



Ballarat **Health** Services



Ballarat **Health** Services

ANNUAL REPORT

2012-2013

SERVICE DIRECTORY

Allied Health Services

- Dietetics
- Exercise therapy
- Occupational therapy
- Physiotherapy
- Podiatry
- Prosthetics and orthotics
- Psychology
- Social work
- Speech therapy

Acquired brain injury

Breast Care

BHS Catering

Cardiology

Central Sterile Supply Department (CSSD)

Cognitive Impairment and Dementia Management

Community Nursing

Community Programs

- Carer Respite and Support Services
- Ambulatory Care Services
- Domiciliary Services
- Grampians Aged Care Assessment Service (ACAS)
- Grampians Regional Continence Service
- Diabetes and Continence Resource Centre
- Grampians Regional Palliative Care Team
- Hospital Admission Risk Program (HARP)
- Linkages Central Highlands Co-ordinated Community Care
- Planned Activity Groups
- Post Acute Care
- Rehabilitation in the Home
- Transition Care Program
- Direct2Care

Diagnostic and Radiology (X-ray) Services

- Ultrasound
- CT Scan
- MRI
- EEG
- ECG
- BreastScreen
- Nuclear medicine

Critical Care Unit

Dental Services

Diabetes Education

Ear, Nose and Throat Surgery

Emergency Medicine

Endocrinology, including Diabetes Management

Eureka Linen

Falls and Balance

Gastroenterology

General Medicine

General Surgery

Geriatric Evaluation and Management

Gynaecology

ICU Liaison Nurse Service

Infection Control

Intensive Care Unit and Medical Emergency Response Team

Lymphoedema Management

Maxillofacial Surgery

Medical Oncology

Neonatology

Nephrology and Renal Dialysis

Neurology

Maternity Services

Operating Suite

Ophthalmology

Organ and Tissue Donation Service

Orthopaedic Surgery

Otolaryngology

Outpatient Services

Paediatric Medicine

Perioperative Day Procedure Unit

Pain Management

Palliative Care

Pharmacy

Plastic Surgery

Mental Health Services including:

- Child and Youth Mental Health Service
- Acute Community and Inpatient Services
- Aged Community and Inpatient Services
- Adult Community

Rehabilitation (in-patient and out-patient)

Residential Aged Care

Respite Care

Safety Link

Stroke Management

Stomal Therapy

Statewide Aids and Equipment Program (SWEP)

Thoracic Medicine

Thoracic Surgery

Urology

Vascular Surgery

Wound Management

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Ballarat **Health** Services
Putting your health **first**



BHS Profile

Ballarat Health Services is Victoria's second largest regional health service, providing a comprehensive range of general and specialist care across key medical and healthcare disciplines including acute care, sub-acute care, residential aged care services, community care, mental health, dental and rehabilitation services.

Ballarat Health Services is the principal referral hospital for the Grampians Region, which extends from Bacchus Marsh to the South Australian border. The region, covering some 48,000 square kilometres, is home to nearly 250,000 people.

Ballarat Health Services was established under the Health Services Act 1988. The incorporation came into effect on 1 January, 1997, following the voluntary amalgamation of the Ballarat Base Hospital, the Queen Elizabeth Centre and Grampians Psychiatric Services.

For the period 1 July, 2012 to 30 June, 2013 Ballarat Health Services was accountable, through its Board of Management, to the Hon. David Davis, MLC, Minister for Health.

OUR VISION

Excellence in health care

OUR MISSION

To deliver accessible, integrated and positive health experiences for our people, community and region.

OUR VALUES

Our services and staff embrace the following:

Compassion

fair and caring to all those we come into contact with, even during difficult times. We treat others as we would expect to be treated.

Integrity

behaving in accordance with our professional, ethical and legislative requirements. Using our resources responsibly and transparently, we are honest and trustworthy.

Respect

upholding the dignity and rights of ourselves, patients, relatives, carers, colleagues and members of the community. We value the people we work with and their work.

Excellence

striving to attain the highest standards of service delivery and clinical practice. We achieve this by acknowledging, recognising and promoting innovation, participating in continuous learning, development, training and research. We come to work to make a difference.

Teamwork

involving staff and service providers in decision making. We work in partnership with our patients, their families, carers and other health care providers.

Accountability

understanding our role in providing a safe environment for staff, patients, visitors and members of the community. We take personal responsibility to maintain the necessary skills and competencies to perform our workforce roles and encourage others to do the same. If we make mistakes, we support each other to be open about them in order to learn.

Collaboration

initiating engagement with our services and professionals both internally and externally, sharing our knowledge and experiences to build a better health system.

REPORT OF OPERATIONS

President and CEO's Report

The year 2012/13 has been a very busy and exciting year for Ballarat Health Services.



Ballarat Regional Integrated Cancer Centre

It was with much pride and excitement that BHS celebrated the completion and opening of the Ballarat Regional Integrated Cancer Centre (BRICC) on 19 July, 2013.

The Centre incorporates radiation therapy, chemotherapy, pharmacy, outpatient consulting, dedicated space for research and clinical trials as well as a wellness centre.

The BRICC ensures BHS is well placed to meet current and future demands for cancer care, with the provision of four radiation bunkers, with two initially outfitted with Linear Accelerators and the remaining two for future expansion along with additional space for the growth of day oncology.

The building was designed with the patient in mind, so it is pleasing to hear overwhelmingly positive patient and community feedback, particularly in relation to the centre's feeling of space and openness.

This Centre would not have been possible without the support of many organisations. Funding for the construction was provided by both the Federal and State Governments. Significant financial support was also received from the BHS Foundation and the local community which raised more than two million dollars. Major contributions to the project include the Percy Baxter Charitable Trust, JG King Homes, Hilton White Estate, Joe White Bequest, Dry July, VIP Flower Shop and Base Hospital Kiosk. The annual Ballarat Girl's Night Out events have also raised approximately \$70,000 for a patient wellbeing fund.

A needs assessment of the broader oncology service in Ballarat and regionally was also undertaken in conjunction with

Grampians Integrated Cancer Service. Key stakeholders were engaged from across the wider Grampians Region including patients and their families, service providers, regional health services, Medicare Locals, District Nursing, GPs, regional surgeons, Cancer Council Victoria, Cancer Australia, Department of Health Victoria and cancer support groups.

The key issues to address as part of the development of oncology services included:

- Provision of a public haematology service
- The need to expand services outside of Ballarat
- Standardisation of services and improved ability to access support
- Greater definition of referral pathways
- Expansion of GP education and supports
- Improved oncology education across all professional groups
- Improved transport, accommodation and financial support
- Greater coordination of existing services and
- Expansion of clinical trials and research

This assessment provided support and direction for the new Cancer Centre to enhance existing clinical and operational services.

The completion of the facility was celebrated on 19 July, 2013 with an official opening followed by a community open day on 20 July, 2013.







Capital Works

BHS is already a leading research institution; however having a purpose built and dedicated facility available in the BRICC allows us to increase the range of research being undertaken into cancer and other illness.

The BHS Research and Clinical Trials unit is actively involved in sponsored trials, collaborative group trials, and investigator-initiated research. Frequently, participation in a clinical trial provides a patient with access to cancer drugs which potentially improve patient outcomes, but are not currently available outside a research environment. The BRICC has the greatest number of oncological clinical trials in progress within the Grampian's region with 12 active clinical drug trials, two awaiting ethics approval and two psychosocial trials underway.

Results of our clinical trials are regularly published in medical journals. The ongoing expansion of our research program will continue to improve outcomes for cancer patients.

The oncology research program engages cross-disciplinary teams to help ensure that where appropriate, more patients have access to clinical trials. We are currently running clinical trials in bowel cancer, breast cancer and lymphoma.

The number of oncologists serving our patients has increased over the past 12 months, following extensive recruitment.

We have also introduced a new Haematology service to BHS which is the first public Haematology service in the Grampian's region for over nine years. This exciting development means haematology patients (both oncology and non-oncology) no longer need to travel to Melbourne for care. BHS has invested heavily in ensuring the BRICC can operate as a world-class regional centre with the recruitment of additional staff across the spectrum including nursing, allied health disciplines and administration.

Our partnership with Austin Health was strengthened during the year with the Ballarat Austin Radiation Oncology Centre (BAROC) relocating from the St John of God Hospital Ballarat to the BRICC. BAROC staff provide radiation oncology consulting and treatment services using state-of-the-art Linear Accelerators. BHS is committed to working in partnership with the Austin to ensure the current waiting period for patients is reduced.

As the region's only public cancer centre, the BRICC is delivering on its regional obligations by investigating outreach clinics and treatments at strategic sites across the region. The first service to benefit from this is Stawell Regional Health where Oncologist, Dr Stephen Brown, visits weekly to treat patients closer to home. Chemotherapy treatments will be available as well as clinic appointments.

As a result of BRICC, waiting times for chemotherapy patients and clinic appointments have been reduced and patients have the ability to access multiple services on one site.

Other exciting developments have been occurring at BHS over the past 12 months, with the planning for the imminent installation of a new state of the art 3T MRI machine. It will be located in the Radiology Department adjacent to Emergency and will be available 24-hours, seven days a week. The new MRI will become operational in 2014. The new MRI will give BHS patients access to the latest technology. It will expand the capacity of our already extensive radiology department and give BHS more control with out of hours access.

Our exciting period of growth and development at BHS will continue over the coming several years, with a number of projects currently in the planning stage. These projects include the demolition of Yuille House on Drummond Street and the construction of a new facility which will include additional inpatient beds, space for operating suite expansion and a new main entrance. The other exciting project is the construction of a multi-storey car park and helipad. Planning on both of these projects is well advanced and work is expected to commence in 2014.

The Ballarat Centre Against Sexual Assault (CASA), a program of BHS, has relocated to larger premises at the Sebastopol complex. This is to accommodate additional staff due to increased funding from the Department of Human Services. Ballarat CASA provides free counselling and advocacy for female and male adults, children and young people who have experienced recent or past sexual assault as well as a 24 hour crisis care service for recent sexual assaults.

Ballarat Health Services was successful in gaining \$3 million funding from the State Government for a five bed Mother-Baby Mental Health Unit. The unit will provide support, care and treatment for new mothers experiencing post natal depression and other issues and will include day patient and outreach services. A feasibility study has been completed and a preferred site has been identified. Following appropriate planning and tender processes, construction is expected to commence in 2014.

Work is also progressing on planning for the new \$8.34 million dental clinic at the Phoenix College site in Sebastopol. The clinic will include 20 dental chairs (including 10 teaching chairs), reception and waiting areas, sterilizing area, dental laboratory, staff areas and teaching rooms. The design and development stages have been completed, and following the town planning and tendering processes construction is expected to commence early in 2014. The clinic is expected to be in operation from early 2015.



End of Life Care

Understanding and respecting the wishes of our nursing home residents and their families as they face the difficult period involving end of life care and treatment decisions is a critical element in the patient centred approach being adopted across Residential Aged Care Services.

Significant work has been undertaken to establish a program of Advanced Care Planning across all BHS facilities. More than 40 nursing staff have been trained to undertake conversations with residents and their families about their wishes relating to end of life care. These conversations form the basis of an Advanced Care Plan that is used by carers and health professionals as the resident nears the end of their life. The General Practitioners who care for the residents have been involved and are very supportive of the process.

Almost 300 of the 424 residents in BHS aged care facilities now have an Advanced Care Plan in place.

This project has been led by Hailey House. 'At home' care is now a normal part of the care process at Hailey House. Residents are rarely transferred to the acute care sector and if it is necessary the transfer is coordinated by the InReach Nurse to facilitate the timely return of the residents with appropriate care plans for ongoing needs.

Ballarat Health Services will be extending this important work across the rest of the organisation through the development of an End of Life framework which will be implemented over the next 12 months. This framework will support appropriately trained staff in having important conversations to determine patient's wishes and decisions about their end of life management ahead of time. It will also support evidenced based end of life care pathways to be utilised across the organisation.

Mental Health Services

The BHS Mental Health service has continued to grow over the past year. Major reforms were undertaken in the Child and Youth Mental Health Service through a Demonstration Project funded by the State Government that resulted in expanded clinician numbers, improved responsiveness and service delivery, enhanced relationships with other service providers and a 213 per cent increase in referrals. Due to the success of this expanded service, it has now received recurrent funding, which guarantees continuity of service delivery to all of the Grampians region.

Education

With the assistance of Health Workforce Australia (HWA) funding, BHS commenced operating a Mobile Learning Environment (or SimVan) in 2013. The SimVan is supported by simulation educators/technicians skilled with the knowledge of simulation and its use in clinical education. Having a vehicle equipped to travel and deliver education and training at individual health facilities is ideal for a geographically challenging area such as the Grampians Region and ensures that all healthcare practitioners have access to the same level of professional development.

Wound Care Improvement Program

Commitment to the Wound Care Improvement Program has ensured that BHS has continued to be a leader in best practice wound management and the prevention of pressure related injury. The results of the annual Pressure Injury Point Prevalence Survey (PUPPS) audit conducted in 2012 found that pressure injury prevalence across BHS acute care is at 2.5 per cent. This is down from 9 per cent prevalence in the survey conducted in 2011 and significantly less than the state average which is between 18 and 22.8 per cent. The combined result for the organisation was 3.7 per cent which represents significant savings to the organisation and improved quality of care for patients and residents.

This result compares very favourably to Australian and International averages. The prevalence of pressure injuries in Australian acute and subacute facilities has been found to range from 11.0 to 17.6 per cent, whereas in UK hospitals it is estimated at 18–20 per cent and in Japan the prevalence rate in acute hospitals is as low as 3.64 per cent.

Diabetes Education and Treatment

Our commitment to the treatment and education of patients with diabetes was increased during the year with the employment of additional staff in the diabetes team.

Dr David Song was appointed as a full-time Endocrinologist, General Physician and Diabetes specialist. This means all patients now have access to a staff specialist who can advise them on the best way to manage living with diabetes.

Other new staff in the diabetes team includes Clinical Nurse Consultants – Diabetes: Preethi De Silva, Christine Kennedy, Joanne Eggleston and Jenna Wright and administration officer Shona Gullick.

Accreditation

BHS is fully accredited against a number of standards which are specifically associated with the range of different types of service we provide. The standards we are fully accredited against include: Aged Care Standards, National Mental Health Standards, Community Common Care Standards, and Department of Human Services Disability Standards.

BHS is also fully accredited with the Australian Council of Healthcare Standards EQUIP 5 program. This particular accreditation process will be replaced by the National Safety and Quality in Health Service standards that are being phased in from January 2013. This means that all acute and sub-acute hospitals in Australia will be reviewed using the same criteria giving a consistent approach to safety and quality for patients regardless of the treating hospital.

We are currently preparing for accreditation against the new NSQHS standards with a survey scheduled for October 2014. There is a significant amount of work being undertaken by staff throughout BHS in order to continue to improve the care and services we provide our community and ensure successful accreditation in a year's time.

Patient Throughput

BHS has again experienced a busy year, with 1315 births in 2012/13. The busiest months in the Maternity Ward were July and March with 136 and 141 births respectively. There were only four months with less than 100 births and there were five months with 110 or more births recorded. The births included 20 sets of twins.

During 2012/13, the BHS operating theatres were busier than the previous year, with 8,947 surgeries performed – an increase of 368 cases. The Emergency Department was again busy, with an increase in the number of people attending. Overall, there were 53,308 attendances at the Emergency Department, compared with 52,526 the previous year.

Attendances at outpatient clinics recorded an increase with 48,882 visits compared to 44,860 in the previous 12 months. Acute hospital bed days fell slightly to 80,640, compared to 83,917 last year.

In 2012/13 there were 32,355 inpatient separations, down on 36,310 in the previous year which is due to the change in the Department of Health Admission Policy effective from 1 July 2013 which excludes certain categories of admissions.

Aboriginal Health

The Aboriginal Health Taskforce has experienced continued success and is now in its eighth year. One of the major priorities of the Partnership Agreement has focused on reducing barriers for Aboriginal and Torres Strait Islander people living in the Grampians Region to access health services.

In 2013, we reaffirmed our commitment to Aboriginal health by signing our third partnership agreement with the Ballarat and District Aboriginal Co-op (BADAC). The agreement is in place to facilitate improved health and well-being outcomes for Aboriginal and Torres Strait Islander people within the Grampians Region. In particular, the agreement seeks to improve the understanding of health needs at a local level, plan services and provide resources in a culturally appropriate and collaborative manner. The agreement has been adjusted to reflect the maturity of the partnership, including the addition of a focus on employment and recruitment following the development of the Karreeta Yirramboi employment plan by BHS.

BHS is also a signatory to the 'Closing the Gap' strategy and continues to work closely with BADAC.

Global Corporate Challenge

It was pleasing to see more than 600 staff take part in the Global Corporate Challenge in 2013. The GCC encourages the teams to increase their physical activity over a 16 week period with the hope that this will encourage lifelong improvements in physical activity to improve their overall health and well-being. The achievements of both individual and teams are logged onto a web page and comparisons can be made between BHS teams and those competing worldwide.





Dental

On 7 May, 2013 the Premier signed the National Partnership Agreement on Treating More Public Dental Patients (the NPA). The NPA provides up to \$85.4 million for Victoria to treat approximately 110,000 people and is in addition to current activity. This has provided a significant opportunity for the BHS dental clinic to further increase dental care for eligible patients. The funding is available until March 2015 and the activity within the clinic has been increased to take full advantage of the additional funds for our community. The dental clinic has recruited additional clinical staff and extended operating hours.

Activity is already underway with sessions scheduled for patients to be assessed and receive vouchers for care to be provided in the private sector. The private dentists are assisting us to maximize the benefit for the community.

A significant highlight and development for dental services in Ballarat is the planning and scoping for the new dental facility which will consist of twenty chairs including ten teaching chairs, a first for Ballarat and the Grampians region. The teaching chairs will enable a partnership with LaTrobe University Bendigo and bring both final year dental and oral health therapy students to Ballarat. Planning for this facility has progressed well ensuring the dental facility will be operational in early 2015.

Strategic Plan

Early in 2013, the BHS Strategic Plan was reviewed and updated following a planning session with representatives from the Board of Management, Executive Staff Council, Directors and Senior Managers of the Health Service along with a range of clinical staff. The draft plan was presented to a Senior Staff meeting and was widely available for comment. The plan was ratified at the May 2013 Board of Management meeting and has been forwarded to the Minister for Health as required under the Health Act.

