (Co-opted Community Representative)

Ms Ruth Harris (Community Advisory Committee member)

## Audit Committee

The Audit Committee is the sub-committee of the board. It is responsible for the preparation and management of the strategic audit program, internal and external audits and exercises due diligence by the organisation in the specific areas of financial and risk management functions. Preparation of the annual financial statements of Bendigo Health is overseen by the Audit Committee.

The committee meets quarterly and comprises:

Mr Graeme Stewart (Chair)

Mr Geoff Michell (Finance Committee Chair)

Ms Margaret O'Rourke (Director)

Mr Adam Woods (Director)

Dr Michael Langdon (Board Chair)

### In attendance:

Mr John Mulder (Chief Executive Officer/Executive Sponsor Risk Management)

Mr Andrew Collins (Chief Financial Officer)

Ms Yvonne Wrigglesworth (Director Governance Strategy and Risk)

Mr Phil Delahunty (Auditor General's Representative)

Mr Paul Fraser (Internal Auditors, RSM Bird Cameron)

Mr Jayesh Kapitan - (Internal Auditors, RSM Bird Cameron)

## Finance sub-committee

The role of the committee is to advise the board of directors on matters relating to the use of financial resources by Bendigo Health.

The committee examines the monthly financial statements in order to satisfy itself that they are prepared in accordance with Department of Health accounting requirements and sound accounting principles and standards. The committee examines the budgets to ensure they are a true representation of Bendigo Health's forecast financial position and advises the board on financial and other performance indicators designed to monitor the ongoing and prospective financial health of the organisation. The committee monitors funds and investments to ensure they are held in accordance with the board's investment policy.

The committee meets monthly and comprises:

Mr Geoff Michell (Chair)

Mr Graeme Stewart (Director)

Ms Margaret O'Rourke (Director)

Dr Michael Langdon (Board chair)

Mr Adam Woods (Director)

Mr John Mulder (Chief Executive Officer)

### **In attendance:**

Mr Andrew Collins (Chief Financial Officer)

Mr Seppe Marsili (Finance Manager)

Mr Scott Cornelius (Performance Reporting Manager)

## Governance and Remuneration Committee

The Governance and Remuneration Committee is the sub-committee of the board charged with making recommendations on specific matters relating to its corporate governance responsibilities and assisting the board in determining policy and good practice for senior executive remuneration, ensuring this follows guidelines issued by the Government Sector Executive Remuneration Panel (GSERP).

The committee may make recommendations on the board's annual performance reviews. It manages the process of recruitment and retirement/resignation of directors. It undertakes the process of induction for new directors and makes recommendations on all matters relating to the remuneration or payment of expenses of directors. The committee reviews the board's governance policies on a regular basis and oversees the process for determining the training needs of the board.

The committee ensures the remuneration levels for the chief executive officer and senior executives are positioned relative to other comparable health organisations and that remuneration packages are sufficient to attract and retain senior executives. The committee may also, where appropriate, canvass other human resources related issues which may impact on the ability of Bendigo Health to attract and retain high quality senior executives.

The committee meets at least twice a year and on an as-needs basis and comprises:

Dr Michael Langdon (Board Chair) (Chair)

Ms Jan Boynton (Director)

Mr Michael McCartney (Director)

Mr Geoff Michell (Director)

Mr John Mulder (Chief Executive Officer)

## Medical Advisory Committee

The role of this committee is to advise the board of directors on the overall quality, effectiveness and appropriateness of clinical services rendered to patients of Bendigo Health.

In relation to the further development of clinical services, the committee provides expert advice on areas such as service planning, workforce issues and development of best practice care models within Bendigo Health. It gives advice regarding strategic directions of Bendigo Health consistent with the strategic plan. Where appropriate, the Medical Advisory Committee also has a two way communication role where information from this committee may be taken back to clinicians for information and feedback

The committee meets bi-monthly and comprises:

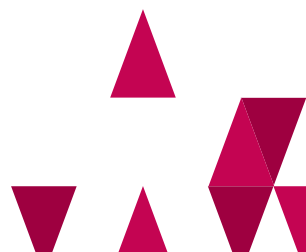
Dr Michael Langdon (Board Chair) (Chair)  
Mr Bill O'Neil (Director)  
Mr John Mulder (Chief Executive Officer)  
Dr Andre Nel (Executive Director Medical Services and Chief Medical Officer)  
Dr Philip Tune (Executive Director Psychiatric Services)  
Mr Peter Faulkner (Executive Director Surgical Services and Executive Director of Nursing)  
Ms Liz Hamilton (Executive Director Community and Continuing Care)  
Dr Glen Howlett (Deputy Chief Medical Officer) (June 2012 to April 2013)  
Dr Mark Savage (Director of Medicine) (from June 2013)  
Mr Graeme Campbell (Chief Surgical Officer)  
Dr John Edington (Staff Specialist)  
Dr Rob Blum (Staff Specialist)  
Dr Jason Fletcher (Senior Medical Staff Group)  
Dr Janelle Brennan (Visiting Medical Officer)  
Dr Patrick Cooney (Visiting Medical Officer)

## Strategic Planning and Population Health Committee

The role of this committee is to oversee the preparation of the organisations 5 year Strategic Plan and to monitor the progress of its implementation. In doing so, the committee works with the board, staff and stakeholders to articulate Bendigo Health's strategic vision, goals and objectives in response to community needs and issues, population and health trends as well as external policy and legislative requirements.

The committee meets as required and comprises:

Mr Bill O'Neil (Director) (Chair)  
Ms Jan Boynton (Director)  
Mr Geoff Michell (Director)  
Ms Sue Clarke (Director)  
Mr John Mulder (Chief Executive Officer)  
Ms Robyn Lindsay (Executive Director Organisational Development & Improvement)  
Ms Yvonne Wrigglesworth (Director Governance Strategy and Risk)  
Mr Chris White (Redesign Manager) (until October 2012)  
Ms Lisa Knight (Redesign Planning Manager) (Until October 2012)  
Mr Simon Plunkett - Strategic Planning Project Manager (from October 2012)  
Ms Jody Duivenvoorden (CAC Member)  
Ms Kathleen Pleasants (CAC Member)



## Visiting Committee

The role of this committee is to connect the board with Bendigo Health staff. Committee members visit various departments/units of Bendigo Health to have a better understanding of the day-to-day operations, challenges and initiatives.

The committee meets monthly and comprises:

Mr Bill O'Neil (Convenor)  
Dr Michael Langdon (Board Chair)  
Ms Sue Clarke (Director)  
Mr Graeme Stewart (Director)  
Ms Jan Boynton (Director)  
Mr Geoff Michell (Director)  
Ms Margaret O'Rourke (Director)  
Mr Adam Woods (Director)  
Mr John Mulder (Chief Executive Officer)  
All Executive Directors  
Dr John Edington (Medical Staff Representative)  
Mr Jason Fletcher (Clinical Lead NBH Project)

## Community Advisory Committee

The Community Advisory Committee provides advice to the board on achieving effective community input for Bendigo Health's strategic plan, annual report, quality of care report and assists in monitoring the quality of services and publications provided by Bendigo Health.

Functions of the committee include developing a Community Participation Plan and an annual work plan for community engagement. The committee also acts as a conduit to the board for the various consumer committees across Bendigo Health.

The committee meets bi-monthly. Board, staff and community members of the committee are:

Ms Jan Boynton (Chair)  
Ms Sue Clarke (Director)  
Ms Liz Hamilton (Executive Director Community and Continuing Care)  
Chief Executive Officer ex officio  
Wendy McDonald (Community Member)  
Jody Duivenvoorden (Community Member)  
Wendy Shea (Community Member)  
Daniel O'Brien (Community Member)  
Robyn Tickner (Community Member)  
Kathleen Pleasants (Community Member)  
Ruth Harris (Community Member)



## Building Committee

The building committee provides information to the board to ensure it is updated on all aspects of the New Bendigo hospital project and is part of the approved NBH project structure. The committee receives a formal monthly report from the executive director of the New Bendigo Hospital Project. The committee may make recommendations to the board for endorsement.

Members:

Dr Michael Langdon (Board Chair) (Chair)  
Ms Sue Clarke (Director)  
Mr Graeme Stewart (Director)  
Mr Bill O'Neil (Director)  
Ms Jan Boynton (Director)  
Mr Geoff Michell (Director)  
Ms Margaret O'Rourke (Director)  
Mr Adam Woods (Director)

### In attendance:

Mr John Mulder (Chief Executive Officer)  
Mr David Walker (ED Buildings & Infrastructure/New Bendigo Hospital)  
Ms Robyn Lindsay (Executive director Organisational Development & Improvement)  
Mr Anthony Lubofsky (Department of Health Project Director)  
Ms Nydia Jones (Communications New Bendigo Hospital Project)  
Mr Jason Fletcher (Clinical Lead New Bendigo Hospital)

## Human Research Ethics Committee

Bendigo Health's Human Research Ethics Committee (HREC) is appointed by and reports to the board of directors and consists of representation sufficient to satisfy the requirements of the National Health and Medical Research Council for constitution of institutional ethics committees. The functions of the HREC are both advisory and executive. They include consideration of the ethical implications of all proposed research projects and monitoring of approved projects until completion to ensure they continue to conform to approved ethical standards. The HREC ensures statutes relevant to ethical considerations are complied within the formulation and conduct of research practices and policies within Bendigo Health. It also establishes procedures to assist the examination and review of research proposals and protocols for new forms of treatment and therapy.

The committee meets 10 times annually and comprises:

Dr Bev Ferres (Care and counselling member) (appointed Chair October 2012)  
Dr Virginia Dickson-Swift (Research experience member) (until December 2012)  
Ms Helen Hickson (Care and counselling member)  
Mr Brian Loughran (Lay member)  
Ms Robyn Lindsay (Executive Director member)  
Rev Willy Maddock (Minister of religion) (until December 2012)  
Ms Angela Allan (Pastoral Care Representative)  
Mr David Conley (Lay member)  
Mr Greg Westbrook (Legal experience member)  
Ms June Wilde (Legal experience member)  
Ms Naomi Fountain (Lay member)  
Ms Frances Pascoe (Lay Member)  
Dr Robert Champion (Research experience member)  
Ms Nicole Johnson (Research experience member)  
Mr Tim Adam (Care and Counselling member)  
Ms Joanne Grainger (Care and Counselling member)  
Dr Glenn Howlett (Care and Counselling member) (until April 2013)  
Ms Sally McCarthy (Secretary/Research Governance Officer)





# EXECUTIVE DIRECTORS



**John Mulder**

**CHIEF EXECUTIVE OFFICER**  
**MBA (Monash) BHA ASA ACHSM CHE FAICD**

John was born in Colac and quickly advanced his career in health to become the manager of the Apollo Bay, Lorne, Winchelsea and Beeac hospitals at the young age of 26. From there he has held executive positions at a number of health services such as Mercy and Wangaratta Base and he was chief executive officer (CEO) at Grace McKellar Centre and Werribee. Most recently, he spent time at Barwon Health as deputy CEO. John has held the position of CEO at Bendigo Health since June 2007 and has found his time here to be both challenging and rewarding. The commitment by the Victorian Government to finally build a new hospital for Bendigo is a career highlight for John, he has worked tirelessly to achieve this and looks forward to the day when this new world class hospital opens its doors. John has a bachelor of health administration, a master of business administration and is a member of the Australian Society of Certified Practising Accountants. John is a fellow of the Australian Institute of Company Directors and the Australian College of Health Service Management. With over 35 years in the health industry, he is certainly well qualified to lead Bendigo Health into the new and exciting future that awaits.



**Dr Andre Nel**

**CHIEF MEDICAL OFFICER, EXECUTIVE DIRECTOR MEDICAL SERVICES**  
**MBBCh MBA FRACMA**

South African born, Dr Andre Nel joined Bendigo Health from Nelson Marlborough District Health Board in New Zealand, where he held the role of chief medical advisor for seven years. Andre is a medical doctor with a masters degree in business administration and fellowship in medical administration from the Royal Australasian College of Medical Administrators (RACMA). Andre brings a wealth of experience to Bendigo Health, including 10 years as a medical director/advisor in New Zealand and previous hospital management experience at executive level in healthcare organisations in South Africa, where he completed his medical training.



**Andrea Noonan**

**EXECUTIVE DIRECTOR, PEOPLE AND CULTURE**  
**BBus (HRM)**

Andrea brings almost 20 years experience gained in a range of industries from manufacturing through to professional services, aligning well with the range of employment groups at Bendigo Health. Andrea has extensive experience in relation to improving processes within the human resources environment and sound occupational health and safety knowledge. During her career, Andrea has worked on a number of significant change management programs in large corporations, incorporating all aspects of human resources management including industrial relations. Andrea obtained a bachelor of business in human resources management at La Trobe University Bendigo.



**Andrew Collins**

**CHIEF FINANCIAL OFFICER**  
**BAC CPA MAICD**

Andrew was appointed chief financial officer in October 2005. Andrew has 17 years experience in executive management within the health industry in both the public and private sector and profit and not for profit organisations. Andrew's working history prior to that was in manufacturing, retail and various other businesses such as importing and international trade. Andrew believes that even after his experience in international trade where transactions were often extremely complex and in the millions of dollars, health is by far the most complex industry there is. Andrew manages corporate support services (incorporating fleet services), environmental services, finance, food services, payroll, salary packaging, performance reporting, Loddon Linen Service, procurement and supply. Andrew also manages the annual budget, which is in excess of \$300m.



### **Bruce Winzar**

**EXECUTIVE DIRECTOR INFORMATION SERVICES, CHIEF INFORMATION OFFICER**  
**Dip of Bus (Information Processing)**  
**BAS (Computing) Grad Dip Mgt**

Bruce has been in the information and communication technology (ICT) industry since 1976 and has held several senior ICT roles within both the private and public sector including operating his own consulting service. Bruce has pursued a lead role in specifying and supervising the delivery of new models for services in health and local government, and provided project management for a range of large projects funded by both State and Federal Governments. Bruce took a lead in role in the development of Australia's first regional telecommunications company in 1998 and was a board member for the first three years of inception. Bruce project managed the development of Central Victoria's Innovation Park and was inaugural chair of the Central Victorian ICT Cluster - a State Government initiative to promote and develop the ICT industry in Central Victoria. Bruce's expertise covers business and management systems and he has worked across three tiers of government and facilitated a number of significant regional economic development initiatives for Central Victoria. Bruce has a passionate interest for delivery of fair and equitable telecommunications services to the rural and remote sector of Australia and is a member of the Digital Economy Information Group for Health.



### **David Walker**

**EXECUTIVE DIRECTOR BENDIGO HOSPITAL PROJECT, EXECUTIVE DIRECTOR BUILDINGS & INFRASTRUCTURE**  
**BTEC HND Elec & Electronic Eng**

David's time at Bendigo Health spans more than 10 years. He has held the position of executive director Bendigo hospital project for the past three years and the position of executive director buildings and infrastructure for the past five years. Prior to that, he worked as a hospital engineer and was appointed chief engineer in 2003. David has a strong history as a project manager and control systems engineer, working in the food, drink, pharmaceutical and fine chemical

industries across the UK and Australia. David has made some significant contributions to Bendigo Health, including a number of new projects aimed at reducing energy consumption, as well as improving the efficiency of the existing infrastructure. His proactive approach has resulted in large savings in energy output and the development of future planning for hospital infrastructure. His environmentally sustainable projects has placed him in good stead amongst his peers and in 2005, David was presented with the 'Engineer of the Year' award from the Institute of Hospital Engineers. David holds a BTEC HND Electrical and Electronic Engineering and has been involved in a number of significant projects within Bendigo Health including \$55 million enabling works to prepare a site for the new hospital, the construction of a new nursing home and the construction of a youth prevention and recovery care centre which is one of only three in the State. He also chairs a number of project control group meetings including demolition and retained buildings and is a driving force in the executive steering committee for the major redevelopment of the hospital and the Leveraging the Benefits of Bendigo Hospital project steering committee. Apart from six months in Kyabram, David has lived in Bendigo more than 20 years and prefers the commute times compared to Melbourne.



### **Liz Hamilton**

**EXECUTIVE DIRECTOR COMMUNITY AND CONTINUING CARE, EXECUTIVE DIRECTOR RESIDENTIAL SERVICES**  
**BAppSci (OT) Cert Workplace Ldship**  
**ACHSM GAICD**

Liz graduated as an occupational therapist approximately 30 years ago, working initially as a clinician in acute care, rehabilitation, community health and aged care assessment prior to moving into management positions. Management roles have included chief occupational therapist, home therapy co-ordinator, community programs manager, then director of aged and residential care services at Austin Health prior to coming to Bendigo Health in 2007. Liz really enjoys starting new programs to assist clients to remain in the community, having started the first dementia Extended Aged Care at Home, intermittent care and transition care programs in Victoria. Liz is also highly committed to seeing staff develop and take on new roles and responsibilities.



### **Peter Faulkner**

**EXECUTIVE DIRECTOR OF NURSING,  
EXECUTIVE DIRECTOR SURGICAL  
SERVICES**

**RN Master Hlth Admin Grad Dip Hlth Svc Mgt  
Cert Contract Mgt ACHSM CHE GAICD**

Peter started his career in the health industry as a psychiatric nurse and worked for 10 years as a psychiatric nurse clinician and clinical manager in child and adolescent, adult and aged care psychiatry. Peter spent four years as an advisor to the Victorian Minister for Health on psychiatric services and a further five years leading modernisation projects in psychiatric services. Peter moved into the management of acute hospitals in 1994 and has managed a number of hospitals and aged care services in both rural and metropolitan settings in Australia. Peter was responsible for the commissioning and operations of Casey Hospital a new 230 bed public hospital in Melbourne, the first to be built under the innovative public/private partnership model. Most recently, Peter has undertaken an expatriate assignment in the United Arab Emirates, where he worked as chief operating officer for the Sharjah Teaching Hospital, in addition to other consulting projects in Dubai and North Africa. As well as his undergraduate qualification and Victorian registration as a psychiatric nurse, Peter holds a graduate diploma in health services management and a masters of health administration from the Royal Melbourne Institute of Technology. He holds a contract management in public/private partnerships certificate from Melbourne University and is an associate fellow of the Australian College of Health Service Executives.



### **Associate Professor Philip Tune**

**EXECUTIVE DIRECTOR PSYCHIATRIC  
SERVICES**  
**MBBS FRANZCP**

Phil started at Bendigo Health as the director of psychiatry, returning to the part of Victoria where he spent the first 10 years of life. He was born in Tatura and then lived in Bendigo, Charlton, St Arnaud, Beulah and Kerang until moving to Melbourne for the next 32 years. Having worked as a consultant psychiatrist for 10 years in Melbourne, it was a difficult decision to try his hand at management. It has been a challenge, a steep learning curve and a very rewarding experience. Phil has found the psychiatric services division staff to be dedicated to good patient outcomes and the managers extremely committed, hard working and generous in their support. With the arrival of John Mulder, Phil agreed to take on additional responsibilities as the executive director of psychiatric services, which has further enriched his experience at Bendigo Health.



### **Robyn Lindsay**

**EXECUTIVE DIRECTOR  
ORGANISATIONAL DEVELOPMENT  
AND IMPROVEMENT**

**BPhysio MHLthSci Hlth Svc Mgt Cert GAICD  
ACHSM**

Robyn has over 15 years experience working in health care as a physiotherapist and more recently in health management roles. She came to Bendigo Health in 1997 to take up a clinical physiotherapy role (after being here as a clinical student) and has had the pleasure of working in such diverse programs as outpatient rehabilitation services, acute and sub-acute inpatient wards, aged psychiatric services and the emergency department. Along with a period of time working in the United Kingdom in clinical roles, previous managerial positions at Bendigo Health have included the chief physiotherapist, manager of sub-acute community services and director of allied health. After completing a Bachelor of Physiotherapy and Masters of Health Sciences (LTU), Robyn has completed the Australian Institute of Company Directors course and attained a professional certificate of Health Systems Management (Uni Melb). Robyn's current organisational development role allows her the opportunity to contribute directly to strategic planning, quality improvement, innovation, service redesign, education and research. Robyn is delighted to be leading developments that will contribute to an enhancement of the culture at Bendigo Health and in combination with the New Bendigo Hospital project, will provide better health care outcomes for the people of the Loddon Mallee region.



# ORGANISATIONAL CHART



**Board of Directors**

**Chief Executive Officer**  
John Mulder

**Information Services**

**Executive Director  
Chief Information  
Officer**  
Bruce Winzar

- ▲ Applications Portfolio Group
- ▲ Electronic Medical Record Project (EMR)
- ▲ Health Information Services
- ▲ Information & Communication Technology
- ▲ Loddon Mallee Rural Health Alliance (LMRHA)

**Medical Services**

**Executive Director  
Chief Medical Officer**  
Dr Andre Nel

- ▲ Cardiology Service Donor
- ▲ Support Emergency Department
- ▲ Infection Prevention and Control Unit
- ▲ Intensive Care and Coronary Care Unit
- ▲ Internal Medicine
- ▲ Loddon Mallee Integrated Cancer Service (LMICS)
- ▲ Medical Imaging
- ▲ Medical Oncology
- ▲ Medico-legal
- ▲ Mortuary
- ▲ Organ and Tissue
- ▲ Pathology (Healthscope)
- ▲ Pharmacy
- ▲ Radiation Oncology (Peter MacCallum Cancer Centre)
- ▲ Renal Services
- ▲ Stroke Service

**Surgical Services**

**Executive Director  
Chief Nursing Officer**  
Peter Faulkner

- ▲ Acute Outpatients
- ▲ After Hours Managers
- ▲ Anaesthetics
- ▲ Breast Care Nurse (McGrath Foundation)
- ▲ Continence Consultant Co-ordinator
- ▲ Day Surgery Unit
- ▲ Hospital in the Home Medihotel
- ▲ Nurse Pool & Bank
- ▲ Nursing and Midwifery Education
- ▲ Orthopaedics Unit
- ▲ Patient Flow
- ▲ Patient Services
- ▲ Patient Transport
- ▲ Perioperative Services
- ▲ Prostate Cancer Specialist Nurse (Prostate Foundation of Australia)
- ▲ Stomal Therapy
- ▲ Surgical Unit
- ▲ Transit Lounge
- ▲ Volunteer Express Patient Transport
- ▲ Women's and Children's Services

**Organisational  
Development and  
Improvement**

**Executive Director**  
Robyn Lindsay

- ▲ Collaborative Health Education & Research Centre (CHERC)
- ▲ Library
- ▲ Organisational Development
- ▲ Quality @ BH

**Office of the Chief  
Executive**

- ▲ Bendigo Health Foundation
- ▲ Group Secretary
- ▲ Communications and Marketing



# BENDIGO HEALTH FOUNDATION

**The Bendigo Health Foundation enjoyed another successful year of fundraising and the growth of our key events, raising around \$400,000 for equipment in the hospital. Equipment purchased ranged from outdoor furniture in the Marjorie Phillips Unit to air mattresses in the Medical Unit.**

## **Bendigo Bank Fun Run**

On a warm Spring day more than 2300 participants hit the streets of Bendigo for this fledgling annual event. An incredible total of \$111,000 was raised for the Medical Unit at Bendigo Health, with funds spent on equipment including an ECG machine and vital signs monitors. Aside from the 2300 participants, more than 80 volunteers, generous sponsors and community supporters helped the event to double in size from the year previous.

