



Ballarat**Health**Services

*Annual Report 2004/05*

# Annual Report 2004/05

## V Vision:

To serve the people of the Grampians Region by continuously striving to achieve excellence in healthcare

## M Mission:

To deliver fully integrated regional health services which maximize care, compassion, individual choice and quality outcomes which reflect community need.

## V Values:

Our services and staff embrace the following values:

**Client focus** (includes individuals, families, populations, service providers and staff). We work towards improving the health and well being of our clients and community, and emphasise care and treatment options and informed choice based on adequate information.

**Professional integrity.** We treat all people with honesty, dignity, fairness and with respect for their rights.

**Quality.** We are committed to providing high quality services, and a culture of continuous improvement.

**Collaborative relationships.** We seek to co-operate further with other human services providers to ensure better integration of services.

**Accountability.** We are accountable to Government and the community for quality, effectiveness and efficiency through public awareness and reporting, community participation and professional responsibility.

**Staff.** We recognise that the quality of service provided is dependent upon the way in which staff perform their respective roles. It is therefore necessary to attract, retain, reward and develop high quality staff, and to ensure their continued motivation and accountability.



*Ballarat Base Hospital*



*Psychiatric Service*



*Queen Elizabeth Centre*

## The 9th Annual Report of Ballarat Health Services

The Annual Report is prepared for The Hon Bronwyn Pike MLA, Minister for Health and through her, to the Parliament of Victoria and the community it serves.

The report has been prepared in accordance with the Financial Management Act 1994 Section 45 and 53A(4).

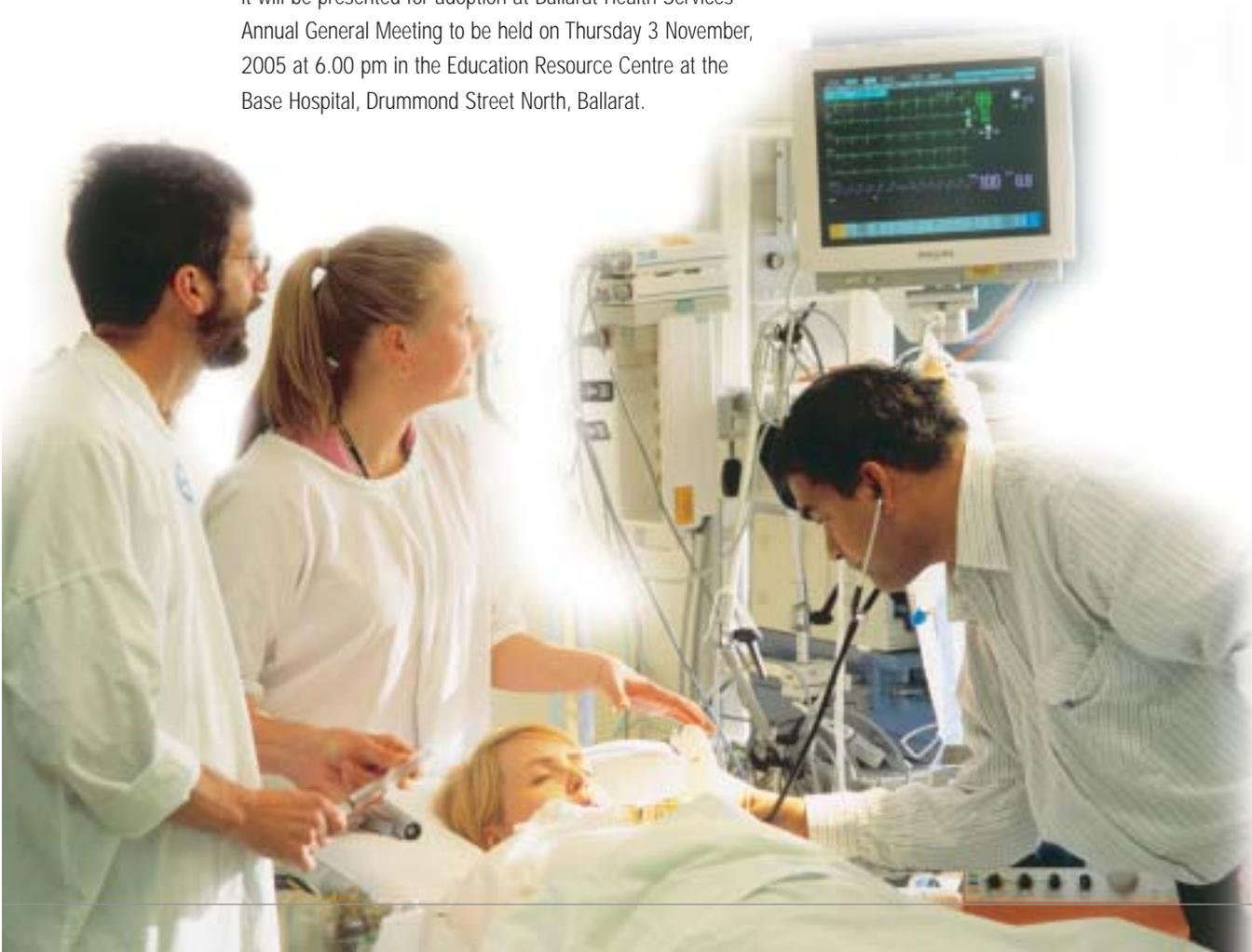
It will be presented for adoption at Ballarat Health Services' Annual General Meeting to be held on Thursday 3 November, 2005 at 6.00 pm in the Education Resource Centre at the Base Hospital, Drummond Street North, Ballarat.

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### *Front Cover*

*In January 2005, Ballarat Health Services became the first radiology facility in Australia to install a 64-slice CT (Computed Tomography) scanner - the most advanced CT technology available*





# President and Chief Executive Officer's Report

## Overview

This year was one of significant achievement for Ballarat Health Services.

The highlights included a major increase in patient throughput levels compared to the previous year with an additional 1,308 patients treated, representing an increase of 5.38 per cent

Surgical services were expanded through the recruitment of additional specialists and greater priority given to patients on the waiting list who had experienced extended waiting periods. Specialties targeted included general surgery; orthopaedics; ear, nose and throat as well as ophthalmology. As a result the level of surgery undertaken increased by a staggering 10 per cent compared to the previous year.

Significant effort was also devoted to managing the finances of Ballarat Health Services. Through optimising revenue by meeting throughput targets, increasing the financial performance of business units, proactively pursuing cost containment strategies and undertaking a number of operational reviews Ballarat Health Services achieved a surplus of \$575,000. This was an outstanding result in light of significant workload demands on the organisation.

During the period 17 to 19 May, 2005 Ballarat Health Services underwent a periodic review conducted by the Australian Council on Healthcare Standards. A massive amount of preparation was devoted to readying the organisation for the survey. The survey was exceptionally successful with full accreditation status being achieved.

Refinement of quality systems continued with the ongoing development of quality indicators, completion of root cause analysis on appropriate incidents, ongoing expansion of the Quality Activity Data Base and a revamp of the incident reporting system.

Reforms also continued in respect to Psychiatric Services. Recruitment was very successful with the doubling of psychiatrist numbers; greater communication and engagement with families and carers; enhanced level of training and development for staff and the ongoing audit of clinical files and assessment of the standard of care provided.

Specific details of the many significant achievements are as follows.



Community Consultation



Rehabilitation Pool



## PATIENT THROUGHPUT

Ballarat Health Services treated a total of 25,606 acute inpatients in 2004 / 05 representing a 5.38 per cent increase, or 1,308 additional patients compared to the previous year.

Major increases were experienced in patients admitted to Renal Dialysis. An additional 517 patient treatments or a 15.22 per cent increase was experienced during the year.

A total of 66,215 acute separated bed days was achieved during 2004 / 05 representing a 0.13 per cent increase, or 83 additional bed days compared with 2003 / 04. The additional throughput of 1308 inpatients was achieved with nearly the same bed days as 2003 / 04; this is an excellent example of improved bed management efficiencies.

The average length of stay for hospital inpatients continues to decrease. This may be explained in part by the increasing number of patients undergoing same day surgery and not occupying an over night bed. Another contributor to the decrease has been the change to “day of surgery” admission for many patients with preparatory tests and anaesthetic assessment being undertaken in the Pre-Admission Clinic. The average length of stay in 2004 / 05 was 2.59 days compared with 3.05 in 2000 / 01.

Average Length of Stay (LOS) in acute care has changed over the past five years as follows:

Year	2001	2002	2003	2004	2005
Days	3.05	2.90	2.86	2.72	2.59

The number of births during 2004 / 05 was 975 representing a very slight reduction from the 1005 births during 2003 / 04.

Patients seen in the Emergency Department increased by 0.12% from the previous year to a level of 35,835 attendances for 2004 / 05.

During the year the waiting list for elective surgery experienced a growth of 10.9 per cent. Factors behind this were growing demands in part due to an expansion of medical specialists and an increasing level of emergency cases, however, a very positive outcome was achieved in that the waiting times for Category 2 semi-urgent patients reduced by 34.4 per cent to a level of 71.5 days while Category 3 patients reduced by 22.9 per cent to a level of 214.6 days.



*Special Care Nursery*



*Emergency Department*

## FINANCIAL RESULT

Ballarat Health Services recorded a surplus of \$575,000 for the year representing an improvement of \$3.1M compared to the results for the previous financial year.

To support patient care, Ballarat Health Services continues to re-invest all surplus funds into patient care facilities and equipment. The achievement of organisational surpluses is a very important element to ensure this continued investment.

This improvement was due to a number of significant factors including an increase in State and Commonwealth Government funding and increased revenue due to Ballarat Health Services exceeding the acute inpatient target. In addition, Ballarat Health Services has continued to review pro-actively all aspects of its operation by undertaking a number of operational reviews.

Purchasing practices have been reviewed and very significant savings generated particularly in the clinical areas of prosthesis supply, pacemakers as well as sutures and staples. Supply and clinical staff have worked very co-operatively to achieve these outstanding outcomes.

Reporting systems continue to be refined allowing the Board, Finance Committee, Executive staff and staff at all levels to have a timely and comprehensive understanding of the organisational performance in terms of finance, patient throughput and meeting of targets. This is readily evident in respect to throughput management where monitoring of performance has greatly assisted in meeting targets and generating revenue.

## PRIVATE PATIENT INITIATIVE

The primary aim of the initiative is to encourage those patients with private health insurance to use their insurance on admission to Ballarat Health Services.

The major features of this scheme are that patients choosing to use their private health insurance :

- will **not** have to pay any excesses.
- will **not** have to make any room co-payments.
- will not have to pay any out of pocket expenses for radiology (excluding MRI), or for pathology.

The primary reason for the Hospital waiving these extra payments to the health funds was to enable more people to use their private health insurance.

This has been a very successful initiative. Our patients are now more often choosing to use their private health insurance when they are admitted.

The initiative not only benefits Ballarat Health Services financially, it has allowed patient throughput to reach record levels and resulted in a substantial investment in ward facilities and equipment.

## NEW APPOINTMENTS

The most significant asset of Ballarat Health Services is its staff. For this reason a serious commitment is made to recruiting the highest calibre and experienced personnel possible.

During the year Ballarat Health Services welcomed the following senior personnel :

- Mr. Steven Jones, Executive Director Corporate Services
- Mrs. Geraldine Webster, Executive Director Nursing Services
- Mr. Darrin Goodall-Wilson, General Surgeon
- Dr. Christoph Gatzka, Sub Dean – Ballarat Rural Clinical School
- Mr. Mark Guirguis – ENT Surgeon
- Dr. Paul Davey, Director Obstetrics & Gynaecology
- Dr. Fred Rosewarne, Director of Anaesthetics
- Miss Tamara Irish, Team Leader of CATT / MST
- Mr. Steve Romeo, Occupational Health and Safety Manager
- Dr Praveen Thottappillil, Psychiatrist
- Dr. Rajul Tandon, Psychiatrist
- Dr. Ramesh Chandra, Psychiatrist
- Dr. Vinit Mathur, Psychiatrist
- Mr. Rod Hansen, Accountant – Management and Reporting
- Assoc. Prof. Karen Dodd, Associate Professor of Allied Health
- Assoc. Prof. James Hurley, Associate Professor of Medicine
- Dr. Stephen Vaughan, Clinical Director, Grampians Integrated Cancer Strategy
- Ms. Colleen O'Hara, Manager, Grampians Integrated Cancer Strategy
- Ms. Marianne Hubbard, Manager, Community Programs.

## VALE

During the year the hospital community was greatly saddened by the passing of the following staff and generous supporters:

- Dr. Alan Nicholson, former psychiatrist
- Mr. Bruce Griffiths, former General Surgeon
- Dr. John Griffiths, former clinical Director of Division of Obstetrics, Gynaecology and Paediatrics.
- Mr. Andrew O'Brien, Occupational Health & Safety Manager
- Mr. Peter Lamb, Radiology Orderly
- Mr. Frank McDonald, Program Assistant
- Mrs. Maureen Bevan, Life Governor (Queen Elizabeth Centre) and Salvation Army chaplain
- Mr. Merv Collins, past president and founding member of BHS Foundation

Our deepest sympathies are extended to their families, friends and work colleagues.

## RESIGNATIONS AND RETIREMENTS

A number of key personnel resigned or retired during the year. Appreciation is extended to the following for their significant contribution:

- Dr. Graeme Houghton, Chairman & Clinical Director Surgical Services
- Dr. John Oswald, Director of Anaesthesia and Intensive Care
- Mrs. Sharon Donovan, Executive Director - Nursing
- Mr. Andrew Kinnerly, Deputy Director of Finance
- Ms. Fiona Watson, Manager Community Relations.

## BOARD OF MANAGEMENT

Changes occurred to the membership of the Board during the year with the expiry of appointments of Associate Professor Cecil Deans and Mr. Wayne Muir on 31 October, 2004.

The Board wishes to express its appreciation to Associate Professor Cecil Deans who was appointed to the inaugural Board of Ballarat Health Services and previously was on the Board of Ballarat Base Hospital. Cecil served terms as President of both organisations and was an outstanding contributor bringing his extensive clinical and education experience to the Board.

Appreciation is also extended to Wayne for his three years of service.

Following an extensive recruitment process the three vacant positions on the Board were filled by Mrs. Susanne McKenzie, Ms. Julie Rae and Mr. Greg Haines.

The Board welcomes the three new members and looks forward to their contribution.



*Paediatric and Adolescent Unit*



*Dr Therese Power president board,  
Catherine Laffe vice president board.*



Perioperative &  
Day Procedure unit  
Booking office →

Reception

## PSYCHIATRIC SERVICES REFORMS

Significant effort continues to be devoted to improving the quality, responsiveness and accessibility of Psychiatric Services.

A major aim of the changes has been to ensure persons who have a mental illness and their families, are routinely provided with the range of internationally recognised evidence-based and best practice treatments proven to provide the best opportunity of recovery.

To promote these improvements clinicians are being supported with a comprehensive training, education and professional development program. To assist with this program a series of internationally recognised leaders in the field of psychiatry are regularly brought to Ballarat to provide education and training.

In order to ensure these professional development opportunities are being used to make evidence based treatments routinely available to clients, a variety of monitoring, assessment and evaluation mechanisms have been implemented.

In particular, the findings of the internal clinical audit program are regularly reviewed and efforts made to address specific issues. Of significant assistance in the development of Psychiatric Services has been the recruitment of four additional consultant psychiatrists. A Professor of Psychiatry is also to be recruited in 2006.

Ballarat Health Services remains committed to the ongoing development and improved responsiveness of Psychiatric Services.

*Patient Administration System including new software modules*

## INFORMATION TECHNOLOGY

The year has seen a renewed focus on and significant investment in information technology marked by a number of substantial achievements.

After consultation across a broad stakeholder group the Board adopted an IT Strategic Plan. This plan will guide IT investment over the next five years. Ballarat Health Services has invested heavily in IT infrastructure upgrades including replacement of over half the computer fleet, complete replacement of the computer network, standardisation of desktop software, consolidation of application hosting systems and the purchase of much improved disaster recovery systems. Preliminary works have been completed on a printer and photocopier replacement program.

Substantial efforts were devoted to implementing a replacement Patient Administration System including new software modules that improve the management of the operating theatres. The Finance and Materials Management Information System was also completely replaced. Negotiations with the Department of Human Services have resulted in BHS being selected as a lead site for implementation of new HR and Payroll systems under HealthSmart, the State's IT Strategy.

Replacement of the out-moded telephone system is well advanced, with commissioning expected by late 2005.



*Consultant Psychiatrists: Abdul Khalid, Praveen Thottappillil, Rajul Tandon, Ramesh Chandra, Ajit Emmanuel, Vinit Mathur*



## ACCREDITATION

Ballarat Health Services underwent a Periodic Review conducted by the Australian Council on Healthcare Standards (ACHS) over the period of 17 to 19 May, 2005. This involved a review of the nineteen mandatory criteria established by ACHS covering Continuum of Care, Leadership and Management as well as Safe Practice and Environment. As a result of recent changes to the standards, the accreditation process has become far more stringent meaning that non-compliance with any of the mandatory criteria will result in failure to gain accreditation status.

At all levels throughout Ballarat Health Services, a very substantial amount of preparation was devoted to readying the organisation for the survey.

In particular, considerable emphasis was given to addressing the 38 recommendations arising from organisational wide survey conducted in 2003.

Following the Periodic Review ACHS advised that Ballarat Health Services has maintained its full accreditation status. Given the more onerous nature of the accreditation process this is a very pleasing result and is a great credit to all staff, and in particular the leadership displayed by the quality team and accreditation working party.

With the organisational wide review scheduled for October, 2006 work continues to ensure Ballarat Health Services is fully prepared.

## DIALYSIS UNIT

The new dialysis unit was formally opened by The Minister for Health, The Hon. Bronwyn Pike on 8 July, 2004.

The project was a major success with incredible support from local businesses, the Ballarat community, charitable trusts and the State Government generating the \$1.5M required to construct the new unit.

Ballarat Health Services is incredibly appreciative of the lead role played by Mr. Geoff Millar, Fund Development Manager and the fundraising taskforce under the chairmanship of Mr. Rob Knowles with Mr. Bruce Morgan as deputy chairman.

Since the opening of the Unit, patients undergoing dialysis treatment have risen from 21 to 33, an increase of 57 per cent. The state of the art facility will allow Ballarat Health Services to meet the increasing demand for dialysis services well into the future.

The fundraising campaign would not have been a success without the generosity of our many donors.

Acknowledgement is given to the following major donors including the Baxter Trust, the Joe White and Hilton White Bequests, the Oliver Family, the Courier Charity Fund, BHS Foundation, Miric Industries, the Rotary Clubs of Ballarat and Ballarat South and our own kiosk and flowershop.

A full list of donors is displayed on the inside back cover of the Annual Report.



*Dr David Campbell - ACHS, Rowena Clift - Service, Planning and Quality Manager and Andrew Rowe - BHS CEO.*

*The Hon Bronwyn Pike - Minister for Health opening the Dialysis Unit.*



## RESIDENTIAL CARE

Residential care facilities are a major component of Ballarat Health Services comprising a total of 535 beds. During the year a review of the facilities which identified a number of areas that require update and refurbishment was undertaken.

In excess of \$1M has been allocated to refurbish residential care facilities in order to ensure our residents live in the most comfortable surroundings possible.

## MIDWIFE FOR ABORIGINAL WOMEN'S HEALTH

Ballarat Health Services was delighted to announce the appointment of a midwife for Aboriginal Women's Health, with Carol Trusler set to work with Aboriginal women and their families in the Ballarat community. Carol will work with women through their pregnancy, birth and post birth to help enhance the maternal care of Aboriginal women in the region. There are certain health issues that are significant in the Aboriginal community, particularly in maternal and child health and at Ballarat Health Services we want to do everything we can to address these issues.

The appointment was made possible by additional funding provided by the Department of Human Services.

## OUTREACH

Ballarat Health Services continues to support the development of health services in East Timor particularly through membership of the City of Ballarat Friendship Cities Relationship.

Representatives of Ballarat Health Services have made a number of visits to East Timor and through the links that have been developed have become involved in a number of health projects including midwifery education, the provision of birthing kits, mosquito nets, men's health and the supply of a wide array of equipment.

We were also delighted to host East Timorese midwife, Maria Sousa who had an extended visit to Ballarat Health Services to observe and undertake professional development in the Midwifery Unit.