Financial Performance

It is very pleasing to report that Ballarat Health Services has recorded a full year surplus of \$708,000, which is \$50,000 stronger than the revised Statement of Priorities target of \$658,000.

Staff Recognition

On behalf of the board and management, we would like to thank all staff for their continued dedication to providing quality health, residential and allied care across all our services. This year has been extremely busy and challenging, and our staff have worked hard to achieve the results highlighted in this report.

We would also like to express our appreciation to the Department of Health for their support and assistance during the last 12 months.

Andrew Faulk
Board President

Andrew R Rowe
CEO

Responsible Bodies Declaration

In accordance with the Financial Management Act 1994, we are pleased to present the Report of Operations for Ballarat Health Services for the year ending 30 June 2013.

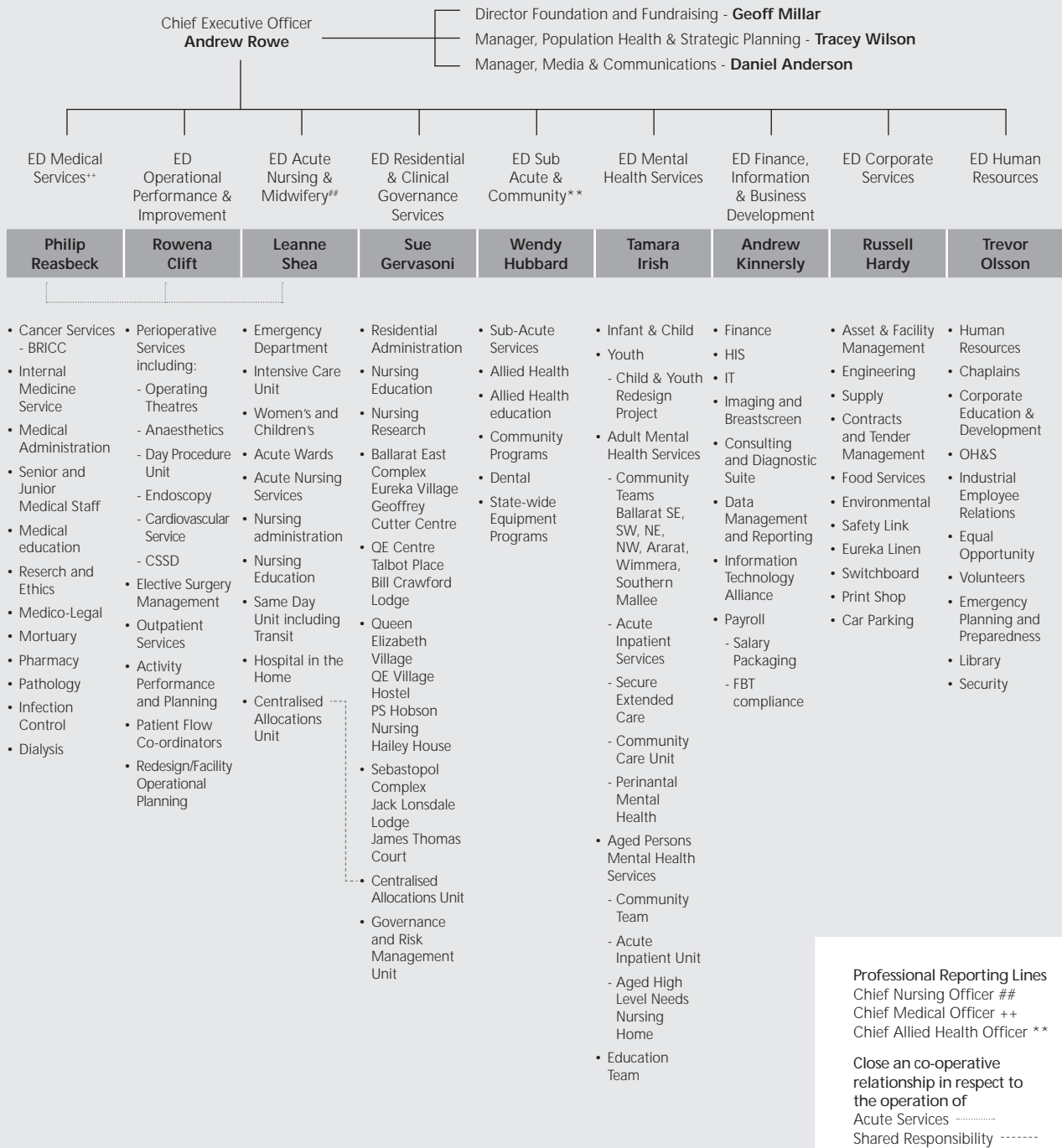
Andrew Faulk
Board of Management President

Andrew R Rowe
Chief Executive Officer

30 July, 2013



Organisational Chart



Board of Management as at 30 June, 2012



PRESIDENT

ANDREW FAULL
BEC, LLB (Hons)

Lawyer

Board member since 2011

Term of appointment:
01.07.11 - 30.06.14

Board meetings attended:
11

Board committees:
Board Executive and Human Resources, Credentials Appeals Tribunal, Medical Credentials and Appointments Committee, St John of God Joint Liaison.



VICE-PRESIDENT

MARK PATTERSON
MBA, Cert Public Relations,
Dip. Management

Chief Executive Officer,
North Ballarat Football Club
Board member since 2008

Term of appointment:
01.07.10 to 30.06.13

Board meetings attended:
11

Board committees:
Board Executive and Human Resources, Finance, Quality Care.



VICE-PRESIDENT

VIRGINIA FENLON
M.Ed Ballarat

Education and Training
Consultant

Board member since 2009

Term of appointment:
01.07.12 to 30.06.15

Board meetings attended:
10

Board committees:
Audit, Board Executive and Human Resources, Human Research Ethics, Project Control Group.



**CHAIR OF FINANCE
COMMITTEE**

JOCK SELKIRK

Board member since 2012

Term of appointment:
01.07.12 - 30.06.15

Board meetings attended:
11

Board committees:
Audit, Board Executive and Human Resources, Finance.



CRAIG COLTMAN

Board member since 2011

Term of appointment:
01.07.11 - 30.06.14

Board meetings attended:
10

Board committees:
Community Advisory Committee, Finance, Medical Credentials and Appointments Committee, Primary Care and Population Health Advisory Committee, Quality Care.



NOEL COXALL

Advisor

Board member since 2011

Term of appointment:
01.07.11 to 30.06.14

Board meetings attended:
11

Board committees: Audit, Finance, Primary Care and Population Health Advisory Committee, St John of God Joint Liaison.



MARK HARRIS

Medical Practitioner

Board member since 2012

Term of appointment:
01.07.12 to 30.06.15

Board meetings attended:
10

Board committees:
Community Advisory Committee, Human Research Ethics, Quality Care.

Executive Team



Andrew Rowe



Philip Reasbeck



Leanne Shea



Sue Gervasoni



Wendy Hubbard



Andrew Kinnersly



Trevor Olsson



Russell Hardy



Rowena Clift

Chief Executive Officer

ANDREW ROWE: BHA, MHA, AFCHSE, CHE
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, optimising 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

Executive Director - Medical Services

PHILIP REASBECK: MA MBBChir MD MRCP FRCS FRACS
FRACMA MBA Grad Dip Law
Appointed November 2010

The Executive Director of Medical Services has overall responsibility for medical services including direct service provision in the Division of Internal Medicine, management of all senior and junior medical staff, ongoing medical education in all specialities and other professional issues. He chairs the BRICC Governance Committee which coordinates and supervises activities in the Ballarat Regional Integrated Cancer Centre, and leads cancer services throughout the organisation. He is also responsible for research and ethics, medicolegal issues, pathology, infection control and the pharmacy. Philip 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.

Executive Director - Acute Nursing and Midwifery

LEANNE SHEA: RN, AdvDipBusMgt, DipProjMan
Appointed April 2011

The Executive Director provides organisational and professional leadership to contribute to developing and achieving strategic goals, policies, healthcare reforms, budget and quality management of acute nursing and midwifery services at Ballarat Health Services. Major management responsibilities include business, resource management, service planning and provision, and quality improvement and compliance.

Executive Director - Residential and Clinical Governance Services

SUE GERVASONI: RN, RPN, BN, CertCritCare, MBA
Appointed December 2010

The Executive Director has direct operational responsibility for Residential Aged Care Services. This role supports the organisation to achieve its strategic goals through the provision of strategic leadership and support for safe and high quality residential aged care services. Key accountabilities include the monitoring of the clinical care and outcomes for residents, management of resources, business performance and compliance with legislation and Aged Care Standards. Sue also has the portfolio and organisational responsibility for clinical governance and risk management. She chairs the Patient Safety and Quality Committee, has executive responsibility for the Consumer Advisory Committee and supports the Governance and Risk Management unit in all aspects of their service.

Executive Director - Sub-acute and Community

WENDY HUBBARD: BAppSc(PT), MAppSc(HM), MBA, AFCHSE, CPE
Appointed March 2000

The Executive Director has responsibility for nine allied health disciplines, carries executive responsibility for the sub-acute inpatient and ambulatory services including rehabilitation, aged care evaluation and palliative care, and has responsibility for community-based programs. Wendy also has responsibility for the State-Wide Equipment Program (SWEP) and dental services at BHS.

Executive Director - Mental Health Services

TAMARA IRISH: RN, RM, RPN
Appointed June 2010

The Executive Director is responsible for the full range of psychiatric services provided by Ballarat Health Services within the Grampians Region. These services include infant, perinatal, child and adolescent, adult and aged persons mental health services both within the community and as inpatient services. Tamara has professional responsibility for all psychiatric staff. She 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.

Executive Director - Finance, Information and Business Development

ANDREW KINNERSLY: BBus, MBA, ACHSE, AHSFMA, CPA
Appointed September 2010

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

Executive Director - Human Resources

TREVOR OLSSON: BBus, AIMM, CAHRI, AFACHSM
Appointed October 1999

The Executive Director Human Resources responsibilities include all aspects of strategic human resource management including recruitment, organisational change, industrial/employee relations, equal employment opportunity, security services, occupational health and safety, the library, chaplaincy services, corporate training and development, volunteer co-ordination and emergency management.

Executive Director - Corporate Services

RUSSELL HARDY: GradCertMgt, CertIV (Food Tech), PTC, MIHHC
Appointed November 2012

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

Executive Director - Operational Performance and Improvement

ROWENA CLIFT: RN, DipAppSc(Nsg), BANsg(Mid),
GradCertHlthAdmin, AFCHSE
Appointed May 2009

The Executive Director is responsible for leading the organisation on patient access, performance, improvement and service redesign. The role works across the divisions and portfolios in acute and sub-acute services to develop and implement an organisation-wide improvement program to ensure BHS responds to current and future needs of the community. The role oversees Specialist Clinics, Perioperative Services (including operating theatres, anaesthetics, endoscopy, day procedures and preadmission and cardiovascular suite), Access Team, Redesign and Improvement.

Our People

Labour Category	JUNE Current Month FTE*		JUNE YTD FTE**	
	2012	2013	2012	2013
Nursing	1139.2	1149.2	1042.72	1142.62
Administration and Clerical	432.94	453.08	428.36	452.48
Medical Support	221.34	237.62	226.77	234.91
Hotel and Allied Services	321.84	354.58	328.97	346.61
Medical Officers	28.52	33.49	26.68	30.32
Hospital Medical Officers	105.28	121.61	122.97	115.49
Sessional Clinicians	34.69	34.13	32.18	33.17
Ancillary Staff (Allied Health)	219.83	233.15	216.48	230.15

Number of employees occupying full, part time and casual position at 30/6/2013 is 3849.

CHIEF EXECUTIVE OFFICER

Andrew Rowe BHA, MHA, AFCHSE, CHE

EXECUTIVE SERVICES

Manager, Population Health and Strategic Planning

Tracey Wilson DipAppSci, MBA, MPHAA

Director, Foundation & Fundraising

Geoff Millar BA, BEd, GradDipEdAdmin, DipTeach, GradCertMgt, MFIA

Manager Media and Communications

Daniel Anderson BSocSci GradDipJourn

MENTAL HEALTH SERVICES

Executive Director

Tamara Irish RN RM RPN

Director of Clinical Services

Abdul Khalid (A/Prof) MBBS FRANZCP MD(Psych) CCST

Consultant Psychiatrists

Rajul Tandon MBBS MD(Psych)
 Ram Singh MBBS MD(Psych) MSc (IPAS)
 Manisha Mishra MBBS MD(Psych)
 Vinit Mathur MBBS DPM MD(Psych)
 Ramesh Chandra MBBS MD(Psych)
 Sonia Ghai MBBS DPM(Psych) DNB(Psych)
 David Barton MBBS(UNSW) FRANZCP MRACMA
 Richard Kefford MBBS FRANZCP CertAccTrng C&APsych (RANZCP)
 Dr Rajnarayan Mahasuar MBBS MD (Psych)
 Dr Olorunyomi Olowosegun MBBS FellowInPsychiatry

Service Managers

Clinical Manager North Ballarat Adult Mental Health Services
 Carly Johnson BSoc

Clinical Manager South Ballarat Adult Mental Health Services
 Ian Edgar BAppSci(OT)

Clinical Manager (Acting) Wimmera and Southern Mallee Mental Health Services
 Michael Fryar RPN BAppSc(NsgAdmin) GradDip(PsychNsg)

Clinical Manager Ararat/Stawell Mental Health Services

Michael Fryar RPN BAppSc(NsgAdmin) GradDip(PsychNsg)

Clinical Manager Youth Mental Health Services

Clinical Manager (Acting) Infant & Child Mental Health Services
 Julie Rowse BOT(Hons) PhD

Clinical Manager Aged Persons Mental Health Services - Community

Kevin Harris RN RPN

Clinical Manager Secure Extended Care Unit

Colleen Fryar RN RPN

Clinical Manager Aged Persons Inpatient Mental Health Services

Jane Lockhart RPN BN RN GradCertGeron

Clinical Manager Community Care Unit

Brendan Thomas RPN GradDipCBT

Clinical Manager Adult Acute Inpatient Unit

Marice O'Brien RN RPN

Manager Education Training and Professional Development

Julia Hailles MEd PhD

Manager Quality and Safety

Wendy Borowiak MBA

CORPORATE SERVICES

Executive Director Corporate Services

Russell Hardy GradCertMgt CertIV(FoodTech) PTC MIHHC

Manager Facilities

Bob Pickard BEng(Mech)Hons

Manager BHS Catering

Carlo Napoli GradDipHRM&IR CertIVWTA RAB QSA AMS CertIVHosp

General Manager Safety Link

Steven Bruechert AdvDipCS DipMgt/ Bus CertIVTAA CertIVWT&ACertIVGov MRN SEN

Manager Eureka Linen

Monica McMahon

Manager Environmental Services

Don Colbert GradCertMgt

Manager Supply

Russell King MAHSPO MCIPSA

Security Manager

Robert Dekleva GradDipSocSci(SecMgt) CertIII(Sec)

OPERATIONAL PERFORMANCE AND IMPROVEMENT

Executive Director

Rowena Clift RN DipAppSci(Nsg) BANsg(Mid) GradCertHlthAdmin AFCHSE

Redesign and Improvement Director

Anton Freischmidt RN BScBE(Biomed)

Cardiac Clinical Facilitator

Sally Kruger DipAppSci(Nsg) BANsg GradCertCritCare

Nursing Director Perioperative Services & Patient Flow

Margaret O'Neill BN GradDipMgt

Services Development Officer

Lee-Anne Sargeant BA DipAud

Nurse Unit Manager Specialist Clinics

Narelle Basham RN RM BN GCertNsg(Periop) PDipMid DipPM CTA

Nursing Director Surgical Services

Joy Taylor RN CertPeriopNsg GradDipMgt MRCNA

Nurse Unit Manager Preadmission & Day Procedure Unit

Lorraine Hoiles RN BN(PostReg)

Nurse Unit Manager Endoscopy

Sandra Holt RN

Nurse Unit Manager Cardio Vascular Suite

Fiona Greig RN BN CertCritCare

Nurse Unit Manager CSSD

Denise Jackson RN BN(PostReg) GradCertInfctnCtrnl MRCNA

Nurse Unit Manager Operating Suite

Bernie Luka RN GradDipPeriop GradDipHlthAdmin GradCertEdn ProfCertHlthSysMan (from November 2011)

Redesign Lead

Laura MartinRN GradDipCritlCare CertMgt

Director Perioperative Services

Matthew Hadfield MB ChB FRCS(Gen)

General:

Ruth Bollard MBChB FRCS(Gen) FRACS MD

Peter Denton MBBS FRACAS

David Deutscher BSc MBBS FRACS

Stuart Eaton MBBS FRACS

Tom Fisher MBBS FRACS

Andrew Lowe MBBS FRACS

Bruce Stewart MBBS FRACS

Daniel Wong MBBS FRACS

Michael Ng MBBS FRACS

General and Vascular Surgeons:

Michael Condous MBBS FRACS(Vasc)

Robert Ventura MBBS FRCS FRACS

Matthew Hadfield MB ChB FRCS(Gen)

Urologists:

David Cook MBBS FRACS

Lachlan Dodds MBBS FRACS

Lydia Johns-Putra MBBS FRACS

Richard McMullin MBBS FRACS

Robert Forsyth MBBS FRACS

Orthopaedic Surgeons:

David Mitchell MBBS FRACS(Orth)

FAOA MAICD

Shaun English MBBS FRACS(Orth)

John Nelson MBBS FRACS(Orth) FAOA

Milos Kolarik FRACS PCS FCS (Orth)

John Dillon MB MD FRCS(Orth)

FRACS(Orth)

George Bousonis MBBS FRACS(Orth)

Scott Mason MBBS FRACS(Orth)

Matthias Russ alsArzt FRACS(Orth)

Ear Nose & Throat Surgeons:

Paul Donoghue MBBS FRCS

Mark Guirguis MBBS FRACS

Niall McConchie MBBS FRACS

Bridget Clancy MBBS FRACS

Ophthalmologists:

David McKnight MBBS FRANZCO

Michael Toohey MBBS FRANZCO

Facio Maxillary:

Graeme Fowler MDSc FDSRCPs

Plastic Surgeon:

Robert Sheen MBBS FRCS FRACS

Director Anaesthesia

Fred Rosewarne BS FANZCA

Deputy Director of Anaesthesia

John Oswald MBBS FANZCA

Supervisor of Training in Anaesthesia

Deas Brouwer MB BS FANZCA

Anaesthetists

Mike Bassett MB BS FANZCA
Louise Brennan FANZCA FFPANZCA
Anne Chew MB BS FANZCA
Bruce Christie MB BS FANZCA
Richard Connell MB ChB FANZCA
Rachel Cowell MB BS FANZCA
Graeme Clarke MBBS FANZCA
Sam Frost MB BS FANZCA
Rob Gazzard MBBS FANZCA JFICM
Greg Henderson MBBS FANZCA
Greg Hughes MBBS FANZCA
Tony Keeble MBBS FANZCA
Jeyanthi Kunadhasan MD FANZCA
Dan McIntyre MB BS FANZCA
Craig Mitchell MBBS FANZCA
Doug Paxton FANZCA
Ross Phillips MBBS FANZCA
Robert Ray MBBS FANZCA
Angus Richardson MBBS FANZCA
Sanjay Sharma MBBS MD FANZCA
Michael Shaw MBBS FRCA FANZCA
Peter Shea MB BS FANZCA
Tony Sutherland MB BS FANZCA
JFICM
Hock Tan MB BS FANZCA
Catherine Van der Herten MB BS
FANZCA
Radha Vivekananthan MB BS FANZCA
Michael Whitehead MBBS FANZCA

FINANCE INFORMATION AND BUSINESS DEVELOPMENT

Executive Director

Andrew Kinnerly BBus MBA ACHSE
AHSFMA CPA

Deputy Director

Mick Smith BCom AHSFMA FCPA

Director Radiography and Diagnostic Services

Richard van Dreven MISRRRT MIR
DipAppSc(MedRadtn) GradDipAdmin

Director Information Management

Kate Nolan MBA BHlthInfoMgt

Billing Services Manager

Jenny Palmer DipBusMgt

Financial Accounting Manager

Christena Renouf BAcc AHSFMA CPA

Management Accounting Manager

Jenny Paulson GradDipBus AHSFMA
MBA

Payroll Services Manager

Adam Pegg BPhysch

SUB ACUTE AND COMMUNITY

Executive Director

Wendy Hubbard BAppSc(PT)
MAAppSc(HM) MBA AFCHSE CPE

Director of Nursing Sub-acute Services

Meredith Theobald RN RPN
BN GradCertNsg(MentHlth)
CertRehabNsg MRCNA

Nurse Unit Managers

Inpatient Complex Care (Jim Gay Unit-GEM)
Karen Moran RNDiv1 GradCertGeron
CertIVTAA

Gandarra Palliative Care Unit
Maree Kewish RNDiv1 BAppSc(Nsg)
MPrimHlthCare(PallCare)

Inpatient Rehabilitation

Mary Cranage DipAppSc(Nsg)
BAppScNsg GrdCertMgt
GrdCertGerontology

Sub-Acute Medicine

Clinical Director of Sub-Acute Medicine
Joseph Ibrahim MBBS PhD FAFPHM
FRACP

Geriatric Medicine

Mark Yates MBBS FRACP
Kim Tew MBBS FRACP
Judith Adams MBBS DGM FRACP
Phillip Street MBBS FRACP
Rosemarie Shea MBBS FRACP
Jennifer Schwarz MBBS GradDipEd
GradDipPallMed FRACP
Richard Whiting MBBS FRACP
Tamsin Santos FRACP MBBS
BSC(Biomed)
Min Yen Toh FRACP MBBS

Rehabilitation Medicine

Richard Bignell MBBS FAFRM
Thomas Kraemer MBBS FRACP
Susan Hodson MBBS Dip RANZCO&G
FRACGP

Michael McDonough MBBS
DipClinTox MAddSc FACHAM

Palliative Care Medicine

David Brumley MBBS FRACGP MSC
FACHPM
Greg Mewett MBBS DRCOG FRACGP
PostgradDipPallMed FACHP

Dental Services

Manager Dental Services

Tracey Wilson DipAppSc(DentThrypy)
MBA MPHAA

Dentists

Dr Iven Affleck BDS
Dr Pallavi Mishra BDS ADC MDSC
Dr Preeti Grover BDS
Dr Nidhi Tandon BDS ADC
Dr Kevin Tan BDS
Dr Rachel Sim BDSHons
Dr Sandra Duong BDSHons
Dr Wenjun (Kenneth) Lim BDSHons

Allied Health

Clinical Manager Dietetics
Meredith Atkinson BAppSc(Nut)
GradDipDiet MPH MDAA

Clinical Manager Exercise Therapy

Kerry Walsh BEd(PE)

Clinical Manager Occupational Therapy

Michele Pearson BAppSc(OT)
GradDip(HSM)

Clinical Manager Physiotherapy

Georgie Kemp BAppSc(Physio)
MPhysio

Clinical Manager Podiatry

Margaret Dawson BAppSc(Pod)
GradDip(Pod) MBA DPH

Clinical Manager Prosthetics/Orthotics

Michelle Oliver BAppSc(P&O)
DipBusMgt

Clinical Manager Psychology

Kylie McKenzie BA(Hons)
MPsych(Clinical)

Clinical Manager Social Work

Catherine Ludbrook BA BSW

Clinical Manager Speech Pathology

Acushla Thompson BAppSc(SP)
GradCert(Mgt) MSPAA CPSP

Coordinator Allied Health Quality and Safety

Cathy Caruso BAppSci(OT)
GradDipHlthSci(HEd)

Community

Director Community Programs
Michelle Veal RN BA(Nsg)
GradCert(BusAdmin) DipPrjMgt
GradCert(HlthSysMgt)

Manager Aged Care Assessment Services

Gary Humphrey BA(HonsSW)
AdvDipBusMgt ACRACS
(AdvCertResi&CommServ)

Manager Carer's Programs

Cheryl Hines DipWelf AdvDipBusMgt

Manager Hospital Admission Risk Program

Roslyn McIntyre RN BNPostReg
DipPrjMgt

Manager Linkages

Nick Grakini BHlthSci(OT) DipMgt
DipHrm

Manager Planned Activity Groups

Jan Stewart BAppSci(PE)
GradDip(HlthSci)

Manager Rehabilitation in the Home and Transition Care Program

Roslyn McIntyre RN BNPostReg
DipPrjMgt

Manager Grampians Regional Continence Service

Shirley Whitaker RN BN CertContProm
GradCertHealth

Manager Grampians Regional Palliative Care Team

Jade Odgers RN GradDip(PallCare)
GradDip(Psych) GradDipMgt
CertIVWrkPIAAT DipPrjMgt
GradDipFrontMan

Manager Post Acute Care and Central Intake

Helen Jarvis RN RM BN GradCertMgt
MRCNA

Allied Health Ambulatory Care Coordinator

Catherine Chibnall B(OT) MHlthSci

Domiciliary Services Coordinator

Margaret Dawson BAppSc(Pod)
GradDip(Pod) MBA DPH

Project Coordinator

Kate Wise BA(HonsPsych) DipPrjMgt

MEDICAL SERVICES

Executive Director

Philip Reasbeck MA MBChir MBA
MD MRCP FRCS FRACS FRACMA
GradDipLaw

Deputy Director

Linda Danvers MBBS FRACGP
DipRACOG MPH AFRACMA
AdDipMgt

Ballarat Regional Integrated Cancer Centre

Director

Arrin Wislang BA DipVetNsg

Manager Junior Medical Workforce Unit

Helen Finneran BPhy MBA

Infection Control Coordinator

Sue Flockhart RN BN MNsg
GradDipMgt&InfectCntrl DipPrjctMgt
CertIVAAT RGNC

Clinical and Research Governance Officer

Susan Shea BAppSc(Pod) PhD
FAAQHC

Medical Education Officer

Mark Dixon BAppSci(Hons)

Internal Medicine Service

Clinical Director Internal Medicine

Robert MacFadyen BSc MB ChB MD
PhD FRCP

Physicians

General (Sub-Specialty)

James Hurley MBBS BMedSci PhD
FRACP
Anthony Kemp MBBS FRACP
Brett Knight MBBS FRACP
John Richmond MBBS FRACP
Wayne Spring MBBS FRCP FRACP
John Yamba MBBS FRACP – until
February 2013

Cardiologists

Christopher Hengel MBBS FRACP
John Stickland MBBS FRACP FRACRM
John van den Broek MBBS FRACP
Romulo Ernesto Oqueli Flores MD
FRACP
Rodney Reddy MBChB FRACP
John Zhu PhD FRACP

Gastroenterologists

Maree Pekin MBBS FRACP
Mohammed Al-Ansari MBChB
FRACP
Hamish Philpott MBBS FRACP

Neurology

Thomas Kraemer MBBS FRACP
Mandy Lau MBBS FRACP

Oncologists

Kate Hamilton MBBS FRACP
Geoffrey Chong MBBS FRACP
Lee Na Teo MBChB FRCP
Yen Tran MBBS FRACP
Bhaumik Shah MBBS MD FRACP
Stephen Brown MBBS FRACP
Craig Carden MBBS FRACP

Nephrology

John Richmond MBBS FRACP
Susheel Sharma MBBS FRACP

Dialysis Unit

Nurse Unit Manager
Catherine Thomas RN BN
CertHlthSrbMgt

Clinical Research Co-ordinator

Carmel Goss RN

Dorevitch Pathology

Pathologists

Alan Jones MBBS FRCPA
Stephan Warwyk BSc MBBS PHD
FRCPA

Laboratory Manager

Michael Phyland BAppSc

Mortuary Manager & Coordinator Forensic Services

Charles Harpur

Pharmacy

Director

Aaron Fitzpatrick BPharm
GradCertMgt MSHP

Deputy Director

Daniel Guidone BPharm MClInPharm
MSHP (to January 2012)

Jaclyn Baker BPharm MPublicHealth
GradCertMgt MSHP MPS (from
February 2012)

Library

Manager

Gamma Siemensma DipLIS CertIVAAT
BA(LIS) MAppSc(LIM) AALIA

RESIDENTIAL & CLINICAL GOVERNANCE SERVICES

Executive Director

Sue Gervasoni RN RPN BN
CertCritCare MBA

Clinical Governance Services

Director Governance & Risk Management Unit

Keren Day RN BN GradDip
AdvNsgWmnHlth MNursg
DipProjMan

Risk Manager

Trudy Shortal RN BNGrad Cert CCN
MMgt

Residential Services

Director of Nursing - Ballarat East

Raylene Fresle RN Grad DipHlthSci
AdvDipBusMgt (to March 2013)
Jacqui King RN BN AdvDipBusMgt
(from March 2013)

Facility Managers

Geoffrey Cutter Centre Nursing Home

Robyn Jordan RN

Eureka Village Hostel

Lee Prentice RNDiv2End (to November 2012)

Sherrin Jose RN (from May 2013)

Director of Nursing – Ballarat North & Wendouree

Pat Erwin RN RGNC RN GradCertMgt

Facility Managers

PS Hobson Nursing Home

Shirley Madden RN PBGNC (to August 2012)

Heather George RN BN BBGNC GradDipMid CertIVAAT

WB Messer Hostel

Danielle Fisher RN BN

GradCertNsgPaeds

GradCertNsgMtlHlth (to Sept 2012)

Elisabeth Purcell RN CertRehabNsg CertBusAdmin (From October 2012)

Hailey House Hostel

Linda Newby RN GradDipMid

GradDipRehabNsg CertIVOH&S CertIVAAT

Director of Nursing – Ballarat Central & Sebastopol

Mick Kirby RN BAppScNsg Grad

DipBusMgt CCRN DipProjMan

Facility Managers

Talbot Place Nursing Home

Eileen Booth RN RPNPsych FamTh CertDev Psych

Bill Crawford Lodge Nursing Home

Beverley Adams RN BN RM CertGeron AdvDipBus

Jack Lonsdale Lodge Nursing Home

Jenny Relouw RN PostGradGer Jacqui King RN BN AdvDipBusMgt (to March 2013)

Raylene Fresle RN Grad DipHlthSci AdvDipBusMgt (from May 2013)

James Thomas Court Hostel

Geoffrey James RN RPN BN

HUMAN RESOURCES

Executive Director

Trevor Olsson BBus AImm CAHRI AFACHSM

Deputy Executive Director / Employee Relations Manager

Kevin Stewart BAppSc(PT) GradDipErg

Manager – Occupational Health and Safety

Alisha Bedggood PostGradDipOHM CertIVHlth(Nsg)

Senior Human Resources Consultant – Learning & Development (Non Clinical)

Megan Ali BMgt(HR/Marketing) CertIVTAA MAHRI

Senior Human Resources Consultant

Leah Shillito BA GradDipBusHRM)

Manager Workforce and Recruitment Services

Angela Turley BBus(HR/Marketing) CertIVTAA DipProjMgt MAHRI

Senior Human Resources Consultant

Maree Baker GradCertHRM AdDipM(HRM) DipBusHR CertIVOHS CAHRI

Senior Human Resources Consultant

Megan Ralston BMgt(HR)

Senior Human Resources Consultant

Joanne Innes AdDipBus(Mgt&HR) CertIVTAA

Human Resources Officer

Sophie Connor BComm

Manager Emergency Management

Don Garlick ADOB M GradDipCritCare CritCareRN CertIVTAA CertIVFireTech

Pastoral Care Coordinator

Johanna Niedra TPTC GradCertGrie&LossC

Manager Volunteer Services

Sue Jakob DipTeach(Prim) GradDipEd(Lit) CertIVTAA

ACUTE NURSING AND MIDWIFERY

Executive Director

Leanne Shea RN AdvDipBusMgt DipProjMan

Critical Care Services

Chair of Critical Care and Director of Emergency Department

Jaycen Cruickshank MBBS FACEM MCR

Director of Intensive Care

Tony Sutherland MBBS FANZCA FFCANZCA

Deputy Director of Intensive Care

Rob Gazzard MBBS FANZCA FFCANZCA

Anaesthetists/Intensivists

Bruce Christie MBBS FANZCA

Doug Paxton MBB FANZCA

Greg Henderson MBBS FANZCA

Robert Ray MBBS FANZCA

Craig Mitchell MBBS FANZCA

Angus Richardson MBBS FANZCA

Emergency Medicine

Director of Emergency Medicine Jaycen Cruickshank MBBS FACEM MCR

Deputy Directors of Emergency Medicine

Heather Crook MBBS FACEM

Pauline Chapman MBBS FACEM

Andrew Crellin MBBS FACEM

Emergency Physicians

Nigel Beck MBBS FACEM

Mark Hartnell MBBS FACEM

Amanda Lishman MBBS FACEM

Vince Russell MBBS

Spiro Tsipouras MBBS FACEM

Amanda Wilkin MBBS FACEM

Michael Veal MBBS FRACGP FACRRM

Alastair Meyer MBBS FACEM FCSEM FRCP

Treena Quarin MBBS FACEM

Kirsty Dunn MBBS FACEM

Linda Chow MBBS FACEM

James Cameron MBBS FACEM

Steve Costa MBBS

Senior Medical Officers (Emergency Medicine)

Ahmed Alwan MBBS

Waad Elias MBBS

Women's and Children's Health Services

Clinical Director and Head of Obstetrics & Gynaecology

Paul Davey MBBS FRACOG

Staff Obstetricians & Gynaecologists

Zainab Sabri MBChBFRANZCOG

Iruka Kumarage MBBS MRCOG

Gynaecological Oncologist

Prof Tom Jobling MBBS FRCOG

FRANZCOG CGO MD

Urogynaecologist

Jeanette Lim MBBS FRANZCOG

Obstetricians and Gynaecologists

Russell Dalton MBBS FRANZCOG

Assoc Prof Deepika Monga MBBS

FRANZCOG MD(O&G)DNBE

Patrick Moloney MBBS FRANZCOG

Michael Bardsley MBBS FRANZCOG

Katrina Guerin MBBS(Hons)

FRANZCOG

Carolyn Wilde MBBS MRANZCOG

Clinical Director and Head of Paediatrics

Maurice Easton MBBS FRACP (to July 2013)

David Tickell MBBS FRACP (from July 2013)

Paediatricians

Louise du Plessis MBChB FRACP

Mark Nethercote MBBS FRACP

Fiona Noble MBBS FRACP

Philippa Bolton MBChB (Otago)

FRACP

Shabna Rajapaksa MA MB BChir

MRCPC MSc

Endocrinologist (Paediatric)

Christine Rodder MBBS FRACP

Neurologist (Paediatric)

Michael Hayman MBBS FRACP

Paediatric Rehabilitation Specialist

Adam Scheinberg MBBS MMed

FRACP FAIRM

Nursing Director – Business & Service Development

Kym Peter RN RM BBus(Eco)

GradCertHEcon MHLthSc MEd(E&T)

CCRN PICNC CertHlthMgt Cert IVAAT

Cert IVPW&E GradCertAdvNsg ACN

Nursing Director – Clinical Education and Practice Development

Denielle Beardmore RN AAM MEd

GradDipEd&T GradDipAdClinNsgOnc/

PallCare BN BHlthSci DipPrjtMgt

CertIVTAA

Nursing Director – Acute Inpatient Services

Angie Spencer RN GradDipBus(e-

Bus&Mkg)

Nurse Unit Managers

2 North:

Danelle Klein RN BN

GradCertOrthoNsg

3 North

Annette McFarlane RN

GradDipBusMgt GradDipPHM

3 South:

Nicole Snibson RN GCertDiabEd

4 South/Day Oncology:

Louise Taylor RN DipN BN

CertCritCare CertHlthSrvMgt DipBus

DipBus(HR)

4 North:

Vicki Thomas RN BN CertHlthSrvMgt

Emergency Department

Phil Catterson RN BN CCRN MBA

CertIVProjMan

Critical Care Unit

Andrew Thomas RN BN CertCritCare

CertIVAAT

Radiology

Margaret Grundell RN RM

CertEmrgCare

Donation Nurse Specialist

Joanna Forteach RN BN PostGradDip

AdvClnlNsg-EmrgStrm

Coordinator of Medical Day Unit

Sylvia Mitting RNRM DipFrontlineMgt

Coordinator of Hospital in the

Home

Trish Twaits RN RM GradDipAdmin

StomalTherapist MRCNA (to October 2012)

Lisa Brooks RN RM BN

GradDipAdvNsg MNS AdvDipHR

AdvDipMgt (from January 2013)

Nursing Director - Women's & Children's Services

Terri Antonio RN MaMment DipCPsy

GradCertNsg CertIVProjMgt

CertIVFLMgt CertIVTAE (to January 2013)

Joanne Gilbert RN RM IBCLC BN

GradDipCommHlth GradDipMid

CertIVProjMgt (Acting from January 2013)

Nurse Unit Managers

Maternity Clinical Services

Carolyn Robertson RN RM DipApp.