## **Give Me Five for Kids**

Is an annual month long fundraiser held by Southern Cross Austereo and driven by local radio station 3BO, in conjunction with Bendigo Health staff. All proceeds go towards meeting the needs of paediatric patients across the hospital. The total for 2012 was \$63,000 more than double the 2011 figure raised. These funds went towards the purchase of a resuscitation cot for the Special Care Baby Unit among other items.

## **Christmas appeal**

The foundation has a number of loyal donors to the Christmas Appeal and in 2012 this appeal raised \$15,000. Funds were directed towards a laparoscope, a piece of pediatric equipment for the operating theatre.

## **Poyser Motors Golf Day**

Was staged at the Bendigo Golf Club in November as a joint fundraiser of the Blue Ribbon Foundation and the Bendigo Health Foundation. The annual event raised \$10,000, with the funds contributing to a piece of equipment for Bendigo Health's Intensive Care Unit.

## **Tunnel tours**

A one off opportunity to explore the underground tunnel linking the Anne Caudle Centre campus with the hospital campus raised more than \$5000. The event also provided a unique opportunity for the community and the foundation's supporters to view a piece of Bendigo's rarely seen history.

## **Collier Trust**

Generous support came once again from the Collier Trust with \$18,000 donation towards a new ventilator for our Emergency Department.

## **Community support**

The central Victorian community was once again generous in support of two families who are passionate about making a difference in specific areas of Bendigo Health. The Bendigo Health Foundation provided support where needed.

## **Ride for Tayla Rae**

Bendigo resident Nina Bice lost her daughter to suicide and is determined to build the awareness of adolescent mental health and to ensure young people know where to go for help. Nina and a group of supporters organised the Ride for Tayla Rae, raising money to train several Bendigo Health staff in the Mental Health First Aid program.





### Angel Bed Fundraiser

Local couple Josh and Chantelle White, who's first child Lily Grace was stillborn, hosted a golf day to raise money for the purchase of a cold cot for Bendigo Health. A cold cot, a first of its kind for Bendigo, is a cooling system that allows babies who have passed away to remain with their families so that they are not required to be cooled in a traditional mortuary environment. Chantel and Josh said "that during the life changing moment, the staff at Bendigo Health showed us care, support and commitment. We said thank you, we wrote them letters, we asked for them when we had our next two daughters. But it has never been enough."

### The Morgue

With assistance from Jimmy Possum Furniture the foundation re-decorated the waiting room and viewing area of the morgue to make it more comfortable for families at this difficult time.

Blue Ribbon Bendigo branch announced a donation of \$86,000 for a cardio ultrasound for the Bendigo Health Intensive Care Unit.

The Foundation has regular recognition events where donors are invited to meet key clinical staff and develop closer relationships with the areas they are supporting.

The Bendigo Health Foundation presented popular local entertainer Olive Bice with a certificate of appreciation for her 33 years of fundraising as part of Barry Kenny's Country Roundup. This long running fundraising event provided valuable ongoing support for Bendigo Health.

The below list of supporters also work closely alongside the Foundation to in support of Bendigo Health

- ▲ Heartbeat
- ▲ Lions Club of Bendigo
- ▲ Allied Health staff
- ▲ Local Matters
- ▲ Kiwanis
- ▲ Bendigo Lioness Club
- ▲ ...And the Red Geranium
- ▲ Danny Clapp The Good Guys Foundation
- ▲ Windermere Hotel
- ▲ Hibernian Hotel
- ▲ All Seasons Hotel

Bendigo Toyota provided the foundation with a new vehicle as part of their generous support. This vehicle allows the foundation team to travel out into the local community, building stronger relationships and reducing the cost burden of running a Bendigo Health fleet vehicle.

### Bendigo Health Foundation Board Members

- Matt Bowles** (Chair)
- Danny Clapp**
- Susan DeAraugo**
- Scott Elkington**
- Lois Kentish**
- David Walker**
- Peter Wiseman**



# AUXILIARIES AND SUPPORT GROUPS

## **Intensive Care Auxiliary**

The Intensive Care Auxiliary enjoyed another year of fundraising and used funds raised to purchase a video laryngoscope and contributed to two critical care nursing scholarships. Iris Benbow remains the president after 34 years.

## **Child and Adolescent Auxiliary**

Fundraising by the Child and Adolescent Auxiliary saw a dinner at the Bendigo Stadium and a successful fashion parade by Fella Hamilton, which attracted 200 people. Purchases have been a breast pump package worth almost \$3000, a GPS for the home care nurse and a TV video unit for the children's day surgery area. They also supplied calico and filling for dolls made for the ward by Tarrengower Women's Prison inmates.

## **Bendigo Palliative Care Auxiliary**

The Bendigo Palliative Care Auxiliary was very encouraged with their growth in membership with four new members joining the ranks. We were successful with a volunteer grant application through the Commonwealth Government's Department of Families, Housing, Community Services and Indigenous Affairs. The funds were used for training courses for palliative care volunteers. The auxiliary's Mother's Day and Christmas stalls held at Bendigo Health's hospital campus raised almost \$3500. The Doll 'n' Teddy Show and Belvoir Park Golf Day annual fundraising events were also very well attended and successful.

## **Carshalton House Auxiliary**

The Carshalton House Auxiliary celebrated its 20th birthday with a garden party, utilising a large shade sail installed in the garden of the hostel which was purchased by the auxiliary, with the help of Kangaroo Flat Community Enterprise. The auxiliary also bought new flower pots and plants for around the hostel to brighten up areas in the courtyard and garden.

## **Friends of Simpkin House**

It's been another busy year for the Friends of Simpkin House with fundraising events, raffles and a BBQ at IGA Long Gully among the fundraising ideas. General meetings have been

small in numbers as many residents come from places such as Swan Hill, Mildura and Gisborne. The team of committed members continues to strive to provide items that are required by lifestyle staff and management to benefit the residents in their day to day needs. Also purchased was a new garden seat from the Rhoo Forest Millers in memory of one of the members who passed away suddenly on Christmas day last year. Christmas celebrations in 2012 saw residents enjoy a BBQ tea and Santa arriving on the fire truck while a BBQ at IGA Long Gully again proved successful and the sale of jams and relishes have added to the funds. Bed covers and fleece rugs have been purchased this year to improve residents' rooms to make them more homely. We take this opportunity on behalf of the staff and residents to thank the Friends for all their hard work in providing extra items for Simpkin House.

## **Orthopaedic Auxiliary**

The Orthopaedic Auxiliary fundraise through craft and cake stalls, sausage sizzles and a holiday raffle. A portion of funds raised resulted in the purchase of a bladder scanner and three pulse oximeters.

## **Joan Pinder Nursing Home Auxiliary**

The Joan Pinder Nursing Home Auxiliary has used funds raised to purchase three DVD players for use in residents' rooms, a large storage trunk for outside garden tools, three park benches for the Gibson Street Complex walking path, an over head weighing device and three Samsung tablets for residents to use in their rooms and activities. The auxiliary also purchased four self watering baskets for the sensory garden, covers for the Samsung tablets, payment for the yearly farm day visit and lots of other bits and pieces for art and craft days and raffles.

## **Friends of Oncology**

The Friends of Oncology receive donations from throughout the Loddon Mallee region and in June celebrated 11 years of generous support to the oncology department. This year the auxiliary have purchased approximately \$60,000 on equipment such as, vital signs monitors and tympanics. The equipment they continue to buy through their fundraising efforts makes a real difference to those from throughout the region receiving treatment for cancer here at Bendigo Health.

# KEY STAFF

## Group Executive

### Chief Executive Officer

John Mulder MBA (Monash) BHA ASA FACHSM CHE FAICD

### Chief Medical Officer, Executive Director Medical Services

Dr Andre Nel MBBCh MBA FRACMA

### Executive Director Psychiatric Services

Dr Philip Tune MBBS FRANZCP Adjunct Clinical Assoc Prof  
Monash University

### Executive Director of Nursing and Executive Director Surgical Services

Peter Faulkner RPN Master Hlth Admin Grad Dip Hlth Svc Mgt  
Cert Contract Mgt FACHSM CHE GAICD

### Executive Director Buildings and Infrastructure and Executive Director New Bendigo Hospital Project

David Walker BTEC HND Elec & Electronic Eng

### Executive Director Information Services & Chief Information Officer

Bruce Winzar Dip of Bus (Information Processing) BAppSci  
(Computing) Grad Dip Mgt

### Executive Director Community and Continuing Care and Executive Director Residential Services

Liz Hamilton BAppSci (OT) Cert Workplace Ldship ACHSM  
GAICD

### Chief Financial Officer

Andrew Collins BAac CPA MAICD

### Executive Director People and Culture

Andrea Noonan BBus (HRM)

### Executive Director Organisational Development and Improvement

Robyn Lindsay BPhysio MHLthSci Hlth Svc Mgt Cert GAICD  
ACHSM

## Chief Executive's Office

### Chief Executive Officer

John Mulder MBA (Monash) BHA ASA FACHSM CHE FAICD

### Assistant to Chief Executive Officer

Jenny Woodman

### Group Secretary

Jack Squire LLB AIMM

### Communications & Marketing Manager

Sarah McAdie (until April 2013)

Allison Sloan (from April 2013)

### Bendigo Health Foundation Director

Jane Anderson

## Senior Medical Staff

### Chief Medical Officer, Executive Director Medical Services

Dr Andre Nel MBBCh MBA FRACMA

### Director of Medicine

Dr Greg Harris MBBS FRACP (to April 2013)

Dr Mark Savage MBChB MD (Manchester) FRCP (London)  
(from April 2013)

### Director of Psychiatric Services

Dr Philip Tune MBBS FRANZCP Adjunct Clinical Associate  
Professor Monash University

### Chief Surgical Officer

Mr Graeme Campbell MBBS FRACS FRCS

### Deputy Chief Medical Officer

Dr Glenn Howlett MBBS LLB FRACGP (to April 2013)

### Anaesthetists

Dr Alan Bradshaw MBBS FANZCA

Dr Paul Buncle MBBS FANZCA

Dr Siobhan Dobell MBBS FANZCA

Dr Leon Hamond MBBS FANZCA

Dr Jackson Harding MBBS FANZCA

Dr Peter Mazur MBBS FANCZA  
Dr Mohan Nerlekar MBBS DA MD FANZCA  
Dr Andrea Noar MBBS FANZCA  
Dr Andrew Purcell MBBS DA Dip Obs RACOG FANCZA  
Dr Bruce Ryley MBBS FANZCA (Director)  
Dr Mervyn Shapiro MBBChH DAFANZCA  
Dr David Noble MBBS FANZCA  
Dr Brad Hindson MBBS FANZCA  
Dr Steve Hams MBBS FANZCA  
Dr Uate Babitu MBBS FANZCA  
Dr Peter Ching MBBS FANZCA  
Dr Rodney Wilson MBBS FANZCA  
Dr Yen Lim MB Bch BAQ FANZCA  
Dr Anne-Maree Aders MBBS FANZCA  
Dr Bikash Agarwal MBBS FANZCA  
Dr Eric Knauf MBBS FANZCA  
Dr Keith Davenport M.B., ChB., FANZCA  
Dr Ju Ping Ang MBBS FANZCA Associate Anaesthetist

#### **Cardiologists**

Dr Voltaire Nadurata MD BSc FRACP FCSANZ (Clinical Director)  
Dr Balashankar Saravanasubramanian MBBS MD DNB DM (cardio) FRSCP  
Dr Dimuth De Silva MBBS (Hons) FRACP  
Dr Joris Mekel MBBCh FCP (SA)  
Dr Tony Jackson BSc (Hons) MBBS FRACP  
Dr John Gault MBBS FRACP

#### **Ear Nose and Throat**

Mr Ngalu Havea MBBS FRACS

#### **Emergency Department**

Dr Diana Badcock MBBS DA FACEM (Director)  
Dr Albert Rudock MD FAAFP FRACGP Cert geriatrics  
Dr Nathan Bushby MBBS FACEM  
Dr Gary Bourke MBBS DRANZCOG FRACRRM  
Dr Peter Cosgriff MBBS  
Dr Safwat Hanna MBBS AMC FRACGP FRACRRM  
Dr Charles Kerr MBBS FRACGP  
Dr Maria Szamos MBBS  
Dr Kent Hoi MBBS FACEM  
Dr Mark Putland MBBS FACEM  
(joint Director of emergency medicine training)  
Dr Wolfgang Merl MBBS FACEM  
Dr Shaun Greene MBChB MSc (medical toxicology) Adv Trainee ACEM  
Dr Ben McKenzie MBBS FACEM  
(joint Director of emergency medicine training)

Dr Simon Smith MBBS FACEM  
Dr Khiem Ngo MBBS FACEM  
Dr Philip Visser MBChB FACEM (start October 2012)

#### **Endocrinologist**

Dr W. A. Dishan I. Lowe MBBS MD FRACP

#### **Faciomaxillary Surgeon**

Mr Ian Poker MDS Sc FRACDS FFD RCS FRACDS (OMS)

#### **General Surgeons**

Mr Andrew Barclay MBBS FRACS  
Mr Andrew Barling MBBS FRACS  
Mr Graeme Campbell MBBS FRACS FRCS  
Mr Anthony Gray MBBS FRACS  
Mr Rod Mitchell MBBS FRACS  
Mr Matthew Oliver MBChB FRCS FRACS  
Assoc Professor Beth Penington MD MBBS BSc(med) FRACS  
Mr Dan Fletcher MB ChB MRCS FRCS  
Ms Janine Arnold BSc(Med) MBBS FRACS

#### **General Surgery Fellows**

Mr Man Minh Cao B.Med.Sci MBBS FRACS  
(from February 2013)

#### **Geriatricians**

Dr Michael Brignell MBBS, FRACP FRCP GradDipBus (Hlth Serv Mgt) (Medical Director C&CC)  
Dr Jacob Eapen MBBS DGM  
Dr Jennifer Wood MBBS DGM Dip MSM GCHPE  
Dr Bev Ferres MBBS DGM M Hlth & Med Law FACLM  
Professor Peter Disler PhD MBBCh FRACP FRCP (London) FAFRM DPH

#### **Gynaecological Oncologist**

Associate Professor Peter Grant MBBS, FRCS (Ed), FRANZCOG, CGO  
Associate Professor David Allen MB ChB MMed PhD. FCOG (SA) FRANZCOG CGO

#### **Intensivists**

Dr John Edington MB ChB FFA(SA) FANZCA (Director)  
Dr Jason Fletcher MBBS FRACP FCICM  
Dr Emma Broadfield MBChB MRCP (UK) DM FRACP FCICM  
Dr Sanjay Porwal MBBS DNB(med) MNAMS (IND) JCICM GCCritCareEcho

#### **Nephrologists**

Assoc Prof Chris Holmes MBBS FRACP GradCertProf HlthEd  
Dr Greg Harris MBBS FRACP  
Dr Patrick Cooney MBBS FRACP

### **Obstetricians and Gynaecologists**

Dr John Cullen MBBS FRANZCOG (Clinical Director)  
Dr Robin Monro MBBS FRCOG FRANZCOG  
Dr Mark Jalland MBBS FRANZCOG  
Dr Peter Roessler MBBS (Hons) FRANZCOG  
Dr Suhas Nerleker MBBS MS FRANZCOG  
Dr Angelika Borozdina MBBS PhD RANZCOG  
Dr Saman Moeed MBBS FRANZCOG  
Dr Parampathan Shobanan FRANZCOG, MD(Obs &Gyn)SL, MBBS (SL)

### **Oncologists**

Dr Robert Blum MBBS FRACP GradCertHlthProfEd (Clinical Director)  
Dr Sabine Roithmaier MD (Munich) FRACP  
Dr Mark Warren MBBS FRACP  
Dr Say Ng FRACP MBChB

### **Ophthalmologist**

Dr Peter Burt MBBS FRANZCO FRACS

### **Orthopaedic Surgeons**

Mr Dugal James MBBS FRACS (Orth) (Clinical Director)  
Mr Huw Williams MBBS FRACS FAOrthA  
Mr Travis Perera MBBS FRCS MChOrth FRACS FAOrthA  
Mr Keith McCullough MBBS FRACS FAOrthA  
Mr Neelika Dayananda MBBS MS FRCS Ed FRACS (Ortho)  
Mr Brendan Soo MBBS OBSE FRACS  
Mr Arash Riaz MBBS (BSC) FRACS

### **Orthopaedic Fellow**

Dr Vera Sallen MD Dr. Med  
Mr Anthony Bradshaw BMBS, FRACS (Ortho), FAOrthA, BPod, MAPodA (until February 2013)  
Mr Neil Ferguson FRCS (Trauma & Ortho), MRCS, MB ChB, BSc (from February 2013)

### **Paediatricians**

Dr Andrew Lovett MBBS BMedSc FRACP (Clinical Director)  
Dr John McLennan MBBS FRACP Dr Peter Wearne MBBS MPH DMJ M for Med FRACP  
Professor Geoff Solarsh MBCh B H (SA) Fellow College of Physicians FcP (Paed) (SA) FRACP  
Dr Janaka Tennakoon MBBS DCH MD (Paediatrics) FRACP

### **Palliative Medicine and Regional Palliative Care Service**

Dr Rebecca Chapman MA MBCh DTM&H FRACP FACHPM  
Grad Dip Pall Med

### **Physicians**

Dr John Gorey MBBS FRACP  
Dr Rob Campagnaro MBBS FRACP  
Dr John Gault MBBS FRACP  
Dr Leslie Fisher MBBS FRACP MHIth & MedLaw FACLM  
Dr Greg Harris MBBS FRACP  
Assoc Prof Chris Holmes MBBS FRACP GradCertProf HlthEd  
Dr Kate Carroll MBBS FRACP (Maternity leave June 2012 to February 2013)  
Dr Bidhu Mohapatra FRACP

### **Psychiatrists**

Assoc Prof Philip Tune MBBS FRANZCP (Executive & Clinical Director)  
Dr Holly Anderson MBBS, M.Psych, FRANZCP  
Dr Laura Barbosa MBCh, DMH, FCPsych (South Africa), FRANZCP  
Dr Arunava Das MBBS DPM MD FRANZCP CATPOA  
Dr Subhash Das MBBS DPM MD RANZCP (affiliate member)  
Dr Indranil Chakrabarti MBBS DPM MD FRANZCP  
Dr Scott Eaton MB ChB MRCPsych FRANZCP  
Dr Ajit Emmanuel MBBS DPM MD FRANZCP  
Dr Prabhath Gamage MBBS MD Psychiatry FRANZCP  
Dr Richard Jasek MBBS Cert Child & Adolescent psych FRANZCP (commenced Jan 2013)  
Dr Carolynne Marks MBBS MMed Psych FRANZCP  
Dr Dianne Kirby MBBS (Hons) MSc (Addiction Studies) FRANZCP  
Dr Teslin Mathew MBBS DPM MD (PSYCH) FRANZCP Dr Christopher Russo MBBS FRANZCP Cert Child Psych (Clinical Director CAMHS) resigned Jan 2013  
Dr Dominika Baetens MBChB FRANZCP  
Dr Patrick Johnson MB.BS M.PM Cert. Child Psych FRANZCP  
Dr Beth Faulkner MBBS M.Med (Psychiatry) Cert Child Psych FRACGP FRANZCP resigned 1/5/2013  
Dr Fiona Cairns  
Dr Duncan Taylor MBBS FRANZCP resigned 29/5/2013  
Dr Kah-Seong Loke MBBS MP FRANZCP (commenced Feb 2013)

### **Radiation Oncologists (Peter MacCallum Cancer Centre)**

Dr Mark Shaw MBBS FRANZCR (From January to June 2013)  
Dr Tracie Gleisner MBBS FRANZCR  
Dr Daisy Mak MBBS FRANZCR (to December 2012)  
Dr Albert Tiong MBBS FRANZCR (to November 2012)  
Dr Suki Gill MBBS FRANZCR  
Dr Marcus Foo MBBS FRANZCR (July to October 2012)  
Dr Michelle Bishop MBBS FRANZCR

Dr Monique Youl MBBS FRANZCR  
Dr Meredith Johnston MBBS FRANZCR  
(from November 2012 to June 2013)

### **Radiologists**

Dr Sarah Skinner BMBS FRANZCR (Director)  
Dr Damien Cleeve MBBS FRANZCR  
Dr Robert Jarvis MBBS FRANZCR  
Dr John Eng MBBS FRANZCR  
Dr Julius Tamangani MBChB(Hons), MSc, FRCR  
Dr Jill Wilkie BSc(Hons), MBBS, MRCP, FRCR

### **Rehabilitation**

Dr Sue Inglis MBBS FAFRM  
Prof Peter Disler PhD MBBCh FRCP(Lond) FRACP FAFRM DPH

### **Urologists**

Mr Michael McClatchey MBChB BAO FRCS (Eng) FRCS (Ed),  
FRACS (urol)  
Miss Janelle Brennan MBBS (Hons) FRACS (urol)

## **Managers of acute and subacute services**

### **Nursing Director Medical Services**

Donna Sherringham RN Dip Ap Sci B Nursing AFACHS Master  
Hlth Admin (until Nov 2012)  
Jane Hellsten RN Ba AppSc Adv Nsg (Ed) M Ed Stud. Cert  
Infect Dis CICP MCNA (acting from Nov 2012 until Feb 2013)  
Judith Walloscheck RN BScNurs, GradDip ICU Nursing, OU  
MBA (from February 2013)

### **Director of Nursing Surgical, Women's & Children's Services**

David Rosaia Dip App Sc B Hlth Sc Grad Dip Hlth Mgmt  
MRCNA FACHSM

### **Patient Flow Co-ordinator**

Tricia Elliott RN Grad Dip Hlth Sc (Admin) MRCNA

### **Business Director Medical Services**

Brian Jenner BBS (Bachelor of Business)

### **Business Director Surgical Services**

Robert Porter MBA BN (Bachelor Nursing) RN

### **Child and Adolescent Unit Nurse Manager**

Debbie Forbes RN Bach Hlth Sc (Nsg)

### **Cardiology and EEG Nurse Manager**

Clare Harris Div 1 RN B HSc Grad Dip Acute Care MBA

### **Critical Care Nurse Manager**

Sue Tomlinson RN CCRN MHS Dip of Bus (Frontline Mgt)  
(LSL April to June 2013)

Wendy Bennett RN CCRN (Acting NUM from April until  
June 2013)

### **Day Procedure Unit Clinical Nurse Manager**

Di Chatterton RN Grad Dip Nursing Education, Grad Cert  
Gastroenterology, Grad Cert Anaesthetics and Recovery  
Room, Critical Care Cert, Management Cert.