Ballarat Health Services looks forward to continuing its involvement with East Timor and helping its people through a wide range of health projects.



*Residential care is a major component of Ballarat Health Services*

*The Hon Bronwyn Pike - Minister for Health and Carol Truler - Midwife for Aboriginal Women's Health.*

## C.T. SCANNER

On 17 January, 2005 Ballarat Health Services became the first radiology facility in Australia to install 64 slice Computed Tomography technology. The \$1.9M Siemens "Sensation 64" has proved a major clinical success with very significant benefits accruing to patients. The new technology not only provides the highest CT image quality available, it also operates at a greater examination speed than previous technology resulting in reduced patient discomfort, reduced radiation dosage to the patient and imaging staff as well as increasing accessibility through reduced times for procedures.

As a result of this new technology only being available at Ballarat Health Services, demand upon the CT Scan has increased by 25 per cent.

## TRAVELLING SCHOLARSHIP

On an annual basis two travelling scholarships are awarded to assist members of staff attend interstate or overseas educational programs including conferences and attachments or visits to centres of excellence of a short term nature. The scholarships are valued at \$7,500 each.

The Board of Management decided to name the scholarships in recognition of the outstanding service of Miss Doreen Bauer who served the Queen Elizabeth Centre and Ballarat Health Services from 1977 to 2005. During this period Doreen occupied the roles of director of physiotherapy, manager of rehabilitation services and quality co-ordinator.

The inaugural scholarships were awarded to :

Denielle Beardmore, Manager, Nursing Education and Clinical Practice who travelled to the United Kingdom to investigate the National Health Service approach to practice development and practice development units.

Michael Kirby, Nursing Support Director who visited the Modernisation Agency of the National Health Service and related trusts in the United Kingdom to observe the implementation of high impact changes.

## GRAMPIANS INTEGRATED CANCER STRATEGY

As part of an initial three year commitment, Ballarat Health Services has been appointed as the auspice agency for the roll out of the Cancer Services Framework Strategy for the Grampians region, with an Integrated Cancer Service being the desired outcome. A major exercise has been undertaken to develop a strategic plan addressing the following key elements of the Department of Human Services policy:

- Improve integration and co-ordination of services within the region.
- Develop and implement evidence-based practice and standards of care within each of the ten major tumour streams.
- Establish role designation for cancer services as part of a longer-term system of accreditation of services and credentialing and privileging of practitioners within each tumour stream.

The posts of clinical director and manager of the service have been recruited, with Dr. Stephen Vaughan and Ms. Colleen O'Hara engaged into the respective roles. Both bring extensive experience in cancer service delivery and they have been tireless in developing and promoting the role of GICS. The strategic plan is expected in late 2005 and should provide the blueprint for future service growth and development in the region.

## INTERORGANISATIONAL CO-OPERATION

Throughout the year Ballarat Health Services has worked very closely with other health care organisations and the Department of Human Services. Ballarat Health Services values these very positive relationships and in particular the significant support and assistance from the Department of Human Services.

During the year close links were maintained with St. John of God Hospital Ballarat and we look forward to further developing the existing co-operative arrangements and communication.

## CONSULTANT EMERITUS RECOGNITION

The category of Consultant Emeritus has been established at Ballarat Health Services to officially recognise those clinicians who have served Ballarat Health Services and the Ballarat community with distinction for many years. Key criteria behind the award includes :

- Recognised as a leader in their particular field of expertise
- Minimum twenty-five years at Ballarat Health Services as a senior clinician
- Contributed significantly to service development at Ballarat Health Services

- Widely acknowledged by peers as having provided distinguished service
- Played an active role as a role model within the medical profession, including teaching and training
- Upheld and promoted the values, vision and mission of Ballarat Health Services.

The Board was delighted to award Consultant Emeritus status to the following clinicians :

- Mr Graeme Houghton (Vascular Surgery)
- Dr. David Alexander (General Medicine)
- Mr. Wilton Carter (Orthopaedic Surgery)
- Mr. John Corbett (General Surgery)
- Dr. Syd Giddy (Anaesthesia)
- Mr. Roger Mitchell (General Surgery)
- Dr. David Morton (General Medicine)
- Dr. David O'Sullivan (General Medicine)
- Dr. Stan Pilbeam (Pathology)
- Dr. Tom Roberts (Obstetrics & Gynaecology)
- Dr. Bill Sloss (Obstetrics & Gynaecology)

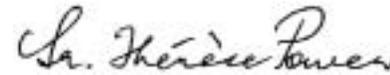
Feedback from the recipients of the award was that they were surprised but delighted to receive the recognition.

## CONCLUSION

The 2004 / 05 financial year was very positive for Ballarat Health Services. Services provided to the community reached record levels and have been substantially expanded.

Quality of services provided continue to be a key priority and Ballarat Health Services has vigorously pursued improving links with and meeting the growing needs of our community. Ballarat Health Services is very well placed to meet the significant challenges confronting the health system.

These achievements would not have been possible without the support from the dedicated staff of Ballarat Health Services as well as our many committed auxiliaries, volunteers and supporters.



**DR. THERESE POWER RSM**

President, Board of Management



**ANDREW R. ROWE**

Chief Executive Officer



# 64 Slice CT Scanner

**B**allarat Health Services - is the first Australian hospital to use a 64-slice CT (Computed Tomography) scanner - the most advanced CT technology available.

The new CT scanner, the Siemens "Somatom Sensation 64" offers unprecedented image quality and speed allowing faster diagnosis of more complex anatomy acquiring 64 images in point three of a second.

This allows shorter patient examination times and reduced radiation dosages, while providing significantly more diagnostic information than previous systems establishing a new benchmark in patient treatment in Australia.

The new 64-slice technology surpasses previous industry standard scanners.

This enables superior trauma, cardiovascular and neurological imaging with a dramatic increase in the amount of diagnostic information available.

The introduction of new examinations provides rural and regional Western Victorians with the highest quality 'state-of the art' medical imaging capability available.

Imaging of this quality, sharpness and speed provides the opportunity to study human anatomy in a degree of detail never before seen in this country.

This CT scanner requiring only 0.37 seconds per gantry rotation, offers unprecedented speed with the highest possible image quality while simultaneously reducing the data volume to a tenth of its original quantity.

It greatly simplifies scanning procedures and results in the best image quality with the lowest possible radiation dose for large-volume as well as paediatric examinations.



# Corporate Governance

## BALLARAT HEALTH SERVICES

### Board of Management as at 30 June 2005

President: Dr Therese Power RSM

Vice-President: Ms Catherine Laffey

Vice-President: Ms Lynne McLennan

Treasurer: Mr Peter Duffy

Board members: Mrs Susanne McKenzie  
Dr Brian Hassett  
Mr Greg Haines  
Ms Julie Rae

CEO: Mr Andrew Rowe

### The Governing Body

Ballarat Health Services was incorporated under The Health Services Act 1988 Part 3 on 17 December 1996 by The Governor in Council, acting on the recommendation of the Minister for Health made after receiving advice from the secretary to the Department of Human Services under Section 64A of the Health Services Act 1988, and acting under Section 65 of the Act. The incorporation came into effect on 1 January 1997.

Ballarat Health Services is accountable, through its Board of Management, to the Hon Bronwyn Pike MLA, Minister for Health.

In accordance with The Health Services Act 1988, Division 4 Section 33, the Board of Management has affirmed that the Chief Executive Officer, the Executive Staff Council and staff will carry out the policies and procedures of Ballarat Health Services with due diligence.

The eight men and women who represent the community on the Board of Management are recommended to the Minister and appointed by the Governor in Council. The term of office for a member of the Board of Management is usually three years.

In accordance with the Health Services Act 1988 the functions of the Board of Management are to manage Ballarat Health Services and to ensure the services provided fulfill the requirements of the Act and the objects of Ballarat Health Services. The Board of Management is committed to transparent corporate governance and responsible management. It regularly communicates with all stakeholders on policy and direction through consultative management processes. It enjoys excellent relationships with governments and other influential decision-makers. The Board has encouraged ongoing professional and personal development for staff to enable them to perform the day to day operations of Ballarat Health Services at the highest level while the Board focuses on establishing strategic direction and policies.

### Pecuniary Interest

Members of the Board of Management and members of the Executive Staff Council are required to lodge declarations of pecuniary interest to the President.

### Remuneration

Members of the Board of Management receive remuneration as gazetted under the Health Services Act 1988 34 (2) (b) and are listed elsewhere in the Financial Report.



**President: Therese Power RSM,**  
EdD, TPTC, DipAppChem, B Sc, MEdAdmin  
Congregational Leader, Sisters of Mercy, Ballarat  
Board member since 1998

Term of Appointment 01.11.03 - 31.10.06  
Areas of particular interest

- Successful redevelopment of the Dialysis Unit
- Further partnership with St John of God Health Care and strong relationship with John Fogarty, recently appointed CEO
- Successful implementation of Rural Clinical School, with the desire that doctors will return to Ballarat on completion of studies

**Committees**

Human Resources (Chair)  
Medical Staff Appointments (Chair)  
Information Technology



**Vice President: Catherine Laffey**  
MM, MEd, BA, DipEd, DipFMI, JP  
Program Manager School of Health, Social and  
Community Studies, University of Ballarat  
Board member since 2000

Term of Appointment 01.11.02 - 31.10.05  
Areas of particular interest

- Establishment of integrated Quality and Patient Care Committee
- Successful redevelopment of Dialysis Unit
- Redevelopment of Psychiatric Services

**Committees**

Audit  
Finance  
Human Resources  
Capital Planning and Works



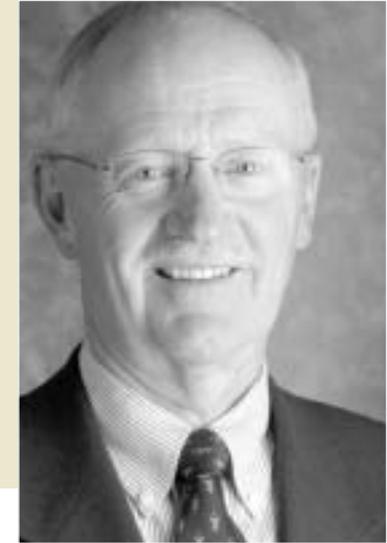
**Vice President: Lynne McLennan**  
B Sc, MBA, MAICD  
Chief Executive Officer, UFS Dispensaries Ltd  
Board member since 2000

Term of Appointment 01.11.02 - 31.10.05  
Areas of particular interest

- Commitment to the redevelopment of the Dialysis Unit
- Appointment of key senior staff, resulting in a more efficient service with continued emphasis on outstanding standards of patient care

**Committees**

Audit (Chair)  
Information Technology  
Finance  
Human Resources



**Chair of Finance: Peter Duffy**  
FCPA, MAICD  
Retired Managing Director, Australian Timken Pty Ltd  
Board member since 2000

Term of Appointment 01.11.03 - 31.10.06  
Areas of particular interest

- Management of financial resources to maximise service levels.
- Upgrading information technology infrastructure and systems.
- Development of Rural Clinical School

**Committees**

Audit  
Finance (Chair)  
Information Technology (Chair)  
Capital Planning and Works (Chair)

## Board Members:



**Susanne McKenzie**

BA, DipEd, LLB  
Lawyer  
Board member since 2004

Term of appointment 10.8.05 - 31.10.06.

Areas of particular interest

- Redevelopment of Psychiatric Services
- Further development of patient and quality care
- Expansion of Rural Clinical School

**Committees**

Human Research Ethics  
Quality Care  
Credentials Appeals Tribunal



**Brian Hassett**

MBBS, FRACGP  
Medical Practitioner  
Board member since 1997

Term of Appointment 01.11.04 - 31.10.07

Areas of particular interest

- Rural Clinical School
- Structure of new management team

**Committees**

Human Research Ethics (Chair)  
Finance  
Medical Staff Appointments



**Julie Rae**

BA Librarianship  
Chief executive officer Central Highlands  
Regional Library Corporation  
Board member since 2004  
Term of Appointment 01.11.04 - 1.11.07

Areas of particular interest

- Customer service.
- Community planning
- Strategic Planning

**Committees**

Information Technology  
Quality Care



**Greg Haines**

BA, DipFrontlineMgt, GradCertLdrshipDev  
Head of School Human Services,  
University of Ballarat  
Board member since 2004  
Term of Appointment 01.11.05 - 31.10.07

Areas of particular interest

- Strategic Service Planning
- Utilisation of IT services
- Redevelopment of Psychiatric Services
- Expansion of commercial services

**Committees**

Capital planning and Works  
Human Resources  
Medical Staff Appointments  
University Liaison



**MEDICAL STAFF ASSOCIATION:**

**David Cook**

MBBS, FRACS (Urol)  
Chairman

The Medical Staff Association conveys the views of visiting medical specialists and other medical practitioners to the Board.

# Board of Management and Committee Meetings

## Membership and Attendance

	Therese Power	Catherine Laffey	Lynne McLennan	Peter Duffy	Brian Hassett	Cecil Deans	Wayne Muir	Susanne McKenzie	Greg Haines	Julie Rae
				(leave of absence 19/5/05 - 20/6/05)		(retired Oct 2004)	(retired Oct 2004)	(appointed Aug 2005)	(appointed Nov 2005)	(appointed Nov 2004)
Board (11)	11	9	8	9	9	3	0	9	5	5
Audit (4)		3	3	4						
Capital Planning & Works (5)		4		4					4	
Finance (12)		11	10	11	12					
Human Research Ethics (10)					10			3		
Human Resources (6)	6	5	5						4	
Information technology (8)	6		3	8		1				4
Medical Staff Appointments (2)	2				2					
Quality Care(11)		9						5		4

### Committees

The Terms of Reference for each committee are available on request from the Chief Executive Officer.

Executive Staff Council



*Andrew Rowe*



*John Ferguson*



*Sharon Donovan*



*Wendy Hubbard*



*Ken Burnett*



*Dale Fraser*



*Trevor Olsson*



*Steven Jones*

# Executive Staff Council

**Andrew Rowe: BHA, MHA (UNSW), AFCHE, CHE**  
Chief Executive Officer  
Appointed June 2003

The Chief Executive Officer is responsible to the Board of Management for the efficient and effective management of Ballarat Health Services. Major responsibilities include the development and implementation of service and strategic planning, the promotion of quality care, optimizing financial performance and implementation of human resource strategies. The Chief Executive Officer chairs the Executive Staff Council which comprises the senior executive staff of Ballarat Health Services. He provides leadership through collaborative management with staff and consultation with the community. Prior to joining Ballarat Health Services, Andrew was Chief Executive Officer of South West Healthcare in Warrnambool since 1993 and has held senior administrative positions at the Alfred Hospital and Western District Health Service.

**John Ferguson: MBBS, MHSM, GradDipHSM, AFCHE**  
Executive Director - Medical Services  
Appointed March 2004

The Executive Director has overall responsibility for medical services including direct service provision and on-going medical education, pharmacy, medical records, the library, ethics and research as well as professional medical issues. John ensures all medical staff have appropriate credentials and actively encourages the placement of medical students at Ballarat Health Services.

In conjunction with all the clinical executives, he has an active role developing clinical governance frameworks, embracing clinical risk management and continuous quality improvement.

John has been a member of the Postgraduate Medical Council of Victoria since 1998, this committee having responsibility for pre-vocational medical training across Victoria and assesses hospital services for the purposes of Intern training as part of this role. He also represents BHS as a member of several DHS committees including the Emergency Management Group and the Emergency Access Reference Committee.

**Sharon Donovan: RN, Mid Cert, BN, MBA, MRCNA, CHE**  
Executive Director - Nursing Services  
Appointed August 2001

The Executive Director has professional responsibility for all nursing staff in acute, sub-acute and residential services within Ballarat Health Services. In conjunction with the Executive Director Medical Services, she has responsibility for clinical care. She is also responsible for operating theatres and in this area works in consultation with the Executive Director Medical Services and the Executive Director Finance. The clinical executive directors are responsible for clinical quality and risk management structures and processes. Sharon resigned in April 2005.

**Wendy Hubbard: BAppSc(PT), MAppSc(HM), Grad Dip(BA), AAIM, AFACHSE**  
Executive Director Allied Health  
Appointed March 2000

The Executive Director has responsibility for nine allied health disciplines; Wendy carries executive responsibility for the sub-acute services including rehabilitation, aged care evaluation, palliative care and for community services.

She has responsibility for overseeing quality improvement and accreditation for BHS. She monitors the development and implementation of the BHS quality plan and chairs the Clinical Review Panel.

**Ken Burnett: MHA (UNSW), BSW (Melbourne), BA (Deakin), AMGC, RPN**  
Executive Director Psychiatric Services  
Appointed December 2003

The Executive Director is responsible for the full range of psychiatric services provided by Ballarat Health Services within the Grampians Region. These services include child and adolescent, adult and aged persons mental health services both within the community and as inpatient services. Ken has professional responsibility for psychiatric nursing and medical staff. He has a particular interest in the routine delivery of evidence-based 'best practice' treatments to clients and their carers, in the context of a family inclusive, recovery orientated model of integrated mental health care.

**Dale Fraser: B Bus, CPA, AFCHE, CHE, AHSFMA**  
Executive Director Finance  
Appointed July 1997

The Executive Director has responsibility for Ballarat Health Services Integrated financial services including accurate and timely budget reports for the Board of Management and staff. Dale also has operational responsibility for information technology, radiology, supply, fleet management, the print shop, insurance and taxation systems.

**Trevor Olsson: B Bus, AIMM, AFAHRI**  
Executive Director Human Resources  
Appointed October 1999

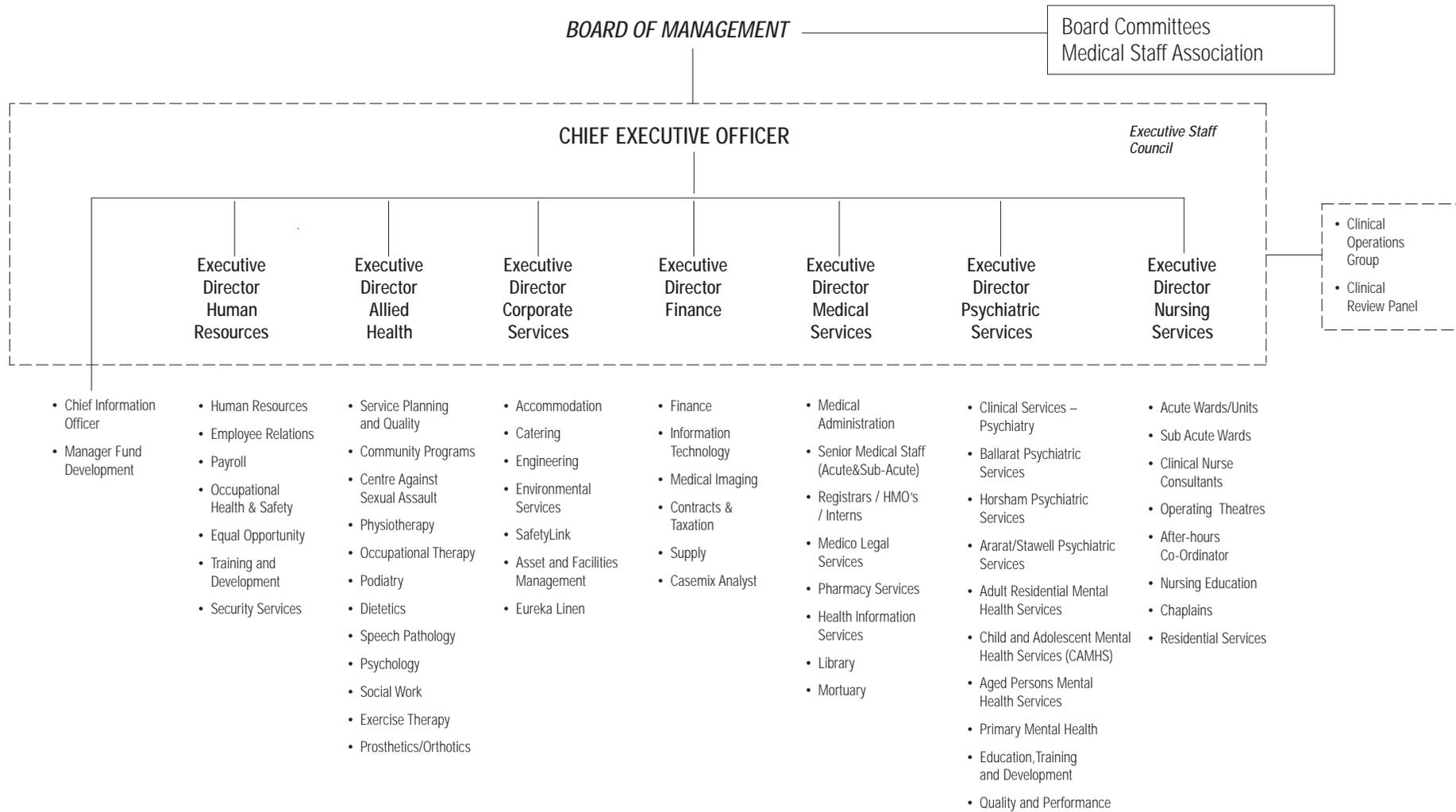
The Executive Director's responsibilities include all aspects of strategic human resource management including payroll, industrial relations, equal employment opportunity, occupational health and safety, training and development and recruitment.