Sc(Nsg) BANsg PostGrad.DipMid

Maternity Outpatient Services

Sue McRae RN RM

GradDipCommHlth MBA

CertNeonlntCare

Special Care Nursery

Nicole Stevens RN BN

PostGradDipNsg(Geron) CertWndMan

PostGradDipNsg(Midwi)

CertNeonlntCare

Paediatric & Adolescent Unit

Clinton Griffiths BN PostBasPaedNsg

DipBusFrontMan

Clinical Nurse Consultants

Wound Management/Stomal Therapy/Breast Cancer Support

Marianne Crowe RN BN (PostReg)

DipAppSciNsg CertStomThryp

Wound Care Team

Matt Squire RN

Donna Nair RN

Lisa O'Neil RN

Pain Management

Louise Humble RN

GradDipAcuteCareNsg ICU/CCUCert

MRCNA GradDipSciMed(PainMgt)

Cognition

Michelle Morvell RN RPN BN

CertIVAAT

Diabetes Education

Barbara White RM CDE CertMid

CertCritCare BchHlthSci(Nsg)

GradDipAdultEd&Trng CertIVWAT

GradCertDiabEd

McGrath Breast Care Nurse

Fiona Reeves RN

Sue Bartlett RN

GradCertCanc&PallCare

CertIVWrkplceTAS CertICU/HDU.

Statement of Priorities

Part A: Strategic priorities for 2012-2013

STRATEGIC PRIORITY	ACTION	DELIVERABLE	OUTCOME
1. Developing a system that is responsive to people's needs	Work and plan with key partners and service providers to respond to local issues including issues of distance and travel time experienced by some rural and regional Victorians.	Develop and progressively implement a plan by 30 June 2013 with neighbouring health services to maximise theatre utilisation and access, ensuring elective surgery patients are treated within timelines and as close to home where practical, and by the most appropriate healthcare provider.	<p>Elective Surgery MoU established with SJOG, Ballarat Day Procedure Centre and Hepburn Health Services. Rural Patient Initiative continues with East Grampians Health Service, Stawell, Djerriwarrah and Maryborough. Medical Workforce appointments established between Stawell and BHS.</p> <p>Establishment of regional bed meetings with Maryborough District Health Service, East Grampians Health Service and Stawell Regional Health Service.</p>
	Explore opportunities to develop strategies that support greater service responsiveness for diverse populations.	Implement strategies as outlined in the 2012-13 Aboriginal Health Action Plan in collaboration with the Ballarat and District Aboriginal Co-operative (BADAC) to improve the attendance rates at Outpatient clinics, Breastscreen and Dental Services by 5%. Continue to expand antenatal care for expectant mothers through the development of service delivery models with BADAC.	<p>Outpatient clinic attendance rates are regularly monitored. A working group is being formed to investigate opportunities to address a recent drop in attendance.</p> <p>Good attendance at the dental clinic continues. Patients are placed on a recall at the conclusion of their dental care.</p> <p>Breast Screen Well Women's sessions continue on a monthly basis with bulk bookings to enable women to attend together.</p>
	In partnership with other local providers apply existing service capability frameworks to maximise the use of available resources across the catchment.	Develop and maintain clinical pathways that improve access to all available mental health beds for appropriate out-of-area patients when in the best interest of the consumer and carer(s).	BHS has worked with the Mental Health Branch to assist in the development and maintenance of systems that improve access to all available mental health beds for appropriate out-of-area patients whilst ensuring the clinical needs of all Grampians' region patients and families are met.

STRATEGIC PRIORITY	ACTION	DELIVERABLE	OUTCOME
2. Improving every Victorian's health status and experiences	Collaborate with key partners such as members of local PCP, the newly formed Medicare Locals, community health services and Aboriginal health service providers to support local implementation of relevant components of the Victorian Health and Wellbeing Plan 2011- 2015.	Progressively implement the recommendations for the Ballarat Regional Integrated Cancer Centre (BRICC) model of care in partnership with key stakeholders.	During consultation in 2010 there were 14 recommendations which formed the Regional Model of Care. All 14 recommendations have been actioned as joint initiatives between BRICC and GICS. Examples include establishing GP Oncology Education, opening an outreach clinic in Stawell and provision of a new public haematology service for the region.
		Participate in the implementation of the PCP and municipal health plans. Actively contribute to the development of the Grampians Medicare local planning process in order to improve the coordination of care, particularly for those patients with chronic and complex conditions.	BHS is a member of both the Central Highlands Primary Care Partnership full alliance and Executive. There has been significant collaborative work undertaken on Municipal Public Health Plans, Grampians Medicare Local planning activity and PCP strategic plans ensuring a consistent approach by all partners to improving coordination and access to services provided.
3. Expanding service, workforce and system capacity	Develop collaborative approaches to deliver professional education, training and support.	Review the existing delivery of training and education across the Grampians region to identify opportunities to expand and refine access to training and education as needed.	THE Centre for Nursing and Health Education has participated in the pilot for the Best Practice Clinical Learning Framework (BPCLE) which will be implemented state-wide by DoH at the end of 2013. BHS is represented on the Grampians CPN and participates in VicPlace.
	Identify opportunities to address workforce gaps by optimising workforce capability and capacity, and exploring alternative workforce models.	The BHS Workforce Plan has been developed and is to be adopted by December 2012. Commence the implementation of the recommendations in 2013.	The BHS Workforce Plan was adopted at the December 2012 Board of Management meeting with recommendations being implemented progressively.
		Develop the BHS Karreeta Yirramboi Aboriginal Employment Action Plan by January 2013 and commence the implementation across the health service.	BHS Kareeta Yirramboi Employment Plan has been developed. The agreed plan is now at the stage of implementing in partnership with BADAC.
	Further expand and develop the BHS Stroke Service	Implementation of initiatives contained within the national clinical guidelines for the management of stroke, including the development of regional acute stroke pathways, and a 24/7 thrombolysis service.	Initiatives monitored through monthly Stroke Service meetings – participation in the National Stroke Audit will include action on recommendations once received. Director of Internal Medicine actively seeking out of hours neurology back up to facilitate 24/7 thrombolysis service.

STRATEGIC PRIORITY	ACTION	DELIVERABLE	OUTCOME
4. Increasing the system's financial sustainability and productivity	Identify opportunities for efficiency and better value service delivery.	Review the performance of the Short Stay Unit and implement recommendations of the review by 30 June 2013.	SSU unit review performed and recommendations actioned.
	Examine and reduce variation in administrative overheads.	Develop a Dashboard monitor to review and manage performance across the organisation by 30 June 2013.	A number of corporate and clinical Dashboards have been created to monitor internal operations and performance.
		Review the Bed expansion and WIES plan to ensure improved service delivery and efficiencies are achieved as Capital works are undertaken.	BHS and Department of Health have developed a four year plan that considers impact of capital works, delivery of additional beds and WIES requirements.
		Monitor the review of the Operating Theatre Suite and implement recommendations to ensure improved patient flow and efficiency. Implement recommendations from the Residential Aged Care Strategic Plan.	BHS has commenced a "Perfect List" program of works that includes a number of key strategies to maximise theatre throughput. BHS has developed a suite of "real time" data sets to monitor performance.
		Develop a Cost Containment Report and implement recommendations with progress assessed on a monthly basis.	Cost Containment Report fully developed and implemented.

STRATEGIC PRIORITY	ACTION	DELIVERABLE	OUTCOME
5. Implementing continuous improvements and innovation	Develop and implement improvement strategies that better support patient flow and the quality and safety of hospital services.	Implementation of the wound care project to be rolled out across all BHS service areas by 30 June 2013	Wound care program implemented to all BHS service areas. Train the trainer Education program developed to ensure sustainable clinical practice
		Achievement of the strategies identified in the reform Action Plan. All phases of the BHS Capital process are planned and approved to enable delivery on time and within budget where possible. The projects include: Ballarat Regional Integrated Cancer Centre Helipad Multi deck car park Demolition of Yuille House Ambulatory Care Centre Dental Clinic Mother/ Baby unit (Mental Health).	After due process with DOH, consultants for all areas were appointed in relation to the Capital Building Projects. The process has strict guidelines managed by a Project Control Groups with meetings occurring monthly and full reporting mechanisms in place to BHS, BOM and DOH. A feasibility study has been completed for the Mother Baby Unit.
		Continue to progress the implementation of the Child and Youth Mental Health Demonstration Project	The Demonstration project has been fully evaluated and re-funded, and now forms a routine part of our operations.
6. Increasing accountability & transparency	Implement systems that support streamlined approaches to clinical governance at all levels of the organisation.	Fully implement the risk management framework, including data and audit programs and provision of monthly reports to the Board of Management.	The risk management framework is in place. All High and Extreme Risks reported monthly to the Board including progress updates on mitigation strategies. Risk included in all agenda's for all organisational governance meetings.
7. Improving utilisation of e-health and communications technology.	Maximise the use of health ICT infrastructure to better connect a broad range of health care and other health related workforces.	Complete the implementation of the Scanned medical record project and the BOSSNET system by December 2012.	The scanned medical record project and the BOSSNET system have been fully implemented across BHS. A strategic implementation of enhancements is planned for the future.
		Implement the online Governance Documentation System across the organisation through the Intranet portal by March 2013.	The Governance Documentation system has been fully implemented across BHS in 2013. Further work is progressing to enable regional partners to access the records. An evaluation is planned for 2013/14.

Part B: Performance priorities

OPERATING RESULT	TARGET	2012-2013 ACTUALS
Annual Operating result (\$m)	\$0.658	\$0.708
WIES ACTIVITY PERFORMANCE	TARGET	2012-2013 ACTUALS
Percentage of WIES (public and private) performance to target	± 2%	1.32%
CASH MANAGEMENT	TARGET	2012-2013 ACTUALS
Creditors	<60 days	12
Debtors	<60 days	19
EMERGENCY CARE	TARGET	2012-2013 ACTUALS
Percentage of ambulance transfers within 40 minutes	90	94
NEAT – Percentage of emergency presentations to physically leave the emergency department for admissions to hospital, be referred to another hospital for treatment, or be discharged within four hours (July – December 2012)	70	73.5
NEAT – Percentage of emergency presentations to physically leave the emergency department for admissions to hospital, be referred to another hospital for treatment, or be discharged within four hours (January – June 2013)	75	72.1
Number of patients with length of stay in the emergency department greater than 24 hours	0	1
Percentage of Triage Category 1 emergency patients seen immediately	100	100
Percentage of Triage Category 1 to 5 emergency patients seen within clinically recommended times	80	75.2
ELECTIVE SURGERY	TARGET	2012-2013 ACTUALS
Percentage of Urgency Category 1 elective patients treated within 30 days	100	100
NEST – Percentage of Urgency Category 2 elective surgery patients treated within 90 days (July – December 2012)	75	66.4
NEST – Percentage of Urgency Category 2 elective surgery patients treated within 90 days (January – June 2013)	80	58.6
NEST – Percentage of Urgency Category 3 elective surgery patients treated within 365 days (July – December 2012)	93	81.8
NEST – Percentage of Urgency Category 3 elective surgery patients treated within 365 days (January – June 2013)	94.5	84.4
Number of patients on the elective surgery waiting list	1,214	1,123
Number of Hospital Initiated Postponements per 100 scheduled admissions	8	6.6
Number of patients admitted from the elective surgery waiting list	4,586	4,606
CRITICAL CARE	TARGET	2012-2013 ACTUALS
Adult ICU minimum operating capacity	7	7

QUALITY AND SAFETY	TARGET	2012-2013 ACTUALS
Health service accreditation	Full compliance	Achieved
Residential aged care accreditation	Full compliance	Achieved
Cleaning standards	Full compliance	Achieved
Hospital Acquired Infection Surveillance	No outliers	Achieved
Hand Hygiene (rate)	70	Achieved
SAB rate per occupied bed days	<2/10,000	0.9
Victorian Patient Satisfaction Monitor (OCI)	73	Achieved
Consumer Participation Indicator	75	Achieved
People Matter Survey	Full compliance	Achieved
MATERNITY	TARGET	2012-2013 ACTUALS
Percentage of women with prearranged postnatal home care	100	100
MENTAL HEALTH	TARGET	2012-2013 ACTUALS
28 day readmission rate - percentage	14	10.27
Post-discharge follow-up rate - percentage	75	86.41
Seclusion rate per occupied bed days	<20/1,000	10.03



Part C: Activity and Funding

FUNDING TYPE	2012-13 ACTIVITY ACHIEVEMENT
Acute Admitted	
WIES Public	20,525
WIES Private	4,534
WIES (Public and Private)	25,059
WIES Renal	566
WIES DVA	238
WIES TAC	164
WIES Other	144
WIES Total	26,171
SubAcute Admitted	
CRAFT Public	225
CRAFT PRIVATE	93
Rehab L1 Public	1,043
Rehab L1 Private	92
Rehab L1 DVA	89
Rehab L2 Public	370
Rehab L2 Private	225
Rehab L2 DVA	264
GEM Public	9,615
GEM Private	2,568
GEM DVA	614
Palliative Care Public	1,395
Palliative Care Private	760
Palliative Care DVA	166
Restorative Care	1,462
SubAcute Non - Admitted	
Transition Care - Bed days	11,670
Transition Care - Home day	6,360
SACS	22,485
SACS Paediatric	1,239
DACS DVA	589
Post Acute Care	1246
Aged Care	
Aged Care Assessment Service	3869
Residential Aged Care	163,230
HACC	83,796
Mental Health and Drug Services	
Mental Health Inpatient	11,223
Mental Health Ambulatory	50,479
Mental Health Residential	11,013
Primary Health	
Community Health/Primary Care Programs	8,282

REPORTING REQUIREMENTS AND GENERAL INFORMATION



A healthy and safe environment

Ballarat Health Services is committed to providing a safe and healthy environment for staff, patients, residents, visitors, volunteers and contractors at all sites. This commitment includes achieving best practice in health and safety, with a strong focus on early injury management and continuous improvement.

In the 2012/13 financial year the Workers Compensation Performance Rate has continued to improve, once again performing better than the industry average. This was achieved on the back of an increase of reported workplace injuries. Early reporting and an increased active involvement in the management of injuries by departmental managers has played a vital role in the early return to work of injured employees and a reduction in the number of accepted WorkCover claims and premium.

There has been an increase in competency rates for No Lift Training, with end of year results sitting at 88 per cent compliance. Numerous other OHS training courses have been delivered throughout the organization including OHS for Managers, Manual Handling, Ladder Safety, and Chemical Management. Additionally there is ongoing promotion of the E3 online training for Manual Handling, Office Ergonomics along with Violence and Aggression.

In collaboration with Ballarat Community Health the Worksafe WorkHealth check program has been launched throughout BHS which saw more than 700 staff participate in the program. These are free, convenient and confidential health assessments offered in the workplace to all staff. By participating in these checks, staff learn more about their risks of heart disease and type 2 diabetes.

BHS will continue to monitor its health and safety performance and implement initiatives to ensure a culture of continuous improvement in health and safety is maintained across all sites.

Application of merit and equity

We are an equal opportunity employer and ensure open competition in recruitment, selection, transfer and promotion.

Employment decisions are based on merit and without consideration gender, marital status, age, pregnancy, disability, race, religious or political beliefs or activities, or on the grounds of being a parent, childless or in a de facto relationship.

Our people are treated fairly and reasonably and provided with redress against any unfair or unreasonable treatment.

Ex-gratia payments

We did not receive any ex-gratia payments during 2012/13.

Freedom of information requests

Ballarat Health Services complies with the Victorian Freedom of Information Act 1982 (FOI). Since 2009 we have received the following number of requests:

YEAR	NUMBER OF REQUESTS
2009	375
2010	392
2011	408
2012	464
2013	497

Building Act 1993

Ballarat Health Services complies with building standards and regulations. All buildings constructed after July 1994, have been designed to conform to the Building Act 1993 and its regulations, as well as meet other statutory regulations that relate to health and safety matters.

All buildings have been issued with occupancy permits and 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 throughout the year.

Consultancies

Ballarat Health Services engaged the following consultancies in 2012-2013 at an individual cost in excess of \$10,000.

They were Inside Health Management, \$68,200; Premier PR, \$35,748; Dyson Consulting Group, \$33,811, VERSO Consulting Group, \$23,900 and Newbiz Solutions, \$11,373.

In 2012-13 BHS engaged four consultancies where the total fees payable to the consultants were less than \$10,000, with a total expenditure of \$13,091.

National Competition Policy

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

Contracts

We abide by the Victorian Industry Participation Policy Act 2003.

In 2012/2013 there was one contract continued by Ballarat Health Services under this Act.

The contract was:

- Community Programs – Personal and Domestic Care, to the value of \$2 million. This service proposes the use of more than 85 per cent local content and created 80 additional EFT and 20 new apprenticeships/traineeships for the 2012/2013 period.

Financial performance

Ballarat Health Services recorded an operating surplus of \$708,000 for the year ended 30 June 2013.

This positive result compares favourably with the expectation in the revised Statement of Priorities of a \$658,000 surplus.

	2013 \$000	2012 \$000	2011 \$000	2010 \$000	2009 \$000
Total Revenue	346,418	329,341	287,312	258,096	241,918
Total expenses	345,710	329,127	287,147	258,059	241,537
Net result for the year (before capital, specific items)	708	214	165	47	381
Retained surplus/ (accumulated deficit)	446	16,511	(8,155)	(6,511)	(9,729)
Total assets	335,444	331,990	285,326	278,757	283,738
Total liabilities	101,019	98,011	87,544	75,077	73,547
Net assets	234,425	233,979	197,782	203,680	210,191
Total equity	234,425	233,979	197,782	203,680	210,191

Carers Recognition Act

The Carers Recognition Act 2012 promotes and values the role of people in care relationships and formally recognises the contribution that carers and people in care relationships make to the social and economic fabric of the Victorian community. Ballarat Health Services has taken all practicable measures to comply with its obligations under the Act.