### **Renal Services Nurse Manager**

Kathleen Fair RN BScNurs (Hons) MBA(HlthServMgt)  
CertNeph(C) MACN

### **Emergency Department Nurse Manager**

Carol-Ann Lever RN Cert Em Nsg Crit Care

### **Hospital After Hours Managers**

Lila Andrews RN BA Hlth Sc MA Nsg Studies  
(until December 2012)  
Elaine Fitzgerald RN Cert in ENT (until September 2012)  
Louise Cox RN RM B.Public Health Cert. Sterilization &  
Infection Control  
Glenda Blake RN  
Deidre McDougall RN RM Cert Em Nsg Bah Sci (Nsg)  
Shelley Hardingham RN RM  
Patrick Turner RN  
James Fitzgerald RN (from December 2012)

### **Hospital In The Home and Medihotel Nurse Manager**

Daryl Dutton Bach Nsg, Cert Adv Ac Nsg

### **Infection Control Manager**

Jane Hellsten RN Ba AppSc Adv Nsg (Ed) M Ed Stud. Cert  
Infect Dis CICP MCNA

### **Loddon Mallee Integrated Cancer Service Strategic Manager**

Mike Norriss Acting Strategic Manager R Med Tech (NZ)  
MASM (from July 2012 to January 2013)  
Rachael Hamilton-Keene BPsySc(Hons) (from January 2013)

### **Manager, Women's & Children's Services**

Fiona Faulks (Dip Health Science - Nursing) RM (Grad Dip  
Health Science - Midwifery), MCHN (Maternal & Child Health  
Nurse, MMSc (Master of Midwifery Science)

### **Medical Imaging Manager**

Luke Adorni Assoc Dip Med Radiology Grad Dip Business Mgmt

### **Medical Unit Nurse Manager**

Lisa Livingstone RN Bach Hlth Sc(Nsg) Grad Cert Crit Care,  
Grad Cert Hlth Sc Mgmt (from October 2012)

### **Oncology Unit Nurse Manager**

Karen Wellington Bach of Hlth Sc (Nsg) MBA (HlthServMgt)  
Grad Cert Onc-Pall Care

### **Operating Theatres Clinical Manager**

Dianne Craig BN, Post Grad Dip Peri-op Nsg, Cert IC&S, Grad Dip PH (Enviro Hlth) (until October 2013)

Jennifer Flett RN, Post Grad Dip Mgmt (from October 2013)

### **Orthopaedic Unit Nurse Manager**

Pat Catto RN Grad Dip Bus Mgmt

### **Pathology Services Manager**

Glenda Shrimpton B AppSc (Med Lab Sci) MBA (until June 2012)

### **Patient Services Manager**

Suzanne O'Sullivan RN Grad Dip Mgmt

### **Specialist (Outpatients) Clinics Manager**

Paula Hennessy RN B App Sci

### **Perioperative Services Nurse Manager**

Sasha Vedelsby BN Post Grd Dip (Periop) Dip Business (HR) ACHSE (until October 2013)

Dianne Craig BN, Post Grad Dip Peri-op Nsg, Cert IC&S, Grad Dip PH (Enviro Hlth) (from October 2013)

### **Pharmacy Director**

Paul O'Brien B Sci (Hons) B Pharm Grad Dip Sci MBA

### **Radiation Oncology Acting Site Director/Operations Manager**

Judy Andrews Diploma of Applied Science in Therapy Radiography (RMIT) & Graduate Diploma of Business in eBusiness and Communication (Swinburne)

### **Special Care Baby Unit Clinical Manager**

Rosemary Baker RN RM NICNC Grad Dip Hlth Mgmt

### **Sterilising Services Nurse Manager**

Ann Gallagher RN ORN Sterilization and Infection Control Cert

### **Stomal Therapy Clinical Nurse Consultant**

Vicki Thorne Grad Cert Stomal Therapy, Grad Cert Wound Care

### **Surgical Unit Nurse Manager**

Simon Bullock RN BN (Bachelor Nursing)

### **Women's Health Clinical Manager**

Laraine Stubbings RN RM

## **Chief Financial Officer Division**

### **Chief Financial Officer**

Andrew Collins BAcpa CPA MAICD

### **Finance Manager**

Seppe Marsili CPA

### **Performance Reporting Unit Manager**

Scott Cornelius B Bus (Acc) CPA

### **Group Financial Accountant**

Wayne Smith B Bus (Acc)

### **Manager, Activity Based Funding**

Elizabeth May B App Sc MBA MPPM RN

### **Corporate Support Services Manager**

Geoff Cook Cert of Bus Grad Dip Mgmt M Bus MAICD

### **Environmental Services Manager**

Garry Coburn Cert in Supervision Cert in Accounting

### **Food Services Manager**

Damian Martin

### **Supply Chain Manager**

Karen Shepherd-Clark BSc (Hons)

### **Procurement Manager**

David Ray

### **Payroll and Salary Packaging Manager**

Charles Chetcuti

## **People and Culture**

### **Executive Director People and Culture**

Andrea Noonan BBus HRM

### **People and Culture Advisors**

Michelle Forrester BBus (Mktg&Econ) MBA HRM

Elisa McKnight BBus (HRM & Mktg)

Melissa Phillips BBus (HRM), Grad Dip HRM

Shannon Birtles Dip (HRM) in progress

Belinda Mason BBus (HR&Mktg)

Lee McNally (secondment in January 2012)

### **Industrial Relations Advisor**

Rachael Mays BBus (HRM)

### **Resourcing & Workforce Planning**

Kate Hyett RN, BN, Grd Dip Hlth Sci, Master Hlth Sci, Dip. Company Directors, Prof Cert Hlth System Mment, AFACHCM, MRCNA, MAICD

### **OHS Manager**

Graham Olsen Dip OHS



## Organisational Development and Improvement

### Executive Director

Robyn Lindsay BPhysio MHLthSci Hlth Svc Mgt Cert GAICD ACHSM

### Governance, Strategy & Risk Director

Yvonne Wrigglesworth BSc(Hons), Grad Dip Fin Mgmt & Health policy, Dip Frontline Mgmt, Prof Cert Health Service Mgmt, GAICD

### Collaborative Health Education and Research Centre (CHERC) Operations Manager

Angela Crombie RPN RN Cert IV Workplace Assess & Training BN Grad Dip HLTH Sc (Admin) M HLTH Sc PhD Candidate

### Organisational Development Manager

Bev Sutherland BBus (HRM), GDIP. (Psych), PGDip. (Applied Psych), AssocMAPS

### Redesign Manager

Christopher White BBus BComp GradDipBus(Hlth) AAMC AFACHSM (until November 2012)

Suellen Pepperell Bed (acting from November 2012)

### Business Director (Acting)

Christopher White BBus BComp GradDipBus(Hlth) Hlth Svc Mgt Cert AAMC FACHSM

### Models of Care Project Manager

Ian Watson BSc(Hons) MBA

### Librarian

Angela Gallagher BA Grad Dip App Sc (Lib.& Info Mgt ) ALIA

### Senior Psychiatric Nurse Consultant

Tim Lenten RN Dip Hlth Sc (Psych Nur) Grad Dip CPN Hlth Svc Mgt Cert MNsc MACMHN MRCNA

## Information Services Division

### Executive Director Information Services & Chief Information Officer

Bruce Winzar Dip of Bus (Information Processing) BAppSci (Computing) Grad Dip Mgt

### IT Service Delivery Manager

Rowan Gronlund AssDipEng, BAppSc, MEng

### Manager Applications Portfolio Group

Geoff Trevethan HSC (VSUEB 1976)

### Applications Development Manager

Dr Mike Podosky PhD BA

### Project Manager - Clinical and Patient Management Information Systems

Melania Koska Bach of Business (Business Information Systems) (Until October 2012)

### Health Information Services Manager

Judy Bish Assoc Dip MRA, Grad Cert Quality Improvement in Healthcare, M.Bus

## Buildings & Infrastructure Division

### Executive Director Buildings and Infrastructure and Executive Director New Bendigo Hospital Project

David Walker BTEC HND Elec & Electronic Eng

### Facilities Management Director Facilities Maintenance

Damien Parker BEng (Electrical) MIHEA

### Operations Director

Brendan Chalmers Dip Business Management Cert IV in Training and Assessment

### Sustainability & Energy Engineer

Karin Harding BEng (environmental), Grad Dip of App Sci Grad cert Sustainable Practice and Master of Mgt (Strategic-Foresight)

### Construction Manager New Bendigo Hospital

Adam Hardinge Registered Building Practitioner DB-U (Domestic Builder Unlimited) CB-L-D (Commercial Builder Fit out Structural)

### Project Officers

Greg Plant

### Stuart Turk BN RN Grad Cert Crit Care

Rachel Morris Bach Hlth Sci in Medical Radiation Therapy, Grad Cert Health Industry Mgmt

### Communications

Nydia Jones

## Psychiatric Services

### Executive Director & Clinical Director

Assoc Prof Philip Tune MBBS FRANZCP

### Executive Specialist Psychiatric Services

Assoc Prof Peter Doherty MBBS FRANZCP

### Group Discipline Senior Psychologist

Susan Lloyd Dip T BBS (Hons) M Psych (Clinical Neuropsych) MAPS

### **Manager Planning and Strategic Development**

Peter Robertson RN DipAppSc BPsych Nsg PGDip HSM MHlth Admin AFCHSM GAICD MACMHN

### **Director of Nursing**

Victor Tripp RN B Nursing Master Hlth Mgmt

### **Business Director**

Acting Christopher White BBus BComp GradDipBus(Hlth) Hlth SVC Mgt Cert AAMC FACHSM

### **Senior Psychiatric Nurse Consultant**

Tim Lenton Hlth Svc Mgt Cert RN Dip Hlth Sc (Psych Nur) Grad Dip CPN MNsc MACMHN MRCNA

### **ECAT/Triage PARC (ETP) Team Manager**

Lorraine Flynn RN Cert in Developmental Psychiatry Course (until January 2012)

Brian Jacobs RN Grad Dip Mgt M.Bus (from January 2012)

### **Bendigo Adult Community Mental Health Team**

Marty Andison RN Adv Diploma of Management Professional Cert in Health Systems Management

### **Rural North Community Mental Health Team Manager**

John Hermans RN MRN BNsg Grad Dip Psych Nsg Advanced Dip in Business Man MN Cert Gerontology

### **Rural South Community Mental Health Team Southern Sector Community Mental Health Business Manager**

Peter Treloar RN BN PDACN(MH) MN Dip.A.O.D Work (until March 2012)

Dennis Carter (acting March & May - June 2012)

Sarah Wright

Alexander Bayne Centre Nurse Unit Manager

Wayne Daly RN Grad Dip CPN

### **Vahland Complex Nurse Unit Manager**

Robert West RN Div 1 Grad Dip Nursing Science (Mental Health) (acting from Jan 2011 - June 2011) (appointed December 2011)

### **Aged Persons Mental Health Service - Community Team Consultation Liaison Psychiatry Business Manager**

Neil Brewer RN Grad Dip Nursing Science (Mental Health), Cert 4 Workplace Training & Assessment, MACMHN

Michael Thompson (acting from April - June)

### **Marjorie Phillips Nurse Unit Manager**

Jim Reid RN Div 1 & 3 RN Adv Dip Management Cert 4 in workplace training and assessment MACMHN MIRFV

### **Child and Adolescent Mental Health Service Manager**

Lorraine Flynn RN Cert in Developmental Psychiatry Course

### **Clinical Director Child and Adolescent Mental Health Service**

Dr Chris Russo MBBS FRANZCP Cert Child Psych (LSL January - July 2012)

Dr Patrick Johnson MBBS MPM Cert Child Psych FRACGP FRANZCP (acting January - July 2012)

### **Youth Mental Health Service & Primary Mental Health and Early Intervention Team**

Eugene Meegan RN RN Grad Dip Psych Nsg

## **Community & Continuing Care**

### **Executive Director**

Liz Hamilton BAppSci (OT), Cert Workplace Ldship, ACHSM, GAICD

### **Business Director**

Dr Dan Douglass PhD, Master of Accountancy (Finance), B Bus Accountancy B Bus Public Administration ASA AFCHSE (until September 2012)

Wayne Sullivan (Acting September 2012 - December 2012)

Brett Yates BBus (Accounting), CPA

### **Director of Nursing Director Sub-Acute/Sub-Acute Programs Manager**

Dianne Senior RN Cert Mgmt Pract Grad Dip Hlth Sc M Hlth Sc AFCHSE (until September 2012)

Paul Rumpff RN CCRN, Grad Dip Nursing, Cert Mgmt

### **Patient Access & Demand Manager**

Janice Osteraas RN B Grad Cert Med Nsg M Med Nsg Cert Bus Process Analysis

### **Sub Acute Ambulatory Care Services Manager**

Wendy Millar BAppSc (Physio) Dip Bus Mgmt

### **Hospice & Evaluation Unit Nurse Manager/Nurse Practitioner Palliative Care**

Tracy Harrip MNsg (Nurse Practitioner) B Hlth Sc (Nsg) Grad Dip Cancer Nsg, Dip of Bus (Frontline Mgt) MACNP MRCNA

### **Manager Palliative Care Service incl. Hospice & Evaluation Unit, Community Palliative Care and Loddon Mallee Regional Palliative Care Consultancy Service**

Melanie Shanahan BN Grad Dip Mntl Hlth Nsg MPCAC MRCNA

### **Inpatient Rehabilitation Unit Nurse Manager**

Susan Jennings RN Post Grad Dip Home & Community Care

### **Chief Dentist**

Dr Chee-Wah Khew BDS Grad Dip Hlth Sc (Admin)

### **Manager Dental Services**

Graeme Allan B App Sc (OT) Cert Hlth Admin Grad Dip Mgmt GAICD

### **Allied Health Director/Chief Occupational Therapist**

Sally Harris BaOT MHLthSci Prof Cert Hlth Syst Man Adv Dip Bus Man

### **Manager Nutrition & Dietetics**

Lee Mason B SC Grad Dip.Dietetics MDAA APD

### **Chief Speech Pathologist, Manager of Audiology**

Melinda Charlesworth B.AppSc (Sp Path)

Diana Antoniazzi B.AppSc (Sp Path) MHLthSci (acting from January until June 2012)

### **Chief Physiotherapist**

Donna Borkowski B Physio Dip MTPT

### **Chief Social Worker, Manager of Cultural Diversity and Aboriginal Hospital Liaison Officer**

Melissa Silk BASocSci BSocWork AASW Dip Mmt

### **Chief Podiatrist**

Marcus Gardner B App Sc (Pod)

### **Commonwealth Respite and Carelink Centre Manager and Bendigo Health Referral Centre**

Sue Spencer Ass Dip WelfAdv Dip Bus Man

### **Community Care Options, Case Management Services Manager**

Susan Andrews RN Div 1 Mid B Hlth Sc (Nsg stud) Grad Dip Adv Nsg (Nsg in the com) Dip Front Line Mgmt (until June 2012)

### **Case Management Services Manager**

Helen Steele BN, RN

### **HARP/Community Health Manager & Loddon Mallee Post Acute Care Manager**

Ellen Wilson RN Grad Cert in Emerg Nsg Grad Dip Crit Care Cert Haemodialysis Nsg Dip of Bus Mgmt

### **Home Assessment and Rehabilitation Team and Rural Health Team Manager**

Jenny Harriott B Sc Grad Dip Diet Adv Dip Bus Man

### **Carer Support Services Manager**

Rose Miles BA Dip Ed

### **Home Nursing and Support Service Program Manager**

Mark McCarty RN Grad Cert OH&S, Dip in Community Sector Management

### **Pastoral Care Co-ordinator**

Rev. Rex Fisher BA, B.Theol, M.Min (Until May 2013)

Karen Lunney. Cert IV TAA & Counselling (Breastfeeding), Dip. Teach., MA(TS), M.Div.

### **Transition Care Program Manager**

Robin Cottrill RN Cert of Gerontology Nsg

## **Residential Services**

### **Executive Director**

Liz Hamilton BAppSci (OT) Cert Workplace Ldship, ACHS

### **Nursing Director Residential Services**

Marlene Connaughton RN Cert Residential Mgmt

### **Assistant Nursing Director Residential Services**

Dodie Bischoff RN BA Nursing/Health science. Post Grad Cert in Gerontology. Deakin/ Amity Management certificate, Aged Care Assessors Cert

### **Carshalton House Care Co-ordinator**

Kim Gordon BA Soc Sc Aged Care Assessors Cert

### **Golden Oaks Nursing Home Nurse Manager**

Sandi Lavin RN, BA Nursing

### **Gibson Street Complex Manager (Joan Pinder Nursing & Stella Anderson Nursing Homes)**

Wendy McLochlan RN, BA Health Science (Nursing)

### **Simpkin House - Nurse Manager**

Joanne Wood RN Dip of Nursing .Post Grad Cert in Gerontology

### **Volunteer Services - Manager**

Sharon Walsh Grad Cert Bus. (HR), Certificate IV in Workplace Training, Dip. Training & Assessment Systems



# STATUTORY COMPLIANCE

## Freedom of information

The *Freedom of Information Act* 1982 provides the public with a means of obtaining information held by the organisation. During the 2012/13 financial year 427 requests were received. Of these, 354 were granted full access, 4 partial access under s.35(1)(b), 2 access denied in full s.33(1), 5 withdrawn, 10 did not proceed, 4 no documents held and 48 not finalised as at 30 June 2013.

People wishing to access information should make a written request to the Freedom of Information Officer, Bendigo Health, PO Box 126, Bendigo 3552

## Building and Maintenance

Bendigo Health complies with the *Building Act* 1993 under the guidelines for publicly owned buildings issued by the Minister for Finance 1994 in all redevelopment and maintenance issues.

There are no maintenance orders. All renovations to existing buildings confirm to the *Building Act* 1993. All existing buildings comply with regulations in force at the time of construction. There are no orders to cease occupancy or to undertake urgent works. All sites are subject to a fire safety audit and risk assessment according to revised standards as directed by the Department of Health.

## Major Changes or Factors Effecting Performance

There were no changes or factors which affected performance or financial position for the year ending 30 June, 2013.

## Statement on National Competition Policy

Bendigo Health supports and complies with the Victorian Government's Competitive Neutrality Policy as outlined in the Guide to Implementing Competitive Neutral Pricing Principals.

## Victorian Industry Participation Policy

Bendigo Health complies with the Victorian Industry Participation Policy Act 2003. The aim of the act is to open and expand market opportunities to both country and metropolitan Victorian, as well as national businesses so as to promote employment and business growth in Victoria. The policy applies when the Victorian Government's funding or the provision of a grant exceeds \$1 million in regional Victoria, and Bendigo Health ensures that it evaluates all tenders equally and transparently.

## Ex-Gratia Payments

There were no ex-gratia payments made by Bendigo Health for the financial year ended 30 June, 2013.

## 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 Bendigo 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 Health Service
- f. Details of major research and development activities undertaken by the Health Service that are not otherwise covered either in the Report of Operations or in a document that contains the financial 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, and
- k. A list of major committees sponsored by the Health Service, the purpose of each committee and the extent to which the purposes have been achieved.

## Statement on the Application of Employment and Conduct Principals

Bendigo Health is committed to upholding the principles of merit and equity in all aspects of the employment relationship. To this end, we have policies and practices in place to ensure all employment related decisions, including recruitment, promotion, training and retention are based on merit. Any complaints, allegations or incidents involving discrimination, vilification, bullying or harassment are taken seriously and addressed. All staff are provided with education and training on their rights and responsibilities and are provided with the necessary resources to ensure equal opportunity principles are upheld.



# ATTESTATIONS/ DECLARATIONS

## Attestation of Compliance with Australia/ New Zealand Risk Management Standard

I, Michael Langdon, Chair - Board of Directors, certify that Bendigo Health has risk management processes in place consistent with the Australian/New Zealand Risk Management Standard (ISO31000:2009) and internal control systems in place that enables the organisation to continually improve our understanding, management and control of risk exposures. The board verifies the assurance and that the risk profile of Bendigo Health has been critically reviewed within the last 12 months.'



**Dr Michael Langdon**  
Chair - Board of Directors  
Bendigo Health

## Responsible bodies declaration

In accordance with the Financial Management Act 1994, I am please to present the Bendigo Health Care Group report of operations for the year ending 30 June 2013.



**Dr Michael Langdon**  
Chair - Board of Directors  
Bendigo Health

## Attestation of data accuracy

I, Michael Langdon, certify that Bendigo Health Care Group has put in place appropriate internal controls and processes to ensure that data reasonably reflects actual performance. Bendigo Health Care Group has critically reviewed these controls and processes during the year,



**Dr Michael Langdon**  
Chair - Board of Directors  
Bendigo Health

## Insurance attestation for Public Sector Agencies

I, Michael Langdon, certify that the Bendigo Health Care Group has complied with Ministerial Direction 4.5.5.1 - Insurance.