**Steven Jones: Grad Cert Pub Sec Mgt, AFACHSE**  
Executive Director Corporate Services  
Appointed May 2005

The Executive Director Corporate Services has responsibility for engineering and environmental services as well as the business units, BHS Catering, Eureka Linen, and Safety Link. Steven also has responsibility for service planning and capital resources and accommodation and facilities management and development.



# Organisational Structure



# Senior Staff

as at 30.06.05

## CHIEF EXECUTIVE OFFICER

Andrew Rowe *BHA(UNSW), MHA(UNSW) AFCHSE*

## EXECUTIVE SERVICES

### Manager, Fund Development

Geoff Millar *BA, BEd, GradDipEdAdmin, DipTeach, AMFIA*

### Media Consultant

John Mullen

### Chief Information Officer

Paul Mannix *BSc(Computer)*

## MEDICAL SERVICES

### Executive Director

John Ferguson *MBBS, MHSM, GradDipHSM, AFCHSE*

### Deputy Director

Bernie Fensling *MBBS, BSc*

### Manager Medical Resources

Andrew Hanson *BBus*

## Internal Medicine Service

### Clinical Director Internal Medicine

Grant Phelps *MBBS, FRACP, MBA, FAIM*

### Physicians

Chris Allada *MBBS, FRACP*

Hemant Chaudhary *MBBS, FRACP*

Michael Giles *MBBS, FRCP*

James Hurlley *MBBS, BMedSci, PhD, FRACP*

Anthony Kemp *MBBS, FRACP*

Brett Knight *MBBS, FRACP*

John Richmond *MBBS, FRACP*

Wayne Spring *MBBS, FRCP, FRACP*

John Stickland *MBBS, FRACP, FRACRM*

John van den Broek *MBBS, FRACP*

Jon Watson *MB, BCh, MRCP, PhD, FRACP*  
*(resigned January 2005)*

### Associate Physicians

Howard Zeimet *MBBS, FRACP*

### Oncologists

Leong Ng *MBMB(Camb), FRCP (Edin)*

Kate Hamilton *MBBS, FRACP*

Stephen Vaughan *MBBS, FRACP*

### Clinical Risk Manager

Leanne Butler *BAppSc(HlthInfoMan), AssDipMedRecAdmin*

### Quality Co-ordinator

Susan Shea *PhD BAppSc(Pod)*

### Clinical Research Co-ordinator

Carmel Goss *RN*

## Sub-Acute Medicine

### Clinical Director of Sub-Acute Medicine

Mark Yates *MBBS, FRACP*

### Physicians

Stephen Campbell *MBBS, FRACP*

John Hurley *MBBS, LRCP, MRCS, DOBst, RCOG, MRCP(UK), FAFRM*

Rosie Shea *MBBS*

Adri vander Knijff *MBBS, DGM*

## Palliative Care

### Director of Palliative Care

David Brumley *MBBS, FRACP, MSc, FACHPM*

## Surgical Services

### Chairman and Clinical Director

Graeme Houghton *MBBS(Syd), FRCS(Edin), FRACS*

*(retired February 2005)*

David Cook *MBBS, FRACS (Urol) (from February 2005)*

### Surgeons

Peter Denton *MBBS, FRACAS*

David Deutscher *BSc, MBBS, FRACS*

Darrin Goodall-Wilson, *MBBS, FRACS*

Graeme Houghton *MBBS(Syd), FRCS(Edin), FRACS*  
*(retired February 2005)*

Andrew Lowe *MBBS(Melb), FRACS*

Bruce Stewart *MBBS, FRACS*

Stephen Tobin *MBBS, FRACS, CIBCS*

Robert Ventura *MBBS, FRCS, FRAC*

### Vascular Surgeons

Michael Condous *MBBS, FRACS*

Graeme Houghton *MBBS(Syd), FRCS(Edin), FRACS*  
*(retired February 2005)*

Robert Ventura *MBBS, FRCS, FRACS*

### Urologists

David Cook *MBBS, FRACS(Urol)*

Lachlan Dodds *MBBS, FRACS*

Richard McMullin *MBBS, FRACS*

Donald Moss *MBBS, FRACS, FACS*

### Orthopaedic Surgeons

Andrew Byrne *MBBS, FRACS*

Steve Csongvay *MBBS, FRACP*

David Mitchell *MBBS, FRACS*

John Nelson *MBBS, FRACS*

John Patrikios *MBBS, FRACS*

### Oto-Rhino Laryngologists

Paul Donoghue *MBBS, FRCS(Otol)*

Mark Guirguis *MBBS, FRACS*

Niall McConchie *MBBS, FRACS*

### Ophthalmologists

David McKnight *MBBS, FRACO, FRACS*

Michael Toohy *MBBS, FRACO*

### Facio Maxillary

Graeme Fowler *MDSc(Melb), FDSRCPS(Glasgow)*

### Plastic Surgeon

Robert Sheen *MBBS, FRCS, FRACS*

### Neurosurgeon

David Wallace *MBBS, FRCS, FRACS*

## Women and Children's Services

### Chairman and Clinical Director

Ian Mayes *MBBS, MROCG, FRCS(Edin), FRACOG*

*(Until October 2004)*

Paul Davey *MBBS, FRACOG (from October 2004)*

### Obstetricians and Gynaecologists

Russell Dalton *MBBS, FRACOG*

Paul Davey *MBBS, FRACOG*

Marilyn Fooks *MBBS, FRACOG*

John Griffiths *MBBS, FRCOG*

Ian Mayes *MBBS, MROCG, FRCS(Edin), FRACOG*

Deepika Monga *MBBS, FRACOG*

Anna Rogers *MBBS, FRACOG*

### Paediatricians

Maurice Easton *MBBS, FRACP*

Brendan McCann *MBBS, FRACP*

Robert Richardson *MBBS, FRACP*

Harry Zehnwith *MBBS, FRACP*

### Neurologist

John King *MD, FRACP*

Michael Hayman *MBBS, FRACP (Paediatrics)*

## Critical Care Services

### Chairman of Critical Care and Director of Emergency Department

Jaycen Cruickshank *MBBS, FACEM*

### Director of Intensive Care

Tony Sutherland *MBBS(Melb), FANZCA, FFICANZCA*

### Anaesthetists

Richard Allen *MBBS, FANZCA*

Bruce Christie *MBBS, FANZCA*

Graeme Clarke *MBBS, FANZCA*

Rob Gazzard *MBBS, FANZCA, FFICANZCA*

Greg Henderson *MBBS, FANZCA*

Greg Hughes *MBBS, FANZCA*

Tony Keeble *MBBS, FANZCA*

John Oswald *MBBS, FANZCA*

Ross Phillips *MBBS, FANZCA*

Robert Ray *MBBS, FANZCA*

Neil Shorney *MBB(UK), FRCA*

Peep Toom *MBBS, FANZCA*

Mark Tuck *MBBS, FANZCA*

Abhay Umranikar *MBBS, FANZCA*

Michael Whitehead *MBBS, FANZCA*

### Emergency Department

### Director of Emergency Medicine

Jaycen Cruickshank *MBBS, FACEM*

### Director of Emergency Medicine Training

Steven Pincus *MBBS, FACEM*

### Emergency Physicians

David Bruce *MBBS*

Heather Crook *MBBS, FACEM*

Andrew Dean *MBBS, FACEM*

Tom Hughes *MSc, MBA, MRCP, FRCS (resigned December 2004)*

Mandy Leishman *MBBS, FACEM*

Amanda Wilkin *MBBS*

Spiro Tsipouras *MBBS, FACEM*

### Clinical Supervisor Surgery

Steve Tobin *MBBS, FACEM*

Patricia Twaits *RN, RMStomaCert, DipHosNurseUnitMgt, GradDipAdmin(Hlth), MRCNA*

## Radiology

### Director of Radiology

Robert House *MBBS, FRACR, DDU*

### Radiologists

Ross Breadmore *MBBS, MMed, FRACR*

Alastair Firkin *MBBS, FRACR*

Alex Meakin *MBBS, FRACR*

Jim Mullany *MBBS, FRACR*

Ross Wilkie *MBBS, FRACR, FRCR(Eng), DMRD*

Chien-Ping Ho, *MBBS, FRANZCR*

## Dorevitch Pathology

### Pathologists

Anthony Roberts *MBBS, FRCPA, FRC(Path), MIAC*

David Clift *MBBS, FRCPA*

### Laboratory Manager

Michael Phyland *BAppSc*

### Forensic Assistant

Charles Harpur

## Pharmacy

### Director

Geoff McCurdy, *BPharm, GradDipBusMgt, FSHP*

## Health Information Services

### Manager Clinical Information Services

Sue Huebner *BAppSc(MRA)*

### Manager, Libraries

Norma Worswick *AALIA*

## FINANCE

### Executive Director

Dale Fraser *MBA, BBus, CPA, AFCHSE, CHE, AHSFMA*

### Deputy Director

Mick Smith *BBus, AHSFMA*

### Medical Imaging Chief Radiographer

Richard van Dreven *MIR, DipAppSc(MedRadiation), GradDipAdmin*

### Director Information Technology

Scott Edie *BE(Hons), BMedSt*

### Manager Supply

Russell King *MAHSPO, MAIPMM*

## HUMAN RESOURCES

### Executive Director

Trevor Olsson *BBus, AAIM, AFAHR*

### Employee Relations Manager

Kevin Stewart *BAppSc(PT), GradDipErg, AAIM*

### Manager, Payroll Services

Lauren Soar

### Manager, Human Resources

Rod Beaumont *PNIA*

### Manager, Safety

Steve Romeo *DipHlth(OHS), DipBmMgt*

### Human Resources Consultant

Megan Ali *BMgt(HR)*

## NURSING SERVICES

### Executive Director Nursing Services

Sharon Donovan *RN, Mid Cert, BN, MBA, MRCNA, CHE (resigned April 2005)*

### Director Nursing Support Services

Mick Kirby *RN, BAppScNsg, CCRN*

### Director Nursing Education & Practice Development

Denielle Beardmore *MEd, GradDipEdT, GradDipAdvClinicalNsgOnc/PallCare, BN, DipHlthSci, Cert IVAss&Tng*  
Marilyn Kearney *RN, MProfEd&Tng, BHlthSc, Cert IV Ass&Tng, AccreditedBCN, AdvCertReflex, MRCNA*

### Service Director, Internal Medicine & Critical Care

Angie Spencer *RN, GradDipBus(e-Bus&Mktng)*

### Service Director, Surgical

Joan Scarff *RN, GradDipAdmin(Hlth)*

### Service Director, Women & Children

Desley Beechey *RN, RM, BN, MM, GradDipMidwifery, GradCertMgt, JP*

### Perioperative Manager

Joy Taylor *RN, CertPerioperativeNsg, GradDipMgt, MRCNA*

### Director of Nursing Queen Elizabeth Centre

Dot Rogers *RNDiv1, RPN, CRRN, BHlthSci(Nsg), GradDipAdmin(Hlth), MNS, MRCNA, AAIM*

### Director of Nursing, Queen Elizabeth Village & Hailey House

Pat Erwin *RNDiv1, RGNC, BN, MRCNA, GradCertMgt*

### Director of Nursing Eureka Complex

Ross McPherson *RN, RPN, GradDipMgt*

### Director of Nursing Sebastopol Complex and Pleasant Homes Hostel

Terry Gleeson *RPN, RN, BN, MBA, CertIIVWPTA*

### Bed Management/Nurse Bank

Jean Dyer *RN, RM, DipHosNsg&UnitMgt*

### After Hours Co-ordinators

Marlene Monck *RN, CertCCare, GradDipBusMgt*

Rita Coad *RN, RM*

Liana Besenghi *RN, RM, BN, BA, BTeach, GradDipAdmin(Hlth)*

Cheryl Allen *RN, RM*

Sofia Jasiowski *RN, CertCritCare&CardioThoracicNsg*

Val Livitsanis *RN, GradDipHlthSc(Ed)*

Jenny Wallace *RN*

### Clinical Nurse Consultants Continence Nurses

Shirley Whitaker *RN, BN, ContCert*

### Cognition Clinical Nurse Consultant

Meredith Theobald *RN, RPN, CRRN, MRCNA, GradCertNsg(MentalHlth)*

### Diabetes Nurse Consultant

Lachlan Campbell *RN, PBGNC, BN*

### Infection Control

Sue Flockhart *RN, BN, GradDipInfectnCtrl, GradDipMgt, RGNC, MRCNA*

### Stomal Therapy/Breast Cancer Support

Leeanne White *RN, RM, BN, StomalTherapyCert, AccredBCN, MRCNA*

### Pain Management

Louise Humble *RN, GradDipAcuteCareNsg, ICU/CCUCert, MRCNA, GradDipSciMedicine(PainMgt)*

## Nurse Unit Managers

### 4 South/Day Oncology:

Louise Taylor *RN, BN, CertCritCare, CertHlthServicesMgt, DipBus, DipBus(HR)*

### 4 North/4 West:

Vicki Thomas *RN, BN, CertHlthServicesMgt*

### Dialysis Unit

Cathy Thomas *RN, BN, Cert HlthServices Mgt*

### Emergency Department

Phil Catterson *RN, BN, CCRN, MBA*

### Intensive Care Unit

Sue Gervasoni *RN, RPN, BN, CertCritCare, MBA*

### Medical Assessment Planning Unit/3 North

Helen Watt *RN, RM, MHM, CertHD, GradDipHM*

### 3 South:

Janine Harris *RN, RM, EmergCert, BHlthSc(Nsg), GradDipNEd, GradCertMgt, MN*

### 2 North:

Danelle Klein *RN, BN, CertOrthopaedics*

Nonnie Tennant *RN, CertRehab, CertMgt*

### Maternity Services Clinical Services

Helen Leonard *RN, RM, BN, GradDipMgt*

### Maternity Services Ambulatory Services

Sue McRae *RN, RM, GradDipCommHlth*

### Paediatric & Adolescent Unit

Rachel Cousins *RN, CertICUPaed, DipBusMgt*

### Operating Suite:

Fiona Brew *RN, CertPeriopNsg, GradDipAcuteCareNsg, GradDipMgt*

### Perioperative and Day Procedure Unit:

Jill O'Flynn *, BN(PostReg), CertOrthopaedicNsg, CertAnaesth&RcvryRmNsg, GradCertMgt*

### CSSD:

Denise Jackson *RN, BN(PostReg), GradCertInfctnCtrl, MRCNA*

### Radiology

Fiona Muller *RN GradDipED GradDipBusMgt*

### Jim Gay Unit (GEM) Nurse Unit Manager

Glenn Taylor *RN, BNPsychNsg*

### Talbot Place

Marie Dell, *RN, PBGNC*

### Bill Crawford Lodge

Barbara Delmenico, *RN, PPGNC, CertBusMgt*

### Gandarra Palliative Care Unit

Maree Kewish *RNDiv1, BN(PostReg)*

### Inpatient Rehabilitation

Linda Govan *BN, MHlthAdmin, GradDipNsgMgt*

### Jack Lonsdale Lodge

Sue Paine, *RN, RM, PostGradGeriatric*

Jenny Relouw, *RN, PostGradGeriatric*

### PS Hobson

Kathy Pollard, *RN, PBGNC, GradDipHlthSci(Geriatrics)*

Shirley Madden, *RN, PBGNC*

### Geoffrey Cutter

Margaret Walsh, *RN, RM, BN, GradDipMgt, GradCertAgedCare*

Pat Sharp, *RN*

## Residential Services Managers

### Talbot Place and Bill Crawford Lodge:

Jan Hutchinson *RNDiv1, BN, MRCNA, GradDipAgedServicesMgt(Hons)*

### Pleasant Homes:

Allan Carter *RNDiv2*

### WB Messer

Sue Hall *RNDiv2, GradCertMgt*

### Hailey House

Diane Howell, *Cert IIICommServices&AgedCare*

### Eureka Village Hostel)

Lee Prentice *RNDiv2*

### James Thomas Court and Jessie Gillett Court

Kay Wheeler *RN, RM, ChemotherapyCert, GradDipBusMgt*

### Hospital Chaplain

Bruce Eldridge *BSW, FC*

### Post Acute Care

Helen Jarvis *RN, RM, BN, GradCertMgt, MRCNA*

### Aboriginal Liaison Officer

Jenny Muir SEN, *DipEd(AuralRehab), BAppSci(IndigenousCommHlth)*

### Staff Development Co-ordinator

Claudio Dellore *RPN, RM, BAppSci(NurseEd&Admin), PostGradDip(Nsg)*

## PSYCHIATRIC SERVICES

### Executive Director Psychiatric Services

Ken Burnett *MHA (UNSW), BSW (Melbourne), BA(Deakin), AMGC, RPN*

### Director of Clinical Services

Abdul Khalid *(A/Prof) MBBS, MD(Psych), CCST (UK)*

### Consultant Psychiatrists

Ajit Emmanuel *MBBS, DPM, MD(Psych)*

Vinit Mathur *MBBS, DPM, MD(Psych)*

Praveen Thottappillil *MBBS, MD(Psych)*

Ramesh Chandra *MBBS, MD(Psych)*

Rajul Tandon *MBBS, MD(Psych)*

David Barton *MBBS(UNSW), FRANZCP, MRACMA*

## Service Managers

### Manager Ballarat Psychiatric Services

Michael Struth *RPN, GradCertHlthSci, (HSM), MHSM*

### Team Leader Triage/CATT/MST

Tamara Irish *RN, RM, RPN*

### Manager Horsham Psychiatric Services

Steven Townsend *RPN, RN*

### Manager Ararat/Stawell Psychiatric Services

Michael Fryar *RPN, BAppSci(NsgAdmin), GradDip(PsychNsg)*

### Manager Adult Residential Mental Health Services

Jan Hutchinson *RNDiv1, BN, MRCNA, GradDipAgedServicesMgt(Hons)*

### Manager Child and Adolescent Mental Health Services

Joy Nicholls *RN, RPN, BN, GradDipMgt, GradDipFamilyTherapy*

### Manager Aged Persons Mental Health Services

Stephen Mills *RPN, RN, GradDipHlthAdmin*

### Manager Primary Mental Health and Early Intervention Services

Niki Reeve *RN, PGadHRMgt*

### Manager Education, Training and Development

Jackie Warner *MN, GradDipNsg GradCertMgt, BN, DipAppSci(AdPsyNsg), RPN, RN, JP*

### Manager Quality and Performance

Mario Santilli *RPN, GradDipPsychNsg*

## ALLIED HEALTH

### Executive Director

Wendy Hubbard *BAppSci(PT), MAppSci(HM), MBA, AAIM, AFCHSE, CPE*

### Manager, Community Programs:

Marianne Hubbard *BA(Psych), GradDip(Psych)*

Manager, Centre Against Sexual Assault:  
Shireen Gunn *BSW, BEd*

### Clinical Manager Dietetics

Meredith Atkinson *BAppSci(Nut), GradDipDiet, MPH*

### Clinical Manager Exercise Therapy

Jan Stewart *BAppSci(PE), GradDipHlthSc(HEd)*

### Clinical Manager Physiotherapy

Jenny Fitzgerald *BAppSci(PT), GradDipPhysio(Neuro), MBA*

### Clinical Manager Podiatry

Margaret Dawson *BAppSci(Pod), GradDip(Pod), MBA*

### Clinical Manager Prosthetics/Orthotics

Peter Lendfers *DAppSci(P&O), BAppSci(P&O), GradCertMgt, MAOPA*

### Clinical Manager Psychology

Robert Moss *DPsych, BA(Psych), RPN, GradDipBehavMan, MAPS, CCN*

### Clinical Manager Occupational Therapy

Michelle Pearson *BAppSci(OT), GradDip(HSM), MAOAT*

### Clinical Manager Social Work

Tammy Gardner *BA, BSW, MSW*

### Quality Team

### Manager, Service Planning and Quality:

Rowena Clift *DipAppSciNsg, BN(Mid), GradCertHlthAdmin*

### Coordinator Clinical Governance

Keren Day *RN, BN, GradDipAdvNsg/WomensHlth, CertContPromotion*

### Coordinator, Risk Management

Lois Abraham *RN, MRCN, GradCertOnc/PallCare, DipBusMgt*

## CORPORATE SERVICES

### Executive Director

Steven Jones *GradCertPubSecMgt, AFCHSE*

### Manager, Engineering Services

Ray Isaac *DipMechEng, GradCertMgt*

### Manager, BHS Catering

Russell Hardy *GradCertMgt, CertIIV(FoodTech), PTC, MIHHC*

### General Manager, Safety Link

Peter Latchford

### Manager, Eureka Linen

Paul Robinson *MasterDrycleaner, CertMgt*

### Manager, Environmental Services

Don Colbert *GradCertMgt*

# Year in Brief

Financial	2003/04 \$000	2004/05 \$000	%change
Total Revenue	178,209	190,687	7.00
Total Expenditure	180,828	190,112	5.13
Total Assets	208,865	218,288	4.51
Total Liabilities	55,285	54,228	-1.91
<b>Staff EFT</b>	1865.94	1902.71	1.97
<b>Performance Indicators Inpatients treated</b>			
Acute hospital	24,298	25,606	5.38
Extended Care	1,067	1,123	5.25
Psychiatric Care	560	796	42.14
<b>Average Length Of Stay (Acute)</b>	2.72	2.59	- 4.99
<b>Bed Days</b>			
Acute	66,132	66,215	0.13
Extended Care	23,839	23,871	0.13
Psychiatric	9,195	18,610	102.39
<b>Non-admitted Patient Services</b>			
Medical Outpatients	35,991	35,856	- 0.38
Allied Health	11,282	13,297	17.86
Psychiatric Community Care	69,568	86,269	24.01
ACAS	3,026	2,764	- 8.66
Community Rehabilitation	9,776	10,598	8.41
Emergency	35,792	35,835	0.12
Numbers of Births	1,005	975	- 2.99
<b>Waiting List (average)</b>			
Acute	910	1,009	10.88
Residential	28	47	67.86
<b>Other</b>			
Fundraising Income	948,000	755,000	- 20.36
Volunteer Hours	16,944	17,230	1.69