Ballarat Health Services has promoted the principles of the Act to people in care relationships who receive our services and to the wider community by:

- distributing printed material about the Act at community events or service points

Ballarat Health Services has taken all practicable measures to consider the carer relationships principles set out in the Act when setting policies and providing services by:

- reviewing our employment policies such as flexible working arrangements and leave provisions to ensure that these comply with the statement of principles in the Act



STATUTORY REQUIREMENTS



ATTESTATION ON DATA INTEGRITY

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

Andrew R Rowe
Chief Executive Officer
Ballarat

30 July, 2013

ATTESTATION ON INSURANCE

I, Andrew Rowe certify that Ballarat Health Services has complied with Ministerial Direction 4.5.5.1 - Insurance.

Andrew R Rowe
Chief Executive Officer
Ballarat

30 July, 2013

ATTESTATION FOR COMPLIANCE WITH THE AUSTRALIAN/NEW ZEALAND RISK MANAGEMENT STANDARD

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

Andrew Faull
President
Board of Management
Ballarat

30 July, 2013

Disclosure Index

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

LEGISLATION	REQUIREMENT	PAGE REFERENCE
MINISTERIAL DIRECTIONS		
<i>Report of Operations</i>		
Charter and purpose		
FRD 22D	Manner of establishment and the relevant Ministers	4
FRD 22D	Objectives, functions, powers and duties	4
FRD 22D	Nature and range of services provided	2, 4
Management and structure		
FRD 22D	Organisational structure	12
Financial and other information		
FRD 10	Disclosure index	28
FRD 11	Disclosure of ex gratia payments	25
FRD 15B	Executive officer disclosures	70
FRD 21B	Responsible person and executive officer disclosures	69,70
FRD 22D	Application and operation of <i>Freedom of Information Act 1982</i>	25
FRD 22D	Compliance with building and maintenance provisions of <i>Building Act 1993</i>	25
FRD 22D	Details of consultancies over \$10,000	25
FRD 22D	Details of consultancies under \$10,000	25
FRD 22D	Major changes or factors affecting performance	25
FRD 22D	Occupational health and safety	25
FRD 22D	Operational and budgetary objectives and performance against objectives	26
FRD 22D	Significant changes in financial position during the year	26
FRD 22D	Statement of availability of other information	29
FRD 22D	Statement on National Competition Policy	26
FRD 22D	Subsequent events	70
FRD 22D	Summary of the financial results for the year	26
FRD 22D	Workforce Data Disclosures including a statement on the application of employment and conduct principles	15, 25
FRD 25A	Victorian Industry Participation Policy disclosures	26
SD 4.2(j)	Responsible Bodies Declaration	11
SD 3.4.13	Attestation on data integrity	27
SD 4.5.5.1	Attestation on data insurance	27
SD 4.5.5	Attestation on Compliance with Australian/New Zealand Risk Management Standard	27
FINANCIAL STATEMENTS		
Financial statements required under Part 7 of the FMA		
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SD 4.2(b)	Operating statement	33
SD 4.2(b)	Balance sheet	34
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SD 4.2(c)	Accountable officer's declaration	30
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	Victorian Industry Participation Policy Act 2003	26
	Building Act 1993	25
	Financial Management Act 1994	36

Additional Information available on request

In compliance with the requirements of FRD 22D *Standard Disclosures in the Report of Operations*, details in respect of the items listed below have been retained by Ballarat Health Services and are available to the relevant Ministers, Members of Parliament and the public on request (subject to the freedom of information requirements, if applicable):

- (a) A statement of pecuniary interest has been completed;
- (b) Details of shares held by senior officers as nominee or held beneficially;
- (c) Details of publications produced by the Department about the activities of the Health Service and where they can be obtained;
- (d) Details of changes in prices, fees, charges, rates and levies charged by the Health Service;
- (e) Details of any major external reviews carried out on the Health Service;
- (f) Details of major research and development activities undertaken by the Health Service that are not otherwise covered either in the Report of Operations or in a document that contains the financial statements and Report of Operations;
- (g) Details of overseas visits undertaken including a summary of the objectives and outcomes of each visit;
- (h) Details of major promotional, public relations and marketing activities undertaken by the Health Service to develop community awareness of the Health Service and its services;
- (i) Details of assessments and measures undertaken to improve the occupational health and safety of employees;
- (j) General statement on industrial relations within the Health Service and details of time lost through industrial accidents and disputes, which is not otherwise detailed in the Report of Operations;
- (k) A list of major committees sponsored by the Health Service, the purposes of each committee and the extent to which those purposes have been achieved;
- (l) Details of all consultancies and contractors including consultants/contractors engaged, services provided, and expenditure committed for each engagement.





Ballarat Health Services

BOARD MEMBER'S, ACCOUNTABLE OFFICER'S AND CHIEF FINANCE & ACCOUNTING OFFICER'S DECLARATION

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

We further state that, in our opinion, the information set out in the Comprehensive Operating Statement, Balance Sheet, Statement of Changes in Equity, Cash Flow Statement and notes forming part of the financial statements, presents fairly the financial transactions during the year ended 30 June 2013 and the financial position of Ballarat Health Services at 30 June 2013.

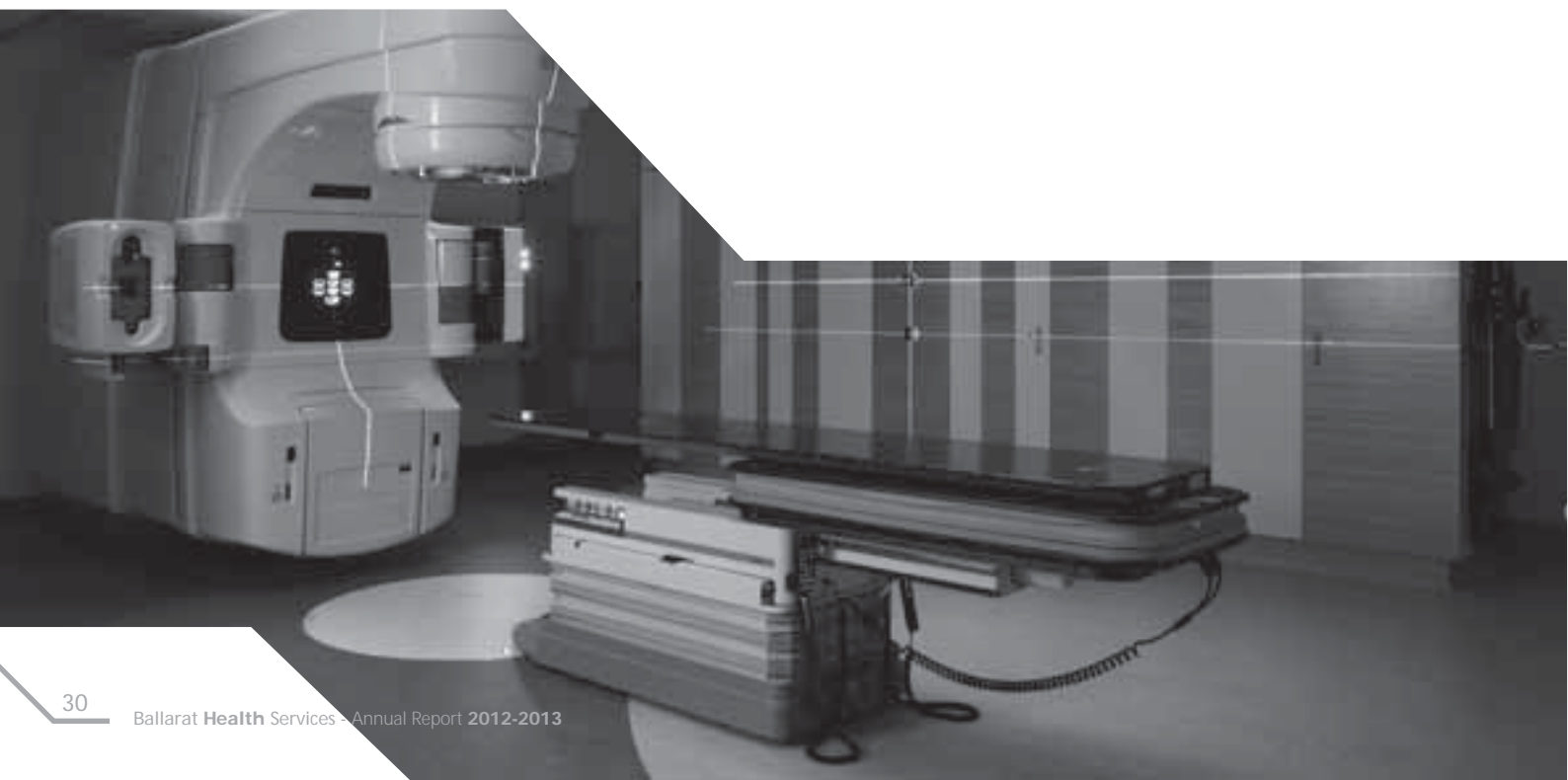
At the time of signing, we are not aware of any circumstances which would render any particulars included in the financial statements to be misleading or inaccurate.

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

Andrew Faulk
President
Board of Management
Ballarat
August 20, 2013

Andrew Rowe
Chief Executive Officer
Ballarat
August 20, 2013

Andrew Kinnersly
Chief Financial Officer
Ballarat
August 20, 2013



INDEPENDENT AUDITOR'S REPORT

To the Board Members, Ballarat Health Services

The Financial Report

The accompanying financial report for the year ended 30 June 2013 of Ballarat Health Services which comprises the comprehensive operating statement, balance sheet, statement of changes in equity, cash flow statement, notes comprising a summary of significant accounting policies and other explanatory information, and the Board Member's, Accountable Officer's and Chief Finance and Accounting Officer's declaration has been audited.

The Board Members' Responsibility for the Financial Report

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

Auditor's Responsibility

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

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

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

Independent Auditor's Report (continued)

Independence

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


Opinion

In my opinion, the financial report presents fairly, in all material respects, the financial position of Ballarat Health Services as at 30 June 2013 and of its financial performance and its cash flows for the year then ended in accordance with applicable Australian Accounting Standards, and the financial reporting requirements of the *Financial Management Act 1994*.

Matters Relating to the Electronic Publication of the Audited Financial Report

This auditor's report relates to the financial report of Ballarat Health Services for the year ended 30 June 2013 included both in Ballarat Health Services' annual report and on the website. The Board Members of Ballarat Health Services are responsible for the integrity of Ballarat Health Services' website. I have not been engaged to report on the integrity of Ballarat Health Services' website. The auditor's report refers only to the subject matter described above. It does not provide an opinion on any other information which may have been hyperlinked to/from these statements. If users of the financial report are concerned with the inherent risks arising from publication on a website, they are advised to refer to the hard copy of the audited financial report to confirm the information contained in the website version of the financial report.

MELBOURNE
27 August 2013


for John Doyle
Auditor-General

**BALLARAT HEALTH SERVICES
COMPREHENSIVE OPERATING STATEMENT FOR THE YEAR ENDED 30 JUNE 2013**

	Note	2013 \$000	2012 \$000
Revenue from Operating Activities	2,2(a)	344,702	328,332
Revenue from Non-Operating Activities	2,2(a)	1,705	1,048
Share of Net Operating Result of Joint Ventures	21	11	(39)
Employee Benefits	3,3(a)	(240,484)	(229,675)
Supplies and Consumables	3,3(a)	(56,169)	(55,444)
Other Expenses	3,3(a)	(49,057)	(44,008)
NET RESULT BEFORE CAPITAL & SPECIFIC ITEMS		708	214
Capital Purpose Income	2,2(a)	30,347	42,986
Capital Purpose Expense	3,3(a)	(2,306)	(781)
Impairment of Financial Assets	3,3(a)	502	42
Depreciation	3,4	(28,805)	(25,950)
NET RESULT FOR THE YEAR	17	446	16,511
OTHER COMPREHENSIVE INCOME			
Net fair value revaluation on Non Financial Assets	16(a)	-	19,686
COMPREHENSIVE RESULT FOR THE YEAR		446	36,197

This statement should be read in conjunction with the accompanying notes.,

BALLARAT HEALTH SERVICES			
BALANCE SHEET AS AT 30 JUNE 2013			
	Note	2013 \$000	2012 \$000
ASSETS			
Current Assets			
Cash and Cash Equivalents	5,17	5,154	16,083
Prepayments	9	1,047	841
Inventory	8	1,299	1,271
Receivables	6	8,670	9,739
Other Financial Assets	7	38,234	35,262
Total Current Assets		54,404	63,196
Non Current Assets			
Receivables	6	6,722	4,783
Other Financial Assets	7	651	706
Intangible Assets	10(a)	133	116
Property, Plant and Equipment	10	273,534	263,189
Total Non Current Assets		281,040	268,794
TOTAL ASSETS		335,444	331,990
LIABILITIES			
Current Liabilities			
Employee Benefits	12	51,752	49,725
Monies Held in Trust	14	21,009	18,922
Payables	11,17	20,911	22,264
Other Liabilities	15	307	168
Total Current Liabilities		93,979	91,079
Non Current Liabilities			
Employee Benefits	12	7,040	6,932
Total Non Current Liabilities		7,040	6,932
TOTAL LIABILITIES		101,019	98,011
NET ASSETS		234,425	233,979
EQUITY			
Specific Purpose Reserve	16(a)	518	562
Contributed Capital	16(b)	149,952	149,952
Asset Revaluation Reserve	16(a)	95,325	95,325
Retained Earnings	16(c)	(11,370)	(11,860)
TOTAL EQUITY	16	234,425	233,979

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

**BALLARAT HEALTH SERVICES
STATEMENT OF CHANGES IN EQUITY FOR THE YEAR ENDED 30 JUNE 2013**

	Property, Plant & Equipment Revaluation Surplus	Unrestricted Specific Purpose Surplus	Contributions By Owners	Accumulated Surpluses/ (Deficits)	Total
Note	\$000	\$000	\$000	\$000	\$000
BALANCE AS AT 1ST JULY 2011	75,639	650	149,952	(28,459)	197,782
Net Result for the year	-	-	-	16,511	16,511
Other Comprehensive Income for the year	16(a) 19,686	-	-	-	19,686
Transfer to accumulated surplus	16(a),(c) -	(88)	-	88	-
BALANCE AS AT 30 JUNE 2012	95,325	562	149,952	(11,860)	233,979
Net Result for the year	-	-	-	446	446
Transfer to accumulated surplus	16(a),(c) -	(44)	-	44	-
BALANCE AS AT 30 JUNE 2012	95,325	518	149,952	(11,370)	234,425

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

**BALLARAT HEALTH SERVICES
CASH FLOW STATEMENT FOR THE YEAR ENDED 30 JUNE 2013**

Note	2013 \$000 Inflows (Outflows)	2012 \$000 Inflows (Outflows)
CASH FLOWS FROM OPERATING ACTIVITIES		
Receipts		
Operating Grants from Government	285,271	268,437
Proceeds from Donations	1,770	1,914
Patient Fees	17,939	16,745
Interest & Dividends Received	2,405	2,144
Other	43,969	41,550
Goods and Services Tax Received	7,259	6,551
Payments		
Employee Benefits	(238,349)	(220,159)
Other	(120,146)	(108,102)
CASH GENERATED FROM OPERATIONS	118	9,080
Capital Development Funds	1,705	1,866
Capital Grants	24,586	38,552
Capital Proceeds from Donations and Bequests	1,449	88
Repayment of Monies Held in Trust	(3,975)	(3,667)
Proceeds from Monies Held in Trust	6,062	2,366
Capital Other Receipts	60	-
NET CASH INFLOWS/(OUTFLOWS) FROM OPERATING ACTIVITIES	17	48,285
CASH FLOWS FROM INVESTING ACTIVITIES		
Purchase of Property, Plant and Equipment	(39,882)	(35,944)
Purchase of Investments	(54,800)	(48,487)
Sale of Investments	52,600	34,813
Proceeds from Sale of Property, Plant and Equipment	2(c) 1,089	1,170
NET CASH INFLOWS/(OUTFLOWS) FROM INVESTING ACTIVITIES	(40,933)	(48,448)
NET INCREASE/(DECREASE) IN CASH HELD		
Cash and Cash Equivalents at Beginning of Period	(10,929)	(162)
	16,083	16,245
CASH AND CASH EQUIVALENTS AT END OF PERIOD	4	5,154

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

Note 1: Summary of Significant Accounting Policies

a) Statement of Compliance

These financial statements are general purpose financial reports which have been prepared in accordance with the *Financial Management Act 1994*, and applicable Australian Accounting Standards (AAS) and Australian Accounting Interpretations and other mandatory requirements. AAS includes Australian equivalents to International Financial Reporting Standards.

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

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

The annual financial statements were authorised for issue by the Board of Ballarat Health Services on 20/08/2013.

(b) Basis of Preparation

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

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

These financial statements are presented in Australian dollars, the functional and presentation currency of Ballarat Health Services.

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

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

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

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

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

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

- The fair value of land and buildings 1(i)
- Superannuation expense 1(ii)

(c) Going Concern

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

After due consideration of the results of the operations of Ballarat Health Services for the year ended 30 June 2013 and the forecast cash flows of Ballarat Health Services for the next 12 months, the Board of Ballarat Health Services have sought a letter of comfort from the Department of Health for support in determining that the going concern basis is appropriate for the preparation of these statements.

Ballarat Health Services is dependent upon the State of Victoria, via the Department of Health, for the funding of a significant proportion of its operations.

(d) Reporting Entity

The financial statements include all the controlled activities of Ballarat Health Services.

Its principle address is:
Drummond St North
Ballarat
Victoria, 3350

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

(e) Rounding Off

All amounts shown in the financial statements are expressed to the nearest thousand dollars unless otherwise stated. Minor discrepancies in table between totals and sum of components are due to rounding.

(f) Principles of Consolidation

Inter-segment Transactions

Transactions between segments within Ballarat Health Services have been eliminated to reflect the extent of Ballarat Health Service's operations as a group.

Joint Ventures

Investments in a joint venture partnership are accounted for using the equity method of accounting. Under the equity method for accounting, Ballarat Health Services share of the post-acquisition profits or losses of the joint venture partnerships are recognised in the net result and its share of post-acquisition changes in revaluation surpluses and any other reserves are recognised in both the comprehensive operating statement and the statement of changes in equity. Details of the joint ventures are set out in note 21.