**Dr Michael Langdon**  
Chair - Board of Directors  
Bendigo Health

# DISCLOSURE INDEX

## Ministerial Directions

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

LEGISLATION	REQUIREMENT	PAGE REFERENCE
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## Report of Operations

### Charter and purpose

FRD 22C	Manner of establishment and the relevant Ministers	3
FRD 22C	Objectives, functions, powers and duties	3
FED 22C	Nature and range of services provided	Inside cover

### Management structure

FRD 22C	Organisational structure	44
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### Financial and other information

FRD 10	Disclosure index	62
FRD 11	Disclosure of ex-gratia payments	58
FRD 15	Executive officer disclosures	FR
FRD 21A	Responsible person and executive officer disclosures	FR
FRD 22C	Application and operation of Freedom of Information Act 1982	58
FRD 22C	Compliance with building and maintenance provisions of Building Act 1993	58
FRD 22C	Details of consultancies over \$10,000	FR
FRD 22C	Details of consultancies under \$10,000	FR
FRD 22C	Major changes or factors affecting performance	58
FRD 22C	Occupational health and safety	30
FRD 22C	Operational and budgetary objectives and performance against objectives	FR
FRD 22C	Significant changes in financial position during the year	FR
FRD 22C	Statement of availability of other information	59
FRD 22C	Statement on National Competition Policy	58
FRD 22C	Subsequent events	FR
FRD 22C	Summary of the financial results for the year	FR
FRD 22C	Workforce Data Disclosures including a statement on the application of employment and conduct principles	59



LEGISLATION	REQUIREMENT	PAGE REFERENCE
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### Financial and other information (continued)

FRD 25	Victorian Industry Participation Policy disclosures	58
SD 4.2(j)	Sign off requirements	61
SD 3.4.13	Attestation on Data Integrity	61
SD 4.5.5	Attestation of Compliance with Australian/New Zealand Risk Management Standard	61

## Financial Statements

### Financial statements required under part 7 of the FMA

SD 4.2(a)	Statement of Changes in Equity	FR
SD 4.2(b)	Operating Statement	FR
SD 4.2(b)	Balance Sheet	FR
SD 4.2(b)	Cash Flow Statement	FR

### Other requirements under Standing Directions 4.2

SD 4.2(a)	Compliance with Australian accounting standards and other authoritative pronouncements	FR
SD 4.2(c)	Accountable officer's declaration	FR
SD 4.2(c)	Compliance with Ministerial Directions	FR
SD 4.2(d)	Rounding of amounts	FR

### Legislation

Freedom of Information Act 1982

Victorian Industry Participation Policy Act 2003

Building Act 1993

Financial Management Act 1994





Bendigo Health  
Financial Report  
2012-2013

Annual Report - Statement of Priorities for 2012/13

Part B: Performance Priorities

Program	Key performance Indicator	2012-13 Actuals
<b>Financial Performance</b>		
<b>Operating Result</b>		
	Annual Operating result (\$m)	1.607
	Creditors	49.39 days
	Debtors	57.92 days
	WIES (public and private) performance to target (%)	103%
<b>Service Performance</b>		
<b>Elective Surgery</b>		
	Elective surgery admissions – quarter 1	1023
	Elective surgery admissions – quarter 2	987
	Elective surgery admissions – quarter 3	838
	Elective surgery admissions – quarter 4	1166
<b>Critical Care</b>		
	ICU minimum operating capacity	4
	NICU usual operating capacity and flex capacity	n/a
<b>Quality and Safety</b>		
	Health service accreditation	Full
	Residential aged care accreditation	Full
	Cleaning standards	
	Submission of data to VICNISS (%)	
	VICNISS Infection Clinical Indicators	No Outliers
	Hand Hygiene Program compliance (%)	Full
	Staphylococcus aureus bacteraemia (SAB) rate	0.7
	Victorian Patient Satisfaction Monitor	Met
<b>Maternity</b>		
	Postnatal home care (%)	91%
<b>Mental Health</b>		
	28 day readmission rate (%)	6
	Post discharge follow-up rate (%)	88%
	Seclusion rate	34

<b>Access Performance</b>		
	Percentage of operating time on hospital bypass	n/a
	Percentage of ambulance transfers within 40 minutes	89%
	NEAT - Percentage of emergency presentations to physically leave the emergency department for admission to hospital, be referred to another hospital for treatment, or be discharged within four hours	70%
	Number of patients with a length of stay in the emergency department greater than 24 hours	10
	Percentage of Triage Category 1 emergency patients seen immediately	100%
	Percentage of Triage Category 1 to 5 emergency patients seen within clinically recommended times	76%
<b>Elective Surgery</b>		
	Percentage of Urgency Category 1 elective patients treated within 30 days	100%
	NEST - Percentage of Urgency Category 2 elective surgery patients treated within 90 days	44%
	NEST - Percentage of Urgency Category 3 elective surgery patients treated within 365 days	82%
	Number of patients on the elective surgery waiting list <sup>(2)</sup>	898
	Number of Hospital Initiated Postponements (HiPs) per 100 scheduled admissions	5%

### Part C: Activity and Funding

<b>Program</b>	<b>Key performance Indicator</b>	<b>2012-13 Activity Achievement</b>
<b>Acute Inpatient</b>		
<b>Weighted Inlier Equivalent Separations (WIES)</b>		
	WIES Public	19,119
	WIES Private	3,452
	Total WIES (Public and Private)	22,571
	WIES Renal	711
	WIES DVA	685
	WIES TAC	213
	WIES TOTAL	24,180

**Sub Acute Inpatient**

CRAFT	462
Rehab L1 (non DVA)	1,511
Rehab L2 (non DVA)	280
Rehab - Paediatric	
GEM (non DVA)	13,654
Palliative Care - Inpatient	2,971
Transition Care (non DVA) – bed day	16,718
Restorative Care	4,127
Rehab 1 - DVA	106
Rehab 2 - DVA	524
GEM -DVA	1,987
Palliative Care – DVA	197

**Ambulatory**

VACS – Allied Health	22,255
VACS - Variable	45,309
Transition Care (non DVA) - Homeday	11,492
SACS – Non DVA	26,527
SACS - Paediatric	643
Post Acute Care	2,448
VACS – Allied Health - DVA	1
VACS - Variable - DVA	3
SACS - DVA	714
Post Acute Care – DVA	63

**Aged Care**

Aged Care Assessment Service	
Residential Aged Care	

**Community Health/Primary Care****Community Health - Direct Care**

## Financials in Brief

A summary of the financial results for the year, from Annual Financial Reports, with comparative results from the preceding four financial years.

	2012/13 \$000	2011/12 \$000	2010/11 \$000	2009/10 \$000	2008/09 \$000
Total Expenses	329,666	334,308	312,211	286,893	254,854
Total Revenue	323,160	329,699	310,377	292,561	252,929
Net Result Before Capital & Specific Items	1,608	721	316	1,463	2,520
Net Result for the Year	(6,506)	(4,609)	(1,834)	5,668	(1,925)
Accumulated Surpluses/(Deficits)	(22,109)	(15,276)	(9,996)	-8,394	(14,668)
Total Assets	235,790	233,774	234,033	227,988	224,608
Total Liabilities	143,875	83,393	79,043	71,164	73,452
Net Assets	143,875	150,381	154,990	156,824	151,156

## Operational Summary

Bendigo Health Care Group recorded a statement of priorities operating surplus for the 2012/13 financial year which was favourable to budget. During the financial year a record number of patients were treated by the hospital.

## Consultancy Expenditure

CONSULTANT	PURPOSE OF CONSULTANCY	Start Date	End Date	Expenditure	
				2012-13 (ex GST) \$'000	Furture (ex GST) \$'000
Architech Network & Communications Solutions	Software Architecture	May-13	Oct-13	23	53
Cappela Consulting Pty Ltd	Cancer Services Model of Care	Nov-12	Mar-13	40	0
Cappela Consulting Pty Ltd	Regional Sustainable Hospital Plan	Apr-13	Jun-13	52	0
CHW Consulting Pty Ltd	Business Assessment Review	Nov-12	Nov-12	27	0
Custom RT Reporting Solutions	Business Assessment Review	Aug-12	Oct-12	25	0
Greg Jones Health Services Pty Ltd	Business Assessment Review	Mar-13	Jun-13	26	0
J W Group	Business Assessment Review	Jan-13	Feb-13	18	0
KPMG	Business Tender Review	Jan-13	Apr-13	41	0
KPMG	Working Smarter: Living Within Our Means	Feb-12	Apr-13	339	0
Midnightsky Pty Ltd	Strategic Planning Review	Nov-12	May-13	54	0
The Trustee For Sharyn Meade Business Trust	Buisness Feasibility Study	Nov-12	Mar-13	21	0

In 2012-13, Bendigo Health engaged 6 consultancies where the total fees payable to the consultants were less than \$10 000, with a total expenditure of \$42,482 (excl. GST).

## **Board Member's, Accountable Officer's, Chief Finance & Accounting Officer's Declaration**

We certify that the attached financial statements for Bendigo Health Care Group 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 2013 and the financial position of Bendigo Health Care Group at 30 June 2013.

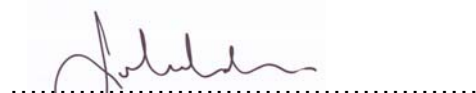
At the time of signing, we are not aware of any circumstance which would render any particulars included in the financial statements to be misleading or inaccurate.

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



**Dr M Langdon**

Chair



**J D Mulder**

Chief Executive Officer



**A B Collins**

Chief Financial Officer

Dated the 29th day of August 2013  
at Bendigo



## INDEPENDENT AUDITOR'S REPORT

### To the Board Members, Bendigo Health Care Group

#### *The Financial Report*

The accompanying financial report for the year ended 30 June 2013 of Bendigo Health Care Group 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 Board Member's, Accountable Officer's and Chief Finance and Accounting Officer's declaration has been audited.

#### *The Board Members' Responsibility for the Financial Report*

The Board Members of Bendigo Health Care Group 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 Bendigo Health Care Group as at 30 June 2013 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 Bendigo Health Care Group for the year ended 30 June 2013 included both in Bendigo Health Care Group's annual report and on the website. The Board Members of Bendigo Health Care Group are responsible for the integrity of Bendigo Health Care Group's website. I have not been engaged to report on the integrity of Bendigo Health Care Group'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  
29 August 2013

  
for John Doyle  
Auditor-General

**Bendigo Health Care Group**  
**Comprehensive Operating Statement For the Year Ended 30 June 2013**

	Note	2013 \$'000	2012 \$'000
Revenue from Operating Activities	2	297,559	282,743
Revenue from Non-operating Activities	2	11,502	12,994
Employee Expenses	3	(216,207)	(210,765)
Non Salary Labour Costs	3	(11,100)	(9,945)
Supplies & Consumables	3	(47,048)	(42,750)
Other Expenses	3	(32,413)	(30,838)
Share of Net Result of Joint Venture	2	(685)	(718)
<b>Net Result From Continuing Operations Before Capital &amp; Specific Items</b>		<b>1,608</b>	<b>721</b>
Capital Purpose Income	2	11,303	26,187
Depreciation	4	(18,980)	(23,350)
Expenditure using Capital Purpose Income	3	(3,553)	(12,626)
Specific Expenses	3	0	(495)
Share of Net Result of Joint Venture	2	320	(43)
Assets Provided Free of Charge	2	2,796	7,775
<b>Net Result From Continuing Operations</b>		<b>(6,506)</b>	<b>(1,831)</b>
Profit/(Loss) from Discontinued Operations	25	0	(2,778)
<b>NET RESULT FOR THE YEAR</b>		<b>(6,506)</b>	<b>(4,609)</b>
<b>COMPREHENSIVE RESULT FOR THE YEAR</b>		<b>(6,506)</b>	<b>(4,609)</b>

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

**Bendigo Health Care Group**  
**Balance Sheet**  
**As at 30 June 2013**

	Note	2013 \$'000	2012 \$'000
<b>Current Assets</b>			
Cash and Cash Equivalents	5	20,127	13,330
Receivables	6	9,306	10,725
Other Financial Assets	7	1,614	1,594
Inventories	8	2,200	2,167
Other Current Assets	9	860	852
<b>Total Current Assets</b>		<b>34,107</b>	<b>28,668</b>
<b>Non-Current Assets</b>			
Receivables	6	8,286	6,733
Property, Plant & Equipment	10	193,397	198,373
<b>Total Non-Current Assets</b>		<b>201,683</b>	<b>205,106</b>
<b>TOTAL ASSETS</b>		<b>235,790</b>	<b>233,774</b>
<b>Current Liabilities</b>			
Payables	11	21,474	18,828
Provisions	12	53,928	47,182
Other Liabilities	14	9,020	10,404
<b>Total Current Liabilities</b>		<b>84,422</b>	<b>76,414</b>
<b>Non-Current Liabilities</b>			
Provisions	12	7,493	6,979
<b>Total Non-Current Liabilities</b>		<b>7,493</b>	<b>6,979</b>
<b>TOTAL LIABILITIES</b>		<b>91,915</b>	<b>83,393</b>
<b>NET ASSETS</b>		<b>143,875</b>	<b>150,381</b>
<b>EQUITY</b>			
Property, Plant & Equipment Revaluation Surplus	15a	62,747	62,747
Restricted Specific Purpose Surplus	15a	4,197	3,870
Contributed Capital	15b	99,040	99,040
Accumulated Surpluses/(Deficits)	15c	(22,109)	(15,276)
<b>TOTAL EQUITY</b>	15d	<b>143,875</b>	<b>150,381</b>
Contingent Liabilities and Contingent Assets	19		
Commitments for Expenditure	18		

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

**Bendigo Health Care Group**  
**Statement of Changes in Equity**  
**For the Year Ended 30 June 2013**

2013		Property, Plant & Equipment Revaluation Surplus	Restricted Specific Purpose Surplus	Contributions by Owners	Accumulated Surplus/(Deficit)	Total
	Note	\$'000	\$'000	\$'000	\$'000	\$'000
<b>Balance at 1 July 2012</b>		<b>62,747</b>	<b>3,870</b>	<b>99,040</b>	<b>(15,276)</b>	<b>150,381</b>
Net Result for the Year	15c	0	0	0	(6,506)	(6,506)
Transfer from accumulated surplus	15c	0	327	0	(327)	0
<b>Balance at 30th June 2013</b>		<b>62,747</b>	<b>4,197</b>	<b>99,040</b>	<b>(22,109)</b>	<b>143,875</b>

2012		Property, Plant & Equipment Revaluation Surplus	Restricted Specific Purpose Surplus	Contributions by Owners	Accumulated Surplus/(Deficit)	Total
	Note	\$'000	\$'000	\$'000	\$'000	\$'000
<b>Balance at 1 July 2011</b>		<b>62,747</b>	<b>3,199</b>	<b>99,040</b>	<b>(9,996)</b>	<b>154,990</b>
Net Result for the Year	15c	0	0	0	(4,609)	(4,609)
Transfer to accumulated surplus	15c	0	671	0	(671)	0
<b>Balance at 30th June 2012</b>		<b>62,747</b>	<b>3,870</b>	<b>99,040</b>	<b>(15,276)</b>	<b>150,381</b>

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

**Bendigo Health Care Group**  
**Cash Flow Statement**  
**For the Year Ended 30 June 2013**

	Note	2013 \$'000	2012 \$'000
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>			
Operating Grants from Government		253,699	242,177
Patient and Resident Fees Received		22,803	18,536
Private Practice Fees Received		844	744
Donations and Bequests Received		324	137
GST Received from/(paid to) ATO		6,711	7,318
Recoupment from private practice for use of hospital facilities		18	21
Interest Received		614	690
Other Receipts		29,605	27,554
Employee Expenses Paid		(224,855)	(225,970)
Payments for Suppliers & Consumables		(48,395)	(46,229)
Other Payments		(31,572)	(43,598)
<b>Cash Generated from Operations</b>		<b>9,796</b>	<b>(18,620)</b>
Capital Grants from Government		12,179	26,845
Other Capital Receipts		789	154
<b>NET CASH INFLOW/(OUTFLOW) FROM OPERATING ACTIVITIES</b>	16	<b>22,764</b>	<b>8,379</b>
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>			
Purchase of Property, Plant & Equipment		(14,638)	(14,770)
Proceeds from Sale of Property, Plant & Equipment		346	920
Purchase of Investments		(20)	0
<b>NET CASH INFLOW/(OUTFLOW) FROM INVESTING ACTIVITIES</b>		<b>(14,312)</b>	<b>(13,850)</b>
<b>NET INCREASE/(DECREASE) IN CASH AND CASH EQUIVALENTS HELD</b>		<b>8,452</b>	<b>(5,471)</b>
<b>CASH AND CASH EQUIVALENTS AT BEGINNING OF YEAR</b>		<b>3,512</b>	<b>8,983</b>
<b>CASH AND CASH EQUIVALENTS AT END OF YEAR</b>	5	<b>11,964</b>	<b>3,512</b>

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

## **Note 1: Summary of Significant Accounting Policies**

### **(a) Statement of compliance**

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

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

Bendigo Health Care Group 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 Bendigo Health Care Group on 29th day of August 2013.

### **(b) Basis of accounting preparation and measurement**

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

The accounting policies set out below have been applied in preparing the financial statements for the year ended 30 June 2013, and the comparative information presented in these financial statements for the year ended 30 June 2012.

The going concern basis was used to prepare the financial statements (refer to Note 1 (s)).

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

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

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

- Non-current physical assets, which subsequent to acquisition, are measured at valuation and are re-assessed with sufficient regularity to ensure that the carrying amounts do not materially differ from their fair values;
- Available-for-sale investments which are measured at fair value with movements reflected in equity until the asset is derecognised; and

## **Bendigo Health Care Group**

### **Notes To and Forming Part of the Financial Statements for the Year Ended 30 June 2013**

- 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 historical experience and various other factors that are believed to be reasonable under the circumstances, the results of which form the basis of making the judgments. Actual results may differ from these estimates.

The estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period or in the period of the revision, and future periods if the revision affects both current and future periods. 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 (j));
- superannuation expense (refer to note 1(g)); and
- actuarial assumptions for employee benefit provisions based on likely tenure of existing staff, patterns of leave claims, future salary movements and future discount rates (refer to Note 1 (k));

#### **(c) Reporting Entity**

The financial statements include all the controlled activities of the Bendigo Health Care Group.

Its principal address is:

Lucan Street

Bendigo, Victoria, 3550

#### **(d) Principles of Consolidation**

##### **Joint ventures**

Interests in jointly controlled assets are accounted for by recognising in Bendigo Health Care Group financial statements its proportionate share of the assets, liabilities and any income and expenses of such joint ventures.

Details of the joint venture are set out in Note 21.

#### **(e) Scope and presentation of financial statements**

##### **Fund Accounting**

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



## **Bendigo Health Care Group**

### **Notes To and Forming Part of the Financial Statements for the Year Ended 30 June 2013**

#### **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 Bendigo Health Care Group'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 the Bendigo Health Care Group 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 2a and 3a to the financial statements.

#### **Comprehensive Operating Statement**

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 Bendigo Health Care Group. This subtotal reports the result excluding items such as capital grants, assets received or provided free of charge, depreciation, 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 Bendigo Health Care Group, the Department of Health and the Victorian Government to measure the ongoing performance of Health Services in operating hospital services.

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

- ❖ Capital purpose income, which comprises all tied grants, donations and bequests received for the purpose of acquiring non-current assets, such as capital works, plant and equipment or intangible assets. It also includes donations of plant and equipment (refer Note 1 (f)). 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)

## **Bendigo Health Care Group**

### **Notes To and Forming Part of the Financial Statements for the Year Ended 30 June 2013**

- ❖ 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)
- ❖ Depreciation and amortisation, as described in Note 1 (g)
- ❖ Assets provided or received free of charge (refer to Note 1 (f))
- ❖ 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.

### **(f) 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 Bendigo Health Care Group 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 Bendigo Health Care Group gains control of the underlying assets irrespective of whether conditions are imposed on Bendigo Health Care Group's use of the contributions.

Contributions are deferred as income in advance when Bendigo Health Care Group 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.

## **Bendigo Health Care Group**

### **Notes To and Forming Part of the Financial Statements for the Year Ended 30 June 2013**

- 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 05/2013.

#### **Patient and Resident Fees**

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

#### **Private Practice Fees**

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

#### **Revenue from Commercial Activities**

Revenue from commercial activities is recognised at the time invoices are raised.

#### **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 on a receivable basis.

#### **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 Provided and Received Free of Charge or for Nominal Consideration**

Resources provided or 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.

### **(g) Expense Recognition**

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

## **Bendigo Health Care Group**

### **Notes To and Forming Part of the Financial Statements for the Year Ended 30 June 2013**

#### **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 Bendigo Health Care Group to the superannuation plans in respect of the services of current Health Service staff. Superannuation contributions are made to the plans based on the relevant rules of each plan.

Employees of the Bendigo Health Care Group are entitled to receive superannuation benefits and the Bendigo Health Care Group contributes to both the defined benefit and defined contribution plans. The defined benefit plan(s) provide benefits based on years of service, final average salary and are based on actuarial advice.

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

<b>Fund</b>	<b>Contributions Paid or Payable for the year</b>	
	<b>2013 \$'000</b>	<b>2012 \$'000</b>
Health Super Pty Ltd	11,440	11,596
Government Superannuation Office	321	404
HESTA Administration	3,296	3,103
Other	2,268	2,080
<b>Total</b>	<b>17,325</b>	<b>17,183</b>

## Bendigo Health Care Group

### Notes To and Forming Part of the Financial Statements for the Year Ended 30 June 2013

#### 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. 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. 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.

As part of the Land & Buildings valuation conducted in 2009, building values were componentised and each component assessed for its expected useful life which is represented above. The remaining useful life of buildings was also reviewed as part of the valuation of Land and Buildings as at 30 June 2009 with the depreciated replacement cost where applicable reflecting the Buildings' remaining useful life. Buildings which are due to be demolished as part of the new Bendigo Hospital redevelopment have a remaining useful life of between 1 month and 4 years from 30 June 2013.

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

	2013	2012
Buildings		
- Structure Shell Building Fabric	1 to 38 years	2 to 38 years
- Site Engineering Services and Central Plant	1 to 32 years	1 to 32 years
- Fit Out	1 to 16 years	1 to 16 years
- Trunk Reticulated Building Systems	1 to 18 years	1 to 18 years
Landscaping and Grounds	35 to 40 years	35 to 40 years
Plant & Machinery	2 to 20 years	2 to 20 years
Medical Equipment	5 to 20 years	5 to 20 years
Computers and Communication	2 to 20 years	2 to 20 years
Furniture and Fittings	5 to 20 years	5 to 20 years
Motor Vehicles	6 to 15 years	6 to 15 years

Please note: the estimated useful lives, residual values and depreciation method are reviewed at the end of each annual reporting period, and adjustments made where appropriate.