Prosthetics Department



BHS Catering

# Performance Indicators

Admitted Patient	Acute	Mental Health	Aged	Total	1. Elective Surgery Performance	2000/01	2001/02	2002/03	2003/04	2004/05
Source VAED Separations	25,606	796	1,123	27,525	Source ESIS Excludes PPP500s					
Sameday	13,556	27	5	13,588	Category 1 proportion of patients admitted within 30 days%	100	100	100	100	100
Multiday	12,050	769	1,118	13,937	Category 2 proportion of patients admitted within 90 days%	80	85	86	87	86.64
<b>Total</b>	<b>25,606</b>	<b>796</b>	<b>1,123</b>	<b>27,525</b>	Average waiting times for category 2 patients on the waiting list as at 30 June	117	106	112	117	71.5
Emergency	8,269	657	2	8,928	Average waiting times for category 3 Patients on the waiting list as at 30 June	423	402	389	288	214.6
Elective	14,927	1	-	14,928	Total Waiting List as at 30 June				910	1009
Other inc maternity	2,410	138	1,121	3,669	<b>2. Emergency Department Performance</b>					
<b>Total</b>	<b>25,606</b>	<b>796</b>	<b>1,123</b>	<b>27,525</b>	Source VEMD					
<b>Total WIES</b>	<b>19,209</b>				2a. Triage performance					
<b>Total Bed days</b>	<b>66,215</b>	<b>18,610</b>	<b>23,871</b>	<b>108,696</b>	Category 1 patients receiving Immediate attention	100	100	100	100	100
<b>Non Admitted Patients</b>					Category 2 patients receiving attention within 10 mins	87	86	84	82	84
Source AIMS				35,835	Category 3 patients receiving attention within 30 mins	89	92	91	91	93
Emergency Medicine Attendances	35,835			122,125	2b. % of patients requiring admission who are admitted within 12 hours	0	0	0	98.6	97.9
Outpatient Services - occasions of services	35,856	86,269		13,297	2c. Ambulance Bypass	0	0	0	0	0
Other Services - occasions of services	13,297			171,257	<b>3. Average Available Beds</b>	219	219	219	221	221
<b>Total occasions of service</b>	<b>84,988</b>	<b>86,269</b>		39,257	<b>4. Number of Intensive Care Beds</b>					
Victorian Ambulatory Classification System - Number of Encounters	39,257				Total Average Open	5	5	5	6	6
					<b>5. Number of Coronary Care Beds</b>					
					Total Average Open	6	6	6	6	6
					<b>6. Hospital in the Home Separations</b>				304	474

# Revenue Indicators

Debtors Outstanding	Under 30 days	31-60 days	61-90 days	Over 90	Total 30.06.05	Total 30.06.04	Total 30.06.03
Privates	687,502	156,041	74,499	154,158	1,072,199	1,014,471	603,096
TAC	0	0	0	4,466	4,466	0	1,024
VWA	12,112	2,076	20,122	1,529	35,838	56,456	14,940.00
Nursing Home	15,668	13,926	8,602	33,361	71,557	102,900	513,342
Total	715,281	172,043	103,222	193,514	1,184,061	1,173,828	1,132,402
		<b>Total Private</b>	<b>Total W/C</b>	<b>Total W/C</b>	<b>Total N/H</b>		
Average Collection Days 30/6/05		62.3	20.9	61.7	4.1		
Average Collection Days 30/6/04		68.9	N/A	23.1	6.5		
Average Collection Days 30/6/03		88.6	N/A	102.2	10.7		

## Staff

Workforce data as at 30 June 2005

	2001	2002	2003	2004	2005
<b>Total staff employed</b>	<b>2599</b>	<b>2724</b>	<b>2822</b>	<b>2932</b>	<b>2674</b>
Nursing	783.26	828.47	854.37	832.34	839.28
Doctors	87.03	91.03	99.78	97.81	122.58
Allied Health	171.53	184.33	188.35		
Ancillary Support				127.84	136.52
Admin/Clerical	238.70	247.33	250.67	268.93	281.75
Hotel Allied	392.15	397.17	439.83	316.23	304.18
Medical Support				222.79	218.40
<b>Total Staff employed</b>	<b>1672.72</b>	<b>1806.68</b>	<b>1833.00</b>	<b>1865.94</b>	<b>1,902.71</b>
EFT					

## Enterprise Bargaining Agreements

Over the past 12 months a number of Enterprise Bargaining Agreements have been negotiated and terms have been agreed upon. These include:

- Registered Nurses
- Psychiatric Nurses
- Allied Health Professionals
- Dietitians, Medical Scientists, Pharmacists and Psychologists

The professionalism and ongoing commitment shown by all categories of affected staff whilst the various Enterprise Bargaining Agreements were being negotiated was much appreciated.

# Environmental Performance

## Caring for the environment

Ballarat Health Services has continued its proactive approach towards a sustainable environment through its effective waste management program and, in a more holistic way, through the establishment and care of sensory gardens around the residential sites.

The key to reducing the amount of wastage produced has been the segregation, that is separating, of different types of waste "streams" together with the "3Rs" program of Reduce, Re-use and Recycle. Waste volumes and recycling have remained consistent while there have been significant increases to production and organisational growth.

In the 2004/05 financial year 36.73 per cent of waste was recycled - down 2.31 per cent from the 2003/04 figures. Latest recycling activities introduced are printer cartridges and medical metals recycling. We also continue to recycle food waste, paper, cardboard, glass, cans and we donate equipment to third world countries.

## Waste Management

	2001	2002	2003	2004	2005
<b>Total waste costs \$</b>					
Base Hospital	93,229	96,333	102,511	105,696	115,771
QEC	19,196	20,793	23,726	25,516	27,951
<b>Total</b>	<b>112,425</b>	<b>117,126</b>	<b>126,237</b>	<b>131,212</b>	<b>143,722</b>
<b>Recycling Volumes kg</b>					
Food & waste to worm farm	175,200	124,800	128,960	131,040	119,120
Paper & cardboard	40,400	60,076	53,980	57,680	59,650
Bottles & plastics			2,759	3,046	3,913
Document destruction	20,615	9,031	9,039	11,162	11,571
<b>Total</b>	<b>236,215</b>	<b>193,907</b>	<b>193,738</b>	<b>202,928</b>	<b>194,254</b>
<b>Landfill kg</b>					
General Waste	177,120	228,990	263,070	256,050	266,370
<b>Incineration kg</b>					
Bio medical waste	57,998	60,142	61,017	60,903	68,272
<b>Waste Total kg</b>	<b>235,118</b>	<b>289,132</b>	<b>324,087</b>	<b>316,953</b>	<b>334,642</b>
<b>Combined Total kg</b>	<b>471,333</b>	<b>483,039</b>	<b>517,825</b>	<b>519,881</b>	<b>528,896</b>
<b>Recycling %</b>	<b>50.11</b>	<b>40.14</b>	<b>37.60</b>	<b>39.04</b>	<b>36.73</b>

One cubic metre of confidential waste calculated at 140 kg  
 One cubic metre of paper and cardboard calculated at 50 kg  
 One cubic metre of general waste calculated at 120 kg  
 Bin of food waste is calculated at 80 kg  
 Food waste: Base Hospital 156 bins, QEC 1482 bins  
 One cubic metre of glass calculated at 160kg  
 One cubic metre of plastic calculated at 32 kg

# Research, Ethics & Publications

Ballarat Health Services has continued to promote and develop research activities across its services, recognising that research inherently promotes best care by providing a sound evidence base for clinical practice. To demonstrate this focus, the two arms of “research” and “ethics” have expanded to become progressively more formalised and integrated, as outlined below.

The Research Committee established by the Executive Staff Council last year now has ten members – experienced clinicians and researchers - drawn from allied health, nursing and medical services. The Committee operates to ensure the promotion and conduct of quality research that will benefit our organisation and the community we serve. The Committee has successfully piloted a formal process for project development within two service areas and it is anticipated that this will be extended to other clinical areas over the coming months. A service wide Research Policy has been drafted which will further streamline the development and approval process as well as formalise the approach to issues such as authorship, intellectual property and storage and confidentiality of research data. A priority for the coming year will be the evolution and implementation of strategies to provide educational opportunities for clinical staff in the principles of evidence based practice. The Committee will also continue its work in developing a governance framework for BHS that is in keeping with the diverse challenges presented by modern-day research.

Additionally, the Committee is responsible for reviewing all internally generated research proposals prior to submission to the joint Ballarat Health Services and St John of God Human Research Ethics Committee (HREC).

This initiative has proved highly successful in reducing the time expended at Ethics Committee meetings considering methodological and operational issues. Indeed, to date, all proposals reviewed by the Research Committee have subsequently been approved by the Ethics Committee at one sitting, with no amendments required. It is hoped that this program of prior review will allow the HREC to concentrate more fully on its primary role of protecting the welfare and rights of research participants in accordance with the provisions of “The National Statement on Research Involving Humans”<sup>1</sup>, under which it is constituted.

The HREC has continued to receive applications for quantitative and qualitative projects, as well as for single centre, multi-centre and international projects, from a broad range of research categories as shown below:

Research Category	No of Applications
Clinical Research	13
Social Science	8
Clinical (drug) trials	6
Public Health	4
Psychological	3
Health Economics	1

All but two applications<sup>2</sup> were granted approval, usually conditional upon receipt of amended participant information or clarification of matters of concern. Although the number of formal applications has not increased from last year it has again been a busy year for the Committee which has dealt with over 140 other items of business including protocol amendments; adverse event reports; and interim and final reports for ongoing projects.

It is pleasing to report that no complaints were received by the HREC in relation to ethical conduct of research and that once again the NHMRC made a positive assessment of the HREC’s activities for the preceding twelve months. Moreover, the move to monthly meetings instituted in August last year has allowed members additional time to review policy and procedural matters; discuss topical issues such as privacy, informed consent and research governance; and focus more fully on the key principles of respect for persons, beneficence and justice set down in the National Statement.

The appointment of a part-time administrator for the Committee has improved the process for receipt, registration and administrative review of applications. A comprehensive website has been established and a form for reporting external adverse events in multi-centre clinical trials has been developed to assist the Committee in reviewing the large volume of reports received, particularly in relation to international trials.

Ballarat Health Services continues to be grateful to the HREC, and particularly the external members who volunteer their time to continue the vital task of safeguarding our patients and staff as potential participants in research.

#### Footnotes

- <sup>1</sup> The full text of the National Statement can be accessed through the Ballarat Health Services website at: [http://www.bhs.org.au/index.php/Ethics\\_home](http://www.bhs.org.au/index.php/Ethics_home)
- <sup>2</sup> Both withdrawn or not resubmitted by the researcher; no proposals were formally rejected by the HREC which always tries to negotiate with researchers to resolve ethical concerns.

The projects listed below are those submitted by Ballarat Health Services' staff and subsequently approved:

- i. Open label trial of Leukine® (Sargramostim), a recombinant human granulocyte-macrophage colony stimulating factor (GM-CSF), in active Chron's disease. (Protocol No. 307340.)
- ii. A Phase 3 randomized, double blind, placebo-controlled induction study of Leukine® (Sargramostim) in patients with active Chron's Disease. (Protocol No: 307380).  
Phelps, G *MBBS, FRACP, FAIM*

Does early Computerised Tomography exclude fracture in clinical scaphoid fracture?  
Cruickshank, J *MBBS, FACEM*

A multi-centre, open label, randomised controlled trial of two target ranges for glycaemia in Intensive Care Unit patients (NICE)  
Gazzard, R *MBBS, FANZCA*

Protocol No. 1907-020219 A Phase 3 Multi-centre 52 week, open label, Rollover Study of the Efficacy and Safety of OPC-6535 25 mg or 50 mg Oral Tablets in the Treatment of Subjects with Ulcerative Colitis  
Phelps, G *MBBS, FRACP, FAIM*

An investigation of hand hygiene practices of nursing, non-nursing and medical staff at Ballarat Health Services  
Deans, C *PhD, MN, BA, C.Teaching(Ulster), RN, RPN, RNT, HV(UK)*

A 52 –week randomised, double- blind, placebo-controlled, parallel three-group study to assess the efficacy of two dose levels of Clioquinol when added to current therapy, to slow progression of disease in patients with mild to moderate alzheimers disease  
Yates, M *MBBS, FRACP* (subsequently withdrawn by sponsor company)

Ventilation and Weaning Practice in Australia and New Zealand: A Comparison with International Practice  
Sutherland, T, *MBBS, FANZCA*

Footstep patterns and vestibular function in people presenting to the emergency department with unexplained falls  
Bilney, B *PhD, B App Sci (physio) MA (physio)*

Clinical and laboratory investigation of undiagnosed encephalitis (CLUE) study  
Hurley, J *MBBS, FRACP,*

Footstep pattern changes associated with the use of assistive devices in older people at risk of falls  
Bilney, B *PhD, BAppSci (physio); MA (physio)*



*Research Committee:  
Back Row - Dr Cecil Deans, Dot Rogers, Jacinta Lee,  
Dr Belinda Bilney, Wendy Hubbard*

*Front Row - Dr Deepika Monga, Desley Beechey,  
Dr Abdul Khalid*

*Absent: Dr Karen Dodd, Dr Christoph Gatzska and  
Dr James Hurley*

# Publications

Arnold, S., **Deans, C.** & Munday, J. University and service sector collaboration for undergraduate nursing education. *International Journal of Mental Health Nursing* 13: 61-66.

Ayonrinde OT, **Phelps G, Hurley JC.** (in press) Paracetamol Overdose and Hepatotoxicity at a Regional Australian Hospital – A Four Year Experience.

**Bilney, B** Morris, ME Churchyard, A Chiu, E Georgiou-Karistianis, N. Evidence for a disorder of locomotor timing in Huntington's disease. *Movement Disorders* 2005 20(1): 51-7.

**Brumley, D., Fisher, J.,** Robinson, H., Ashby, M. (accepted for publication September 2005) Improving access to clinical information in after hours community palliative care. *Australian Journal of Advanced Nursing*.

**Deans, C.** Nurses' and occupational violence: the role of organisational support in moderating professional competence. *Australian Journal of Advanced Nursing* 22(2): 14-18.

**Deans, C.** Who cares for nurses?: The lived experience of workplace aggression. *Collegian*. 11(2) 32-36

**Deans, C.** & Soar, R. Caring for clients with a dual diagnosis in rural communities in Australia: the experience of mental health professionals. *Journal of Psychiatric and Mental Health Nursing*. 12, 268-274.

**Deans, C.** (2004). The effectiveness of a training program for emergency department nurses in managing violent situations. *Australian Journal of Advanced Nursing* 21(4):17-22

**Deans, C.** Donovan, S. & Best, H. Evidence-based practice: a remote possibility? *Connections*. (8)1, 6-7.

**Deans, C.** Medication errors and professional practice of registered nurses. *Collegian*. 12(1):29-33.

Hayes, A., **Brumley, D.,** Habegger, L., Wade M., **Fisher, J.,** Ashby, M. (2005) Evaluation of training on the use of Graseby syringe drivers for rural nonspecialist nurses. *International Journal of Palliative Nursing*, 11(2): 84-92.

Howden BP, Ward PB, Charles PGP, Korman TM, Fuller A, du Cros P, Grabsch EA, Roberts SA, Robson J, Read K, Bak N, **Hurley J,** Johnson PDR, Morris AJ, Mayall BC, Grayson ML. Treatment Outcomes for Serious Infections Caused by Methicillin-Resistant *Staphylococcus aureus* with Reduced Vancomycin Susceptibility. *Clinical Infectious Diseases* 2004;38: 521

**Hurley JC.** (2005) Inapparent outbreaks of ventilator associated pneumonia: An ecological analysis of prevention and cohort studies. *Infect. Control Hosp. Epidemiol.* 26: 374-390

**Hurley JC.** 2004 Mortality due to MSSA versus MRSA bacteremia: an ecological analysis (letter). *Clin Infect Dis.*2004;37: 866-868.

**Hurley JC.** Mortality due to VRE versus VSE bacteremia: an ecological analysis. *Clinical Infectious Diseases* 2005; 39 - in press scheduled to appear Nov 2005.

Morris ME, **Bilney B,** Perry A, Davidson M, Curran A, **Dodd K.** Effectiveness of physiotherapy, occupational therapy and speech pathology for people with Motor Neurone Disease: a systematic review *Neurorehabilitation and neural repair* (In press).

Morris, M, **Bilney, B, Dodd, K,** Denisenko, S, Baker, R, Dobson, F, and McGinley, J. Clinical gait analysis in neurology. In: Hausdorff J & Alexander N (Eds) *Evaluation and Management of Gait Disorders*

O'Flynn, J. & **Deans, C.** Post sedation recovery of day procedure patients: effect of Aldrete's assessment instrument on first stage recovery. *Journal of Day Surgery* 3(1). 7-9

**Peach H.** 'Further support for the families of Australia's war veterans requires a broad research strategy'. *Medical Journal of Australia* 2005; 183 (3): 147-150.

**Peach H.** 'John Garland Griffiths and Bruce Wilson Griffiths.' *Chiron* 2005; 5 (3): 38.

**Peach H.** 'Religion, spirituality and health I: issues and opportunities facing Australia's medical profession.' Proceedings of first national conference on spirituality and health. *Adventist Health, Adelaide*, 2005.

**Peach H.** 'Religion, spirituality and health II: issues and opportunities facing Boards of Management.' Proceedings of first national conference on spirituality and health. *Adventist Health, Adelaide*, 2005.

**Peach H.G.,** Trembath M., Fensling B. 'Do rural training programs increase the number of physicians practicing in rural areas?' *Family Medicine*, 2004, 36 (7): 523.