(g) Scope and presentation of financial statements

Fund Accounting

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

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

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

Residential Aged Care Service

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

Note 1: Summary of Significant Accounting Policies (continued)

Comprehensive Operating Statement

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

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

- Capital purpose income, which comprises all tied grants, donations and bequests received for the purpose of acquiring non-current assets, such as capital works, plant and equipment or intangible assets. It also includes donations of plant and equipment (refer note 1(h)). Consequently the recognition of revenue as capital purpose income is based on the intention of the provider of the revenue at the time the revenue is provided.
- Impairment of financial and non-financial assets, includes all impairment losses (and reversal of previous impairment losses)
- Depreciation and amortisation, as described in note 1(i).
- Assets provided or received free of charge, as described in Note 1(h).
- Expenditure using capital purpose income, which comprises of expenditure which either falls below the asset capitalisation threshold or doesn't meet asset recognition criteria and therefore does not result in the recognition of an asset in the balance sheet, where funding for that expenditure is from capital purpose income. The asset capitalisation threshold is set at \$2,000 (2012: \$2,000).

Balance sheet

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

Statement of changes in equity

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

Cash flow statement

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

(h) Income from Transactions

Government Grants

Grants are recognized as income when Ballarat Health Services gains control of the underlying assets in accordance with AASB 1004 Contributions. For reciprocal grants, Ballarat Health Services is deemed to have assumed control when the performance has occurred under the grant. For non-reciprocal grants, Ballarat Health Services is deemed to have assumed control when the grant is received or receivable. Conditional grants may be reciprocal or non-reciprocal depending on the terms of the grant.

Indirect Contributions from the Department of Health

- Insurance is recognised as revenue following advice from the Department of Health.
- Long Service Leave (LSL) – Revenue is recognised upon finalisation of movements in LSL liability in line with the arrangements set out in the Metropolitan Health and Aged Care Services Division Hospital Circular 05/2013.

Patient and Resident Fees

Patient and Resident fees are recognised as revenue at the time invoices are raised.

Private Practice Fees

Private practice fees are recognised as revenue at the time invoices are raised.

Donations and Bequests

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

Dividend Revenue

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

Interest Revenue

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

Sale of Investments

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

Resources Provided and Received Free of Charge or for Nominal Consideration

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

(i) Expense Recognition

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

Employee expenses

Employee expenses include:

- Wages and salaries;
- Annual leave;
- Sick leave;
- Long service leave; and

Superannuation expenses which are reported differently depending upon whether employees are members of defined benefit or defined contribution plans.

Defined contribution plans

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

Defined benefit plans

The amount charged to the Comprehensive Operating Statement in respect of defined benefit superannuation plans represents the contributions made by Ballarat Health Services to the superannuation plan in respect to the current services of current Ballarat Health Services staff during the reporting period. Superannuation contributions are made to the plans based on the relevant rules of each plan, and are based upon actuarial advice.

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

Ballarat Health Services does not recognise any unfunded defined benefit liability in respect of the superannuation plan because Ballarat Health Services has no legal or constructive obligation to pay future benefits relating to its employees;

Note 1: Summary of Significant Accounting Policies (continued)

its only obligation is to pay superannuation contributions as they fall due. The Department of Treasury and Finance administers and discloses the State's defined benefit liabilities in its financial statements.

Depreciation

All infrastructure assets, buildings, plant and equipment and other non-financial physical assets over \$2,000 that have finite useful lives are depreciated (i.e. excludes land assets held for sale, and investment properties). Depreciation is calculated on a straight line basis, at a rate that allocates the asset value, less any estimated residual value over its estimated useful life. Estimates of the remaining useful lives and depreciation method for all assets are reviewed annually, and adjustments made where appropriate. This depreciation charge is not funded by the Department of Health.

Depreciation begins when the asset is available for use, which is when it is in the location and condition necessary for it to be capable of operating in a manner intended by management. Linen and PACS (Personal Assistance Call Service) used in the Linen and Safety Link Services 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.

	2013	2012
Buildings	2 to 52 years	2 to 52 years
Kitchen & Catering Equipment	10 years	10 years
Plant & Equipment	10 years	10 years
Medical Equipment	5 years	5 years
Computers & Communications	3 years	3 years
Furniture & Fittings	5 years	5 years
Linen	5 years	5 years
Motor Vehicles	3 to 7 years	3 to 7 years
Personal Alert Call Systems	5 years	5 years

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

Please Note: the estimated useful lives, residual values and depreciation method are reviewed at the end of each annual reporting period, and adjustments made where appropriate. As part of the buildings valuation, building values were separated into components and each component assessed for its useful life which is represented above.

Amortisation

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

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

- Annually; and
- When ever there is an indication that the intangible asset may be impaired.

Any excess of the carrying amount over the recoverable amount is recognised as an impairment loss.

Intangible assets with finite useful lives are amortised over a 3-5 year period.

Other Operating Expenses

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

Supplies and consumables

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

Bad and doubtful debts

Refer to Note 1(i) - Assets

(j) Other Comprehensive Income

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

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

Refer to Note 1 (i) - Assets non-financial physical assets

Disposal of non-financial assets

Any gain or loss on the disposal of non-financial assets is recognised at the date of disposal and is determined at that deducting from the proceeds the carrying value of the asset at that time.

Net gain/(loss) on financial instruments

Net gain/(loss) on financial instruments includes:

- Realised and unrealised gains and losses from revaluation of financial instruments at fair value;
- impairment and reversal of impairment for financial instruments at amortised cost and
- disposals of financial assets and derecognition of financial liabilities

(k) Financial Instruments

Loans and receivables

Trade receivables, loans and other receivables are recorded at amortised cost, using the effective interest method, less impairment. Term deposits with maturity greater than three months are also measured at amortised cost, using the effective interest method, less impairment.

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

Available-for-sale Financial Assets

Other financial instrument assets held by the Ballarat Health Services are classified as being available-for-sale and are measured at fair value. Gains and losses arising from changes in fair value are recognised directly in equity until the investment is disposed of or is determined to be impaired, at which time the cumulative gain or loss previously recognised in equity is included in the net result for the period. Fair value is determined in the manner described in Note 18.

Note 1: Summary of Significant Accounting Policies (continued)

(l) Assets

Cash and cash equivalents

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

Receivables

Receivables consist of:

- contractual receivables, which includes mainly debtors in relation to goods and services, accrued investment income, and
- statutory receivables, which includes predominantly amounts owing from the Victorian government and Goods and Services Tax ("GST") input tax credits recoverable.

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. Bad debts are written off when identified.

Investments and Other Financial Assets

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

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

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

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

Impairment of Financial Assets

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

Bad and doubtful debts for financial assets are assessed on a regular basis. Those bad debts considered as written off and allowances for doubtful receivables are recognised as expenses in the net result.

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

Where the fair value of an investment in an equity instrument at balance date has reduced by 20 percent or more than its cost price or where its fair value has been less than its cost price for a period of 12 or more months, the financial asset is treated as impaired.

Net Gain/(Loss) on Financial Instruments

Net gain/(loss) on financial instruments includes:

- Realised and unrealised gains and losses from revaluations of financial instruments that are designated at fair value through the profit and loss or held-for-trading
- Impairment and reversal of impairment for financial instruments at amortised cost, and
- Disposals of financial assets.

Revaluation of Financial Instruments at Fair Value

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

Refer to Note 1 (j) - Comprehensive income

Inventories

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

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

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

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

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

Property Plant and Equipment

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

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

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

Plant, Equipment and Vehicles are recognised initially at cost and subsequently measured at fair value less accumulated depreciation and impairment.

Revaluations of Non-Current Physical Assets

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

Revaluation increments are recognized in 'other comprehensive income' and are credited directly to the asset revaluation surplus, except that, to the extent that an increment reverses a revaluation decrement in respect of that same class of asset previously recognized as an expense in net result.

Revaluation decrements are recognised in 'other comprehensive income' to the extent that a credit balance exists in the asset revaluation surplus in respect of the same class of property, plant and equipment.

Revaluation increases and revaluation decreases relating to individual assets within a class are offset against one another within that class but are not offset in respect of assets in different classes.

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

In accordance with FRD103D, Ballarat Health Services non-current physical assets were assessed to determine whether revaluation of the non-current physical assets was required.

Note 1: Summary of Significant Accounting Policies (continued)

Intangible Assets

Intangible assets represent identifiable non-monetary assets without physical substance such as patents, trademarks, and computer software and development costs.

Intangible assets are initially recognised at cost. Subsequently, intangible assets with finite useful lives are carried at cost less accumulated amortisation and accumulated impairment losses. Costs incurred subsequent to initial acquisition are capitalised when it is expected that additional future economic benefits will flow to Ballarat Health Service.

Prepayments

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

Disposal of Non-Financial Assets

Any gain or loss on the sale of non-financial assets is recognised at the date that control of the asset is passed to the buyer and is determined after deducting from the proceeds the carrying value of the asset at the time. Refer to Note 1(j) - Comprehensive Income.

(m) Liabilities

Payables

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

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

The normal credit terms are usually 30 Days from the end of the month in which the invoice was raised.

Provisions

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

The amount recognised as a liability is the best estimate of the consideration required to settle the present obligation at reporting date, taking into account the risks and uncertainties surrounding the obligation. Where a provision is measured using the cash flows estimated to settle the present obligation, its carrying amount is the present value of those cash flows.

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.

Employee Benefits

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

Wages and Salaries, Annual Leave and Accrued Days Off

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

Long Service Leave

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

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

The components of this current LSL liability are measured at:

Present value – component that Ballarat Health Services does not expect to settle within 12 months; and

Nominal value – component that Ballarat Health Services expects to settle within 12 months

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

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

Termination Benefits

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

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

On-Costs

Employee benefit on-costs such as workers compensation, superannuation, annual leave and LSL accrued while on LSL taken in service are recognised separately from provision for employee benefits.

(n) Leases

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

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

Finance Leases

Entity as lessor

Ballarat Health Services does not hold any finance lease arrangements with other parties.

Operating Leases

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

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

Leasehold Improvements

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

(o) Equity

Contributed Capital

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

Note 1: Summary of Significant Accounting Policies (continued)

(p) Commitments

Commitments for future expenditure include operating and capital commitments arising from contracts. Major project commitments are fully funded by the Department of Health. These commitments are disclosed by way of a note (refer to note 19) at their nominal value and are inclusive of the goods and services tax ("GST") payable.

(q) Contingent assets and contingent liabilities

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

(r) Goods and Services Tax

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

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

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

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

(s) Category Groups

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

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

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

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

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

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

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

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

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

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

(t) AASs issued that are not yet effective

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

As at 30 June 2013, the following standards and interpretations had been issued by the AASB but were not yet effective. They become effective for the first financial statements for reporting periods commencing after the stated operative dates as detailed in the table below. Ballarat Health Services has not and does not intend to adopt these standards early.

Note 1: Summary of Significant Accounting Policies (continued)

(s) AASs issued that are not yet effective

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

As at 30 June 2013, the following standards and interpretations had been issued by the AASB but were not yet effective. They become effective for the first financial statements for reporting periods commencing after the stated operative dates as detailed in the table below. Ballarat Health Services has not and does not intend to adopt these standards early.

Standard / Interpretation	Summary	Applicable for annual reporting periods beginning or ending on	Impact on Health Service's Financial Statements
AASB 9 Financial Instruments	This standard simplifies requirements for the classification and measurement of financial assets resulting from Phase 1 of the IASB's project to replace IAS 39 Financial Instruments: Recognition and Measurement (AASB 139 Financial Instruments: Recognition and Measurement).	1 January 2015	Subject to AASB's further modifications to AASB 9, together with the anticipated changes resulting from the staged projects on impairments and hedge accounting, details of impacts will be assessed.
AASB 10 Consolidated Financial Statements	This Standard forms the basis for determining which entities should be consolidated into an entity's financial statements. AASB 10 defines 'control' as requiring exposure or rights to variable returns and the ability to affect those returns through power over an investee, which may broaden the concept of control for public sector entities. The AASB has issued an exposure draft ED 238 Consolidated Financial Statements – Australian Implementation Guidance for Not-for-Profit Entities that explains and illustrates how the principles in the Standard apply from the perspective of not-for-profit entities in the private and public sectors.	1 January 2014	Not-for-profit entities are not permitted to apply this Standard prior to the mandatory application date. Subject to AASB's final deliberations on ED 238 and any modifications made to AASB 10 for not-for-profit entities, the entity will need to re-assess the nature of its relationships with other entities, including those that are currently not consolidated.
AASB 11 Joint Arrangements	This Standard deals with the concept of joint control, and sets out a new principles-based approach for determining the type of joint arrangement that exists and the corresponding accounting treatment. The new categories of joint arrangements under AASB 11 are more aligned to the actual rights and obligations of the parties to the arrangement.	1 January 2014	Not-for-profit entities are not permitted to apply this Standard prior to the mandatory application date. Subject to AASB's final deliberations and any modifications made to AASB 11 for not-for-profit entities, the entity will need to assess the nature of arrangements with other entities in determining whether a joint arrangement exists in light of AASB 11.
AASB 12 Disclosure of Interests in Other Entities	This Standard requires disclosure of information that enables users of financial statements to evaluate the nature of, and risks associated with, interests in other entities and the effects of those interests on the financial statements. This Standard replaces the disclosure requirements in AASB 127 Separate Financial Statements and AASB 131 Interests in Joint Ventures. The exposure draft ED 238 proposes to add some implementation guidance to AASB 12, explaining and illustrating the definition of a 'structured entity' from a not-for-profit perspective.	1 January 2014	Not-for-profit entities are not permitted to apply this Standard prior to the mandatory application date. Impacts on the level and nature of the disclosures will be assessed based on the eventual implications arising from AASB 10, AASB 11 and AASB 128 Investments in Associates and Joint Ventures.
AASB 13 Fair Value Measurement	This Standard outlines the requirements for measuring the fair value of assets and liabilities and replaces the existing fair value definition and guidance in other Australian accounting standards. AASB 13 includes a 'fair value hierarchy' which ranks the valuation technique inputs into three levels using unadjusted quoted prices in active markets for identical assets or liabilities; other observable inputs; and unobservable inputs.	1 January 2013	Disclosure for fair value measurements using unobservable inputs are relatively detailed compared to disclosure for fair value measurements using observable inputs. Consequently, the Standard may increase the disclosures required assets measured using depreciated replacement cost.

Standard / Interpretation	Summary	Applicable for annual reporting periods beginning or ending on	Impact on Health Service's Financial Statements
AASB 119 Employee Benefits	In this revised Standard for defined benefit superannuation plans, there is a change to the methodology in the calculation of superannuation expenses, in particular there is now a change in the split between superannuation interest expense (classified as transactions) and actuarial gains and losses (classified as 'Other economic flows – other movements in equity') reported on the comprehensive operating statement.	1 January 2013	Not-for-profit entities are not permitted to apply this Standard prior to the mandatory application date. While the total superannuation expense is unchanged, the revised methodology is expected to have a negative impact on the net result from transactions a few Victorian public sector entities that report superannuation defined benefit plans.
AASB 127 Separate Financial Statements	This revised Standard prescribes the accounting and disclosure requirements for investments in subsidiaries, joint ventures and associates when an entity prepares separate financial statements.	1 January 2014	Not-for-profit entities are not permitted to apply this Standard prior to the mandatory application date. The AASB is assessing the applicability of principles in AASB 127 in a not-for-profit context. As such, impact will be assessed after the AASB's deliberation.
AASB 128 Investments in Associates and Joint Ventures	This revised Standard sets out the requirements for the application of the equity method when accounting for investments in associates and joint ventures.	1 January 2014	Not-for-profit entities are not permitted to apply this Standard prior to the mandatory application date. The AASB is assessing the applicability of principles in AASB 128 in a not-for-profit context. As such, impact will be assessed after the AASB's deliberation.
AASB 1053 Application of Tiers of Australian Accounting Standards	This Standard establishes a differential financial reporting framework consisting of two tiers of reporting requirements for preparing general purpose financial statements.	1 July 2013	The Victorian Government is currently considering the impacts of Reduced Disclosure Requirements (RDRs) for certain public sector entities and has not decided if RDRs will be implemented in the Victorian public sector.

In addition to the new standards above, the AASB has issued a list of amending standards that are not effective for the 2012-13 reporting period (as listed below). In general, these amending standards include editorial and references changes that are expected to have insignificant impacts on public sector reporting. The two AASB Interpretations in the list below are also not effective for the 2012-13 reporting period and considered to have insignificant impacts on public sector reporting.

AASB 2009-11
Amendments to Australian Accounting Standards arising from AASB 9.

AASB 2010-2
Amendments to Australian Accounting Standards arising from Reduced Disclosure Requirements.

AASB 2010-7
Amendments to Australian Accounting Standards arising from AASB 9 (December 2010).

AASB 2010-10
Further Amendments to Australian Accounting Standards – Removal of Fixed Dates for First-time Adopters.

AASB 2011-2
Amendments to Australian Accounting Standards arising from the Trans-Tasman Convergence Project – Reduced Disclosure Requirements.

AASB 2011-4
Amendments to Australian Accounting Standards to Remove Individual Key Management Personnel Disclosure Requirements.

AASB 2011-6
Amendments to Australian Accounting Standards – Extending Relief from Consolidation, the Equity Method and Proportionate Consolidation – Reduced Disclosure Requirements.

AASB 2011-7
Amendments to Australian Accounting Standards arising from the Consolidation and Joint Arrangements Standards.

AASB 2011-8
Amendments to Australian Accounting Standards arising from AASB 13.

AASB 2011-10
Amendments to Australian Accounting Standards arising from AASB 119 (September 2011).

AASB 2011-11
Amendments to AASB 119 (September 2011) arising from Reduced Disclosure Requirements.

AASB 2011-12
Amendments to Australian Accounting Standards arising from Interpretation 20.

2012-1
Amendments to Australian Accounting Standards - Fair Value Measurement - Reduced Disclosure Requirements.

2012-2
Amendments to Australian Accounting Standards – Disclosures – Offsetting Financial Assets and Financial Liabilities.

2012-3
Amendments to Australian Accounting Standards – Offsetting Financial Assets and Financial Liabilities.

2012-5
Amendments to Australian Accounting Standards arising from Annual Improvements 2009–2011 Cycle.