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

#### Other operating expenses

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

##### Supplies and consumables

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

**Bad and doubtful debts**

Refer to Note 1 (j) *Impairment of financial assets*.

**Fair value of assets, services and resources provided free of charge or for nominal consideration**

Contributions of 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 agency as a consequence of a restructuring of administrative arrangements. In the latter case, such a transfer will be recognised at its 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.

**(h) Other comprehensive income**

Other comprehensive income measures the change in volume or value of assets or liabilities that do not result from transactions.

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

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

**Revaluation gains/(losses) of non-financial physical assets**

Refer to Note 1(j) *Revaluations of non-financial physical assets*.

**Disposal of Non-Financial Assets**

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

**(i) Financial Instruments**

Financial instruments arise out of contractual agreements that give rise to a financial asset of one entity and a financial liability or equity instrument of another entity. Due to the nature of Bendigo Health Care Group'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 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 17.

**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.

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.

**Available-for-sale financial assets**

Other financial assets held by Bendigo Health Care Group are classified as being available-for-sale and are measured at fair value. Gains and losses arising from changes in fair value are recognised directly in equity until the investment is disposed of or is determined to be impaired, at which time the cumulative gain or loss previously recognised in equity is included in net result for the period. Fair value is determined in the manner described in Note 17.

**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.

**(j) Assets**

**Cash and Cash Equivalents**

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

## **Bendigo Health Care Group**

### **Notes To and Forming Part of the Financial Statements for the Year Ended 30 June 2013**

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

#### **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 of 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 an impairment loss has occurred. Bad debts are written off when identified.

Receivables that are contractual are classified as financial instruments. Statutory receivables are not classified as financial instruments.

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

A provision for doubtful receivables is made when there is objective evidence that the debts may not be collected and bad debts are written off when identified.

#### **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.

The Bendigo Health Care Group 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.

Bendigo Health Care Group 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.

#### **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 are measured at the lower of cost and net realisable value.



## **Bendigo Health Care Group**

### **Notes To and Forming Part of the Financial Statements for the Year Ended 30 June 2013**

Cost for all other inventory is measured on the basis of weighted average cost.

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

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.

#### **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 costs, 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.

#### **Restrictive nature of cultural and heritage assets, Crown land and infrastructure assets**

During the reporting period, Bendigo Health Care Group may hold cultural assets, heritage assets, Crown land and infrastructure assets.

Such assets are deemed worthy of preservation because of the social rather than financial benefits they provide to the community. The nature of these assets means that there are certain limitations and restrictions imposed on their use and/or disposal.

#### **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.

## **Bendigo Health Care Group**

### **Notes To and Forming Part of the Financial Statements for the Year Ended 30 June 2013**

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

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

#### **Prepayments**

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

#### **Impairment of Non-Financial Assets**

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

- inventories.

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

#### **Investments in jointly controlled assets and operations**

In respect of any interest in jointly controlled assets, Bendigo Health Care Group recognises in the financial statements:

## **Bendigo Health Care Group**

### **Notes To and Forming Part of the Financial Statements for the Year Ended 30 June 2013**

- its share of jointly controlled assets;
- any liabilities that it had incurred;
- its share of liabilities incurred jointly by the joint venture;
- any income earned from the selling or using of its share of the output from the joint venture; and
- any expenses incurred in relation to being an investor in the joint venture.

For jointly controlled operations Bendigo Health Care Group recognises:

- the assets that it controls;
- the liabilities that it incurs
- expenses that it incurs; and
- the share of income that it earns from selling outputs of the joint venture

#### **Derecognition of financial assets**

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

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

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

#### **Impairment of Financial Assets**

At the end of each reporting period Bendigo Health Care Group assesses whether there is objective evidence that a financial asset or group of financial asset is impaired. 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.

## **Bendigo Health Care Group**

### **Notes To and Forming Part of the Financial Statements for the Year Ended 30 June 2013**

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.

#### **Net Gain/(Loss) on Financial Instruments**

Net gain/(loss) on financial instruments includes:

- realised and unrealised gains and losses from revaluations of financial instruments that are designated at fair value through profit or loss or held-for-trading;
- impairment and reversal of impairment for financial instruments at amortised cost; and
- disposals of financial assets.

#### **Revaluations of Financial Instruments at Fair Value**

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

### **(k) 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 for accounts payable are usually Nett 30 days.
- statutory payables, such as goods and services tax and fringe benefits tax payables.

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

#### **Provisions**

Provisions are recognised when Bendigo Health Care Group 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**

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

#### **Wages and Salaries, Annual Leave, Sick Leave and Accrued Days Off**

Liabilities for wages and salaries, including non-monetary benefits, annual leave accumulating sick 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 the Bendigo Health Care Group 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 Bendigo Health Care Group does not expect to settle within 12 months; and
- nominal value – component that the Bendigo Health Care Group 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

## **Bendigo Health Care Group**

### **Notes To and Forming Part of the Financial Statements for the Year Ended 30 June 2013**

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**

The Bendigo Health Care Group does not recognise any unfunded defined benefit liability in respect of the superannuation plans because Bendigo Health Care Group 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.

### **(I) 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.

#### **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.

## **(m) 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.

### **Specific Purpose Reserve**

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

## **(n) Commitments for expenditure**

Commitments for expenditure are not recognised on the balance sheet. Commitments for expenditure are disclosed by way of note (refer to note 18) 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.

## **(o) Contingent assets and contingent liabilities**

Contingent assets and contingent liabilities are not recognised in the balance sheet, but are disclosed by way of note (refer to Note 19) and, if quantifiable, are measured at nominal value. Contingent assets and contingent liabilities are presented inclusive of GST receivable or payable respectively.

## **(p) Goods and Services Tax**

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.

**(q) Rounding Of Amounts**

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

**(r) AASBs issued that are not yet effective**

Certain new Australian accounting standards and interpretations have been published that are not mandatory for the 30 June 2013 reporting period. DTF assesses the impact of all these new standards and advises the Health Service of their applicability and early adoption where applicable.

As at 30 June 2013, the following standards and interpretations had been issued but were not mandatory for the reporting period ending 30 June 2013. Bendigo Health Care Group has not and does not intend to adopt these standards early.

<b>Standard / Interpretation</b>	<b>Summary</b>	<b>Applicable for annual reporting periods beginning on</b>	<b>Impact on financial statements</b>
<i>AASB 9 Financial instruments</i>	<i>This standard simplifies requirements for the classification and measurement of financial assets resulting from Phase 1 of the IASB's project to replace IAS 39 Financial Instruments: Recognition and Measurement (AASB 139 Financial Instruments: Recognition and Measurement).</i>	1 Jan 2015	<i>Subject to AASB's further modifications to AASB 9, together with the anticipated changes resulting from the staged projects on impairments and hedge accounting, details of impacts will be assessed.</i>
<i>AASB 10 Consolidated Financial Statements</i>	<i>This Standard forms the basis for determining which entities should be consolidated into an entity's financial statements. AASB 10 defines 'control' as requiring exposure or rights to variable returns and the ability to affect those returns through power over an investee, which may broaden the concept of control for public sector entities. The AASB has issued an exposure draft ED 238 Consolidated Financial Statements – Australian Implementation Guidance for Not-for-Profit Entities that explains and illustrates how the principles in the Standard apply from the perspective of not-for-profit entities in the private and public sectors.</i>	1 Jan 2014	<i>Not-for-profit entities are not permitted to apply this Standard prior to the mandatory application date.  Subject to AASB's final deliberations on ED 238 and any modifications made to AASB 10 for not-for-profit entities, the entity will need to re-assess the nature of its relationships with other entities, including those that are currently not consolidated.</i>
<i>AASB 11 Joint Arrangements</i>	<i>This Standard deals with the concept of joint control, and sets out a new principles-based approach for determining the type of joint arrangement that exists and the corresponding accounting treatment. The new categories of</i>	1 Jan 2014	<i>Not-for-profit entities are not permitted to apply this Standard prior to the mandatory application date.  Subject to AASB's final deliberations and any</i>



**Bendigo Health Care Group**

**Notes To and Forming Part of the Financial Statements for the Year Ended 30 June 2013**

<i>Standard / Interpretation</i>	<i>Summary</i>	<i>Applicable for annual reporting periods beginning on</i>	<i>Impact on financial statements</i>
	joint arrangements under AASB 11 are more aligned to the actual rights and obligations of the parties to the arrangement.		modifications made to AASB 11 for not-for-profit entities, the <i>entity</i> will need to assess the nature of arrangements with <i>other</i> entities in determining whether a joint arrangement exists in light of AASB 11.
AASB 12 Disclosure of Interests in Other Entities	This Standard requires disclosure of information that enables users of financial statements to evaluate the nature of, and risks associated with, interests in other entities and the effects of those interests on the financial statements. This Standard replaces the disclosure requirements in AASB 127 <i>Separate Financial Statements</i> and AASB 131 <i>Interests in Joint Ventures</i> . <i>The exposure draft ED 238 proposes to add some implementation guidance to AASB 12, explaining and illustrating the definition of a 'structured entity' from a not-for-profit perspective.</i>	1 Jan 2014	Not-for-profit entities are not permitted to apply this Standard prior to the mandatory application date.  Impacts on the <i>level</i> and nature of the disclosures will be assessed based on the eventual implications arising from AASB 10, AASB 11 and AASB 128 <i>Investments in Associates and Joint Ventures</i> .
AASB 13 Fair Value Measurement	<i>This Standard outlines the requirements for measuring the fair value of assets and liabilities and replaces the existing fair value definition and guidance in other Australian accounting standards. AASB 13 includes a 'fair value hierarchy' which ranks the valuation technique inputs into three levels using unadjusted quoted prices in active markets for identical assets or liabilities; other observable inputs; and unobservable inputs.</i>	1 Jan 2013	<i>Disclosure for fair value measurements using unobservable inputs are relatively detailed compared to disclosure for fair value measurements using observable inputs. Consequently, the Standard may increase the disclosures required assets measured using depreciated replacement cost.</i>
AASB 119 Employee Benefits	<i>In this revised Standard for defined benefit superannuation plans, there is a change to the methodology in the calculation of superannuation expenses, in particular there is now a change in the split between superannuation interest expense (classified as transactions) and actuarial gains and losses (classified as 'Other economic flows – other movements in equity') reported on the comprehensive</i>	1 Jan 2013	Not-for-profit entities are not permitted to apply this Standard prior to the mandatory application date.  <i>While the total superannuation expense is unchanged, the revised methodology is expected to have a negative impact on the net result from transactions a few</i>

**Bendigo Health Care Group**

**Notes To and Forming Part of the Financial Statements for the Year Ended 30 June 2013**

<b>Standard / Interpretation</b>	<b>Summary</b>	<b>Applicable for annual reporting periods beginning on</b>	<b>Impact on financial statements</b>
	<i>operating statement.</i>		<i>Victorian public sector entities that report superannuation defined benefit plans.</i>
<b>AASB 127 Separate Financial Statements</b>	<i>This revised Standard prescribes the accounting and disclosure requirements for investments in subsidiaries, joint ventures and associates when an entity prepares separate financial statements.</i>	1 Jan 2014	Not-for-profit entities are not permitted to apply this Standard prior to the mandatory application date. The AASB is assessing the applicability of principles in AASB 127 in a not-for-profit context. <i>As such, the impact will be assessed after the AASB's deliberation.</i>
<b>AASB 128 Investments in Associates and Joint Ventures</b>	<i>This revised Standard sets out the requirements for the application of the equity method when accounting for investments in associates and joint ventures.</i>	1 Jan 2014	Not-for-profit entities are not permitted to apply this Standard prior to the mandatory application date. The AASB is assessing the applicability of principles in AASB 128 in a not-for-profit context. <i>As such, the impact will be assessed after the AASB's deliberation.</i>
<b>AASB 1053 Application of Tiers of Australian Accounting Standards</b>	This Standard establishes a differential financial reporting framework consisting of two tiers of reporting requirements for preparing general purpose <i>financial statements</i> .	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 in the Victorian public sector.
<b>AASB 1055 Budgetary Reporting</b>	<i>AASB 1055 extends the scope of budgetary reporting that is currently applicable for the whole of government and general government sector (GGS) to NFP entities within the GGS, provided that these entities present separate budget to the parliament.</i>	1 January 2014	This Standard is not applicable as no budget disclosure is required.

## **Bendigo Health Care Group**

### **Notes To and Forming Part of the Financial Statements for the Year Ended 30 June 2013**

#### **(s) Going Concern**

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

After due consideration of the results of the operations of Bendigo Health Care Group for the year ended 30 June 2013, the Board of Bendigo Health Care Group have sought a letter of comfort from the Department of Health for support in determining that the going concern basis is appropriate for the preparation of these statements.

Bendigo Health Care Group is dependent upon the State of Victoria, via the Department of Health, for the funding of a significant proportion of operations.

#### **(t) Category Groups**

The Bendigo Health Care Group 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 from 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,

**Bendigo Health Care Group****Notes To and Forming Part of the Financial Statements for the Year Ended 30 June 2013**

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.

**Note 2: Revenue**

	<b>HSA 2013 \$'000</b>	<b>HSA 2012 \$'000</b>	<b>Non HSA 2013 \$'000</b>	<b>Non HSA 2012 \$'000</b>	<b>2013 \$'000</b>	<b>2012 \$'000</b>
<b>Revenue from Operating Activities</b>						
Government Grants						
- Department of Health	138,021	214,989	0	0	138,021	214,989
- Victorian Health Fund Pool	84,778	0	0	0	84,778	0
- Department of Human Services	3,701	3,595	0	0	3,701	3,595
- Dental Health Services Victoria	3,639	3,581	0	0	3,639	3,581
- State Government - Other	1	90	0	0	1	90
- Commonwealth Government						
- Residential Aged Care Subsidy	17,558	16,404	0	0	17,558	16,404
- Other	6,576	6,316	0	0	6,576	6,316
<b>Total Government Grants</b>	<b>254,274</b>	<b>244,975</b>	<b>0</b>	<b>0</b>	<b>254,274</b>	<b>244,975</b>
Indirect Contributions by Department of Health						
- Insurance	268	489	0	0	268	489
- Long Service Leave	1,453	1,116	0	0	1,453	1,116
<b>Total Indirect Contributions by Department of Health</b>	<b>1,721</b>	<b>1,605</b>	<b>0</b>	<b>0</b>	<b>1,721</b>	<b>1,605</b>
Patient and Resident Fees						
- Patient and Resident Fees (refer note 2b)	11,869	10,534	0	0	11,869	10,534
- Residential Aged Care (refer note 2b)	6,201	6,176	0	0	6,201	6,176
<b>Total Patient and Resident Fees</b>	<b>18,070</b>	<b>16,710</b>	<b>0</b>	<b>0</b>	<b>18,070</b>	<b>16,710</b>
Business Units & Specific Purpose Funds						
- Laboratory Medicine	429	141	0	0	429	141
- Diagnostic Imaging	254	204	0	0	254	204
<b>Total Business Units &amp; Specific Purpose Funds</b>	<b>683</b>	<b>345</b>	<b>0</b>	<b>0</b>	<b>683</b>	<b>345</b>
Recoupment from Private Practice for Use of Hospital Facilities	817	713	0	0	817	713
Interest and Dividends	614	690	0	0	614	690
Share of Net Result of Joint Venture (refer note 21)	(685)	(718)	0	0	(685)	(718)
Other Revenue from Operating Activities	21,380	17,705	0	0	21,380	17,705
<b>Sub-Total Revenue from Operating Activities</b>	<b>296,874</b>	<b>282,025</b>	<b>0</b>	<b>0</b>	<b>296,874</b>	<b>282,025</b>
<b>Revenue from Non-Operating Activities</b>						
Interest and Dividends	0	0	2	3	2	3
Other Revenue from Non-Operating Activities	0	0	11,500	12,991	11,500	12,991
<b>Sub-Total Revenue from Non-Operating Activities</b>	<b>0</b>	<b>0</b>	<b>11,502</b>	<b>12,994</b>	<b>11,502</b>	<b>12,994</b>
<b>Revenue from Discontinued Operations</b>						
Other Revenue from Discontinued Operations (refer note 25)	0	0	0	794	0	794
<b>Sub-Total Revenue from Discontinued Operations</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>794</b>	<b>0</b>	<b>794</b>
<b>Revenue from Capital Purpose Income</b>						
State Government Capital Grants						
- Targeted Capital Works and Equipment	12,179	26,846	0	0	12,179	26,846
Net Gain/(Loss) on Disposal of Non-Current Assets (refer note 2c)	0	0	(1,639)	(806)	(1,639)	(806)
Capital Interest and Dividends	0	0	0	1	0	1
Assets Received Free of Charge (refer note 2d)	0	0	2,796	7,775	2,796	7,775
Share of Net Result of Joint Venture (refer note 21)	0	0	320	(43)	320	(43)
Other Capital Purpose Income	0	0	763	146	763	146
<b>Sub-Total Revenue from Capital Purpose Income</b>	<b>12,179</b>	<b>26,846</b>	<b>2,240</b>	<b>7,073</b>	<b>14,419</b>	<b>33,919</b>
<b>Total Revenue (refer to note 2a)</b>	<b>309,053</b>	<b>308,871</b>	<b>13,742</b>	<b>20,861</b>	<b>322,795</b>	<b>329,732</b>

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.

**Bendigo Health Care Group**  
**Notes To and Forming Part of the Financial Statements for the Year Ended 30 June 2013**

**Note 2a: Analysis of Revenue by Source**

	<b>Admitted Patients 2013 \$'000</b>	<b>Outpatients 2013 \$'000</b>	<b>EDS 2013 \$'000</b>	<b>Ambulatory 2013 \$'000</b>	<b>Mental Health 2013 \$'000</b>	<b>RAC incl. Mental Health 2013 \$'000</b>	<b>Aged Care 2013 \$'000</b>	<b>Primary Health 2013 \$'000</b>	<b>Other 2013 \$'000</b>	<b>Total 2013 \$'000</b>
<b>Revenue from Services Supported by Health Services Agreement</b>										
Government Grants	97,856	9,646	17,963	40,915	40,141	17,529	12,913	761	16,550	254,274
Indirect contributions by Department of Health	645	72	117	275	252	146	88	5	121	1,721
Patient and Resident Fees (refer note 2b)	4,882	1,319	629	3,444	409	6,200	617	0	570	18,070
Business Units & Specific Purpose Funds	0	0	0	0	0	0	0	0	683	683
Recoupment from Private Practice for Use of Hospital Facilities	482	70	0	0	66	0	0	0	199	817
Interest and Dividends	227	25	41	97	89	59	31	2	43	614
Share of Net Result of Joint Venture	0	0	0	0	0	0	0	0	(685)	(685)
Other Revenue from Operating Activities	7,197	1,204	1,382	2,783	2,437	1,294	1,499	64	3,520	21,380
<b>Sub-Total Revenue from Services Supported by Health Services Agreement</b>	<b>111,289</b>	<b>12,336</b>	<b>20,132</b>	<b>47,514</b>	<b>43,394</b>	<b>25,228</b>	<b>15,148</b>	<b>832</b>	<b>21,001</b>	<b>296,874</b>
<b>Revenue from Services Supported by Hospital and Community Initiatives</b>										
Interest and Dividends	0	0	0	0	0	0	0	0	2	2
Other Revenue from Non-Operating Activities	0	0	0	0	0	0	0	0	11,500	11,500
Capital Purpose Income (refer note 2)	0	0	0	0	0	0	0	0	14,099	14,099
Share of Net Result of Joint Venture	0	0	0	0	0	0	0	0	320	320
<b>Sub-Total Revenue from Services Supported by Hospital and Community Initiatives</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>25,921</b>	<b>25,921</b>
<b>Total Revenue</b>	<b>111,289</b>	<b>12,336</b>	<b>20,132</b>	<b>47,514</b>	<b>43,394</b>	<b>25,228</b>	<b>15,148</b>	<b>832</b>	<b>46,922</b>	<b>322,795</b>

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.

**Bendigo Health Care Group**  
**Notes To and Forming Part of the Financial Statements for the Year Ended 30 June 2013**

**Note 2a: Analysis of Revenue by Source**

	Admitted Patients	Outpatients	EDS	Ambulatory	Mental Health	RAC incl. Mental Health	Aged Care	Primary Health	Other	Total
	2012	2012	2012	2012	2012	2012	2012	2012	2012	2012
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
<b>Revenue from Services Supported by Health Services Agreement</b>										
Government Grants	92,909	10,791	14,306	39,505	39,453	17,789	12,808	781	16,633	244,975
Indirect contributions by Department of Health	593	76	88	260	241	144	81	5	117	1,605
Patient and Resident Fees (refer note 2b)	4,397	1,132	189	3,278	361	6,176	622	8	547	16,710
Business Units & Specific Purpose Funds	0	0	0	0	0	0	0	0	345	345
Recoupment from Private Practice for Use of Hospital Facilities	423	48	0	0	59	0	0	0	183	713
Interest and Dividends	252	32	37	110	102	72	34	2	49	690
Share of Net Result of Joint Venture	0	0	0	0	0	0	0	0	(718)	(718)
Other Revenue from Operating Activities	5,677	1,263	815	2,447	2,115	1,109	694	72	3,513	17,705
<b>Sub-Total Revenue from Services Supported by Health Services Agreement</b>	<b>104,251</b>	<b>13,342</b>	<b>15,435</b>	<b>45,600</b>	<b>42,331</b>	<b>25,290</b>	<b>14,239</b>	<b>868</b>	<b>20,669</b>	<b>282,025</b>
<b>Revenue from Services Supported by Hospital and Community Initiatives</b>										
Interest and Dividends	0	0	0	0	0	0	0	0	3	3
Other Revenue from Non-Operating Activities	0	0	0	0	0	0	0	0	12,991	12,991
Other Revenue from Discontinuing Operations (refer note 25)	0	0	0	0	0	0	0	0	794	794
Capital Purpose Income (refer note 2)	0	0	0	0	0	0	0	0	33,962	33,962
Share of Net Result of Joint Venture	0	0	0	0	0	0	0	0	(43)	(43)
<b>Sub-Total Revenue from Services Supported by Hospital and Community Initiatives</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>47,707</b>	<b>47,707</b>
<b>Total Revenue</b>	<b>104,251</b>	<b>13,342</b>	<b>15,435</b>	<b>45,600</b>	<b>42,331</b>	<b>25,290</b>	<b>14,239</b>	<b>868</b>	<b>68,376</b>	<b>329,732</b>

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.