**Peach H.G.** 'Alan Leslie Nicholson.' *Medical Journal of Australia* 2005, 182 (3): 128.

**Peach H.G.** 'Bruce Wilson Griffiths', *Medical Journal of Australia* 2005; 182 (3): 128.

**Peach H.G.** 'Exploration of the problems affecting the spouses and children of Veterans'. *Veterans' Health: Quo Vadis.* Inaugural veterans' health symposium DVD. Sir Edward Dunlop Medical Research Foundation, Melbourne, November, 2004.

Stranieri, A., Yearwood, J., Gervasoni, S., Garner, S., **Deans, C.,** Johnstone, A. Web-based decision support for structured reasoning in health. *Health Informatics Conference*. 1-6.

You Liming, **Deans, C.** Liu, K., Zhang, M.F., Zhang J. Raising Falls Awareness of Fall Risk Among Chinese Older Adults. *Journal of Gerontological Nursing*.30(6):35-42.

# Statutory Requirements

## Reporting of legislative changes

Legal advice received by Ballarat Health Services indicates that upon review of the Department of Human Services' Public Hospital Financial Reporting Guidelines for 2004-2005 there are no explicit requirements to list all changes in legislation/regulations for the relevant reporting period.

## Whistleblowers Protection Act

The Whistleblowers Protection Act 2001 came into effect on 1 January 2002. The Act is designed to protect people who disclose information about serious wrongdoings within the Victorian Public Sector and to provide a framework for the investigation of these matters. The Protected Disclosure Co-ordinator for Ballarat Health Services is Terri Miles, telephone 5320 4300 email terrim@bhs.org.au She acts as an agent to receive disclosures under the Act and applies Ballarat Health Services' procedures in managing disclosures.

Disclosures of improper conduct by Ballarat Health Services or its employees may be made to the Protected Disclosure Officer, Geoff Millar, telephone 5320 4093 email geoffmillar@bhs.org.au or in writing to Ballarat Health Services, PO Box 577, Ballarat 3353

The Ombudsman Victoria  
Level 22, 459 Collins Street, Melbourne, 3000  
Tel: 9613 6222 Toll free: 1800 806 314

No disclosures under the Act were received during 2004/2005

## Freedom of Information Requests

Ballarat Health Services is an agency subject to the Freedom of Information Act (Victoria) 1982. As required under the Act, Ballarat Health Services has nominated Andrew Rowe as the Principal Officer and Sue Huebner as the Freedom of Information Officer.

Applications received:

2001	2002	2003	2004	2005
171	202	282	252	200

## Complaints

The management of complaints has undergone an extensive review in response to patients who, when surveyed, reported that they did not know how to make a complaint. Ballarat Health Services recognises that responding effectively to complaints is an opportunity to improve the service.

Complaints received:

2001	2002	2003	2004	2005
110	93	109	118	173

## Fees

All fees charged by Ballarat Health Services are regulated by the Commonwealth Department of Health and Aged Care, the Commonwealth Department of Family Services and the Hospitals and Charities (Fees) Regulations 1986, or as otherwise determined by the Department of Human Services.

## National Competition Policy

Ballarat Health Services complied with all government policies regarding competitive neutrality in regard to all tender applications.

## Contracts: Victorian Industry Participation Policy Act 2003

Ballarat Health Services abides by the principles of the Victorian Industry Participation Policy. In 2004/05 there were no contracts commenced or completed by Ballarat Health Services under this act.

## Compliance with Building Act

The following report describes the extent to which Ballarat Health Services complies with The Building Act 1933 - Guidelines issued by the Minister for Finance for publicly owned buildings.

## Consultancies

There were no consultancies in excess \$100,000 at Ballarat Health Services during the year. There were three consultancies less than \$100,000 totalling \$102,103.

## Building standards and condition Assessments

The Minister for Finance has issued guidelines for maintaining standards of publicly owned buildings. These require inspections of all buildings to determine compliance with the building owner's duty of care.

Ballarat Health Services has instituted a system of annual building inspections by a building surveyor. Minor works are addressed using the Health Services maintenance budget. Capital works are referred to the Capital Planning and Works Committee for funding approval.

During 2004/05 all Priority One works identified in the initial fire audits were completed. The interim works across the Base Hospital site are scheduled to be completed early in 2005/06.

A program of reviewing the implementation and on-going compliance with the original fire risk assessment recommendations was conducted in 2004/05. These re-audits have been received and funding has been allocated to address the higher priority items. These works are under way.

During the financial year the following works and maintenance were undertaken to ensure compliance with relevant standards.

**Building Works** **Number**

Occupancy permits issued	2
Works in construction and the subject of mandatory inspections	2

**Maintenance**

Notice issued for rectification of sub-standard building requiring urgent attention	0
Involving major expenditure and urgent attention	0

**Essential Services Maintenance**

Ballarat Health Services buildings constructed after July 1994 have been designed to conform to The Building Act 1993 and its Regulations, as well as to meet other statutory regulations that relate to health and safety matters. All have been issued with Occupancy Permits. All building practitioners engaged by Ballarat Health Services are required to produce evidence of current registration on commencing a project, as well as evidence that their registered status will be maintained through out the year.

Buildings constructed prior to July 1994 were not subject to issue of Occupancy Permits. However, regardless of the age of each building Ballarat Health Services has adopted a policy to maintain Essential Services, as far as is practical, in accordance with Part 11 of the Building Regulations 1994.

Compliance involves ensuring that all essential services covered by the Regulations are being maintained to fulfil

their purpose. It also involves keeping records of maintenance checks, completing an Annual Essential Services Report, and retaining records and reports on the premises for inspection by the Municipal Building Surveyor or the Chief Fire Officer on request.

Essential Services Reports (Form 15) are prepared annually for properties owned by Ballarat Health Services to confirm that all of the essential services are operating at the required level of performance.

## Life Governors

At the 2004 Annual General Meeting Life Governors commendations were awarded to the following for outstanding service to Ballarat Health Services:

- John McCartney
- Joan McCartney
- Thelma Hocking
- Jeanne Still
- Stephen Lowry
- Mark Schultz
- Betty Brugman

## Volunteers

Volunteers continued to play an integral role in the well being of residents and clients through socialisation programs at residential and day centre facilities. All volunteers now undergo a police check before appointment. Other initiatives introduced include attendance at Ballarat Health Services monthly orientation program, photo identification badge and the development of a volunteer manual.

## Ballarat Health Services' publications

Ballarat Health Services produces a range of publications for consumers, supporters and interested people. These publications are available from specific disciplines and services. They are written by staff and updated regularly and include the Annual Report, Health Matters and Quality Matters, are available on request from the Chief Executive Officer.



# Services

Ballarat Health Services is the principal referral centre for the Grampians Region which extends from Bacchus Marsh to the South Australian border, an area of 48,000 square kilometres.

The key services are based at two sites close to the central business district. There are 13 off-site facilities in Ballarat and a number of community based psychiatric services in Horsham, Stawell, Ararat and Bacchus Marsh.

The Base Hospital includes acute hospital, emergency and diagnostic services as well as adult and secure psychiatric beds:

The Queen Elizabeth Centre includes the inpatient rehabilitation, palliative care and assessment wards as well as psycho-geriatric assessment, extended care and nursing home beds. Ballarat Health Services includes acute, aged and mental health beds.

Acute	221
Aged residential care	535
Sub Acute	70
Mental Health	67
<b>Total:</b>	<b>893</b>

## Internal Medicine

Aged Care  
Dialysis  
General Medicine  
Oncology - medical and radiation  
Palliative Care  
Rehabilitation  
Thoracic  
Respiratory  
Gastroenterology  
Cardiology

## Surgical Services

Ear, Nose and Throat  
Facio Maxillary  
General Surgery Neurology  
Ophthalmology  
Orthopaedic  
Plastics  
Urology  
Vascular

## Women and Children's Health

Gynaecology  
Neonatology  
Obstetrics  
Paediatrics

## Critical Care Services

Critical Care  
Emergency Department  
Intensive Care

## Psychiatric Services

Adult Acute and Extended Care - inpatient  
Children and Adolescents  
Community Care

## Radiology

CT  
Imaging  
MRI  
Ultrasound

## Clinical Resources

Clinical Measurements  
Library  
Pathology (contracted service)  
Pharmacy

## Allied Health Services

Aboriginal Liaison  
Centre Against Sexual Assault  
Dietetics  
Exercise Therapy  
Occupational Therapy  
Physiotherapy  
Psychology  
Podiatry  
Prosthetics & Orthotics  
Social Work  
Speech Pathology

## Community Services

Aged Care Assessment Services  
Bereavement Support  
Carers Choice  
Community Aged Care Packages  
Community Health (Primary Care)  
Community Rehabilitation  
Diabetes Education  
Dialysis  
Extended Aged Care at Home  
Hospital in the Home  
Linkages  
Maternity Services Enhancement Strategy  
Mortuary  
Post Acute Care  
Support Packages  
Regional Continence Service  
Regional Palliative Care Team  
Rehabilitation in the Home  
Specialist Clinics: Continence, Dementia, Falls

## Day Centres

Elizabeth Brown Centre  
Ethel Lowe Centre  
Eyres House  
Midlands

## Residential Facilities

Bill Crawford Lodge - high level care  
Eureka Village - low level care  
Geoffrey Cutter Centre - high level care  
Hailey House - low level care  
Jack Lonsdale Lodge - high level care  
James Thomas Court - low level care  
Jessie Gillett Court - low level care  
Midlands House - student accommodation  
Pleasant Homes - low level care  
PS Hobson - high level care  
Steele Houghton Unit - high level care geriatric psychiatry  
Talbot Place - high level care  
WB Messer - low level care

## Business Units

B H S Catering - Food Services  
Eureka Linen Service  
QE Aged Care Solution - educational service  
Safety Link - 24 hour personal response service

## Finance

Financial Management  
Insurance  
Taxation systems

## Information Services

Health Information Services  
Information Technology

## Support Services

Engineering and Maintenance  
Environmental Services  
Fleet Management  
Human Resources  
Materials Management  
Payroll and Personnel  
Print shop  
Safety

## Executive Services

Community and Media Relations  
Fund Development  
Quality

## Education Services

Training and Development  
Undergraduate and postgraduate training in health disciplines

# Contact Details

Acute medical, surgical, women's children's, critical care and emergency department

## Base Hospital

Drummond Street North  
Ballarat 3350  
tel: 03 5320 4000  
fax: 03 5320 4828

Rehabilitation, complex care and assessment, palliative care, and community services

## Queen Elizabeth Centre

102 Ascot Street South  
PO Box 199  
Ballarat 3353  
tel: 03 5320 3700  
fax: 03 5320 3860

Psychiatry, adult acute and extended care, child and adolescent and community

## Ballarat Psychiatric Services

Sturt Street  
PO Box 577  
Ballarat 3353  
tel: 03 5320 4100  
fax: 03 5320 4028

## Steele Haughton Geriatric Psychiatry Unit

Tel: 03 5320 3591

## Community psychiatry

## Horsham Psychiatric Services

tel: 03 5382 6744

## Ararat Psychiatric Services

tel: 5352 1105

## Eastern View Community Psychiatric Care Unit

tel: 5332 9459

## Residential Care Facilities

### PS Hobson Nursing Home, QE Village

tel: 5338 1644

### WB Messer Hostel, QE Village

tel: 5339 6979

### Geoffrey Cutter Centre

tel: 5337 1567

### Eureka Village Hostel

tel: 5337 1550

### Hailey House Hostel

tel: 5320 3744

### Bill Crawford Lodge Special Care

tel: 5320 3970

### Dementia Unit

tel: 5320 3755

### Talbot Place Nursing Home

tel: 5332 1841

### Pleasant Homes

### Jack Lonsdale Lodge

tel: 5335 0522

### Jessie Gillett Court

tel: 5335 0526

## Day Centres

### Elizabeth Brown Day Centre,

tel: 5331 4037

### Midlands Day Centre

tel: 5331 5978

### Eyres House Dementia Specific Day Centre

tel: 5332 4720

### Ethel Lowe Day Centre

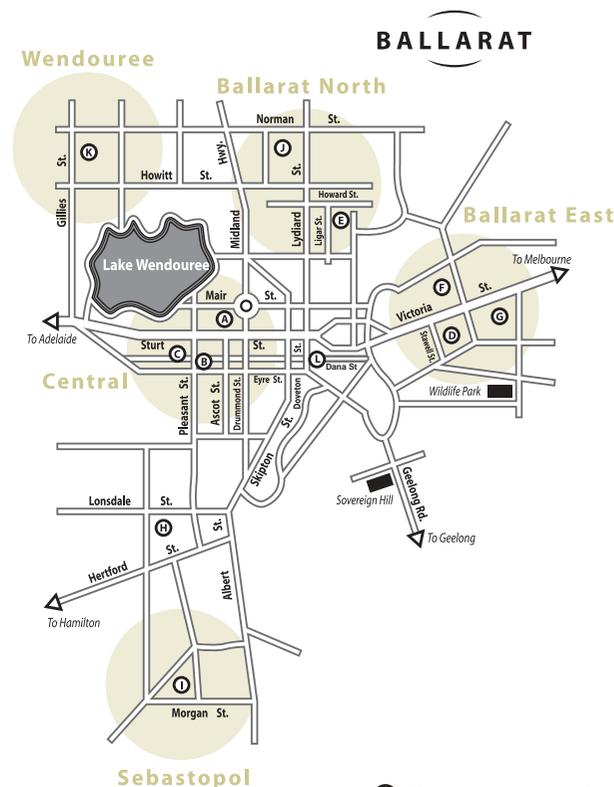
tel: 5335 0506

## Business Units

### Ballarat Health Services Catering tel: 5320 3738

### Eureka Linen tel: 5335 7377

### Safety Link tel: 5320 5431



## LEGEND

### (A) Ballarat Base Hospital - 5320 4000

- Administration
- Acute Care
- Outpatients
- Psychiatric Services
- Education Resource Centre
- 24 hour Emergency

### (B) Queen Elizabeth Centre - 5320 3700

- Peter Heinz Centre (Rehabilitation Ward)
- Gandarra Palliative Care Unit
- Jim Gay Unit
- Bill Crawford Lodge
- Aged Care Assessment Services
- Geriatric Psychiatry - Steele Haughton Unit
- Talbot Place Nursing Home
- Centre Against Sexual Assault
- Linkages
- Carers' Choice
- Education
- Catering

### (C) Pleasant Homes Hostel

### (D) Eastern View Community Care Centre

### (E) Eyres House

### (F) Elizabeth Brown Day Centre

### (G) Eureka Village Hostel Geoffrey Cutter Centre

### (H) Eureka Linen

### (I) Sebastopol Complex Ethel Lowe Day Centre James Thomas Court Jessie Gillett Court Jack Lonsdale Lodge

### (J) Midlands Day Centre Hailey House Hostel

### (K) QE Village WB Messer Hostel PS Hobson Nursing Home

### (L) Safety Link



## Financials Report 05

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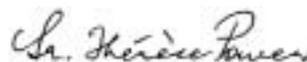
## BALLARAT HEALTH SERVICES

**Accountable Officer's, Chief Finance Officer's and member of Responsible body's declaration**

We certify that the attached financial statements for Ballarat Health Services have been prepared in accordance with Part 4.2 of the Standing Directions of the Minister for Finance under the Financial Management Act 1994, applicable Financial Reporting Directions, Australian accounting standards and other mandatory professional reporting requirements.

We further state that, in our opinion, the information set out in the statement of financial performance, statement of financial position, statement of cash flows and notes to the forming part of the financial statements, presents fairly the financial transactions during the year ended 30 June 2005 and financial position of the Hospital as at 30 June 2005.

We are not aware of any circumstances which would render any particulars included in the financial statements to be misleading or inaccurate.



Chairperson (on behalf of the Board)  
Dr T K Power



Chief Executive Officer Accountable Officer  
Mr A R Rowe



Chief Finance Officer  
Mr D J Fraser

Dated the 30th day of August, 2005 at Ballarat.



AUDITOR GENERAL  
VICTORIA  
INDEPENDENT AUDIT REPORT

**Ballarat Health Services**

To the Members of the Parliament of Victoria and Members of the Board of the Health Service

**Matters Relating to the Electronic Presentation of the Audited Financial Report**

This audit report for the financial year ended 30 June 2005 relates to the financial report of Ballarat Health Services included on its web site. The Members of the Board of Ballarat Health Services are responsible for the integrity of the web site. I have not been engaged to report on the integrity of the web site. The audit report refers only to the statements named below. An opinion is not provided on any other information which may have been hyperlinked to or from these statements. If users of this report are concerned with the inherent risks arising from electronic data communications they are advised to refer to the hard copy of the audited financial report to confirm the information included in the audited financial report presented on this web site.

**Scope**

*The Financial Report*

The accompanying financial report for the year ended 30 June 2005 of Ballarat Health Services consists of the statement of financial performance, statement of financial position, statement of cash flows, notes to and forming part of the financial report, and the supporting declaration. The financial report includes the consolidated financial statements of the economic entity, comprising Ballarat Health Services and the entities it controlled at the year's end or from time to time during the financial year as disclosed in note 24 to the financial statements.

*Members' Responsibility*

The Members of the Board of Ballarat Health Services are responsible for:

- the preparation and presentation of the financial report and the information it contains, including accounting policies and accounting estimates
- the maintenance of adequate accounting records and internal controls that are designed to record its transactions and affairs, and prevent and detect fraud and errors.

*Audit Approach*

As required by the *Audit Act 1994*, an independent audit has been carried out in order to express an opinion on the financial report. The audit has been conducted in accordance with Australian Auditing Standards to provide reasonable assurance as to whether the financial report is free of material misstatement.

The audit procedures included:

- examining information on a test basis to provide evidence supporting the amounts and disclosures in the financial report
- assessing the appropriateness of the accounting policies and disclosures used, and the reasonableness of significant accounting estimates made by the members
- obtaining written confirmation regarding the material representations made in conjunction with the audit
- reviewing the overall presentation of information in the financial report.



AUDITOR GENERAL  
VICTORIA

**Independent Audit Report (continued)**

These procedures have been undertaken to form an opinion as to whether, in all material respects, the financial report is presented fairly in accordance with Accounting Standards and other mandatory professional reporting requirements in Australia, and the financial reporting requirements of the *Financial Management Act 1994*, so as to present a view which is consistent with my understanding of the Health Service's and the economic entity's financial position, and their financial performance and cash flows.

The audit opinion expressed in this report has been formed on the above basis.

**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 are to be exercised. The Auditor-General and his staff and delegates comply with all applicable independence requirements of the Australian accounting profession.

**Audit Opinion**

In my opinion, the financial report presents fairly in accordance with applicable Accounting Standards and other mandatory professional reporting requirements in Australia, and the financial reporting requirements of the *Financial Management Act 1994*, the financial position of Ballarat Health Services and the economic entity as at 30 June 2005 and their financial performance and cash flows for the year then ended.