2012-7
Amendments to Australian Accounting Standards arising from Reduced Disclosure Requirements.

2012-9
Amendment to AASB 1048 arising from the Withdrawal of Australian Interpretation 1039.

2012-10
Amendments to Australian Accounting Standards – Transition Guidance and Other Amendments.

2012-11
Amendments to Australian Accounting Standards – Reduced Disclosure Requirements and Other Amendments.

2013-1
Amendments to AASB 1049 – Relocation of Budgetary Reporting Requirements.

2013-2
Amendments to AASB 1038 – Regulatory Capital.

2013-3
Amendments to AASB 136 – Recoverable Amount Disclosures for Non-Financial Assets.

AASB Interpretation 20 Stripping Costs in the Production Phase of a Surface Mine.

AASB Interpretation 21 Levies.

Note 2: Revenue							
	Note	HSA 2013 \$000	HSA 2012 \$000	H&CI 2013 \$000	H&CI 2012 \$000	Total 2013 \$000	Total 2012 \$000
Revenue from Operating Activities							
Government Grants							
- Department of Health		118,937	201,684	-	-	118,937	201,684
- Victorian Health Funding Pool(*)		94,307	-	-	-	94,307	-
- Department of Human Services		35,561	37,207	-	-	35,561	37,207
- Commonwealth Government		-	-	-	-	-	-
- Health Network Funding Adjustment		2,828	-	-	-	2,828	-
- Aged Care Funding Instrument (ACFI)		18,644	18,201	-	-	18,644	18,201
- PBS Contributions		5,739	4,541	-	-	5,739	4,541
- Home & Community Care (HACC)		337	328	-	-	337	328
- Transition Care		3,352	2,710	-	-	3,352	2,710
- Disability		1,913	1,879	-	-	1,913	1,879
- Other		3,430	3,347	-	-	3,430	3,347
Total Government Grants		285,048	269,897	-	-	285,048	269,897
Indirect contributions by Department of Health							
Indirect contributions by Department of Health							
- Insurance		289	278	-	-	289	278
Total Indirect Contributions by Department of Health		289	278	-	-	289	278
Patient, Resident & Private Practice Fees							
Patient and Resident Fees	2(d)	15,660	15,461	-	-	15,660	15,461
Private Practice Fees		-	-	1,603	1,380	1,603	1,380
Total Patient, Resident & Private Practice Fees		15,660	15,461	1,603	1,380	17,263	16,841
Business Unit and Specific Purpose Funds							
Safety Link		-	-	6,176	6,056	6,176	6,056
Radiology		-	-	8,191	8,115	8,191	8,115
Catering		-	-	4,467	4,906	4,467	4,906
Eureka Linen		-	-	4,836	3,348	4,836	3,348
Grampians Integrated Cancer Services (GICS)		-	-	1,204	1,362	1,204	1,362
Breastscreen		-	-	1,372	1,392	1,372	1,392
Salary Packaging		-	-	1,561	1,497	1,561	1,497
Education		-	-	1,787	486	1,787	486
Accommodation		-	-	871	834	871	834
Car Parking		-	-	405	356	405	356
Print Shop		-	-	306	324	306	324
Other Services		3,763	4,956	2,725	2,869	6,488	7,825
Total Business Units and Specific Purpose Funds		3,763	4,956	33,900	31,545	37,663	36,501
Grampians Regional Health Alliance		-	-	976	921	976	921
Client Fees		1,971	2,300	-	-	1,971	2,300
Recoupment from Private Practice for Use of Hospital Facilities		-	-	698	601	698	601
Donations & Bequests		-	-	1,770	1,914	1,770	1,914
Total Revenue from Operating Activities		306,731	292,892	38,947	36,361	345,678	329,253
Revenue from Non-Operating Activities							
Interest & Dividends							
		-	-	1,705	1,048	1,705	1,048
Total Revenue from Non-Operating Activities		-	-	1,705	1,048	1,705	1,048
Capital Purpose Income							
Government Grants							
- Department of Health		-	-	26,267	39,585	26,267	39,585
- Commonwealth Government		-	-	510	762	510	762
Residential Accommodation Payments	2(b)	-	-	1,195	1,104	1,195	1,104
Grampians Regional Health Alliance		-	-	3	48	3	48
Capital Interest		-	-	864	1,398	864	1,398
Donations and Bequests		-	-	1,449	88	1,449	88
Other Capital Purpose Income		-	-	60	-	60	-
Total Capital Purpose Income		-	-	30,347	42,986	30,347	42,986
Total Revenue	2(a)	306,731	292,892	70,999	80,395	377,730	373,287

* The Victorian Health Funding Pool line is for reporting activity based payments received via the National Health Funding Administrator.
 Indirect Contributions by the Department of Health - The Department of Health makes insurance 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 expense.

Note 2(a): Analysis of Revenue by Source

	Admitted Patients	Outpatients	EDS	Ambulatory	Mental Health	RAC	Aged Care	Other	Total
	2013	2013	2013	2013	2013	2013	2013	2013	2013
Note	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000
Revenue from Services Supported by Health Service Agreement									
Government Grants	126,067	11,944	14,675	27,301	29,656	26,172	7,485	41,748	285,048
Indirect contributions by Department of Health	177	12	8	18	29	29	7	10	289
Patient and Resident Fees 2(b)	5,024	190	-	2,722	214	7,297	213	-	15,660
Client Fees	480	129	-	814	78	60	186	224	1,971
Other	1,721	185	344	716	222	86	4	485	3,763
Total Revenue from Services Supported by Health Services Agreement	133,469	12,460	15,027	31,571	30,199	33,644	7,895	42,467	306,731
Revenue from Services Supported by Hospital and Community Initiatives									
Business Units & Special Purpose Funds	-	-	-	-	-	-	-	33,900	33,900
Capital Purpose Income	-	-	-	-	-	-	-	28,896	28,896
Donations and Bequests	-	-	-	-	-	-	-	3,219	3,219
Grampians Regional Health Alliance	-	-	-	-	-	-	-	979	979
Other	-	-	-	-	-	-	-	4,006	4,006
Total Revenue from Services Supported by Hospital and Community Initiatives	-	-	-	-	-	-	-	70,999	70,999
Total Revenue All Sources	133,469	12,460	15,027	31,571	30,199	33,644	7,895	113,466	377,730

Indirect Contributions by the Department of Health - The Department of Health makes insurance 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 expense.

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

	Admitted Patients	Outpatients	EDS	Ambulatory	Mental Health	RAC	Aged Care	Other	Total
	2012	2012	2012	2012	2012	2012	2012	2012	2012
Note	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000
Revenue from Services Supported by Health Service Agreement									
Government Grants	119,010	11,404	9,935	25,492	29,256	25,742	7,742	41,316	269,897
Indirect contributions by Department of Health	170	11	8	17	27	28	7	9	278
Patient and Resident Fees 2(d)	5,137	234	-	2,786	215	6,947	142	-	15,461
Client Fees	456	132	-	709	80	61	179	683	2,300
Other	2,455	692	219	634	531	300	37	88	4,956
Total Revenue from Services Supported by Health Services Agreement	127,228	12,473	10,162	29,638	30,109	33,078	8,107	42,096	292,892
Revenue from Services Supported by Hospital and Community Initiatives									
Business Units & Special Purpose Funds	-	-	-	-	-	-	-	32,575	32,575
Capital Purpose Income	-	-	-	-	-	-	-	42,349	42,349
Donations and Bequests	-	-	-	-	-	-	-	2,002	2,002
Grampians Regional Health Alliance	-	-	-	-	-	-	-	969	969
Other	-	-	-	-	-	-	-	2,500	2,500
Total Revenue from Services Supported by Hospital and Community Initiatives	-	-	-	-	-	-	-	80,395	80,395
Total Revenue All Sources	127,228	12,473	10,162	29,638	30,109	33,078	8,107	122,491	373,287

Indirect Contributions by the Department of Health - The Department of Health makes insurance 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 expense.

Note2(b): Patient and Resident Fees		
	2013	2012
	\$000	\$000
Acute		
- Inpatients	7,746	7,923
- Outpatients	190	234
Residential Aged Care		
- Geriatric	6,994	6,658
- Inpatients	303	289
Aged Care	213	142
Mental Health	214	215
Total Proceeds from Disposal of Non-Financial Assets	15,660	15,461
Capital Purpose Income		
Residential Accommodation Payments	1,195	1,104
Total Capital Purpose Income	1,195	1,104

Ballarat Health Services charge fees in accordance with the Department of Health and Department of Health and Ageing directives.

Note 2(c): Net Gain/(Loss) on Disposal of Non-Financial Assets		
	2013	2012
	\$000	\$000
Proceeds from Disposal of Non-Financial Assets		
Plant and Equipment	4	11
Motor Vehicles	1,085	1,159
Total Proceeds from Disposal of Non-Financial Assets	1,089	1,170
Less: Written Down Value of Non-Financial Assets Sold		
Plant and Equipment	-	(4)
Motor Vehicles	(646)	(799)
Total Written Down Value of Non-Financial Assets Sold	(646)	(803)
Net Gain/(Loss) on Disposal of Non-Financial Assets	443	367

Note 3: Expenses							
	Note	HSA 2013 \$000	HSA 2012 \$000	H&C 2013 \$000	H&C 2012 \$000	Total 2013 \$000	Total 2012 \$000
Employee Entitlements							
Salaries and Wages		197,002	187,842	15,389	14,908	212,391	202,750
Superannuation		17,051	15,966	1,413	1,404	18,464	17,370
Long Service Leave		5,444	5,100	408	426	5,852	5,526
Workcover		2,764	2,914	311	330	3,075	3,244
Departure Packages		-	-	-	-	-	-
Total Employee Benefits		222,260	211,822	17,521	17,068	239,781	228,890
Contract Labour Costs							
Contract Labour Medical		429	330	-	-	429	330
Contract Labour Other		246	304	28	151	274	455
Total Contract Labour Costs		675	634	28	151	703	785
Supplies and Consumables							
Medical and Surgical Supplies		39,893	39,676	2,037	1,549	41,930	41,225
Drug Supplies		8,400	6,894	-	-	8,400	6,894
Food Supplies		2,749	2,764	1,841	1,887	4,590	4,651
S100 Drugs		1,249	2,674	-	-	1,249	2,674
Total Supplies and Consumables		52,291	52,008	3,878	3,436	56,169	55,444
Other Expenses							
Purchased Services		9,540	8,074	2,134	2,841	11,674	10,915
Repairs and Maintenance		6,093	5,777	1,762	1,375	7,855	7,152
Administrative Expenses		3,298	2,986	3,142	2,957	6,440	5,943
Freight		133	119	-	-	133	119
Staff Training		619	648	-	-	619	648
Uniforms		69	59	-	-	69	59
Advertising		155	114	-	-	155	114
Licence and Registration		67	157	-	-	67	157
Security		18	22	-	-	18	22
Rental		431	383	-	-	431	383
Work Related		670	606	-	-	670	606
Diagnostic Services		3,329	2,366	-	-	3,329	2,366
Energy Costs		3,798	2,802	287	259	4,085	3,061
Domestic Services		1,695	1,670	244	231	1,938	1,901
Insurance Costs		289	278	-	-	289	278
Insurance Costs funded by DH		3,377	3,033	-	-	3,377	3,033
Vehicle Modifications Scheme		1,143	1,258	-	-	1,143	1,258
Computing Services		747	959	23	56	769	1,015
Communications		1,537	1,072	436	444	1,973	1,516
Dental Services		624	135	-	-	624	135
Safety Link Units		-	-	876	1,000	876	1,000
Grampians Regional Health Alliance		-	-	965	960	965	960
Patient Transport		1,640	1,543	-	-	1,640	1,543
Vehicle Fleet Expenses		581	455	28	85	609	540
Audit Fees							
- Auditor General		-	-	84	84	84	84
- Other		-	-	188	160	188	160
Total Other Expenses		39,854	34,516	10,167	10,452	50,022	44,968
Impairment of Financial Assets							
Available for Sale Financial Assets		-	-	(502)	(42)	(502)	(42)
Total Impairment of Non-Financial Assets		-	-	(502)	(42)	(502)	(42)
Depreciation	4	-	-	28,805	25,950	28,805	25,950
Net (Gain)/Loss from Disposal of Non Current Asset	2(c)	-	-	(443)	(367)	(443)	(367)
Other		-	-	2,749	1,148	2,749	1,148
Total Expenses		315,081	298,980	62,203	57,796	377,284	356,776

Note 3(a): Analysis of Expenses by Source

	Admitted Patients	Outpatients	EDS	Ambulatory	Mental Health	RAC	Aged Care	Other	Total
Note	2013	2013	2013	2013	2013	2013	2013	2013	2013
	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000
Services Supported by the Health Services Agreement									
Employee Entitlements									
Salaries and Wages	87,089	10,865	14,066	20,353	24,510	30,190	4,049	5,880	197,002
Superannuation	7,584	641	1,349	1,664	2,170	2,750	381	512	17,051
Long Service Leave	2,401	304	385	545	693	843	113	160	5,444
Workcover	768	38	204	67	404	1,156	70	57	2,764
Contract Labour Costs									
Contract Labour Costs Medical	429	-	-	-	-	-	-	-	429
Contract Labour Costs Other	2	1	-	69	18	-	156	-	246
Supplies and Consumables									
Drug Supplies	8,373	-	-	-	3	24	-	-	8,400
S100 Drugs	1,249	-	-	-	-	-	-	-	1,249
Medical and Surgical Supplies	8,786	314	726	911	172	508	24	28,452	39,893
Food Supplies	841	392	7	425	304	687	38	55	2,749
Other Expenses									
Purchased Services	1,141	9	-	4,373	22	9	2,334	1,653	9,540
Diagnostic Services	3,329	-	-	-	-	-	-	-	3,329
Dental Services	624	-	-	-	-	-	-	-	624
Energy Costs	2,788	119	-	100	93	636	39	23	3,798
Domestic Services	693	177	48	203	145	389	18	22	1,695
Repairs and Maintenance/Minor Equipment	2,183	981	16	927	663	536	94	693	6,093
Patient Transport	1,195	7	7	250	42	15	114	10	1,640
Administrative Expenses	1,275	375	87	361	494	228	230	248	3,298
Freight	61	23	-	20	14	11	1	3	133
Staff Training	106	42	-	46	340	34	26	25	619
Uniforms	34	12	-	7	7	5	3	1	69
Advertising	52	15	-	16	33	16	17	6	155
Licence and Registration	11	6	-	5	2	40	-	3	67
Security	4	1	1	3	4	3	2	-	18
Rental	7	3	-	3	152	2	84	180	431
Work Related	330	58	68	69	96	32	8	9	670
Vehicle Modifications Scheme	-	-	-	-	-	-	-	1,143	1,143
Vehicle Fleet Expenses	214	108	-	92	69	50	34	14	581
Computing Services	281	140	-	116	87	102	5	16	747
Communications	522	208	32	208	226	136	47	158	1,537
Insurance Costs	128	16	21	30	36	44	6	9	289
Insurance Costs funded by DH	1,493	186	241	349	420	518	69	101	3,377
Total Expenses from Services Supported by the Health Services Agreement	133,993	15,041	17,258	31,211	31,219	38,964	7,962	39,432	315,081

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

	Admitted Patients	Outpatients	EDS	Ambulatory	Mental Health	RAC	Aged Care	Other	Total	
	2013	2013	2013	2013	2013	2013	2013	2013	2013	
Note	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	
Services Supported by Hospital and Community Initiatives										
Employee Entitlements										
Salaries and Wages	-	-	-	-	-	-	-	15,389	15,389	
Workcover	-	-	-	-	-	-	-	1,413	1,413	
Superannuation	-	-	-	-	-	-	-	408	408	
Long Service Leave	-	-	-	-	-	-	-	311	311	
Contract Labour Costs										
Contract Labour Costs Other	-	-	-	-	-	-	-	28	28	
Supplies and Consumables										
Medical and Surgical Supplies	-	-	-	-	-	-	-	2,037	2,037	
Food Supplies	-	-	-	-	-	-	-	1,841	1,841	
Other Expenses										
Purchased Services	-	-	-	-	-	-	-	2,134	2,134	
Energy Costs	-	-	-	-	-	-	-	287	287	
Domestic Services	-	-	-	-	-	-	-	244	244	
Repairs and Maintenance/Minor Equipment	-	-	-	-	-	-	-	1,762	1,762	
Safety Link Units	-	-	-	-	-	-	-	876	876	
Administrative Expenses	-	-	-	-	-	-	-	3,142	3,142	
Vehicle Fleet Expenses	-	-	-	-	-	-	-	28	28	
Computing Services	-	-	-	-	-	-	-	23	23	
Communication	-	-	-	-	-	-	-	436	436	
Depreciation	3	9,235	2,841	566	373	1,237	4,710	2,874	6,970	28,805
Audit Fees										
- Auditor General		36	4	5	8	8	10	2	11	84
- Other		81	9	10	19	18	23	5	23	188
Impairment of Financial Assets										
- Available for Sale		-	-	-	-	-	-	-	(502)	(502)
Grampians Regional Health Alliance		-	-	-	-	-	-	-	965	965
Net Loss from Disposal of Non Current Asset	2(c)	-	-	-	-	-	-	-	(443)	(443)
Other		-	-	-	-	-	-	-	2,749	2,749
Total Services Supported by Hospital and Community Initiatives		9,352	2,853	581	399	1,263	4,743	2,881	40,131	62,203
Total Expenses		143,345	17,894	17,838	31,610	32,482	43,708	10,844	79,563	377,284