**Bendigo Health Care Group**  
**Notes To and Forming Part of the Financial Statements for the Year Ended 30 June 2013**

**Note 2b: Patient and Resident Fees**

	<b>2013</b>	<b>2012</b>
	<b>\$'000</b>	<b>\$'000</b>
<b>Patient and Resident Fees Raised</b>		
<b>Recurrent:</b>		
Acute		
– Inpatients	4,180	3,837
– Outpatients	1,379	967
Mental Health	52	55
Other	6,258	5,675
	<u>11,869</u>	<u>10,534</u>
Residential Aged Care		
– Generic	5,215	5,218
– Mental Health	986	958
<b>Total Patient and Resident Fees</b>	<b><u>18,070</u></b>	<b><u>16,710</u></b>

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

	<b>2013</b>	<b>2012</b>
	<b>\$'000</b>	<b>\$'000</b>
Proceeds from Disposals of Non-Current Assets		
Plant & Machinery	0	184
Medical Equipment	45	225
Non Medical Equipment	0	6
Motor Vehicles	294	205
Computers and Communications	7	0
Linen	0	300
<b>Total Proceeds from Disposal of Non-Current Assets</b>	<b><u>346</u></b>	<b><u>920</u></b>
Less: Written Down Value of Non-Current Assets Sold		
Land	0	(120)
Buildings	(1,438)	(13)
Plant & Machinery	0	(91)
Medical Equipment	(113)	(277)
Non Medical Equipment	0	(6)
Motor Vehicles	(407)	(230)
Computers and Communications	(27)	0
Landscaping	0	(6)
Linen	0	(983)
<b>Total Written Down Value of Non-Current Assets Sold</b>	<b><u>(1,985)</u></b>	<b><u>(1,726)</u></b>
<b>Net gains/(losses) on Disposal of Non-Current Assets</b>	<b><u>(1,639)</u></b>	<b><u>(806)</u></b>

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

	<b>2013</b>	<b>2012</b>
	<b>\$'000</b>	<b>\$'000</b>
During the reporting Period, the fair value of assets received free of charge was as follows:		
Medical Equipment	46	93
Land	2,750	1,450
Buildings	0	6,232
	<u>2,796</u>	<u>7,775</u>

*Medical Equipment received was donated equipment used as part of staff training by a private entity.  
Land received from both the City of Greater Bendigo and the Department of Health as part of the new hospital project.*



## Note 3: Expenses

	HSA 2013 \$'000	HSA 2012 \$'000	Non HSA 2013 \$'000	Non HSA 2012 \$'000	2013 \$'000	2012 \$'000
<b>Employee Expenses</b>						
Salaries & Wages	188,962	183,519	1,774	2,400	190,736	185,919
WorkCover Premium	1,980	2,081	24	21	2,004	2,102
Departure Packages	147	518	93	0	240	518
Long Service Leave	5,836	5,116	66	56	5,902	5,172
Superannuation	17,115	16,872	210	182	17,325	17,054
<b>Total Employee Expenses</b>	<b>214,040</b>	<b>208,106</b>	<b>2,167</b>	<b>2,659</b>	<b>216,207</b>	<b>210,765</b>
<b>Non Salary Labour Costs</b>						
Fees for Visiting Medical Officers	3,832	3,926	0	0	3,832	3,926
External Contract Staff	7,267	6,019	1	0	7,268	6,019
<b>Total Non Salary Labour Costs</b>	<b>11,099</b>	<b>9,945</b>	<b>1</b>	<b>0</b>	<b>11,100</b>	<b>9,945</b>
<b>Supplies &amp; Consumables</b>						
Drug Supplies	11,456	10,872	0	0	11,456	10,872
Medical, Surgical Supplies and Prosthesis	14,010	15,180	6	2	14,016	15,182
Pathology Supplies	1,814	449	2	1	1,816	450
Food Supplies	2,056	2,052	677	654	2,733	2,706
Other Supplies & Consumables	16,997	13,540	30	0	17,027	13,540
<b>Total Supplies &amp; Consumables</b>	<b>46,333</b>	<b>42,093</b>	<b>715</b>	<b>657</b>	<b>47,048</b>	<b>42,750</b>
<b>Other Expenses from Continuing Operations</b>						
Domestic Services & Supplies	2,872	1,592	188	280	3,060	1,872
Fuel, Light, Power and Water	3,816	3,216	30	12	3,846	3,228
Insurance costs funded by Department of Health	268	489	0	0	268	489
Motor Vehicle Expenses	946	1,075	0	77	946	1,152
Repairs & Maintenance	2,120	2,153	63	63	2,183	2,216
Maintenance Contracts	2,519	2,454	228	64	2,747	2,518
Patient Transport	1,780	1,858	0	0	1,780	1,858
Bad & Doubtful Debts	179	194	0	0	179	194
Other Administrative Expenses	17,104	16,871	54	131	17,158	17,002
Audit Fees						
- VAGO - Audit of Financial Statements	55	53	0	0	55	53
- Other	191	256	0	0	191	256
<b>Total Other Expenses from Continuing Operations</b>	<b>31,850</b>	<b>30,211</b>	<b>563</b>	<b>627</b>	<b>32,413</b>	<b>30,838</b>
<b>Expenditure using Capital Purpose Income</b>						
Other Expenses						
- Other	0	0	3,553	12,626	3,553	12,626
<b>Total Expenditure using Capital Purpose Income</b>	<b>0</b>	<b>0</b>	<b>3,553</b>	<b>12,626</b>	<b>3,553</b>	<b>12,626</b>
<b>Expenses from Discontinuing Operations</b>						
Salaries & Wages	0	0	0	336	0	336
WorkCover Premium	0	0	0	20	0	20
Departure Packages	0	0	0	1,069	0	1,069
Long Service Leave	0	0	0	33	0	33
Superannuation	0	0	0	129	0	129
Domestic Services & Supplies	0	0	0	31	0	31
Fuel, Light, Power and Water	0	0	0	6	0	6
Repairs & Maintenance	0	0	0	12	0	12
Other Administrative Expenses	0	0	0	293	0	293
Depreciation	0	0	0	1,643	0	1,643
<b>Total Expenditure from Discontinuing Operations (refer note 25)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>3,572</b>	<b>0</b>	<b>3,572</b>
Depreciation (refer note 4)	18,980	23,350	0	0	18,980	23,350
Specific Expenses (refer note 3c)	0	0	0	495	0	495
<b>Total</b>	<b>18,980</b>	<b>23,350</b>	<b>0</b>	<b>495</b>	<b>18,980</b>	<b>23,845</b>
<b>Total Expenses</b>	<b>322,302</b>	<b>313,705</b>	<b>6,999</b>	<b>20,636</b>	<b>329,301</b>	<b>334,341</b>

Note 3a: Analysis of Expenses by Source

	Admitted Patients 2013 \$'000	Outpatients 2013 \$'000	EDS 2013 \$'000	Ambulatory 2013 \$'000	Mental Health 2013 \$'000	RAC incl. Mental Health 2013 \$'000	Aged Care 2013 \$'000	Primary Health 2013 \$'000	Other 2013 \$'000	Total 2013 \$'000
<b>Services Supported by Health Services Agreement</b>										
Employee Benefits	80,810	7,437	17,324	27,252	36,627	21,084	11,307	578	11,621	214,040
Non Salary Labour Costs	7,011	463	439	893	1,178	397	248	11	459	11,099
Supplies & Consumables	16,492	2,349	1,917	10,358	4,593	2,151	2,328	39	6,106	46,333
Other Expenses from Continuing Operations	11,511	1,270	2,711	4,347	5,121	2,477	1,844	63	2,506	31,850
<b>Sub-Total Expenses from Services Supported by Health Services Agreement</b>	<b>115,824</b>	<b>11,519</b>	<b>22,391</b>	<b>42,850</b>	<b>47,519</b>	<b>26,109</b>	<b>15,727</b>	<b>691</b>	<b>20,692</b>	<b>303,322</b>
<b>Services Supported by Hospital and Community Initiatives</b>										
Employee Benefits	0	0	0	0	0	0	0	0	2,167	2,167
Non Salary Labour Costs	0	0	0	0	0	0	0	0	1	1
Supplies & Consumables	0	0	0	0	0	0	0	0	715	715
Other Expenses from Continuing Operations	0	0	0	0	0	0	0	0	563	563
<b>Sub-Total Expense from Services Supported by Hospital and Community Initiatives</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>3,446</b>	<b>3,446</b>
<b>Expenditure using Capital Purpose Income</b>										
Other Expenses	0	0	0	0	0	0	0	0	3,553	3,553
<b>Sub-Total Expenses from Services Supported by Capital Resources</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>3,553</b>	<b>3,553</b>
Depreciation (refer note 4)	7,248	721	1,401	2,681	2,973	1,634	984	43	1,295	18,980
<b>Sub-total Expenditure from Services Supported by Health Services Agreement and by Hospital and Community Initiatives</b>	<b>7,248</b>	<b>721</b>	<b>1,401</b>	<b>2,681</b>	<b>2,973</b>	<b>1,634</b>	<b>984</b>	<b>43</b>	<b>1,295</b>	<b>18,980</b>
<b>Total Expenses</b>	<b>123,072</b>	<b>12,240</b>	<b>23,792</b>	<b>45,531</b>	<b>50,492</b>	<b>27,743</b>	<b>16,711</b>	<b>734</b>	<b>28,986</b>	<b>329,301</b>

	Admitted Patients 2012 \$'000	Outpatients 2012 \$'000	EDS 2012 \$'000	Ambulatory 2012 \$'000	Mental Health 2012 \$'000	RAC incl. Mental Health 2012 \$'000	Aged Care 2012 \$'000	Primary Health 2012 \$'000	Other 2012 \$'000	Total 2012 \$'000
<b>Services Supported by Health Services Agreement</b>										
Employee Benefits	78,588	6,919	16,842	27,139	35,518	21,081	9,674	651	11,694	208,106
Non Salary Labour Costs	6,349	504	396	685	819	460	253	13	466	9,945
Supplies & Consumables	14,061	2,486	1,812	8,991	3,978	2,194	2,403	44	6,124	42,093
Other Expenses from Continuing Operations	10,904	1,186	2,704	3,897	4,711	2,442	1,669	83	2,615	30,211
<b>Sub-Total Expenses from Services Supported by Health Services Agreement</b>	<b>109,902</b>	<b>11,095</b>	<b>21,754</b>	<b>40,712</b>	<b>45,026</b>	<b>26,177</b>	<b>13,999</b>	<b>791</b>	<b>20,899</b>	<b>290,355</b>
<b>Services Supported by Hospital and Community Initiatives</b>										
Employee Benefits	0	0	0	0	0	0	0	0	2,659	2,659
Supplies & Consumables	0	0	0	0	0	0	0	0	657	657
Other Expenses from Continuing Operations	0	0	0	0	0	0	0	0	627	627
<b>Sub-Total Expense from Services Supported by Hospital and Community Initiatives</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>3,943</b>	<b>3,943</b>
<b>Expenditure using Capital Purpose Income</b>										
Other Expenses	0	0	0	0	0	0	0	0	12,626	12,626
<b>Sub-Total Expenses from Services Supported by Capital Resources</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>12,626</b>	<b>12,626</b>
<b>Expenditure from Discontinuing Operations</b>										
Employee Benefits	0	0	0	0	0	0	0	0	1,587	1,587
Other Expenses from Discontinuing Operations	0	0	0	0	0	0	0	0	342	342
Depreciation	0	0	0	0	0	0	0	0	1,643	1,643
<b>Sub-Total Expenses from Discontinuing Operations (refer Note 25)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>3,572</b>	<b>3,572</b>
Depreciation (refer note 4)	8,879	896	1,758	3,289	3,638	2,115	1,131	64	1,580	23,350
Specific Expenses (refer note 3c)	0	0	0	0	0	0	0	0	495	495
<b>Sub-total Expenditure from Services Supported by Health Services Agreement and by Hospital and Community Initiatives</b>	<b>8,879</b>	<b>896</b>	<b>1,758</b>	<b>3,289</b>	<b>3,638</b>	<b>2,115</b>	<b>1,131</b>	<b>64</b>	<b>2,075</b>	<b>23,845</b>
<b>Total Expenses</b>	<b>118,781</b>	<b>11,991</b>	<b>23,512</b>	<b>44,001</b>	<b>48,664</b>	<b>28,292</b>	<b>15,130</b>	<b>855</b>	<b>43,115</b>	<b>334,341</b>

**Bendigo Health Care Group**

Notes To and Forming Part of the Financial Statements for the Year Ended 30 June 2013

**Note 3b: Analysis of Expenses by Internal and Restricted Specific Purpose Funds for Services Supported by Hospital and Community Initiatives**

	<b>2013</b>	<b>2012</b>
	<b>\$'000</b>	<b>\$'000</b>
Catering	1,458	1,444
Fundraising Activities	480	456
Research Trials	206	222
Clinical Training	369	167
Other	933	1,654
<b>TOTAL</b>	<b>3,446</b>	<b>3,943</b>

**Note 3c: Specific Expenses**

	<b>2013</b>	<b>2012</b>
	<b>\$'000</b>	<b>\$'000</b>
Outsourcing of Pathology - Departure Packages	0	495
	<b>0</b>	<b>495</b>

**Note 4: Depreciation**

	<b>2013</b>	<b>2012</b>
	<b>\$'000</b>	<b>\$'000</b>
Buildings	14,174	16,042
Landscaping & Grounds	39	38
Plant & Machinery	227	201
Non-Medical Equipment	195	193
Medical Equipment	2,317	3,003
Computers and Communication	1,507	3,279
Furniture and Fittings	150	126
Motor Vehicles	371	468
<b>Total Depreciation</b>	<b>18,980</b>	<b>23,350</b>

**Note 5: Cash and Cash Equivalents**

For the purposes of the Cash Flow Statement, cash assets 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, net of outstanding bank overdrafts.

	<b>2013</b>	<b>2012</b>
	<b>\$'000</b>	<b>\$'000</b>
Cash on Hand	30	30
Bank Deposits at Call - Short Term	20,097	13,300
<b>TOTAL</b>	<b>20,127</b>	<b>13,330</b>

**Represented by:**

Cash for Health Service Operations (as per Cash Flow Statement)

	11,964	3,512
Cash for Monies Held in Trust		
- Cash on Hand	11	11
- Bank Deposits at Call - Short Term	7,244	8,682
	7,255	8,693
Cash for Joint Venture	908	1,125
<b>TOTAL</b>	<b>20,127</b>	<b>13,330</b>

**Note 6: Receivables**

	2013 \$'000	2012 \$'000
<b>CURRENT</b>		
<b>Contractual</b>		
Trade Debtors	291	699
Patient Fees	3,105	3,545
Accrued Investment Income	24	27
Accrued Revenue - Other	5,314	5,586
Less Allowance for Doubtful Debts		
Trade Debtors	(32)	(38)
Patient Fees	(161)	(162)
	<b>8,541</b>	<b>9,657</b>
<b>Statutory</b>		
GST Receivable	765	1,068
	<b>765</b>	<b>1,068</b>
<b>TOTAL CURRENT RECEIVABLES</b>	<b>9,306</b>	<b>10,725</b>
<b>NON CURRENT</b>		
<b>Statutory</b>		
Department of Health – Long Service Leave	8,186	6,733
	<b>8,186</b>	<b>6,733</b>
<b>Contractual</b>		
Primary Care Clinic Advance	100	0
	<b>100</b>	<b>0</b>
<b>TOTAL NON-CURRENT RECEIVABLES</b>	<b>8,286</b>	<b>6,733</b>
<b>TOTAL RECEIVABLES</b>	<b>17,592</b>	<b>17,458</b>

**(a) Movement in allowance for doubtful debts**

	2013 \$'000	2013 \$'000
Balance at beginning of year	200	200
Amounts written off during the year	(186)	(194)
Increase/(decrease) in allowance recognised in profit or loss	179	194
<b>Balance at end of year</b>	<b>193</b>	<b>200</b>

**(b) Ageing analysis of receivables**

Please refer to note 17(b) for the ageing analysis of receivables

**(c) Nature and extent of risk arising from receivables**

Please refer to note 17(b) for the nature and extent of credit risk arising from receivables

**Note 7: Other Financial Assets**

	Operating Fund \$'000	Specific Purpose Fund \$'000	2013 \$'000	2012 \$'000
<b>CURRENT</b>				
Health Service Investments - Bank Term Deposits	80	1,534	1,614	1,594
<b>TOTAL</b>	<b>80</b>	<b>1,534</b>	<b>1,614</b>	<b>1,594</b>
<b>Represented by:</b>				
Shares	60	0	60	60
Heritage Council of Victoria	20	0	20	0
Monies Held in Trust				
- Patient Monies	0	160	160	160
- Accommodation Bonds (Refundable Entrance Fees)	0	200	200	200
- Salary Packaging	0	174	174	174
- HWA Clinical Training Fund Program	0	1,000	1,000	1,000
<b>TOTAL</b>	<b>80</b>	<b>1,534</b>	<b>1,614</b>	<b>1,594</b>

**(a) Ageing analysis of other financial assets**

Please refer to note 17(b) for the ageing analysis of other financial assets

**(b) Nature and extent of risk arising from other financial assets**

Please refer to note 17(b) for the nature and extent of credit risk arising from other financial assets

**Note 8: Inventories**

	2013 \$'000	2012 \$'000
<b>CURRENT</b>		
Pharmaceuticals - at cost	668	664
Catering Supplies - at cost	53	51
Medical and Surgical Lines - at cost	1,082	991
Gift Shop Stores - at cost	16	22
Other	381	439
<b>TOTAL</b>	<b>2,200</b>	<b>2,167</b>

**Note 9: Other Assets**

	2013 \$'000	2013 \$'000
Prepayments	860	852
<b>TOTAL</b>	<b>860</b>	<b>852</b>

**Bendigo Health Care Group**  
**Notes To and Forming Part of the Financial Statements for the Year Ended 30 June 2013**

**Note 10: Property, Plant & Equipment**

	<b>2013</b>	<b>2012</b>
	<b>\$'000</b>	<b>\$'000</b>
<b>Land</b>		
- Land at Cost	1,870	1,870
- Land at Fair Value	14,430	11,680
<b>Total Land</b>	<b>16,300</b>	<b>13,550</b>
<b>Buildings</b>		
- Buildings at Cost	46,560	43,132
Less Accumulated Depreciation	(3,053)	(973)
- Buildings at Fair Value	143,176	146,838
Less Accumulated Depreciation	(60,028)	(50,528)
<b>Total Buildings</b>	<b>126,655</b>	<b>138,469</b>
<b>Landscaping &amp; Grounds</b>		
- Landscaping & Grounds at Fair Value	1,558	1,558
Less Accumulated Depreciation	(145)	(106)
<b>Total Landscaping &amp; Grounds</b>	<b>1,413</b>	<b>1,452</b>
<b>Plant and Machinery</b>		
- Plant and Machinery at Fair Value	3,708	3,671
Less Accumulated Depreciation	(1,798)	(1,588)
<b>Total Plant and Machinery</b>	<b>1,910</b>	<b>2,083</b>
<b>Medical Equipment</b>		
- Medical Equipment at Fair Value	27,470	26,354
Less Accumulated Depreciation	(16,868)	(14,608)
<b>Total Medical Equipment</b>	<b>10,602</b>	<b>11,746</b>
<b>Computers and Communication</b>		
- Computers and Communication at Fair Value	15,242	15,066
Less Accumulated Depreciation	(14,163)	(12,708)
<b>Total Computers and Communications</b>	<b>1,079</b>	<b>2,358</b>
<b>Furniture and Fittings</b>		
- Furniture and Fittings at Fair Value	1,487	1,679
Less Accumulated Depreciation	(1,024)	(1,084)
<b>Total Furniture and Fittings</b>	<b>463</b>	<b>595</b>
<b>Motor Vehicles</b>		
- Motor Vehicles at Fair Value	4,894	5,069
Less Accumulated Depreciation	(1,337)	(1,109)
<b>Total Motor Vehicles</b>	<b>3,557</b>	<b>3,960</b>
<b>Non-Medical Equipment</b>		
- Non-Medical Equipment at Fair Value	2,704	2,268
Less Accumulated Depreciation	(1,683)	(1,493)
<b>Total Non-Medical Equipment</b>	<b>1,021</b>	<b>775</b>
<b>Work In Progress</b>		
- Work In Progress at Cost	30,397	23,385
<b>Total Work In Progress</b>	<b>30,397</b>	<b>23,385</b>
<b>TOTAL</b>	<b>193,397</b>	<b>198,373</b>

**Bendigo Health Care Group**  
**Notes To and Forming Part of the Financial Statements for the Year Ended 30 June 2013**

**Note 10: Property, Plant & Equipment (Continued)**

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

	Land	Buildings	Landscaping & Grounds	Plant & Machinery	Medical Equipment	Computers & Communications	Furniture & Fittings	Motor Vehicles	Non-Medical Equipment	Linen	Work In Progress	Total
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
<b>Balance at 1 July 2011</b>	12,220	139,733	1,452	2,699	13,411	5,374	705	3,969	699	1,034	21,685	202,981
Additions	0	0	0	100	1,597	283	11	689	247	10	11,832	14,769
Disposals (refer note 2c)	(120)	(13)	(6)	(91)	(277)	0	0	(230)	(6)	(983)	0	(1,726)
Jointly controlled Non-Current Assets (refer note 21)	0	0	0	0	0	1	0	0	0	0	0	1
Assets Received Free of Charge (refer Note 2d)	1,450	6,232	0	0	93	0	0	0	0	0	0	7,775
Transfers from WIP	0	10,088	44	0	0	0	0	0	0	0	(10,132)	0
Net Transfers between Classes	0	0	0	(252)	164	55	5	0	28	0	0	0
Transfers to Capital Expenditure	0	0	0	(119)	(239)	(76)	0	0	0	0	0	(434)
Depreciation from discontinued operations (refer note 25)	0	(1,529)	0	(53)	0	0	0	0	0	(61)	0	(1,643)
Depreciation (refer note 4)	0	(16,042)	(38)	(201)	(3,003)	(3,279)	(126)	(468)	(193)	0	0	(23,350)
<b>Balance at 1 July 2012</b>	<b>13,550</b>	<b>138,469</b>	<b>1,452</b>	<b>2,083</b>	<b>11,746</b>	<b>2,358</b>	<b>595</b>	<b>3,960</b>	<b>775</b>	<b>0</b>	<b>23,385</b>	<b>198,373</b>
Additions	0	63	0	54	1,240	259	18	375	441	0	12,188	14,638
Disposals (refer note 2c)	0	(1,438)	0	0	(113)	(27)	0	(407)	0	0	0	(1,985)
Jointly controlled Non-Current Assets (refer note 21)	0	0	0	0	0	(4)	0	0	0	0	0	(4)
Assets Received Free of Charge (refer Note 2d)	2,750	0	0	0	46	0	0	0	0	0	0	2,796
Transfers from WIP	0	3,735	0	0	0	0	0	0	0	0	(5,176)	(1,441)
Depreciation (refer note 4)	0	(14,174)	(39)	(227)	(2,317)	(1,507)	(150)	(371)	(195)	0	0	(18,980)
<b>Balance at 30 June 2013</b>	<b>16,300</b>	<b>126,655</b>	<b>1,413</b>	<b>1,910</b>	<b>10,602</b>	<b>1,079</b>	<b>463</b>	<b>3,557</b>	<b>1,021</b>	<b>0</b>	<b>30,397</b>	<b>193,397</b>

An independent valuation of the Health Service's land and buildings was performed by Colliers International Consultancy and Valuation Pty Limited to determine the fair value of the land and buildings. The valuation, which conforms to Australian Valuation Standards, was determined by reference to the amounts for which assets could be exchanged between knowledgeable willing parties in an arm's length transaction. The valuation was based on independent assessments. The effective date of the valuation is 30th June 2009.