MELBOURNE  
30 August 2005

  
JW CAMERON  
Auditor-General

	Note	Parent Entity 2005 \$000	Parent Entity 2004 \$000	Consolidated 2005 \$000	Consolidated 2004 \$000
<b>REVENUE FROM ORDINARY ACTIVITIES</b>	2(a),2(b)	190,687	178,209	190,687	178,209
<b>EXPENSES FROM ORDINARY ACTIVITIES</b>					
Employee Entitlements		132,975	126,775	132,975	126,775
Supplies and Consumables		15,419	14,482	15,419	14,482
Depreciation	3	7,607	7,424	7,607	7,424
Other Expenses		34,021	31,994	34,021	31,994
Borrowing Costs	4	90	153	90	153
<b>TOTAL EXPENSES FROM ORDINARY ACTIVITIES</b>	2(c)	190,112	180,828	190,112	180,828
<b>SURPLUS/(DEFICIT) FOR THE YEAR</b>	5	575	(2,619)	575	(2,619)
Increase in Asset Revaluation Reserve	5	7,883	-	7,883	-
Increase in Net Result on Consolidation	5	-	-	826	-
<b>TOTAL REVENUE, EXPENSES AND VALUATION ADJUSTMENTS RECOGNISED DIRECTLY IN EQUITY</b>		7,883	-	8,709	-
<b>TOTAL CHANGES IN EQUITY OTHER THAN THOSE RESULTING FROM CHANGES IN CONTRIBUTED CAPITAL</b>		8,458	(2,619)	9,284	(2,619)

BALLARAT HEALTH SERVICES  
STATEMENT OF FINANCIAL POSITION AS AT JUNE 30 2005

	Note	Parent Entity 2005 \$000	Parent Entity 2004 \$000	Consolidated 2005 \$000	Consolidated 2004 \$000
<b>ASSETS</b>					
<b>Current Assets</b>					
Cash Assets	7,17	665	1,452	665	1,452
Inventory	8	1,224	838	1,224	838
Prepayments		550	714	550	714
Receivables	9,17	5,878	6,153	5,878	6,153
Other Financial Assets	10,17	13,498	12,809	13,498	12,809
<b>Total Current Assets</b>		<b>21,815</b>	<b>21,966</b>	<b>21,815</b>	<b>21,966</b>
<b>Non Current Assets</b>					
Receivables	9,17	3,812	3,569	3,812	3,569
Prepayments		93	197	93	197
Other Financial Assets	10,17	5,799	6,530	6,625	6,530
Property, Plant and Equipment	11	186,769	176,603	186,769	176,603
<b>Total Non Current Assets</b>		<b>196,473</b>	<b>186,899</b>	<b>197,299</b>	<b>186,899</b>
<b>TOTAL ASSETS</b>		<b>218,288</b>	<b>208,865</b>	<b>219,114</b>	<b>208,865</b>
<b>LIABILITIES</b>					
<b>Current Liabilities</b>					
Payables	12,17	7,036	9,243	7,036	9,243
Employee Benefits	13	15,492	13,970	15,492	13,970
Monies Held in Trust	14	3,302	5,040	3,302	5,040
Interest Bearing Liabilities	15,17	619	856	619	856
<b>Total Current Liabilities</b>		<b>26,449</b>	<b>29,109</b>	<b>26,449</b>	<b>29,109</b>
<b>Non Current Liabilities</b>					
Employee Benefits	13	14,735	14,214	14,735	14,214
Monies Held in Trust	14	12,664	10,963	12,664	10,963
Interest Bearing Liabilities	15,17	380	999	380	999
<b>Total Non Current Liabilities</b>		<b>27,779</b>	<b>26,176</b>	<b>27,779</b>	<b>26,176</b>
<b>TOTAL LIABILITIES</b>		<b>54,228</b>	<b>55,285</b>	<b>54,228</b>	<b>55,285</b>
<b>NET ASSETS</b>		<b>164,060</b>	<b>153,580</b>	<b>164,886</b>	<b>153,580</b>
<b>EQUITY</b>					
Funds held for Restricted Purposes	5,6	15,674	11,943	15,674	11,943
Contributed Capital	5	147,914	145,892	147,914	145,892
Asset Revaluation Reserve	5	16,994	9,111	16,994	9,111
Retained Earnings	5	(16,522)	(13,366)	(15,696)	(13,366)
<b>TOTAL EQUITY</b>	5	<b>164,060</b>	<b>153,580</b>	<b>164,886</b>	<b>153,580</b>

	Note	Parent Entity 2005 \$000 Inflows (Outflows)	Parent Entity 2004 \$000 Inflows (Outflows)	Consolidated 2005 \$000 Inflows (Outflows)	Consolidated 2004 \$000 Inflows (Outflows)
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>					
<b>Receipts</b>					
Government Grants (inclusive of goods and services tax)		139,450	130,179	139,450	130,179
Patient Fees		28,300	26,507	28,300	26,507
Dividends Received		-	6	-	6
Interest Received		1,538	1,258	1,538	1,258
Capital Development Funds		3,070	3,829	3,070	3,829
Capital Grants		506	1,377	506	1,377
Proceeds from Donations and Bequests		755	948	755	948
Other (inclusive of goods and services tax)		25,868	23,571	25,868	23,571
<b>Payments</b>					
Employee Entitlements		(130,932)	(127,789)	(130,932)	(127,789)
Goods and Services Tax Paid		(9,687)	(8,924)	(9,687)	(8,924)
Other (inclusive of goods and services tax)		(50,779)	(44,099)	(50,779)	(44,099)
<b>NET CASH FLOWS FROM/(USED IN) OPERATING ACTIVITIES</b>	<b>16</b>	<b>8,090</b>	<b>6,863</b>	<b>8,090</b>	<b>6,863</b>
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>					
Purchase of Property, Plant and Equipment		(12,772)	(12,030)	(12,772)	(12,030)
Purchase of Investments		(16,503)	(4,500)	(16,503)	(4,500)
Sale of Investments		16,545	3,493	16,545	3,493
Proceeds from Sale of Property, Plant and Equipment		4,836	3,136	4,836	3,136
<b>NET CASH USED IN INVESTING ACTIVITIES</b>		<b>(7,894)</b>	<b>(9,901)</b>	<b>(7,894)</b>	<b>(9,901)</b>
<b>CASH FLOWS FROM FINANCING ACTIVITIES</b>					
Interest on Borrowings		(90)	(153)	(90)	(153)
Repayment of Borrowings		(856)	(756)	(856)	(756)
Repayment of monies held in trust		(2,956)	(2,735)	(2,956)	(2,735)
Proceeds from monies held in trust		2,919	5,068	2,919	5,068
<b>NET CASH FLOWS FROM FINANCING ACTIVITIES</b>		<b>(983)</b>	<b>1,424</b>	<b>(983)</b>	<b>1,424</b>
<b>NET INCREASE/(DECREASE) IN CASH HELD</b>		<b>(787)</b>	<b>(1,614)</b>	<b>(787)</b>	<b>(1,614)</b>
<b>CASH AT 1 JULY</b>		<b>1,452</b>	<b>3,066</b>	<b>1,452</b>	<b>3,066</b>
<b>CASH AT 30 JUNE</b>	<b>7</b>	<b>665</b>	<b>1,452</b>	<b>665</b>	<b>1,452</b>

**Note 1: Statement of Accounting Policies**

The general purpose financial report of Ballarat Health Services has been prepared on an accrual basis in accordance with the Financial Management Act 1994, Australian Accounting Standards, Statements of Accounting Concepts and other authoritative pronouncements of the Australian Accounting Standards Board, and Urgent Issues Group Consensus Views.

It is prepared in accordance with the historical cost convention, except for certain assets and liabilities which, as noted, are at valuation. The accounting policies adopted, and the classification and presentation of items, are consistent with those of the previous year, except where a change is required to comply with an Australian Accounting Standard or Urgent Issues Group Consensus View, or an alternative accounting policy permitted by an Australian Accounting Standard is adopted to improve the relevance and reliability of the financial report. Where applicable, comparative amounts are presented and classified on a basis consistent with the current year.

**(a) Rounding Off**

All amounts shown in the Financial Statements are expressed to the nearest thousand dollars.

**(b) Principles of Consolidation**

The assets, liabilities, revenues and expenses of all controlled entities of Ballarat Health Services have been included at the value shown in their audited Annual Financial Report. Any inter-entity transactions have been eliminated on consolidation. The consolidated Financial Statements included the audited Financial Statements of the controlled entities listed in Note 24. The accounts of the Ballarat Base Foundation (the Foundation) were consolidated with the accounts of Ballarat Health Services as at 30<sup>th</sup> June 2005. The financial effects of consolidating the Foundation are described in Note 24.

**(c) Adoption of International Financial Reporting Standards (IFRS)**

For reporting periods beginning on or after 1 January 2005, all Australian reporting entities are required to adopt the financial reporting requirements of the Australian equivalents to International Financial Reporting Standards (A-IFRS).

Ballarat Health Services has established a project team to manage the transition to A-IFRS, including training of staff and system and internal control changes necessary to gather all the required financial information.

The project team has analysed all of the A-IFRS and A-IFRS Financial Reporting Directions to identify the accounting policy changes that will be required.

The known or reliably estimable impacts on the financial report for the year ended 30 June 2005 had it been prepared using A-IFRS are set out in Note 23.

**(d) 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 raised where doubt as to collection exists.

**(e) Other Financial Assets**

Other financial assets are valued at cost and are classified between current and non-current assets based on the Board of Management's intention at balance date with respect to the timing of disposal of each investment. Interest revenue (if applicable) from other financial assets is brought to account when it is earned.

**(f) Depreciation**

Assets with a cost in excess of \$2,000 are capitalised and depreciation has been provided on depreciable assets so as to allocate their cost or valuation over their estimated useful lives using the straight-line methodology. Estimates of the remaining useful lives for all assets are reviewed at least annually. This depreciation charge is not funded by the Department of Human Services. Depreciation rates are reviewed on an annual basis. Linen used in the Linen Service is considered a fixed asset of Ballarat Health Services and depreciated accordingly.

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

Building works currently in progress are not depreciated until the completion of the building project.

	2005	2004
Buildings <sup>(1)</sup>	Up to 50 years	Up to 50 years
Plant and Equipment	Up to 25 years	Up to 25 years
Commercial Motor Vehicles	Up to 10 years	Up to 10 years
Passenger Motor Vehicles	Up to 7 years	Up to 7 years
Linen	Up to 5 years	Up to 5 years

<sup>(1)</sup> Buildings are revalued every 3 years

**(g) Payables**

These amounts represent liabilities for goods and services provided prior to the end of the financial year and which are unpaid. Normal credit terms are net 30 days.

**(h) Inventories**

Inventories are valued at the lower of cost and net realisable value. Cost is determined principally by the first-in, first-out method.

**(i) Employee Benefits**

Employee benefit liabilities are based on pay rates expected to be paid when obligations are settled. On-costs such as Workcover and superannuation are included in the calculation of leave entitlements.

**Long Service Leave**

The provision for long service leave is determined in accordance with Accounting Standard AASB1028. Generally, the entitlement under various awards becomes payable upon completion of 10 years' service. The proportion of long service leave estimated to be payable within the next financial year is a current liability. The balance of the provision is classified as a non-current liability measured at the present value of the estimated future cash outflow arising from employee's services to date. 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 on national Government guaranteed securities with terms to maturity that match, as closely as possible, the estimated future cash outflows.

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

Liabilities for wages and salaries, annual leave and accrued days off expected to be settled within 12 months of the reporting date are recognised as a current liability, and are measured as the amount unpaid at the reporting date in respect of employees' services up to the reporting date and are measured as the amounts expected to be paid when the liabilities are settled.

**Sick Leave**

No provision has been made for sick leave as it is non-vesting and the expense incurred during the year is representative of the annual cost.

- (j) Borrowing Costs**  
 Borrowing costs include interest on bank overdrafts and hire purchase contracts.
- (k) Intersegment Transactions**  
 Transactions between segments within Ballarat Health Services have been eliminated to reflect the extent of Ballarat Health Service's operations as a group.
- (l) Leased Property and Equipment**  
 A distinction is made between finance leases which effectively transfer from the lessor to the lessee substantially all the risks and benefits incidental to ownership of leased non-current assets, and operating leases under which the lessor effectively retains all such risks and benefits.
- Operating lease payments are representative of the pattern of benefits derived from the leased asset and accordingly are charged against revenue in the periods in which they are incurred.
- (m) Revenue Recognition**  
 Revenue is recognised in accordance with AAS15, which draws a distinction between reciprocal and non-reciprocal transactions in the treatment of the contribution of assets to the entity. Where grants are reciprocal, revenue is recognised as performance occurs under the Grant. A reciprocal transaction is deferred and reported as Income in Advance due to the non completion of the service at reporting date. A non-reciprocal transaction is recognised as revenue when the entity gains control of the transfer.
- Recurrent and capital income, donations and bequests are non-reciprocal transactions and are recognised upon receipt on such income.
- Indirect contributions are recognised upon notification of the amount by the Department of Human Services.
- All other revenue is recognised when the goods or services are provided.
- (n) Donations**  
 Donations are recognised as revenue when the cash is received. Donations received for a specific purpose may be appropriated to a reserve.
- (o) Fund Accounting**  
 Ballarat Health Services operates on a fund accounting basis and maintains three funds: Operating, Specific Purpose and Capital Funds. Capital and Specific Purpose Funds include unspent capital donations and receipts from fund raising activities conducted solely in respect of these funds.
- (p) Services Supported By Health Services Agreement and Services Supported by Hospital and Community Initiatives**  
 The activities classified as *Services Supported by Health Services Agreement (HSA)* are substantially funded by the Department of Human Services, while *Services Supported by Hospital and Community Initiatives (Non HSA)* are funded by Ballarat Health Service's own activities or local initiatives.
- (q) Comparative Information**  
 Where necessary the previous year's figures have been reclassified to facilitate comparisons.
- (r) Patient Trust Account**  
 Ballarat Health Services holds deposits in trust on behalf of residents. As Ballarat Health Services has no claim on these funds they have been shown in the balance sheet as a liability.
- (s) Goods and Services Tax**  
 Ballarat Health Services net obligation to remit taxes raised under the Goods and Services Tax is recorded as a current liability after taxation credits are adjusted from the Australian Taxation Office.
- (t) Economic Dependency**  
 Ballarat Health Services is dependent upon the State of Victoria, via the Department of Human Services, for the funding of a significant proportion of its operations.
- (u) Going Concern**  
 These accounts are prepared on a going concern basis. After due consideration of the results of the operations of the Health Service for the year ended 30 June, 2005, and the forecast cash flows of the Health Service for the next 12 months, the Board of Management have determined that preparing the accounts on a going concern basis is appropriate.
- (v) Revaluations of Non-Current Assets**  
 Subsequent to the initial recognition as assets, non-current physical assets, other than plant and equipment, are measured at fair value. Plant and equipment are measured at cost. Revaluations are made with sufficient regularity to ensure that the carrying amount of each asset does not differ materially from its fair value at the reporting date. Revaluations are assessed annually and supplemented by independent assessments, at least every three years. Revaluations are conducted in accordance with the Victorian Government Policy Paper *Revaluation of Non-Current Physical Assets*.
- Revaluation increments are credited directly to the asset revaluation reserve, except that, to the extent that an increment reverses a revaluation decrement in respect of that class of asset previously recognised at an expense in net result, the increment is recognised immediately as revenue in net result.
- Revaluation decrements are recognised immediately as expenses in the net result, except that, to the extent that a credit balance exists in the asset revaluation reserve in respect of the same class of assets, they are debited directly to the asset revaluation reserve.
- Revaluation increments and decrements are offset against one another within a class of non-current assets.
- Land and Buildings were revalued as at June 30th, 2005. The basis of the valuation for buildings is depreciated replacement cost and land is valued at current market value. The valuation was completed by Mr. Shane Irwin of the Landlink Property Group, who is a Certified Practising Valuer and an Associate of the Australian Property Institute.
- On the 16<sup>th</sup> June, 2005, the Minister for Health transferred an asset totalling \$2.02 million to Ballarat Health Services. This transfer is designated as contributed capital transfer as per the requirement under Financial Reporting Direction 2 – Contributed Capital. This asset was not revalued as part of the Landlink Property Group valuation, but was instead valued prior to transfer by the Victorian Valuer-General.

**Note 2(a): Revenue**

	HSA 2005 \$000	HSA 2004 \$000	Non HSA 2005 \$000	Non HSA 2004 \$000	Parent Entity 2005 \$000	Parent Entity 2004 \$000	Consolidated 2005 \$000	Consolidated 2004 \$000
<b>Revenue from Operating Activities</b>								
<b>Recurrent</b>								
Government Grants								
- Department of Human Services	120,105	113,396	-	-	120,105	113,396	120,105	113,396
- Commonwealth Government	4,208	3,569	-	-	4,208	3,569	4,208	3,569
Indirect contributions by Human Services								
- Insurance	1,792	1,747	-	-	1,792	1,747	1,792	1,747
- LSL	391	231	-	-	391	231	391	231
Patient and Resident Fees - (Note 2(d))	28,290	26,567	-	-	28,290	26,567	28,290	26,567
Business Units	-	-	13,026	12,124	13,026	12,124	13,026	12,124
Other Services	-	-	12,096	9,875	12,096	9,875	12,096	9,875
<b>Capital Purpose Income</b>								
Government Grants								
- Department of Human Services	-	-	506	1,377	506	1,377	506	1,377
- Commonwealth Government	-	-	2,338	3,152	2,338	3,152	2,338	3,152
Interest (Accommodation Bonds)	-	-	814	850	814	850	814	850
Other	-	-	732	677	732	677	732	677
Donations and Bequests	-	-	755	948	755	948	755	948
<b>Sub-Total Revenue from Operating</b>	<b>154,786</b>	<b>145,510</b>	<b>30,268</b>	<b>29,003</b>	<b>185,054</b>	<b>174,513</b>	<b>185,054</b>	<b>174,513</b>
<b>Revenue from Non-Operating Activities</b>								
Interest	-	-	793	396	793	396	793	396
Dividends	-	-	-	6	-	6	-	6
Proceeds from Disposal of Non Current Assets (Note2(e))	-	-	4,840	3,294	4,840	3,294	4,840	3,294
<b>Sub-Total Revenue from Non-Operating</b>	<b>-</b>	<b>-</b>	<b>5,633</b>	<b>3,696</b>	<b>5,633</b>	<b>3,696</b>	<b>5,633</b>	<b>3,696</b>
<b>Total Revenue from Ordinary Activities</b>	<b>154,786</b>	<b>145,510</b>	<b>35,901</b>	<b>32,699</b>	<b>190,687</b>	<b>178,209</b>	<b>190,687</b>	<b>178,209</b>

Indirect contributions by Human Services:

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

<b>Note 2(b): Analysis of Revenue by Source</b>	Acute Care	Aged Care	RAC	RAC Mental Health	Mental Health	Other	Parent Entity	Parent Entity	Consolidated	Consolidated
	2005 \$000	2005 \$000	2005 \$000	2005 \$000	2005 \$000	2005 \$000	2005 \$000	2004 \$000	2005 \$000	2004 \$000
<b>Revenue from Services Supported by Health Service Agreement</b>										
Government Grants										
- Department of Human Services	76,761	18,051	4,596	516	19,262	919	120,105	113,396	120,105	113,396
- Commonwealth Government	1,224	2,856	-	-	128	-	4,208	3,569	4,208	3,569
Indirect contributions by Human Services										
- Insurance	956	287	291	18	229	11	1,792	1,747	1,792	1,747
- Long Service Leave	250	59	15	2	63	3	391	231	391	231
Patient and Resident Fees - (Note 2(d))	3,478	3,560	20,156	980	116	-	28,290	26,567	28,290	26,567
<b>Sub-Total</b>	<b>82,669</b>	<b>24,813</b>	<b>25,058</b>	<b>1,516</b>	<b>19,798</b>	<b>933</b>	<b>154,786</b>	<b>145,510</b>	<b>154,786</b>	<b>145,510</b>
<b>Revenue from Services Supported by Hospital and Community Initiatives</b>										
Safety Link	-	-	-	-	-	5,453	5,453	5,096	5,453	5,096
Eureka Linen	-	-	-	-	-	2,968	2,968	3,532	2,968	3,532
Catering	-	-	-	-	-	4,291	4,291	3,253	4,291	3,253
Queen Elizabeth Aged Care Solutions	-	-	-	-	-	314	314	243	314	243
<b>Other Services</b>										
Radiology	-	-	-	-	-	4,224	4,224	4,123	4,224	4,123
Investment Income	-	-	-	-	-	1,607	1,607	1,251	1,607	1,251
Recoveries	-	-	-	-	-	950	950	894	950	894
Salary Packaging	-	-	-	-	-	845	845	766	845	766
Accommodation	-	-	-	-	-	630	630	405	630	405
Education Services	-	-	-	-	-	1,062	1,062	656	1,062	656
Prosthetics	-	-	-	-	-	289	289	312	289	312
Diabetic Shop	-	-	-	-	-	184	184	159	184	159
Pharmaceutical Sales	-	-	-	-	-	274	274	211	274	211
Car Parking	-	-	-	-	-	174	174	155	174	155
National Demonstration Hospitals Program	-	-	-	-	-	-	-	92	-	92
Capital Purpose Income (Note 2(a))	-	-	-	-	-	2,786	2,786	4,628	2,786	4,628
Proceeds from Sale of Non Current Assets (Note 2(e))	-	-	-	-	-	4,840	4,840	3,294	4,840	3,294
Residential Accommodation Payments (Note 2(d))	-	-	-	-	-	1,546	1,546	1,526	1,546	1,526
Other	-	-	-	-	-	3,464	3,464	2,103	3,464	2,103
<b>Sub-Total</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>35,901</b>	<b>35,901</b>	<b>32,699</b>	<b>35,901</b>	<b>32,699</b>
<b>Total Revenue All Sources</b>	<b>82,669</b>	<b>24,813</b>	<b>25,058</b>	<b>1,516</b>	<b>19,798</b>	<b>36,833</b>	<b>190,687</b>	<b>178,209</b>	<b>190,687</b>	<b>178,209</b>