In May 2013 the Victorian State Government appointed a consortium to redevelop Bendigo Health. Construction is planned to commence in late 2013 and be completed in late 2016.

To facilitate the construction of the new hospital, land previously occupied by Ambulance Victoria and Council have been transferred to Bendigo Health and independently valued and bought into the accounts. There is also a number of existing buildings which are required to be decommissioned and written-off and others have accelerated depreciation applied to properly reflect their shortened useful lives.

It has been determined under the contract terms of the redevelopment that the new Bendigo Hospital will not be recognised as an asset until completion which is expected to take place in the 2016/17 financial year.

**Note 11: Payables**

	2013	2012
	\$'000	\$'000
<b>CURRENT</b>		
<b>Contractual</b>		
Trade Creditors	14,951	9,406
Accrued Expenses (i)	6,300	9,083
	<u>21,251</u>	<u>18,489</u>
<b>Statutory</b>		
GST Payable	223	339
<b>TOTAL</b>	<u><b>21,474</b></u>	<u><b>18,828</b></u>

**(a) Ageing analysis of payables**

Please refer to note 17(c) for the ageing analysis of payables

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

Please refer to note 17(c) for the nature and extent of credit risk arising from payables

**Note 12: Provisions**

	2013	2012
	\$'000	\$'000
<b>Current Provisions</b>		
Employee Benefits (i)		
- Unconditional and expected to be settled within 12 months (ii)	20,903	21,545
- Unconditional and expected to be settled after 12 months (iii)	33,025	25,637
<b>Total Current Provisions</b>	<u><b>53,928</b></u>	<u><b>47,182</b></u>
<b>Non-Current Provisions</b>		
Employee Benefits (i)	7,493	6,979
<b>Total Non-Current Provisions</b>	<u><b>7,493</b></u>	<u><b>6,979</b></u>
<b>Total Provisions</b>	<u><b>61,421</b></u>	<u><b>54,161</b></u>

**(a) Employee Benefits and Related On-Costs**

**Current Employee Benefits and related On-Costs**

Unconditional long service leave entitlements	26,833	24,287
Annual leave entitlements	17,906	16,555
Accrued Wages and Salaries	8,519	5,638
Accrued Days Off	649	683
Sub Leave	21	19

**Non-Current Employee Benefits and related On-Costs**

Conditional long service leave entitlements (iii)	7,493	6,979
<b>Total Employee Benefits and Related On-Costs</b>	<u><b>61,421</b></u>	<u><b>54,161</b></u>

**(b) Movements in provisions**

**Movement in Long Service Leave:**

<b>Balance at start of year</b>	<b>31,266</b>	<b>29,618</b>
Provision made during the year	5,955	5,292
Settlement made during the year	(2,895)	(3,644)
<b>Balance at end of year</b>	<u><b>34,326</b></u>	<u><b>31,266</b></u>

Notes:

- (i) Provisions for employee benefits consist of amounts for annual leave and long service leave accrued by employees, not including on-costs.
- (ii) The amounts disclosed are nominal accounts.
- (iii) The amounts disclosed are discounted to present values.

**Note 13: Superannuation**

Employees of the Health Service are entitled to receive superannuation benefits and the Health Services contributes to both defined benefit and contribution plans. The defined benefit plan(s) provides benefits based on years of service and final average salary.

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

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

	Paid Contributions for the Year		Contribution Outstanding at Year End	
	2013	2012	2013	2012
	\$'000	\$'000	\$'000	\$'000
<b>(i) Defined benefit plans:</b>				
First State Super Pty Ltd	11,440	11,596	951	658
Government Superannuation Office	321	404	132	239
<b>Defined contributions plans:</b>				
HESTA Administration	3,296	3,103	129	49
Other	2,268	2,080	72	97
<b>Total</b>	<u><b>17,325</b></u>	<u><b>17,183</b></u>	<u><b>1,284</b></u>	<u><b>1,043</b></u>

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

**Bendigo Health Care Group****Notes To and Forming Part of the Financial Statements for the Year Ended 30 June 2013****Note 14: Other Liabilities**

	<b>2013</b>	<b>2012</b>
	<b>\$'000</b>	<b>\$'000</b>
<b>CURRENT</b>		
Monies Held in Trust*		
- Patient Monies Held in Trust	552	550
- Accommodation Bonds (Refundable Entrance Fees)	3,731	3,913
- Loddon Mallee Regional Palliative Care Consortium	334	423
- TCP Telemedicine Project	0	70
- Salary Packaging	539	622
- Regional Integrated Cancer Service	64	0
- Loddon Mallee Clinical Placement Network	905	937
- HWA Clinical Training Fund Program	2,663	3,712
Other	232	177
<b>Total Other Liabilities</b>	<b>9,020</b>	<b>10,404</b>
<b>* Total Monies Held in Trust</b>		
<b>Represented by the following assets:</b>		
Cash Assets (refer to note 5)	7,255	8,693
Other Financial Assets (refer to note 7)	1,534	1,534
<b>TOTAL</b>	<b>8,789</b>	<b>10,227</b>

**Note 15: Equity**

	<b>2013</b>	<b>2012</b>
	<b>\$'000</b>	<b>\$'000</b>
<b>(a) Surpluses</b>		
<b>Land and Buildings Asset Revaluation Surplus</b>		
Balance at the beginning of the reporting period	62,074	62,074
<b>Balance at the end of the reporting period</b>	<b>62,074</b>	<b>62,074</b>
<b>Landscaping &amp; Grounds Asset Revaluation Surplus</b>		
Balance at the beginning of the reporting period	673	673
<b>Balance at the end of the reporting period</b>	<b>673</b>	<b>673</b>
<b>Balance at the end of the reporting period*</b>	<b>62,747</b>	<b>62,747</b>
* Represented by:		
- Land	6,501	6,501
- Buildings	55,573	55,573
- Landscaping & Grounds	673	673
<b>TOTAL</b>	<b>62,747</b>	<b>62,747</b>
<b>Restricted Special Purpose Surpluses</b>		
<b>Cockroft Memorial Fund</b>		
(Bequest funds for ongoing training and equipment upgrades)		
Balance at the beginning of the reporting period	61	61
<b>Balance at the end of the reporting period</b>	<b>61</b>	<b>61</b>
<b>Emery Estate</b>		
(Bequest funds for future equipment upgrades)		
Balance at the beginning of the reporting period	349	349
<b>Balance at the end of the reporting period</b>	<b>349</b>	<b>349</b>
<b>Endowment Fund</b>		
(Bequest funds for future upgrades to Bendigo Health Care Group)		
Balance at the beginning of the reporting period	40	40
<b>Balance at the end of the reporting period</b>	<b>40</b>	<b>40</b>



**Bendigo Health Care Group**  
**Notes To and Forming Part of the Financial Statements for the Year Ended 30 June 2013**

**Note 15: Surpluses (Continued)**

	<b>2013</b>	<b>2012</b>
	<b>\$'000</b>	<b>\$'000</b>
<b>Radiology Fund</b>		
(For future equipment upgrades for medical imaging area)		
Balance at the beginning of the reporting period	1,804	1,289
Transfer to / (from) Restricted Special Purpose Surpluses	333	515
<b>Balance at the end of the reporting period</b>	<b>2,137</b>	<b>1,804</b>
<b>Fundraising Fund</b>		
(Funds donated for specific purposes)		
Balance at the beginning of the reporting period	1,107	950
Transfer to / (from) Restricted Special Purpose Surpluses	(6)	157
<b>Balance at the end of the reporting period</b>	<b>1,101</b>	<b>1,107</b>
<b>Technology Fund</b>		
(For future IT equipment upgrade)		
Balance at the beginning of the reporting period	509	510
Transfer to / (from) Restricted Special Purpose Surpluses	0	(1)
<b>Balance at the end of the reporting period</b>	<b>509</b>	<b>509</b>
<b>TOTAL</b>	<b>4,197</b>	<b>3,870</b>
<b>Total Surpluses</b>	<b>66,944</b>	<b>66,617</b>
<b>(b) Contributed Capital</b>		
Balance at the beginning of the reporting period	99,040	99,040
Balance at the end of the reporting period	<b>99,040</b>	<b>99,040</b>
<b>(c) Accumulated Surpluses/(Deficits)</b>		
Balance at the beginning of the reporting period	(15,276)	(9,996)
Net Result for the Year	(6,506)	(4,609)
Transfers to and from Restricted Special Purpose Surpluses	(327)	(671)
Balance at the end of the reporting period	<b>(22,109)</b>	<b>(15,276)</b>
<b>(d) Total Equity at end of financial year</b>		
Total Equity at the Beginning of the reporting period	150,381	154,990
Total Changes in Equity Recognised in the Comprehensive Operating Statement	(6,506)	(4,609)
Balance at the end of the reporting period	<b>143,875</b>	<b>150,381</b>

**Note 16: Reconciliation of Net Result for the Year to Net Cash Inflow/(Outflow) from Operating Activities**

	<b>2013</b>	<b>2012</b>
	<b>\$'000</b>	<b>\$'000</b>
<b>Net Result for the Year</b>	(6,506)	(4,609)
<b>Non-Cash Movement:</b>		
Depreciation	18,980	24,993
Share of Joint Venture Assets & Liabilities	221	399
Assets Received Free of Charge	(2,796)	(7,775)
Provision for Doubtful Debts	(7)	0
<b>Movements included in investing and financing activities</b>		
Net (Gain)/Loss from disposal of non financial physical assets	1,639	806
<b>Movements in assets and liabilities:</b>		
Capital Expenditure transferred from WIP	1,441	0
Change in Operating Assets & Liabilities		
Increase/(Decrease) in Payables	2,708	(4,614)
Increase/(Decrease) in Employee Benefits	7,260	3,078
(Increase)/Decrease in Other Current Assets	(42)	(161)
(Increase)/Decrease in Receivables	(134)	(3,738)
<b>NET CASH INFLOW/(OUTFLOW) FROM OPERATING ACTIVITIES</b>	<b>22,764</b>	<b>8,379</b>

**Bendigo Health Care Group**  
**Notes To and Forming Part of the Financial Statements for the Year Ended 30 June 2013**  
**Note 17: Financial Instruments**

**(a) Financial Risk Management Objectives and Policies**

Bendigo Health Care Group's principal financial instruments comprise of:

- Cash Assets
- Term Deposits
- Receivables
- Payables
- Accommodation Bonds

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.

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

Bendigo Health uses different methods to measure and manage the different risks to which it is exposed. Primary responsibility for the identification and management of financial risks rests with the finance committee and audit committee of Bendigo Health.

The main purpose in holding financial instruments is to prudentially manage Bendigo Health Care Group financial risks within the government policy parameters.

**Categorisation of financial instruments**

Details of each categories in accordance with AASB 139, shall be disclosed either on the face of the balance sheet or in the notes.

	Note	Carrying Amount 2013 \$'000	Carrying Amount 2012 \$'000
<b>Financial Assets</b>			
Cash & Cash Equivalents	5	20,127	13,330
Receivables	6	8,641	9,657
Other Financial Assets	7	1,614	1,594
<b>Total Financial Assets</b>		<b>30,382</b>	<b>24,581</b>
<b>Financial Liabilities</b>			
Payables	11	21,251	18,489
Accommodation Bonds	14	3,731	3,913
Other Liabilities	14	5,289	6,491
<b>Total Financial Liabilities</b>		<b>30,271</b>	<b>28,893</b>

**Bendigo Health Care Group**  
**Notes To and Forming Part of the Financial Statements for the Year Ended 30 June 2013**

**Note 17: Financial Instruments (continued)**

**(b) Credit Risk**

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 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 Bendigo Health Care Group'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**

	<b>Financial institutions (credit rating) *</b>	<b>Government agencies (AAA credit rating)</b>	<b>Government agencies (BBB credit rating)</b>	<b>Other (Non Rated)</b>	<b>Total</b>
<b>2013</b>	<b>\$'000</b>	<b>\$'000</b>	<b>\$'000</b>	<b>\$'000</b>	<b>\$'000</b>
<b>Financial Assets</b>					
Cash & Cash Equivalents	20,127	0	0	0	20,127
Receivables					
- Trade Debtors	0	247	0	44	291
- Other Receivables	0	0	0	8,350	8,350
Other Financial Assets					
- Term Deposit	1,554	0	0	0	1,554
- Shares in Other Entities	0	0	0	60	60
<b>Total Financial Assets</b>	<b>21,681</b>	<b>247</b>	<b>0</b>	<b>8,454</b>	<b>30,382</b>
<b>2012</b>					
<b>Financial Assets</b>					
Cash & Cash Equivalents	13,330	0	0	0	13,330
Receivables					
- Trade Debtors	0	416	0	283	699
- Other Receivables	0	0	0	8,958	8,958
Other Financial Assets					
- Term Deposit	1,534	0	0	0	1,534
- Shares in Other Entities	0	0	0	60	60
<b>Total Financial Assets</b>	<b>14,864</b>	<b>416</b>	<b>0</b>	<b>9,301</b>	<b>24,581</b>

\* Financial Institutions credit rating represented by:

<b>Credit Rating</b>	<b>2013 \$'000</b>	<b>2012 \$'000</b>
A1+	14,676	5,956
A2	6,005	7,908
BBB+	1,000	1,000

**(b) Credit Risk (Continued)**

The Health Service's exposure to credit risk and effective weighted average interest rate by ageing periods is set out in the following table. For interest rates applicable to each class of asset refer to individual notes to the financial statements.

**Ageing analysis of financial asset as at 30/06/2013**

	Carrying Amount \$'000	Not Past Due and Not Impaired \$'000	Past Due But Not Impaired				Impaired Financial Assets \$'000
			Less than 1 Month \$'000	1 to 3 Months \$'000	3 months to 1 Year \$'000	1 to 5 Years \$'000	
<b>2013</b>							
<b>Financial Assets</b>							
Cash & Cash Equivalents	20,127	16,822	2,813	492	0	0	0
Receivables	8,641	6,173	767	728	873	100	0
Other Financial Assets	1,614	0	20	1,534	60	0	0
<b>Total Financial Assets</b>	<b>30,382</b>	<b>22,995</b>	<b>3,600</b>	<b>2,754</b>	<b>933</b>	<b>100</b>	<b>0</b>
<b>2012</b>							
<b>Financial Assets</b>							
Cash & Cash Equivalents	13,330	9,788	2,030	1,492	20	0	0
Receivables	9,657	6,690	1,188	762	1,017	0	0
Other Financial Assets	1,594	0	1,000	594	0	0	0
<b>Total Financial Assets</b>	<b>24,581</b>	<b>16,478</b>	<b>4,218</b>	<b>2,848</b>	<b>1,037</b>	<b>0</b>	<b>0</b>

**Contractual financial assets that are either past due or impaired**

There are no material financial assets which are individually determined to be impaired. Currently the Health Service does not hold any collateral as security nor credit enhancements relating to 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 their 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**

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

**Maturity analysis of financial liabilities as at 30/06/2013**

	Carrying Amount \$'000	Nominal Cash Flows \$'000	Maturity Dates			
			Less than 1 Month \$'000	1 to 3 Months \$'000	3 months to 1 Year \$'000	1 to 5 Years \$'000
<b>2013</b>						
<b>Payables</b>						
Trade Creditors & Accruals	21,251	21,251	21,251	0	0	0
Accommodation Bonds	3,731	3,731	0	0	3,731	0
Other Financial Liabilities	5,289	5,289	5,289	0	0	0
<b>Total Financial Liabilities</b>	<b>30,271</b>	<b>30,271</b>	<b>26,540</b>	<b>0</b>	<b>3,731</b>	<b>0</b>
<b>2012</b>						
<b>Payables</b>						
Trade Creditors & Accruals	18,489	18,489	18,489	0	0	0
Accommodation Bonds	3,913	3,913	0	60	3,853	0
Other Financial Liabilities	6,491	6,491	6,491	0	0	0
<b>Total Financial Liabilities</b>	<b>28,893</b>	<b>28,893</b>	<b>24,980</b>	<b>60</b>	<b>3,853</b>	<b>0</b>

**Bendigo Health Care Group**  
**Notes To and Forming Part of the Financial Statements for the Year Ended 30 June 2013**

**Note 17: Financial Instruments (continued)**

**(d) Market Risk**

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

**Currency Risk**

The Health Service 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 the Health Service's interest bearing liabilities. Minimisation of risk is achieved by mainly undertaking fixed rate or non-interest bearing financial instruments. For financial liabilities, the health service mainly undertake financial liabilities with relatively even maturity profiles.

**Interest rate exposure and ageing analysis of financial asset as at 30/06/2013**

	Weighted Average Effective Interest Rates Rates (%)	Carrying Amount \$'000	Interest Rate Exposure		
			Fixed Interest Rate \$'000	Variable Interest Rate \$'000	Non Interest Bearing \$'000
<b>2013</b>					
<b>Financial Assets</b>					
Cash & Cash Equivalents	3.03	20,127	3,305	16,792	30
Receivables	-	8,641	0	0	8,641
Other Financial Assets	3.91	1,614	1,534	0	80
<b>Total Financial Assets</b>		<b>30,382</b>	<b>4,839</b>	<b>16,792</b>	<b>8,751</b>
<b>Financial Liabilities</b>					
Trade Creditors & Accruals		21,251	0	0	21,251
Accommodation Bonds		3,731	0	0	3,731
Other Financial Liabilities		5,289	0	0	5,289
<b>Total Financial Liabilities</b>		<b>30,271</b>	<b>0</b>	<b>0</b>	<b>30,271</b>
<b>2012</b>					
<b>Financial Assets</b>					
Cash & Cash Equivalents	3.60	13,330	3,542	9,758	30
Receivables	-	9,657	0	0	9,657
Other Financial Assets	5.03	1,594	1,534	0	60
<b>Total Financial Assets</b>		<b>24,581</b>	<b>5,076</b>	<b>9,758</b>	<b>9,747</b>
<b>Financial Liabilities</b>					
Trade Creditors & Accruals		18,489	0	0	18,489
Accommodation Bonds		3,913	0	0	3,913
Other Financial Liabilities		6,491	0	0	6,491
<b>Total Financial Liabilities</b>		<b>28,893</b>	<b>0</b>	<b>0</b>	<b>28,893</b>

**Bendigo Health Care Group**  
**Notes To and Forming Part of the Financial Statements for the Year Ended 30 June 2013**

**Note 17: Financial Instruments (continued)**

**Sensitivity Disclosure Analysis**

Taking into account past performance, future expectations, economic forecasts, and management's knowledge and experience of the financial markets, the Health Service believes the following movements are 'reasonably possible' over the next 12 months (Base rates are sourced from the Federal Bank of Australia).

A parallel shift of 1% in market interest rates (AUD) from year end rates of 6%.

A parallel shift of 1% in inflation rate from year end rates of 2%.

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

	Carrying Amount \$'000	Interest Rate Risk				Other Price Risk			
		-1% Profit \$'000	Equity \$'000	1% Profit \$'000	Equity \$'000	-1% Profit \$'000	Equity \$'000	1% Profit \$'000	Equity \$'000
<b>2013</b>									
<b>Financial Assets</b>									
Cash & Cash Equivalents	20,127	(201)	(201)	201	201	0	0	0	0
Receivables	8,641	0	0	0	0	0	0	0	0
Other Financial Assets	1,614	(16)	(16)	16	16	0	0	0	0
<b>Financial Liabilities</b>									
Trade Creditors & Accruals	21,251	0	0	0	0	0	0	0	0
Accommodation Bonds	3,731	0	0	0	0	0	0	0	0
Other Liabilities	5,289	0	0	0	0	0	0	0	0
		(217)	(217)	217	217	0	0	0	0

	Carrying Amount \$'000	Interest Rate Risk				Other Price Risk			
		-1% Profit \$'000	Equity \$'000	1% Profit \$'000	Equity \$'000	-1% Profit \$'000	Equity \$'000	1% Profit \$'000	Equity \$'000
<b>2012</b>									
<b>Financial Assets</b>									
Cash & Cash Equivalents	13,330	(133)	(133)	133	133	0	0	0	0
Receivables	9,657	0	0	0	0	0	0	0	0
Other Financial Assets	1,594	(16)	(16)	16	16	0	0	0	0
<b>Financial Liabilities</b>									
Trade Creditors & Accruals	18,489	0	0	0	0	0	0	0	0
Accommodation Bonds	3,913	0	0	0	0	0	0	0	0
Other Liabilities	6,491	0	0	0	0	0	0	0	0
		(149)	(149)	149	149	0	0	0	0

**(e) Fair Value**

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

- the fair value of financial instrument assets and liabilities with standard terms and conditions and traded in active liquid markets are determined with reference to quoted market prices; and
- the fair value of other financial instrument assets and liabilities are determined in accordance with generally accepted pricing models based on discounted cash flow analysis.

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 all of the contractual financial assets and liabilities are the same as the carrying amounts.

**Bendigo Health Care Group**  
**Notes To and Forming Part of the Financial Statements for the Year Ended 30 June 2013**

**Note 17: Financial Instruments (continued)**

**Comparison between carrying amount and fair value**

	Consol'd Carrying Amount 2013 \$'000	Fair value 2013 \$'000	Consol'd Carrying Amount 2012 \$'000	Fair value 2012 \$'000
<b>Financial Assets</b>				
Cash and Cash Equivalents	20,127	20,127	13,330	13,330
Receivables				
- Trade Debtors	291	291	699	699
- Other Receivables	8,350	8,350	8,958	8,958
Other Financial Assets				
- Term Deposit	1,554	1,554	1,534	1,534
- Shares in Other Entities	60	60	60	60
<b>Total Financial Assets</b>	<b>30,382</b>	<b>30,382</b>	<b>24,581</b>	<b>24,581</b>
<b>Financial Liabilities</b>				
Payables	21,251	21,251	18,489	18,489
Other Financial Liabilities				
- Accommodation Bonds	3,731	3,731	3,913	3,913
- Other	5,289	5,289	6,491	6,491
<b>Total Financial Liabilities</b>	<b>30,271</b>	<b>30,271</b>	<b>28,893</b>	<b>28,893</b>

**Note 18: Commitments for Expenditure**

Bendigo Health Care Group has been granted capital funding for major capital building projects and purchase of plant and equipment.

	2013 \$'000	2012 \$'000
<b>Capital Expenditure Commitments</b>		
<i>Payable:</i>		
Land and Buildings	378	3,326
<b>Total Capital Commitments</b>	<b>378</b>	<b>3,326</b>
Not later than one year	378	3,326
<b>TOTAL</b>	<b>378</b>	<b>3,326</b>
<b>Other Expenditure Commitments</b>		
<i>Payable:</i>		
Contracts for the supply of services	68,768	17,114
<b>Total Capital Commitments</b>	<b>68,768</b>	<b>17,114</b>
Not later than one year	5,272	4,140
Later than 1 year and not later than 5 years	16,138	12,974
Later than 5 years	47,358	0
<b>TOTAL</b>	<b>68,768</b>	<b>17,114</b>
<b>Lease Commitments</b>		
Commitments in relation to leases contracted for at the reporting date:		
Operating Leases	171	343
<b>Total Lease Commitments</b>	<b>171</b>	<b>343</b>
<b>Operating Leases</b>		
Residential property leases payable as follows:		
<i>Cancellable</i>		
Not later than one year	171	324
Later than 1 year and not later than 5 years	0	19
<b>TOTAL</b>	<b>171</b>	<b>343</b>
<b>Total Commitments for expenditure (inclusive of GST)</b>	<b>69,317</b>	<b>20,783</b>
less GST recoverable from the Australian Tax Office	6,286	1,858
<b>Total Commitments for expenditure (exclusive of GST)</b>	<b>63,031</b>	<b>18,925</b>

**Build-own-transfer arrangement – new Bendigo Hospital**

In addition to the expenditure commitments above, the State of Victoria has entered into a 29 year agreement in May 2013 under its Partnerships Victoria policy with the Exemplar Consortium for the financing, design, construction, and maintenance for 25 years of the new Bendigo Hospital. The construction of the new hospital is scheduled for completion in late 2016 (stage 1), at which time Bendigo Health will assume the management of and responsibility for the provision of health services at the facility. On completion of Stage 1 of the Project, Bendigo Health will enter into a 25 year licence agreement in order to lease the facility from Exemplar. As the lease agreement meets the definition of a Finance Lease, Bendigo Health will record the Facility as a leased asset and also record a corresponding lease liability. The State will pay to Exemplar the Quarterly Service Payment (QSP) from the operational commencement date. Each QSP includes an allowance for the capital cost of the facility and the facilities maintenance and ancillary service to be delivered by Exemplar over the 25 year operating phase.

**Note 19: Contingent Assets & Contingent Liabilities**

Details and estimates of maximum amounts of contingent assets or contingent liabilities are as follows:

	2013 \$'000	2012 \$'000
<b>Contingent Assets</b>		
Bendigo Health Care Group does not have any known contingent assets at 30th June, 2013	0	0
<b>TOTAL</b>	<b>0</b>	<b>0</b>
<b>Contingent Liabilities</b>		
Bendigo Health Care Group does not have any known contingent liabilities at 30th June, 2013	0	387
<b>TOTAL</b>	<b>0</b>	<b>387</b>

**Bendigo Health Care Group**  
**Notes To and Forming Part of the Financial Statements for the Year Ended 30 June 2013**

**Note 20: Segment Reporting**

	RACS		Acute		Mental Health		Aged Care		Others		Eliminations		Consolidated	
	2013	2012	2013	2012	2013	2012	2013	2012	2013	2012	2013	2012	2013	2012
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
<b>REVENUE</b>														
External Segment Revenue	23,299	22,964	143,464	132,707	43,305	42,229	15,117	14,205	96,994	116,140	0	0	322,179	328,245
<b>Total Revenue</b>	<b>23,299</b>	<b>22,964</b>	<b>143,464</b>	<b>132,707</b>	<b>43,305</b>	<b>42,229</b>	<b>15,117</b>	<b>14,205</b>	<b>96,994</b>	<b>116,140</b>	<b>0</b>	<b>0</b>	<b>322,179</b>	<b>328,245</b>
<b>EXPENSES</b>														
Unallocated Expense	23,518	23,596	159,104	154,284	50,492	48,664	16,711	15,130	84,894	94,665	(5,418)	(5,570)	329,301	330,769
<b>Total Expenses</b>	<b>23,518</b>	<b>23,596</b>	<b>159,104</b>	<b>154,284</b>	<b>50,492</b>	<b>48,664</b>	<b>16,711</b>	<b>15,130</b>	<b>84,894</b>	<b>94,665</b>	<b>(5,418)</b>	<b>(5,570)</b>	<b>329,301</b>	<b>330,769</b>
<b>Net Result from ordinary activities</b>	<b>(219)</b>	<b>(632)</b>	<b>(15,640)</b>	<b>(21,577)</b>	<b>(7,187)</b>	<b>(6,435)</b>	<b>(1,594)</b>	<b>(925)</b>	<b>12,100</b>	<b>21,475</b>	<b>5,418</b>	<b>5,570</b>	<b>(7,122)</b>	<b>(2,524)</b>
Interest Income	24	60	293	321	89	102	31	34	179	176	0	0	616	693
<b>Net Result from continuing operations</b>	<b>(195)</b>	<b>(572)</b>	<b>(15,347)</b>	<b>(21,256)</b>	<b>(7,098)</b>	<b>(6,333)</b>	<b>(1,563)</b>	<b>(891)</b>	<b>12,279</b>	<b>21,651</b>	<b>5,418</b>	<b>5,570</b>	<b>(6,506)</b>	<b>(1,831)</b>
Profit/(Loss) from Discontinued Operations	0	0	0	0	0	0	0	0	0	(2,778)	0	0	0	(2,778)
<b>Net Result for Year</b>	<b>(195)</b>	<b>(572)</b>	<b>(15,347)</b>	<b>(21,256)</b>	<b>(7,098)</b>	<b>(6,333)</b>	<b>(1,563)</b>	<b>(891)</b>	<b>12,279</b>	<b>18,873</b>	<b>5,418</b>	<b>5,570</b>	<b>(6,506)</b>	<b>(4,609)</b>
<b>OTHER INFORMATION</b>														
Segment Assets	26,049	27,836	51,624	52,895	8,276	9,931	18,367	21,405	0	0	0	0	104,316	112,067
Unallocated Assets	0	0	0	0	0	0	0	0	131,474	121,707	0	0	131,474	121,707
<b>Total Assets</b>	<b>26,049</b>	<b>27,836</b>	<b>51,624</b>	<b>52,895</b>	<b>8,276</b>	<b>9,931</b>	<b>18,367</b>	<b>21,405</b>	<b>131,474</b>	<b>121,707</b>	<b>0</b>	<b>0</b>	<b>235,790</b>	<b>233,774</b>
Segment Liabilities	7,173	6,550	25,605	21,263	7,780	7,142	3,381	2,593	0	0	0	0	43,939	37,548
Unallocated Liabilities	0	0	0	0	0	0	0	0	47,976	45,845	0	0	47,976	45,845
<b>Total Liabilities</b>	<b>7,173</b>	<b>6,550</b>	<b>25,605</b>	<b>21,263</b>	<b>7,780</b>	<b>7,142</b>	<b>3,381</b>	<b>2,593</b>	<b>47,976</b>	<b>45,845</b>	<b>0</b>	<b>0</b>	<b>91,915</b>	<b>83,393</b>
Acquisition of Property, Plant and Equipment	874	97	429	1,981	454	204	448	140	12,433	12,347	0	0	14,638	14,769
Depreciation Expense from continuing operations	1,634	2,115	9,370	11,533	2,973	3,638	984	1,131	4,019	4,933	0	0	18,980	23,350
Depreciation Expense from discontinuing operations	0	0	0	0	0	0	0	0	0	1,643	0	0	0	1,643

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

**Business Segments**

Residential Aged Care Services (RACS)  
Acute  
Mental Health  
Aged Care  
Others

**Services**

Nursing home services  
Inpatient/Outpatient health services as per Department of Health Guidelines  
Inpatient and community psychiatric services as per Department of Health and Commonwealth Guidelines  
Outpatient and community based aged care services  
Ambulatory and community outpatient and community health provision

**Geographical Segment**

Bendigo Health operates predominately in Bendigo, Victoria. More than 90% of revenue, net surplus from ordinary activities and segment assets relate to operations in Bendigo, Victoria.



**Bendigo Health Care Group**  
**Notes To and Forming Part of the Financial Statements for the Year Ended 30 June 2013**

**Note 21: Jointly Controlled Operations and Assets**

Name of entity	Principal Activity	Ownership Interest	
		2013%	2012%
Loddon Mallee Rural Health Alliance	Information Technology	21.09	22.02

Bendigo Health's interest in the above jointly controlled operations and assets is detailed below.  
The amounts are included in the financial statements under their respective asset categories:

	2013 \$'000	2012 \$'000
<b>CURRENT ASSETS</b>		
Cash and Cash Equivalents	908	1,125
Receivables	452	111
Other	39	31
<b>Total Current Assets</b>	<b>1,399</b>	<b>1,267</b>
<b>NON CURRENT ASSETS</b>		
Property, Plant and Equipment	24	28
<b>Total Non Current Assets</b>	<b>24</b>	<b>28</b>
<b>Total Assets</b>	<b>1,423</b>	<b>1,295</b>
<b>CURRENT LIABILITIES</b>		
Payables	116	130
<b>Total Current Liabilities</b>	<b>116</b>	<b>130</b>
<b>Total Liabilities</b>	<b>116</b>	<b>130</b>
<b>NET ASSETS</b>	<b>1,307</b>	<b>1,165</b>

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

	2013 \$'000	2012 \$'000
<b>REVENUES</b>		
Operating Activities	742	739
Capital Purpose Income	348	0
<b>Total Revenue</b>	<b>1,090</b>	<b>739</b>
<b>EXPENSES</b>		
Other Expenses from Continuing Operations	1,427	1,457
Expenditure using Capital Purpose Income	28	43
<b>Total Expenses</b>	<b>1,455</b>	<b>1,500</b>
<b>PROFIT</b>	<b>(365)</b>	<b>(761)</b>

**CONTINGENT LIABILITIES AND CAPITAL COMMITMENTS**

The joint venture does not have any known contingent assets or contingent liabilities as at 30 June 2013.

**Note 22a: Responsible Persons Disclosures**

In accordance with the Ministerial Directions issued by the Minister for Finance under the Financial Management Act 1994, the following

	Period	
<b>Responsible Ministers:</b>		
The Honourable David Davis, MLC, Minister for Health and Ageing	01/07/2012-30/06/2013	
The Honourable Mary Wooldridge, MLA, Minister for Mental Health	01/07/2012-30/06/2013	
<b>Governing Boards</b>		
Dr M Langdon	Chair	01/07/2012-30/06/2013
Ms J Boynton	Director	01/07/2012-30/06/2013
Ms S Clarke	Director	01/07/2012-30/06/2013
Mr G Michell	Director	01/07/2012-30/06/2013
Mr W O'Neil	Director	01/07/2012-30/06/2013
Ms M O'Rourke	Director	01/07/2012-30/06/2013
Mr G Stewart	Director	01/07/2012-30/06/2013
Mr A Woods	Director	01/07/2012-30/06/2013
<b>Accountable Officers</b>		
Mr J Mulder	Chief Executive	01/07/2012-30/06/2013

**Remuneration of Responsible Persons**

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

Income Band	2013 No.	2012 No.
\$0 - \$9,999	1	1
\$10,000 - \$19,999	6	0
\$20,000 - \$29,999	0	6
\$30,000 - \$39,999	1	0
\$40,000 - \$49,999	0	1
\$320,000 - \$329,999	0	1
\$370,000 - \$379,999	1	0
<b>Total Numbers</b>	<b>9</b>	<b>9</b>
<b>Total remuneration received or due and receivable by Responsible Persons from the reporting entity amounted to:</b>	<b>\$515,771</b>	<b>\$524,206</b>

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

**Note 22a: Responsible Persons Disclosures (continued)**

**Other Transactions of Responsible Persons and their Related Parties.**

Mr. J Mulder is a Director of LMHA Network Ltd which provides information & communication services to Bendigo Health Care Group on normal commercial terms and conditions.

Mr. J Mulder is the Chairperson of the Loddon Mallee Rural Health Alliance JVA Steering Committee. Loddon Mallee Rural Health Alliance provides information & communication services to Bendigo Health Care Group on normal commercial terms and conditions.

Dr. M Langdon is the Chief Executive Officer of Bendigo Access Employment. Bendigo Access Employment provides courier services to Bendigo Health Care Group on normal commercial terms and conditions.

Mr. G Stewart is a Director of Bendigo Primary Care Centre Limited. Bendigo Health provides utilities for BPCC which are reimbursed. During 2013 Bendigo Health provided a \$100K advance to BPCC.

Mr. W O'Neil & Ms. S Clarke are Directors of Loddon Mallee Housing Services Limited. Loddon Mallee Housing Services Limited provides client services to Bendigo Health Care Group on normal commercial terms and conditions.

Ms. M O'Rourke is a Director of Bendigo TAFE (BRIT). Bendigo TAFE (BRIT) provides education services to Bendigo Health Care Group on normal commercial terms and conditions.

Ms. M O'Rourke is a Director of Bendigo Business Council. Bendigo Health Care Group are a member of Bendigo Business Council on normal commercial terms and conditions.

Ms. J Boynton was the Chief Executive Officer of Peter Harcourt Disability Services. Peter Harcourt Disability Services provides Ageing Carers Initiative services to Bendigo Health Care Group on normal commercial terms and conditions.

Ms. S Clarke is a Board Member of Heathcote Health. Heathcote Health provides client services to Bendigo Health Care Group on normal commercial terms and conditions.

Ms. S Clarke is a Board Member of Central Victorian General Practice Network Inc. Bendigo Health Care Group provides sponsorship towards the Central Victorian Medical Recruitment Taskforce on normal commercial terms and conditions.

Ms. S Clarke is a Director of Nillumbik Pty Ltd. Nillumbik Pty Ltd provided light tubes to Bendigo Health Care Group on normal commercial terms and conditions.

Mr. G Michell is a Director of Bendigo Community Telco. Bendigo Community Telco provides Telecommunication services to Bendigo Health Care Group on normal commercial terms and conditions.

Mr. G Michell is a Director of Lower Murray Water. Bendigo Health Care Group make water and sewerage payments to Lower Murray Water on a property they rent in Swan Hill on normal commercial terms and conditions.

	Payments 2013 \$'000	Receipts 2013 \$'000	Payments 2012 \$'000	Receipts 2012 \$'000
Mr. J Mulder is a Director of LMHA Network Ltd which provides information & communication services to Bendigo Health Care Group on normal commercial terms and conditions.	839	199	607	0
Mr. J Mulder is the Chairperson of the Loddon Mallee Rural Health Alliance JVA Steering Committee. Loddon Mallee Rural Health Alliance provides information & communication services to Bendigo Health Care Group on normal commercial terms and conditions.	3,262	3,082	1,230	3,136
Dr. M Langdon is the Chief Executive Officer of Bendigo Access Employment. Bendigo Access Employment provides courier services to Bendigo Health Care Group on normal commercial terms and conditions.	22	0	132	0
Mr. G Stewart is a Director of Bendigo Primary Care Centre Limited. Bendigo Health provides utilities for BPCC which are reimbursed. During 2013 Bendigo Health provided a \$100K advance to BPCC.	102	155	0	136
Mr. W O'Neil & Ms. S Clarke are Directors of Loddon Mallee Housing Services Limited. Loddon Mallee Housing Services Limited provides client services to Bendigo Health Care Group on normal commercial terms and conditions.	103	0	1	0
Ms. M O'Rourke is a Director of Bendigo TAFE (BRIT). Bendigo TAFE (BRIT) provides education services to Bendigo Health Care Group on normal commercial terms and conditions.	25	120	71	67
Ms. M O'Rourke is a Director of Bendigo Business Council. Bendigo Health Care Group are a member of Bendigo Business Council on normal commercial terms and conditions.	3	0	1	0
Ms. J Boynton was the Chief Executive Officer of Peter Harcourt Disability Services. Peter Harcourt Disability Services provides Ageing Carers Initiative services to Bendigo Health Care Group on normal commercial terms and conditions.	16	0	12	0
Ms. S Clarke is a Board Member of Heathcote Health. Heathcote Health provides client services to Bendigo Health Care Group on normal commercial terms and conditions.	234	160	58	193
Ms. S Clarke is a Board Member of Central Victorian General Practice Network Inc. Bendigo Health Care Group provides sponsorship towards the Central Victorian Medical Recruitment Taskforce on normal commercial terms and conditions.	0	0	10	0
Ms. S Clarke is a Director of Nillumbik Pty Ltd. Nillumbik Pty Ltd provided light tubes to Bendigo Health Care Group on normal commercial terms and conditions.	0	0	1	0
Mr. G Michell is a Director of Bendigo Community Telco. Bendigo Community Telco provides Telecommunication services to Bendigo Health Care Group on normal commercial terms and conditions.	978	0	1,056	0
Mr. G Michell is a Director of Lower Murray Water. Bendigo Health Care Group make water and sewerage payments to Lower Murray Water on a property they rent in Swan Hill on normal commercial terms and conditions.	1	0	1	0
	<b>5,585</b>	<b>3,716</b>	<b>3,180</b>	<b>3,532</b>

**Other Disclosures**

No retirement benefits were paid to Responsible Persons as at 30th June 2012 and 30th June 2013.

**Note 22b: Executive Officer Disclosures**  
**Executive Officers' Remuneration**

The numbers of executive officers, other than Ministers and Accountable Officers, and their total remuneration during the reporting period are shown in the table below. The base remuneration of executive officers is shown in the third and fourth columns. Base remuneration is exclusive of superannuation contributions.

	Total Remuneration		Base Remuneration	
	2013 No.	2012 No.	2013 No.	2012 No.
\$140,000 - \$149,999	0	1	0	2
\$150,000 - \$159,999	0	1	0	0
\$170,000 - \$179,999	0	0	2	1
\$180,000 - \$189,999	2	1	0	2
\$190,000 - \$199,999	0	2	0	2
\$200,000 - \$209,999	0	2	2	0
\$210,000 - \$219,999	2	0	1	0
\$220,000 - \$229,999	1	0	2	0
\$230,000 - \$239,999	1	0	0	0
\$240,000 - \$249,999	1	0	0	0
\$270,000 - \$279,999	0	0	0	1
\$280,000 - \$289,999	0	1	0	0
\$360,000 - \$369,999	0	0	1	0
\$370,000 - \$379,999	1	0	0	0
	<b>8</b>	<b>8</b>	<b>8</b>	<b>8</b>
(i) Total annualised employee equivalent (AEE)	<b>8</b>	<b>8</b>	<b>8</b>	<b>8</b>

Total remuneration for the reporting period for Executive Officers included above amounted to:

	<b>\$1,867,601</b>	<b>\$1,561,077</b>	<b>\$1,783,792</b>	<b>\$1,489,924</b>
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(i) Annualised employee equivalent is based on paid working hours of 38 ordinary hours per week over the 52 weeks for a reporting period.

**Note 22c. Payments to other personnel (i.e. contractors with significant management responsibilities)**

There were no payments to contractors with significant management responsibilities.

**Bendigo Health Care Group****Notes To and Forming Part of the Financial Statements for the Year Ended 30 June 2013****Note 23. Remuneration of auditors****Victorian Auditor-General's Office**

Audit or review of financial statement

	<b>2013</b>	<b>2012</b>
	<b>\$'000</b>	<b>\$'000</b>
	55	53
	<b>55</b>	<b>53</b>

**Note 24: Economic dependency**

Bendigo 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 Bendigo Health adequate cash flow support to meet its current and future obligations as and when they fall due for a period up to September 2014.

**Note 25: Discontinued Operations**

Bendigo Health has no discontinued operations for the 2012-2013 financial year.

In the 2011-12 Financial Year, the Loddon Linen Service ceased operations (6th April 2012). The Loddon Linen Service operated as a business unit providing laundry services for Bendigo Health Care Group departments and external entities within and outside the Health Industry on a contractual basis.

**(a) Net result from discontinued operations:**

Revenues from ordinary activities

Expenses from ordinary activities

**Net Result From Continuing Operations Before Capital & Specific Items**

Departure Packages

Depreciation

Operating Lease Terminations

Gain/(loss) on disposal of operation

**Net Result from discontinued operations****Cash Flows from discontinued operations:**

Cash inflow/(outflow) from operating activities

Cash inflow/(outflow) from investing activities

**Total cash inflow (outflow)**

	<b>2013</b>	<b>2012</b>
	<b>\$'000</b>	<b>\$'000</b>
	0	794
	0	(624)
	<b>0</b>	<b>170</b>
	0	(1,069)
	0	(1,643)
	0	(287)
	0	51
	<b>0</b>	<b>(2,778)</b>
	0	(1,447)
	0	173
	<b>0</b>	<b>(1,274)</b>

**(b) Carrying amounts of assets and liabilities (major classes) comprising****Assets**

Property, plant and equipment

Trade receivables

Inventories

**Total Assets****Liabilities**

Trade creditors

Provision for employee benefits

**Total Liabilities****Net Assets Held for Sale**

	0	0
	0	40
	0	0
	<b>0</b>	<b>40</b>
	0	3
	0	0
	<b>0</b>	<b>3</b>
	<b>0</b>	<b>37</b>