Indirect contributions by Human Services:

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

**Note 2(c): Analysis of Expenses by Source**

	Acute Care	Aged Care	RAC	RAC Mental Health	Mental Health	Other	Parent Entity 2005	Parent Entity 2004	Consolidated 2005	Consolidated 2004
	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000
<b>Services Supported by Health Service Agreement</b>										
Employee Entitlements										
Salaries and Wages	55,068	14,546	19,385	1,061	15,641	752	106,453	102,159	106,453	102,159
Workcover	866	293	413	18	281	13	1,884	1,908	1,884	1,908
Superannuation	5,510	1,415	1,912	101	1,530	72	10,540	10,050	10,540	10,050
Long Service Leave	1,957	339	421	19	331	14	3,081	2,585	3,081	2,585
Supplies and Consumables										
Drug Supplies	4,368	174	53	24	154	-	4,773	4,175	4,773	4,175
Medical and Surgical Supplies	4,883	997	258	7	27	-	6,172	6,168	6,172	6,168
Food Supplies	693	350	1,057	48	177	3	2,328	2,324	2,328	2,324
Other Expenses										
Purchased Services	3,933	3,627	49	1	203	550	8,363	8,783	8,363	8,783
Energy Costs	1,088	155	463	19	130	6	1,861	1,911	1,861	1,911
Domestic Services	737	224	462	30	72	1	1,526	1,458	1,526	1,458
Repairs and Maintenance/Minor Equipment	1,747	690	239	5	209	12	2,902	2,630	2,902	2,630
Patient Transport	399	167	8	-	21	-	595	542	595	542
Administrative Expenses	1,814	711	408	10	1,141	42	4,126	3,357	4,126	3,357
Costs Funded by Human Services	956	287	291	18	229	11	1,792	1,747	1,792	1,747
<b>Sub-Total</b>	<b>84,019</b>	<b>23,975</b>	<b>25,419</b>	<b>1,361</b>	<b>20,146</b>	<b>1,476</b>	<b>156,396</b>	<b>149,797</b>	<b>156,396</b>	<b>149,797</b>

**Note 2(c): Analysis of Expenses by Source (continued)**

	Acute Care	Aged Care	RAC	RAC Mental Health	Mental Health	Other	Parent Entity 2005	Parent Entity 2004	Consolidated 2005	Consolidated 2004
	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000
<b>Services Supported by Hospital and Community Initiatives</b>										
Employee Entitlements										
Salaries and Wages	-	-	-	-	-	9,454	9,454	8,350	9,454	8,350
Workcover	-	-	-	-	-	462	462	691	462	691
Superannuation	-	-	-	-	-	888	888	821	888	821
Long Service Leave	-	-	-	-	-	213	213	211	213	211
Supplies and Consumables										
Drug Supplies	-	-	-	-	-	26	26	17	26	17
Medical and Surgical Supplies	-	-	-	-	-	737	737	676	737	676
Food Supplies	-	-	-	-	-	1,383	1,383	1,122	1,383	1,122
Other Expenses										
Purchased Services	-	-	-	-	-	1,614	1,614	1,630	1,614	1,630
Energy Costs	-	-	-	-	-	348	348	377	348	377
Domestic Services	-	-	-	-	-	222	222	432	222	432
Repairs and Maintenance/Minor Equipment	-	-	-	-	-	2,076	2,076	2,204	2,076	2,204
Safety Link Units	-	-	-	-	-	750	750	465	750	465
Administrative Expenses	-	-	-	-	-	2,803	2,803	3,014	2,803	3,014
<b>Sub-Total</b>	-	-	-	-	-	20,976	20,976	20,010	20,976	20,010
Depreciation (Note 3)	-	-	-	-	-	7,607	7,607	7,424	7,607	7,424
Audit Fees										
Auditor General	32	20	5	-	3	-	60	58	60	58
Other	40	25	6	-	4	-	75	90	75	90
Interest and Other Finance Charges (Note 4)	-	-	-	-	-	90	90	153	90	153
Written Down Value of Assets Disposed	-	-	-	-	-	4,908	4,908	3,296	4,908	3,296
<b>Total Expenses from Ordinary Activities</b>	<b>84,091</b>	<b>24,020</b>	<b>25,430</b>	<b>1,361</b>	<b>20,153</b>	<b>35,057</b>	<b>190,112</b>	<b>180,828</b>	<b>190,112</b>	<b>180,828</b>

**Note 2(d): Patient and Resident Fees**

**Patient and Resident Fees Raised**

**Recurrent**

Acute

- Inpatients

- Outpatients

Residential Aged Care

- Geriatric

- Psychogeriatric

Mental Health

Aged Care

**TOTAL RECURRENT**

**Capital Purpose**

Residential Accommodation Payments

**TOTAL CAPITAL**

	Parent Entity 2005 \$000	Parent Entity 2004 \$000	Consolidated 2005 \$000	Consolidated 2004 \$000
	3,404	3,161	3,404	3,161
	74	82	74	82
	20,156	19,331	20,156	19,331
	980	699	980	699
	116	128	116	128
	3,560	3,166	3,560	3,166
	<b>28,290</b>	<b>26,567</b>	<b>28,290</b>	<b>26,567</b>

	Parent Entity 2005 \$000	Parent Entity 2004 \$000	Consolidated 2005 \$000	Consolidated 2004 \$000
	1,546	1,526	1,546	1,526
	<b>1,546</b>	<b>1,526</b>	<b>1,546</b>	<b>1,526</b>

Commonwealth Nursing Home inpatient benefits are included in patient fee revenue.

Ballarat Health Services charge fees in accordance with Department of Human Services directives.

**Note 2(e): Disposal of Non Current Assets**

Proceeds from Disposal of Fixed Assets
Less: Written Down Value of Fixed Assets Sold
Proceeds from Disposal of Shares
Less: Written Down Value of Shares Sold
<b>Net surplus/(deficit) on disposal</b>

Parent Entity 2005 \$000	Parent Entity 2004 \$000	Consolidated 2005 \$000	Consolidated 2004 \$000
4,837	3,136	4,837	3,136
4,905	3,164	4,905	3,164
3	158	3	158
3	132	3	132
<b>(68)</b>	<b>(2)</b>	<b>(68)</b>	<b>(2)</b>

**Note 2(f): Analysis of Expenses by Services Supported by Hospital and Community Initiatives**

**Business Units**

Safety Link
Catering
Eureka Linen
Queen Elizabeth Aged Care Solutions

**Other Services**

Radiology
Recoveries
Education Services
Accommodation
Diabetic Shop
Fundraising
Breast Services Enhancement
Car Parking
National Demonstration Hospitals Program
Other

Parent Entity 2005 \$000	Parent Entity 2004 \$000	Consolidated 2005 \$000	Consolidated 2004 \$000
5,003	4,047	5,003	4,047
3,597	3,102	3,597	3,102
2,919	4,079	2,919	4,079
257	234	257	234
11,776	11,462	11,776	11,462
4,345	4,219	4,345	4,219
1,093	1,433	1,093	1,433
665	646	665	646
570	465	570	465
173	150	173	150
125	110	125	110
24	109	24	109
14	40	14	40
-	115	-	115
2,783	2,927	2,783	2,927
9,792	10,214	9,792	10,214
<b>21,568</b>	<b>21,676</b>	<b>21,568</b>	<b>21,676</b>

**Total**

The above Business Units expenditure includes Depreciation of \$1,731K (04/05) and \$1,515K (03/04).

**Note 3: Depreciation**

Buildings
Plant and Equipment
- Plant
- Transport
Linen Stock
<b>TOTAL</b>

**Allocation of Depreciation**

Services Supported by Health Service Agreement
Services Supported by Hospital and Community Initiatives

The allocation of depreciation does not reflect the funding for the replacement of assets.  
 The Department of Human Services does not provide funding for such expenses.

**Note 4: Borrowing Costs**

Interest on Hire Purchase Agreements
<b>TOTAL</b>

Parent Entity 2005 \$000	Parent Entity 2004 \$000	Consolidated 2005 \$000	Consolidated 2004 \$000
3,014	2,907	3,014	2,907
3,301	3,264	3,301	3,264
708	623	708	623
584	630	584	630
<b>7,607</b>	<b>7,424</b>	<b>7,607</b>	<b>7,424</b>
5,876	5,909	5,876	5,909
1,731	1,515	1,731	1,515
<b>7,607</b>	<b>7,424</b>	<b>7,607</b>	<b>7,424</b>

Parent Entity 2005 \$000	Parent Entity 2004 \$000	Consolidated 2005 \$000	Consolidated 2004 \$000
90	153	90	153
<b>90</b>	<b>153</b>	<b>90</b>	<b>153</b>

**Note 5: Equity and Reserves**

**(a) Reserves**

**Asset Revaluation Reserve<sup>(1)</sup>**

Balance at the beginning of the reporting period  
Revaluation Increments/(Decrements)  
- Land  
- Buildings  
Balance at the end of the reporting period

**Restricted Specific Purpose Reserve**

Balance at the beginning of the reporting period  
Transfer to Specific Purpose Reserve  
Balance at the end of the reporting period

**Total Reserves**

**(b) Contributed Capital<sup>(2)</sup>**

Balance at the beginning of the reporting period  
Capital contribution received from Victorian Government  
Balance at the end of the reporting period

**(c) Accumulated Surpluses/(Deficits)**

Balance at the beginning of the reporting period  
Net Result for the Year  
Transfer to and from Reserve  
Adjustment on Consolidation  
Balance at the end of the reporting period

**(d) Equity**

Total Equity at the beginning of the reporting period  
Total Changes in Equity Recognised in the Statement of  
Financial Performance  
Transactions with the State Government  
Total Equity at the end of the reporting period

	Parent Entity 2005 \$000	Parent Entity 2004 \$000	Consolidated 2005 \$000	Consolidated 2004 \$000
Balance at the beginning of the reporting period	9,111	9,111	9,111	9,111
Revaluation Increments/(Decrements)				
- Land	3,225	-	3,225	-
- Buildings	4,658	-	4,658	-
Balance at the end of the reporting period	16,994	9,111	16,994	9,111
Balance at the beginning of the reporting period	11,943	9,279	11,943	9,279
Transfer to Specific Purpose Reserve	3,731	2,664	3,731	2,664
Balance at the end of the reporting period	15,674	11,943	15,674	11,943
<b>Total Reserves</b>	<b>32,668</b>	<b>21,054</b>	<b>32,668</b>	<b>21,054</b>
Balance at the beginning of the reporting period	145,892	145,892	145,892	145,892
Capital contribution received from Victorian Government	2,022	-	2,022	-
Balance at the end of the reporting period	147,914	145,892	147,914	145,892
Balance at the beginning of the reporting period	(13,366)	(8,083)	(13,366)	(8,083)
Net Result for the Year	575	(2,619)	575	(2,619)
Transfer to and from Reserve	(3,731)	(2,664)	(3,731)	(2,664)
Adjustment on Consolidation	-	-	826	-
Balance at the end of the reporting period	(16,522)	(13,366)	(15,696)	(13,366)
Total Equity at the beginning of the reporting period	153,580	156,199	153,580	156,199
Total Changes in Equity Recognised in the Statement of Financial Performance	8,458	(2,619)	9,284	(2,619)
Transactions with the State Government	2,022	-	2,022	-
Total Equity at the end of the reporting period	164,060	153,580	164,886	153,580

(1) The Asset Revaluation Reserve of \$16,994,281 consists of \$6,815,000 for Land revaluation increments and \$10,179,281 for Building revaluation Increments.

(2) During 2005, the Minister for Health transferred an asset totalling \$2.02 million, as contributed capital transfer as per the requirement under Financial Reporting Direction 2 – Contributed Capital.

**Note 6: Special Purpose Reserve**

Building & Equipment Fund
Clinical Services
Hostel Development
Nursing Education
Other
<b>Total</b>

*The above Reserves are internally managed Special Purpose Funds, which are used to quarantine Capital income such as Donations, Capital Grants and Interest Revenue. Once quarantined, this income is used to fund Capital Projects, Refurbishments, Equipment and Education.*

Parent Entity 2005 \$000	Parent Entity 2004 \$000	Consolidated 2005 \$000	Consolidated 2004 \$000
5,865	6,196	5,865	6,196
505	374	505	374
7,147	3,362	7,147	3,362
30	30	30	30
2,127	1,981	2,127	1,981
<b>15,674</b>	<b>11,943</b>	<b>15,674</b>	<b>11,943</b>

**Note 7: Cash Assets**

<b>Cash on Hand</b> <sup>(1)</sup>
Financial Institutions
<b>Total</b>

(1) Cash on hand includes cash at bank and petty cash advances.

Parent Entity 2005 \$000	Parent Entity 2004 \$000	Consolidated 2005 \$000	Consolidated 2004 \$000
665	1,452	665	1,452
<b>665</b>	<b>1,452</b>	<b>665</b>	<b>1,452</b>

**Note 8: Inventory**

General
Safety Link
Pharmaceuticals
<b>TOTAL</b>

Parent Entity 2005 \$000	Parent Entity 2004 \$000	Consolidated 2005 \$000	Consolidated 2004 \$000
497	413	497	413
344	97	344	97
383	328	383	328
<b>1,224</b>	<b>838</b>	<b>1,224</b>	<b>838</b>

**Note 9: Receivables**

Trade Debtors

- Acute Inpatients
- Aged and Psychiatric Services
- Other
- Eureka Linen
- Sundry

Accrued Investment Income

Department of Human Services<sup>(1)</sup>

**TOTAL**

less: Provision for Doubtful Debts

**Net Debtors and Accrued Revenue**

Current \$000	Non Current \$000	Parent Entity 2005 \$000	Parent Entity 2004 \$000	Consolidated 2005 \$000	Consolidated 2004 \$000
747	-	747	713	747	713
437	-	437	461	437	461
193	-	193	314	193	314
544	-	544	386	544	386
3,156	-	3,156	2,176	3,156	2,176
265	-	265	196	265	196
649	3,812	4,461	5,575	4,461	5,575
<b>5,991</b>	<b>3,812</b>	<b>9,803</b>	<b>9,821</b>	<b>9,803</b>	<b>9,821</b>
		113	99	113	99
		<b>9,690</b>	<b>9,722</b>	<b>9,690</b>	<b>9,722</b>

(1) The non-current receivable represents the provision by the Department of Human Services of the net increase in Ballarat Health Services' Long Service Leave provision since July 1st 2000.

**Note 10: Other Financial Assets**

	Specific Purpose Fund \$000	Trust Fund \$000	Capital Fund \$000	Parent Entity 2005 \$000	Parent Entity 2004 \$000	Consolidated 2005 \$000	Consolidated 2004 \$000
<b>Current</b>							
Treasury Bills	2,509	10,989	-	13,498	12,806	13,498	12,806
Shares	-	-	-	-	3	-	3
	2,509	10,989	-	13,498	12,809	13,498	12,809
<b>Non Current</b>							
Treasury Bills	2,000	2,800	-	4,800	5,499	4,800	5,499
Radiotherapy Joint Venture	-	-	999	999	1,031	999	1,031
BHS Foundation	-	-	-	-	-	826	-
	2,000	2,800	999	5,799	6,530	6,625	6,530
<b>Total</b>	<b>4,509</b>	<b>13,789</b>	<b>999</b>	<b>19,297</b>	<b>19,339</b>	<b>20,123</b>	<b>19,339</b>

**Note 11: Property, Plant & Equipment**

	Gross Cost/ Valuation 2005 \$000	Accumul. Dep'n 2005 \$000	Written Down Value 2005 \$000	Written Down Value 2004 \$000
<b>At Cost</b>				
Buildings	-	-	-	9,236
Buildings Under Construction	902	-	902	1,225
Plant and Equipment	35,649	17,960	17,689	14,982
Plant and Equipment Under Construction	553	-	553	-
Motor Vehicles	5,326	973	4,353	3,915
Linen Stock	1,873	568	1,305	1,955
<b>Total</b>	<b>44,303</b>	<b>19,501</b>	<b>24,802</b>	<b>31,313</b>
<b>At Valuation</b>				
Land	13,365	-	13,365	9,620
Buildings	148,602	-	148,602	135,670
<b>Total</b>	<b>161,967</b>	<b>-</b>	<b>161,967</b>	<b>145,290</b>
<b>Total Fixed Assets</b>	<b>206,270</b>	<b>19,501</b>	<b>186,769</b>	<b>176,603</b>

Land and Buildings were revalued as at June 30th, 2005. The basis of the valuation for buildings is depreciated replacement cost and land is valued at current market value. The valuation was completed by Shane Irwin of the Landlink Property Group, who is a Certified Practising Valuer and an Associate of the Australian Property Institute.

Operating Linen in circulation was calculated and verified, resulting in a linen stock write-off of \$379K.

Reconciliations of the carrying amounts of each class of land, buildings, plant and equipment at the beginning and end of the current and previous financial year are set out below.

	Land \$000	Buildings \$000	Plant & Equipment \$000	Linen Stock \$000	Motor Vehicles \$000	Total \$000
<b>2005</b>						
Carrying amount at start of year	9,620	146,131	14,982	1,955	3,915	176,603
Additions	950	2,719	6,871	312	3,942	14,794
Revaluations	3,225	4,658	-	-	-	7,883
Disposals	430	433	866	379	2,796	4,904
Depreciation expense	-	3,014	3,301	584	708	7,607
Carrying amount at end of year	<b>13,365</b>	<b>150,061</b>	<b>17,686</b>	<b>1,304</b>	<b>4,353</b>	<b>186,769</b>
<b>2004</b>						
Carrying amount at start of year	9,620	144,421	15,607	2,154	3,359	175,161
Additions	-	4,617	2,789	431	4,193	12,030
Disposals	-	-	150	-	3,014	3,164
Depreciation expense	-	2,907	3,264	630	623	7,424
Carrying amount at end of year	<b>9,620</b>	<b>146,131</b>	<b>14,982</b>	<b>1,955</b>	<b>3,915</b>	<b>176,603</b>

**Note 12: Payables**

Trade Creditors and Accrued Expenses
Acquitted Funds Provision:
State Casemix Grant
Other State
GST Payable
<b>TOTAL PAYABLES</b>

Parent Entity 2005 \$000	Parent Entity 2004 \$000	Consolidated 2005 \$000	Consolidated 2004 \$000
6,041	7,248	6,041	7,248
304	1,005	304	1,005
-	103	-	103
691	887	691	887
<b>7,036</b>	<b>9,243</b>	<b>7,036</b>	<b>9,243</b>

**Note 13: Employee Benefits**

**CURRENT**

Long Service Leave
Accrued Wages and Salaries
Salary Packaging Held in Trust
Accrued Leave
Accrued Days Off

**TOTAL**

Parent Entity 2005 \$000	Parent Entity 2004 \$000	Consolidated 2005 \$000	Consolidated 2004 \$000
2,134	1,815	2,134	1,815
3,507	3,067	3,507	3,067
469	484	469	484
8,994	8,296	8,994	8,296
388	308	388	308
<b>15,492</b>	<b>13,970</b>	<b>15,492</b>	<b>13,970</b>

**NON CURRENT**

Long Service Leave
--------------------

**TOTAL**

14,735	14,214	14,735	14,214
<b>14,735</b>	<b>14,214</b>	<b>14,735</b>	<b>14,214</b>

Movement in Long Service Leave:

Balance July 1
Provision made during the year
Settlement made during the year
Balance June 30

16,029	15,778	16,029	15,778
3,294	2,796	3,294	2,796
(2,454)	(2,545)	(2,454)	(2,545)
<b>16,869</b>	<b>16,029</b>	<b>16,869</b>	<b>16,029</b>

**Note 14: Monies Held in Trust**

**CURRENT**

Resident Monies Held in Trust  
 Regional Information Technology Alliance  
 Refundable Accommodation Bonds

**NON CURRENT**

Refundable Accommodation Bonds  
 Regional Information Technology Alliance

**TOTAL**

**Represented by:**

Cash at Bank  
 Other Financial Assets

**TOTAL**

**Regional Information Technology Alliance Trust movements:**

Opening Balance  
 Grant Income received 2004/05  
 Salaries and Wages and other related Expenditure 2004/05  
**Closing Balance**

	Parent Entity 2005 \$000	Parent Entity 2004 \$000	Consolidated 2005 \$000	Consolidated 2004 \$000
	749	595	749	595
	886	3,021	886	3,021
	1,667	1,424	1,667	1,424
	<b>3,302</b>	<b>5,040</b>	<b>3,302</b>	<b>5,040</b>
	11,657	9,956	11,657	9,956
	1,007	1,007	1,007	1,007
	12,664	10,963	12,664	10,963
	<b>15,966</b>	<b>16,003</b>	<b>15,966</b>	<b>16,003</b>
	2,177	1,799	2,177	1,799
	13,789	14,204	13,789	14,204
	<b>15,966</b>	<b>16,003</b>	<b>15,966</b>	<b>16,003</b>
	4,028	3,463	4,028	3,463
	389	2,768	389	2,768
	(2,524)	(2,203)	(2,524)	(2,203)
	<b>1,893</b>	<b>4,028</b>	<b>1,893</b>	<b>4,028</b>

**Note 15: Interest Bearing Liabilities**

Hire Purchase Agreements  
**TOTAL BORROWINGS**

Current	Non	Parent Entity	Parent Entity	Consolidated	Consolidated
\$000	Current	2005	2004	2005	2004
	\$000	\$000	\$000	\$000	\$000
619	380	999	1,855	999	1,855
<b>619</b>	<b>380</b>	<b>999</b>	<b>1,855</b>	<b>999</b>	<b>1,855</b>

Hire purchase borrowings are secured against the assets financed.  
 Ballarat Health Services has a bank overdraft facility of \$1,500,000.

**Note 16(a): Reconciliation of Net Cash Used In Operating Activities**

**Entity Deficit for the Year**

**Non Operating Cash Movements**

(Profit)/Loss on Sale of Fixed Assets and Investments  
 Interest on Borrowings

**Non Cash Movements**

Depreciation and Amortisation  
 Increase/(Decrease) in Payables  
 Increase/(Decrease) in Employee Entitlements  
 (Increase)/Decrease in Inventory  
 (Increase)/Decrease in Other Current Assets  
 (Increase)/Decrease in Receivables

**Net Cash Used in Operating Activities**

Parent Entity	Parent Entity	Consolidated	Consolidated
2005	2004	2005	2004
\$000	\$000	\$000	\$000
575	(2,619)	575	(2,619)
68	2	68	2
90	153	90	153
7,607	7,424	7,607	7,424
(2,207)	2,583	(2,207)	2,583
2,043	(1,014)	2,043	(1,014)
(386)	493	(386)	493
268	32	268	32
32	(191)	32	(191)
<b>8,090</b>	<b>6,863</b>	<b>8,090</b>	<b>6,863</b>

**Note 16(b): Non-cash Financing and Investing Activities**

There was no non-cash financing or investment activities during the 2003-04 or 2004-05 financial years.

**Note 17: Financial Instruments**

**(a) Interest rate exposures**

	Floating Interest Rate		Fixed interest maturing in:				Non-interest bearing		Parent Entity		Consolidated	
	2005	2004	1 year or less		1 to 10 years		2005	2004	2005	2004	2005	2004
	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000
<b>Financial assets</b>												
Cash	665	1,452	-	-	-	-	-	-	665	1,452	665	1,452
Receivables	-	-	-	-	-	-	9,690	9,722	9,690	9,722	9,690	9,722
Investments <sup>(1)</sup>	12,272	10,257	2,000	2,010	4,026	6,038	999	1,034	19,297	19,339	20,123	19,339
	12,937	11,709	2,000	2,010	4,026	6,038	10,689	10,756	29,652	30,513	30,478	30,513
Weighted Average Interest Rate	7.41%	6.09%	5.73%	7.00%	6.82%	6.80%	n/a	n/a	n/a	n/a	n/a	n/a
<b>Financial liabilities</b>												
Creditors	-	-	-	-	-	-	7,036	9,243	7,036	9,243	7,036	9,243
Monies Held in Trust	-	-	-	-	-	-	15,966	16,003	15,966	16,003	15,966	16,003
Other Borrowings	-	-	-	-	999	1,855	-	-	999	1,855	999	1,855
	-	-	-	-	999	1,855	23,002	25,246	24,001	27,101	24,001	27,101
Weighted Average Interest Rate					6.29%	6.08%						

**(b) Credit risk exposures**

Credit risk represents the loss that would be recognised if counterparts failed to perform as contracted. The credit risk on financial assets of the entity have been recognised on the balance sheet, as the carrying amount, net of any provision for doubtful debts. The entity minimises concentrations of credit risk by undertaking transactions with unrelated debtors. The entity is not materially exposed to any individual debtor.

**(c) Net fair values of financial assets and liabilities**

The carrying amount of financial assets and liabilities contained within these financial statements is representative of the net fair value for each of the financial assets and liabilities.

(1) BHS buys and sells investment funds to match short and long term cash needs.

**Note 18: Commitments**

**Capital Commitments**

Land and Buildings

Medical Equipment

**Total**

**Operating Commitments**

Medical Equipment

**Total**

**Represented as:**

Not later than 1 year

Later than 1 year and not later than 5 years

	Parent Entity 2005 \$000	Parent Entity 2004 \$000	Consolidated 2005 \$000	Consolidated 2004 \$000
	430	250	430	250
	-	25	-	25
	<b>430</b>	<b>275</b>	<b>430</b>	<b>275</b>
	199	294	199	294
	<b>199</b>	<b>294</b>	<b>199</b>	<b>294</b>
	525	370	525	370
	104	199	104	199
	<b>629</b>	<b>569</b>	<b>629</b>	<b>569</b>

Commitments of land and buildings are supported by the Department of Human Services and Ballarat Health Services.

Operating commitments include a five year cancellable operating lease of Radiography equipment. At the conclusion of this five year period, assuming all payments are met, this equipment will be donated to Ballarat Health Services.

The Assets of Ballarat Health Services include a prepayment associated with this lease agreement totalling \$350K.

If the lease is cancelled prior to the end of the lease period, the benefit of this prepayment will not be realised and the expense will be totally expensed in the year of cancellation.

**Note 19: Superannuation**

	Parent Entity 2005 \$000	Parent Entity 2004 \$000	Consolidated 2005 \$000	Consolidated 2004 \$000
<b>Fund Contributions for the year</b>				
Hesta Australia Ltd	476	365	476	365
Health Super	25	37	25	37
Health Super Pty Ltd	11,014	10,565	11,014	10,565
Vic Super Pty Ltd	22	68	22	68
Government Superannuation	1,096	1,025	1,096	1,025
Less: Employee Contributions	(1,205)	(1,188)	(1,205)	(1,188)
<b>Total</b>	<b>11,428</b>	<b>10,872</b>	<b>11,428</b>	<b>10,872</b>

Ballarat Health Services contributes on behalf of its employees to; the Hospital Superannuation Scheme through Health Super and HESTA funds, and the State Superannuation Scheme through Government Superannuation Office and Victorian Superannuation funds. There are no employer contributions outstanding at balance date. The policy for calculating employee contributions accords with the Hospital Superannuation Act 1998 and State Superannuation Act 1988.

The unfunded superannuation liability in respect to members of State superannuation schemes and Health Super schemes is not recognised in the Statement of Financial Position. Ballarat Health Services total unfunded superannuation liability in relation to these funds has been assumed by and is reflected in the financial statements of the Department of Treasury and Finance.

The above amounts were measured as at 30 June of each year, or in the case of employer contributions they relate to the years ended 30 June.

All employers of Ballarat Health Services are entitled to benefits on retirement, disability or death from the Government Employees Super fund. The fund provides defined lump sum benefits based on years of service and annual average salary.

**Note 20: Responsible Person Related Disclosures**

**(a) Responsible Persons**

Minister for Health, the Hon. Bronwyn Pike  
 Dr T Power  
 Ms C Laffey  
 Ms L McLennan  
 Mr P Duffy  
 Dr B Hassett  
 Mrs S McKenzie  
 Mr G Haines  
 Ms J Rae  
 Ass. Prof. C Deans  
 Mr W Muir  
 Mr A Rowe - Chief Executive Officer

commenced 10th August 2004  
 commenced 1st November 2004  
 commenced 1st November 2004  
 ceased 31st October 2004  
 ceased 31st October 2004

**(b) Remuneration of Responsible Persons**

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

\$0 - \$9,999  
 \$10,000 - \$19,999

	2005	2004
	No.	No.
	9	7
	1	1
	10	8
	\$000	\$000
	82	74

Total remuneration received or due and receivable by Responsible Persons from the reporting entity amounted to:

The remuneration of the Accountable Officer who is not a member of the Board is reported under "Executive Officer Remuneration".

**(c) Retirement Benefits of Responsible Persons**

There were no retirement benefits paid by the reporting entity in connection with the retirement of Responsible Persons.

**(d) Other Transactions of Responsible Persons and their Related Parties**

Associate Professor C Deans is jointly employed by the University of Ballarat and Ballarat Health Services to undertake research activities in the nursing field. The total amount paid for this service was;

	2005	2004
	\$54,176	\$44,070

**Note 20: Responsible Person Related Disclosures (continued)**

**(e) Executive Officer Remuneration**

The number of Executive Officers other than Ministers and Accountable Officers, whose total remuneration (including bonuses, LSL payments, redundancy payments and retirement benefits) for the year falls within each successive \$10,000 band, commencing at \$100,000.

	2005 No.	2004 No.
\$100,000 - \$109,999	-	1
\$110,000 - \$119,999	-	-
\$120,000 - \$129,999	1	1
\$130,000 - \$139,999	2	1
\$140,000 - \$149,999	-	3
\$150,000 - \$159,999	-	1
\$170,000 - \$179,999	-	-
\$180,000 - \$189,999	1	-
\$190,000 - \$199,999	1	-
\$200,000 - \$209,999	1	-
\$220,000 - \$229,999	1	-
\$240,000 - \$249,999	-	1
\$260,000 - \$269,999	1	-
	<b>8</b>	<b>8</b>

Total remuneration for the reporting period for Executive Officers included above amounted to:

	2005 \$000	2004 \$000
- Actual remuneration	1,478	1,207
Total	<b>1,478</b>	<b>1,207</b>

**Note 21: Remuneration of Auditors**

	2005	2004
	\$000	\$000
Audit Fees paid or payable to the Victorian Auditor-Generals Office for audit of Ballarat Health Service's financial report		
Paid as at the 30 June	12	18
Payable as at 30 June	48	40

**Note 22: Interest in Joint Venture**

Ballarat Health Services has a joint interest in the Ballarat - Austin Radiotherapy Oncology Centre with the St John of God Hospital.

The investment was used for the construction of the Radiation Oncology Centre, for which the health service has an entitlement to receive a share of property rental under a 20 year co-operation agreement to recoup its investment.

No further amounts are receivable other than lease payments in respect of the investment. Ballarat Health Service is required to meet its share of the costs of maintaining the building over the term of the agreement. Lease payments received are allocated between the repayment of capital and rental income. The allocation of capital repaid is made so as to amortise the cost of the investment over the 20 year lease term. The carrying amount of the investment is as follows;

	2005 \$000	2004 \$000
Opening Balance	1,031	1,061
New Investments	-	-
Capital Repaid	32	30
Closing Balance	999	1,031
Ownership Interest		47.67%

Ballarat Health Services share of entitlement to lease receivables under the terms of the co-operation agreement are as follows;

Less than 1 year	100	100
Greater than 1 and less than 5 years	400	400
Greater than 5 years	499	531
	999	1,031

### Note 23: Impacts of Adopting AASB equivalents to IASB standards

Following the adoption of Australian equivalents to International Financial Reporting Standards (A-IFRS), Ballarat Health Services will report for the first time in compliance with A-IFRS when results for the financial year ended 30 June 2006 are released.

It should be noted that under A-IFRS, there are requirements that apply specifically to not-for-profit entities that are not consistent with IFRS requirements. Ballarat Health Services is established to achieve the objectives of government in providing services free of charge or at prices significantly below their cost of production for the collective consumption by the community, which is incompatible with generating profit as a principal objective. Consequently, where appropriate, Ballarat Health Services applies those paragraphs in accounting standards applicable to not-for-profit entities.

An A-IFRS compliant financial report will comprise a new statement of changes in equity in addition to the three existing financial statements, which will all be renamed. The Statement of Financial Performance will be renamed as the Operating Statement, the Statement of Financial Position will revert to its previous title as the Balance sheet and the Statement of Cash Flows will be simplified as the Cash flow Statement. However, for the purpose of disclosing the impact of adopting A-IFRS in the 2004-2005 financial report, which is prepared under existing accounting standards, existing titles and terminologies will be retained.

With certain exceptions, entities that have adopted A-IFRS must record transactions that are reported in the financial report as though A-IFRS had always applied. This requirement also extends to any comparative information included within the financial report. Most accounting policy adjustments to apply A-IFRS retrospectively will be made against accumulated surplus/(deficit) at the 1 July 2004 opening balance sheet date for the comparative period. The exceptions include deferral until 1 July 2005 of the application and adjustments for:

- *AASB 132 Financial Instruments: Disclosure and Presentation;*
- *AASB 139 Financial Instruments: Recognition and Measurement;*
- *AASB 4 Insurance Contracts;*
- *AASB 1023 General Insurance Contracts (revised July 2004); and*
- *AASB 1038 Life Insurance Contracts (revised July 2004).*

The comparative information for transactions affected by these standards will be accounted for in accordance with existing accounting standards.

Ballarat Health Services has taken the following steps in managing the transition to A-IFRS and has achieved the following scheduled milestones:

- established a steering committee to oversee the transition to and implementation of the AIFRS;
- established an A-IFRS project team to review the new accounting standards to identify key issues and the likely impacts resulting from the adoption of A-IFRS and any relevant Financial Reporting Directions as issued by the Minister for Finance;
- participated in an education and training process to raise awareness of the changes in reporting requirements and the processes to be undertaken: and
- initiated reconfiguration and testing of user systems and processes to meet new requirements.

This financial report has been prepared in accordance with Australian accounting standards and other financial reporting requirements (Australian GAAP). Differences between Australian GAAP and A-IFRS have been identified and key material differences having a material impact on Ballarat Health Services' financial position and financial performance following the adoption of A-IFRS are as follows:

The estimates disclosed below are Ballarat Health Services' best estimates of the significant quantitative impact of the changes as at the date of preparing the 30 June 2005 financial report. The actual effects of transition to A-IFRS may differ from the estimates disclosed due to:

- a) change in facts and circumstances
- b) ongoing work being undertaken by the A-IFRS project team;
- c) potential amendments to A-IFRS and Interpretations; and
- d) emerging accepted practice in the interpretation and application of A-IFRS and UIG Interpretations.

#### **Impairment of assets.**

AASB 136 *Impairment of Assets* requires assets to be assessed for indicators of impairment each year. This standard applies to all assets, other than inventories, financial assets and assets arising from construction contracts, regardless of whether they are measured on a cost or fair value basis. If indicators of impairment exist, the carrying value of an asset will need to be tested to ensure that the carrying value does not exceed its recoverable amount, which is the higher of its value-in-use and fair value less costs to sell. For not-for-profit entities, value-in-use of an asset is generally its depreciated replacement cost.

**Employee Benefits.**

Under existing Australian accounting standards, employee benefits such as wages and salaries, annual leave and sick leave are required to be measured at their nominal amount regardless of whether they are expected to be settled within 12 months of the reporting date. On adoption of A-IFRS, a distinction is made between short-term and long-term employee benefits and AASB 119 *Employee Benefits* requires liabilities for short term employee benefits to be measured at nominal amounts and liabilities for long-term employee benefits to be measured at present value. AASB 119 defines short-term employee benefits as employee benefits that fall due wholly within twelve months after the end of the period in which the employees render the related service. Therefore, liabilities for employee benefits such as wages and salaries, annual leave and sick leave are required to be measured at present value where they are not expected to be settled within 12 months of the reporting date.

The effect of the above requirement on Ballarat Health Services Statement of Financial Position as at 30 June 2005 will be an estimated decrease in employee benefits liability of \$16K.

**Financial instruments.**

Ballarat Health Services has elected to apply the first-time adoption exemption available under AASB 1 *First-time adoption of Australian Equivalent to International Financial Reporting Standard* to defer the date of transition of AASB 139 *Financial Instruments: Recognition and Measurement* until 1 July 2005. Accordingly, there will be no quantitative impacts on the financial positions as at 1 July 2004 and 30 June 2005 and the financial performance for the year ended 30 June 2005.

**Insurance contracts.**

Ballarat Health Services has elected to apply the first-time adoption exemption available under AASB 1 *First time adoption of Australian equivalent to International Financial Reporting Standards* to defer the date of transition of the applicable insurance standards under A-IFRS until 1 July 2005. Accordingly, there will be no quantitative impacts on the financial positions as at 1 July 2004 and 30 June 2005 and the financial performance for the year ended 30 June 2005.

The applicable A-IFRS applying to insurance contracts may have different requirements as to the methodology, prudential margin and discount rates to be applied when calculating outstanding insurance claim liabilities and provisions. As a result, the measurement of these liabilities may change.

**Note 24: Controlled Entities**

The accounts of the Ballarat Health Services Foundation (the Foundation) were consolidated with the accounts of Ballarat Health Services for the first time as at 30th June 2005. Ballarat Health Services does not maintain an equity or legal ownership of the Foundation. In accordance with the Constitution of the Foundation, Ballarat Health Services is able to exert a controlling influence over the direction of funds raised by the Foundation and in the event of the winding up of the Foundation Ballarat Health Services would be the direct beneficiary of the net assets of the Foundation. The financial impact as reflected in the Financial Statements of Ballarat Health Services, has been an increase of \$826K in assets and a corresponding increase in equity.

# Dialysis Appeal

Ballarat Health Services thanks all donors and supporters of the Support For Life Dialysis Appeal

## Donors

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Mrs Mabel Archer	Mr AJ Brown	E Di Girolamo	Ms Alison Gough	Mr Allen Moloney	Mr J Klemm	Mrs Bev Pratt	Mr R & Mrs A Welfare	Mr Allen Moloney	Mr L Slater
Fred P Archer Charitable Fund	Mr Arthur & Mrs Helen Butler	Diabetes Australia (Ballarat)	Mr J Gravet	Mr T Moloney	Kordell Lawyers	Mrs Margaret Moodie	Wendouree Baptist Womens Fellowship	Mr T Moloney	Mrs Dorothy Slater
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Mr & Mrs R Arnel	R & C Byrne	Ms Sandra Dickson	Mr G Guest	Ms Elizabeth Morcom	Mrs L Lawson	Mr Fay Morgan	Mr & Mrs R Wheeler	Ms Elizabeth Morcom	Mrs Gillian Spalding
ATD Cabinetry	W Burns	Mr Lachlan Dodds	Mrs Maureen Guthridge	Mr Donald Moss	Mrs S Leather	Mr Norman Queenan	Ms M White	Mr Donald Moss	St Andrews Uniting Church
OEC Ladies Auxiliary	Mr W & Mrs D Cahill	Doepel, Lilley & Taylor	Mr Trevor Haintz	Mr G & Mrs K Moss	Nr Neil Leckie	Mrs Jean Queenan	Ms Jennifer White	Mr G & Mrs K Moss	Ms A Stafford
Mrs Sharon Avers	Dr Rob Campbell	Mr & Mrs W Donovan	E Hall	Ms Patricia Moyle	Mr C Lelean	Mr & Mrs J Quish	Dr R Wilkie	Ms Patricia Moyle	Mrs D Stanbury
	Mrs M Campbell	The Dougall Family	Mr Terry Ham	Mr R Muker	Mr R Lewis	W Radley	Mr & Mrs G Wilkie	Mr R Muker	Mr John Stevens
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	Mr & Mrs K Cepi	Ms Sandra Dickson	Deaconness Harvey		H Luke		Mrs M White		
	Ms Pauline Chandler	Mr & Mrs J Eames	Mrs D Hastie		Mrs V Lyttle		Ms Jennifer White		
							Dr R Wilkie		
							Mr & Mrs G Wilkie		
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							Mr & Mrs G Wilkie		
							Mrs Marjorie Wilks		
							Mr John Williams		
							Mr John Williams		
							Mr & Mrs G Wilkie		
							Mrs Marjorie Wilks		





BallaratHealthServices

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