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

	Admitted Patients	Outpatients	EDS	Ambulatory	Mental Health	RAC	Aged Care	Other	Total
	2012	2012	2012	2012	2012	2012	2012	2012	2012
Note	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000
Services Supported by the Health Services Agreement									
<i>Employee Entitlements</i>									
Salaries and Wages	83,241	10,200	12,818	18,264	24,037	29,647	3,872	5,763	187,842
Superannuation	7,229	582	1,240	1,424	2,011	2,644	352	484	15,966
Long Service Leave	2,273	274	354	498	640	806	104	151	5,100
Workcover	899	(103)	215	185	394	1,156	96	72	2,914
<i>Contract Labour Costs</i>									
Contract Labour Costs Medical	330	-	-	-	-	-	-	-	330
Contract Labour Costs Other	-	-	-	56	41	-	147	60	304
<i>Supplies and Consumables</i>									
Drug Supplies	6,875	-	-	-	1	18	-	-	6,894
S100 Drugs	2,674	-	-	-	-	-	-	-	2,674
Medical and Surgical Supplies	7,673	336	667	755	185	498	29	29,533	39,676
Food Supplies	851	402	7	429	310	667	42	56	2,764
<i>Other Expenses</i>									
Purchased Services	129	18	-	3,750	34	13	2,482	1,648	8,074
Diagnostic Services	2,366	-	-	-	-	-	-	-	2,366
Dental Services	135	-	-	-	-	-	-	-	135
Energy Costs	1,965	92	-	78	89	523	35	20	2,802
Domestic Services	685	182	49	199	148	362	22	23	1,670
Repairs and Maintenance/Minor Equipment	2,095	878	17	855	648	478	79	727	5,777
Patient Transport	1,102	4	11	247	63	9	93	14	1,543
Administrative Expenses	1,088	334	62	351	508	215	93	335	2,986
Freight	57	20	-	17	12	9	1	3	119
Staff Training	94	49	-	70	342	32	26	35	648
Uniforms	24	10	-	9	6	6	3	1	59
Advertising	46	6	4	6	25	13	7	7	114
Licence and Registration	55	23	-	19	15	41	1	3	157
Security	4	1	-	3	4	4	6	-	22
Rental	-	-	-	-	134	-	82	167	383
Work Related	327	53	38	69	77	24	6	12	606
Vehicle Modifications Scheme	-	-	-	-	-	-	-	1,258	1,258
Vehicle Fleet Expenses	166	85	-	71	56	39	28	10	455
Computing Services	362	182	-	154	113	121	6	21	959
Communications	325	116	31	124	174	132	44	126	1,072
Insurance Costs	123	15	19	27	36	44	6	9	278
Insurance Costs funded by DH	1,344	165	207	295	388	479	63	93	3,033
Total Expenses from Services Supported by the Health Services Agreement	124,537	13,924	15,739	27,955	30,491	37,980	7,724	40,631	298,980

Note 3(a): Analysis of Expenses by Source (continued)									
	Admitted Patients	Outpatients	EDS	Ambulatory	Mental Health	RAC	Aged Care	Other	Total
	2012	2012	2012	2012	2012	2012	2012	2012	2012
Note	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000
Services Supported by Hospital and Community Initiatives									
Employee Entitlements									
Salaries and Wages	-	-	-	-	-	-	-	14,908	14,908
Workcover	-	-	-	-	-	-	-	1,404	1,404
Superannuation	-	-	-	-	-	-	-	426	426
Long Service Leave	-	-	-	-	-	-	-	330	330
Contract Labour Costs									
Contract Labour Costs Other	-	-	-	-	-	-	-	151	151
Supplies and Consumables									
Medical and Surgical Supplies	-	-	-	-	-	-	-	1,549	1,549
Food Supplies	-	-	-	-	-	-	-	1,887	1,887
Other Expenses									
Purchased Services	-	-	-	-	-	-	-	2,841	2,841
Energy Costs	-	-	-	-	-	-	-	259	259
Domestic Services	-	-	-	-	-	-	-	231	231
Repairs and Maintenance/Minor Equipment	-	-	-	-	-	-	-	1,375	1,375
Safety Link Units	-	-	-	-	-	-	-	1,000	1,000
Administrative Expenses	-	-	-	-	-	-	-	2,957	2,957
Vehicle Fleet Expenses	-	-	-	-	-	-	-	85	85
Computing Services	-	-	-	-	-	-	-	56	56
Communication	-	-	-	-	-	-	-	444	444
Depreciation	3	8,320	2,559	510	336	1,114	4,243	2,590	6,279
Audit Fees									
- Auditor General		35	4	4	8	8	11	2	11
- Other		67	7	9	15	16	20	4	22
Impairment of Financial Assets									
- Available for Sale		-	-	-	-	-	-	-	(42)
Grampians Regional Health Alliance		-	-	-	-	-	-	-	960
Net Loss from Disposal of Non Current Asset	2(c)	-	-	-	-	-	-	-	(367)
Other		-	-	-	-	-	-	-	1,148
Total Services Supported by Hospital and Community Initiatives		8,423	2,570	523	358	1,139	4,274	2,596	37,914
Total Expenses		132,959	16,494	16,261	28,313	31,629	42,253	10,320	78,544
									356,776

Note 3(b): Analysis of Expenses for Services Supported by Hospital and Community Initiatives

	2013 \$000	2012 \$000
Business Units		
Safety Link	5,255	5,027
Catering	3,674	3,837
Eureka Linen	3,383	3,352
	12,312	12,216
Other Services		
Depreciation	26,641	23,885
Radiology	7,778	7,496
Breastscreen	1,146	1,136
Child and Youth Redesign	671	672
Grampians Regional Health Alliance	965	960
Private Practice	1,716	1,608
Accommodation	684	636
IMS Research	293	351
Education Services	2,277	1,483
Diabetic Shop	307	272
Direct 2 Care	255	336
Print Shop	476	481
Hospital Redesign	-	254
Salary Packaging	113	239
Grampians Intergrated Cancer Service	1,129	1,299
Midwifery	132	228
Other	5,308	4,244
	49,891	45,580
Total	62,203	57,796

The Depreciation figure above excludes the depreciation associated with the Business units. The total depreciation attributable to the Business units is \$2,164,226.

Note 4: Depreciation and Amortisation

	2013 \$000	2012 \$000
Buildings	20,187	18,362
Medical Equipment	3,304	2,752
Plant & Equipment	1,529	1,519
Motor Vehicles	1,145	1,163
Personal Alert Call Systems	393	583
Linen Stock	578	474
Information Technology	921	363
Furniture & Fittings	548	536
Kitchen & Catering	119	134
Intangibles	81	65
Total	28,805	25,950

Note 5: Cash and Cash Equivalents		
	2013 \$000	2012 \$000
Cash and cash at bank (1)	5,154	16,083
Total	5,154	16,083
Represented By		
Cash for Health Services Operations (as per Cash flow Statement)	5,154	16,083
Total	5,154	16,083

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

Note 6: Receivables				
	Current \$000	Non Current \$000	2013 \$000	2012 \$000
Contractual				
Trade Debtors				
- Acute and Sub-Acute Inpatients	1,322	-	1,322	2,019
- RAC	181	-	181	147
- Eureka Linen	749	-	749	591
- Radiology	268	-	268	441
- Safety Link	594	-	594	457
- Sundry	4,651	-	4,651	3,371
- Other	-	-	-	42
Accrued Investment Income	507	-	507	358
	8,272	-	8,272	7,426
Statutory				
GST Receivable	327	-	327	587
Department of Health	253	6,722	6,975	6,722
	580	6,722	7,302	7,309
Total	8,852	6,722	15,574	14,735
Less: Allowance for Doubtful Debts				
Trade Debtors	123	-	123	131
Patient Fees	59	-	59	82
Net Debtors and Accrued Revenue	8,670	6,722	15,392	14,522

Note 6(a): Movement in the Allowance for doubtful debts		
	2013 \$000	2012 \$000
Balance at beginning of year	213	204
Amounts written off during the year	(14)	(14)
Amounts recovered during the year	(86)	(86)
Increase/(decrease) in allowance recognised in the net result	69	109
Balance at end of year	182	213

Note 6(b): Ageing analysis of receivables

Please refer to note 16 for the ageing analysis of receivables.

Note 6(c): Nature and extent of risk arising from receivables

Please refer to note 16 for the nature and extent of credit risk arising from receivables.

Note 7: Other Financial Assets										
	Operating Fund	Operating Fund	Specific Purpose Fund	Specific Purpose Fund	Trust Fund	Trust Fund	Capital Fund	Capital Fund	Total	Total
	2013 \$000	2012 \$000	2013 \$000	2012 \$000	2013 \$000	2012 \$000	2013 \$000	2012 \$000	2013 \$000	2012 \$000
Current										
Shares	539	382	-	-	-	-	-	-	539	382
Term Deposits	13,887	4,899	518	562	21,010	17,427	1,585	9,912	37,000	32,800
Floating Rate Notes	-	-	-	-	-	500	-	-	-	500
Managed Synthetic Notes	-	-	-	-	-	995	-	-	-	995
Grampians Regional Health Alliance	-	-	695	585	-	-	-	-	695	585
	14,426	5,281	1,213	1,147	21,010	18,922	1,585	9,912	38,234	35,262
Non Current										
Radiotherapy Joint Venture	-	-	-	-	-	-	651	706	651	706
	-	-	-	-	-	-	651	706	651	706
Total	14,426	5,281	1,213	1,147	21,010	18,922	2,236	10,618	38,885	35,968
Represented by:										
Health Service Investments	14,426	5,281	518	394	-	-	2,236	10,618	17,180	16,293
Monies held in Trust										
- Accommodation Bonds	-	-	-	-	19,504	17,171	-	-	19,504	17,171
- Patient Monies	-	-	-	-	960	1,085	-	-	960	1,085
- Commuted Allowance	-	-	-	-	-	490	-	-	-	490
- SWEP	-	-	-	-	258	31	-	-	258	31
- GICS	-	-	-	-	288	145	-	-	288	145
Grampians Regional Health Alliance	-	-	695	753	-	-	-	-	695	753
	14,426	5,281	1,213	1,147	21,010	18,922	2,236	10,618	38,885	35,968

Note 7(a): Ageing analysis of other financial assets

Please refer to note 18 for the ageing analysis of other financial assets.

Note 7(b): Nature and extent of risk arising from other financial assets

Please refer to note 18 for the nature and extent of credit risk arising from other financial assets.

Note 8: Inventory		
	2013 \$000	2012 \$000
General	705	654
Pharmaceuticals	594	617
Total	1,299	1,271

Note 9: Prepayments

	2013 \$000	2012 \$000
Prepayments	1,047	841
Total	1,047	841

Note 10: Property, Plant & Equipment

	Gross Cost/ Valuation 2013 \$000	Accumul. Dep'n 2013 \$000	Written Down Value 2013 \$000	Written Down Value 2012 \$000
Land	19,966	-	19,966	19,966
Under Construction	62,285	-	62,285	27,875
Buildings	186,528	20,220	166,308	186,357
Plant and Equipment	21,069	13,048	8,021	8,990
Medical Equipment	31,815	22,051	9,764	10,639
Computers & Communications	8,502	6,802	1,700	2,331
Furniture & Fittings	3,516	2,114	1,402	1,897
Kitchen & Catering	2,652	2,271	381	496
Personal Alert Call Systems	10,920	10,211	709	912
Linen Stock	4,475	3,547	928	1,310
Motor Vehicles	4,421	2,351	2,070	2,416
Total Fixed Assets	356,149	82,615	273,534	263,189

A review based on FRD103D and Valuer-General Victoria Indices was conducted on all assets and indicated a change of greater than 10%.

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

	Land \$000	Under Con- struction \$000	Buildings \$000	Plant & Equipment \$000	Medical Equipment \$000	Computers & Commu- nications \$000	Furniture & Fittings \$000	Kitchen & Catering \$000	Personal Alert Call Systems \$000	Linen Stock \$000	Motor Vehicles \$000	Total \$000
2013												
Carrying amount at start of year	19,966	27,875	186,357	8,990	10,639	2,331	1,897	496	912	1,310	2,416	263,189
Additions	-	34,410	138	560	2,429	290	53	4	189	196	1,446	39,715
Disposals	-	-	-	-	-	-	-	-	-	-	(646)	(646)
Depreciation expense	-	-	(20,187)	(1,529)	(3,304)	(921)	(548)	(119)	(393)	(578)	(1,145)	(28,724)
Carrying amount at end of year	19,966	62,685	166,308	8,021	9,764	1,700	1,402	381	709	928	2,070	273,534
2012												
Carrying amount at start of year	19,966	8,724	176,598	10,264	9,399	470	1,928	630	998	1,274	2,844	233,095
Additions	-	19,151	8,435	244	3,992	2,228	505	-	497	510	1,533	37,095
Revaluations	-	-	19,686	-	-	-	-	-	-	-	-	19,686
Disposals	-	-	-	-	-	(4)	-	-	-	-	(799)	(803)
Depreciation expense	-	-	(18,362)	(1,519)	(2,752)	(363)	(536)	(134)	(583)	(474)	(1,163)	(25,884)
Carrying amount at end of year	19,966	27,875	186,357	8,990	10,639	2,331	1,897	496	912	1,310	2,416	263,189

Note 10(a): Intangible Assets		
	2013	2012
	\$000	\$000
Computer Software	1,683	1,585
Less: Accumulated Amortisation	(1,550)	(1,469)
Total	133	116
	Computer Software	
	\$000	
2013		
Carrying amount at start of year	116	
Additions	99	
Amortisation	(81)	
Carrying amount at end of year	133	
2012		
Carrying amount at start of year	171	
Additions	23	
Disposals	(13)	
Amortisation	(65)	
Carrying amount at end of year	116	

Note 11: Payables		
	2013	2012
	\$000	\$000
Trade Creditors & Accrued Expenses	19,042	20,199
Salary Packaging Held in Trust	987	871
Department of Health	882	1,194
Total	20,911	22,264

(i) Terms and conditions of amount payable to the Department of Health vary according to the particular agreement with the Department.

Note 11(a): Maturity analysis of payables

Please refer to note 18 for the ageing analysis of payables.

Note 11(b): Nature and extent of risk arising from payables

Please refer to note 18 for the nature and extent of credit risk arising from payables.

Note 12: Employee Benefits

	2013 \$000	2012 \$000
Current Provisions		
Employee Benefits		
- Unconditional and expected to be settled within 12 months	31,533	31,077
- Unconditional and expected to be settled after 12 months	20,219	18,648
Total	51,752	49,725
Non-Current Provisions		
Employee Benefits	7,040	6,932
Total	7,040	6,932
Total Provisions	58,792	56,657
12(a) Employee Benefits and Related On-Costs		
Current		
Unconditional Long Service Leave	23,801	21,817
Accrued Leave	17,918	16,406
Accrued Wages and Salaries	9,504	10,922
Accrued Days Off	529	580
Total	51,752	49,725
Non-Current		
Conditional Long Service Leave	7,040	6,932
Total	7,040	6,932
Total Employee Benefits	58,792	56,657
12(b) Movement in Provisions		
Movement in Long Service Leave:		
Balance July 1	28,749	25,556
Provision made during the year	5,674	6,362
Settlement made during the year	(3,582)	(3,169)
Balance June 30	30,841	28,749

Provision for Long Service Leave in accordance with AASB 101: Presentation of Financial Statements, Provision for Long Service Leave is considered a current liability in respect to employees who have met the required qualification period, and therefore Ballarat Health Service does not have an unconditional right to defer settlement of the liability for at least twelve months after the balance date. Refer Note 1(m) for details.

Note 13: Superannuation

	Paid Contribution		Contribution Outstanding	
	2013 \$000	2012 \$000	2013 \$000	2012 \$000
Defined Benefit Plans (i):				
First State Super	1,656	1,596	92	145
Defined Contribution Plans:				
First State Super	12,018	11,200	1,131	1,018
Hesta	2,766	2,034	25	185
Emergency Services Scheme	454	495	17	45
Other	412	357	-	32
Total	17,306	15,681	1,265	1,426

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

Note 14: Monies Held in Trust

	2013 \$000	2012 \$000
Current		
Monies Held in Trust		
- Refundable Accommodation Bonds	19,504	17,171
- Resident	959	1,085
- Commuted Allowance	-	490
- Grampians Integrated Cancer Service	288	145
- State Wide Equipment Program	258	31
Total	21,009	18,922
Monies Held in Trust Represented by:		
Other Financial Assets and Cash at Bank	21,009	18,922
Total	21,009	18,922

Note 15: Other Liabilities

	2013 \$000	2012 \$000
Current		
Grampians Regional Health Alliance	307	168
Total	307	168

Note 16: Equity		
	2013	2012
	\$000	\$000
16(a) Reserves		
Asset Revaluation Reserve ⁽¹⁾		
Balance at the beginning of the reporting period	95,325	75,639
Revaluation Increments/(Decrements)		
- Buildings	-	19,686
Balance at the end of the reporting period	95,325	95,325
Represented by:		
Land	12,503	12,503
Buildings	82,822	82,822
	95,325	95,325
Specific Purpose Reserve		
Balance at the beginning of the reporting period	562	650
Transfer to accumulated surplus	(44)	(88)
Balance at the end of the reporting period	518	562
Total Reserves	95,843	95,887
16(b) Contributed Capital		
Balance at the beginning of the reporting period	149,952	149,952
Balance at the end of the reporting period	149,952	149,952
16(c) Retained Earnings		
Balance at the beginning of the reporting period	(11,860)	(28,459)
Net Result for the Year	475	16,575
Grampians Regional Health Alliance	(29)	(64)
Transfer from Reserve	44	88
Balance at the end of the reporting period	(11,370)	(11,860)
16(d) Total Equity at the end of the Financial Year		
Total Equity at the beginning of the reporting period	233,979	197,782
Total Changes in Equity Recognised in the Statement of Financial Performance	446	36,197
Total Equity at the end of the reporting period	234,425	233,979

(1) The land, building and investment assets revaluation reserve arises on the revaluation of land, buildings and investments.

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.

Note 17: Reconciliation of Net Result for the Year to Net Cash Inflow/(Outflow) from Operating Activities

	Note	2013 \$000	2012 \$000
Net Result for the Year		446	16,511
Non Operating Cash Movements			
Net (Gain)/Loss on Sale of Fixed Assets	2(c)	(443)	(367)
Non Cash Movements			
Depreciation and Amortisation		28,805	25,950
Grampians Regional Health Alliance		29	64
Assets Received Free of Charge		(1,696)	(1,034)
Impairment of Investments		(502)	(42)
Provision for Doubtful Debts		182	213
Movements in Assets and Liabilities			
Change in Operating assets and liabilities			
Increase/(Decrease) in Payables		(1,353)	2,252
Increase/(Decrease) in Employee Entitlements		2,135	9,516
Increase/(Decrease) in Other Liabilities		2,087	(1,301)
(Increase)/Decrease in Inventory		(28)	(83)
(Increase)/Decrease in Prepayments		(206)	(40)
(Increase)/Decrease in Receivables		549	(3,354)
Net Cash Inflows from Operating Activities		30,004	48,285

Note 18: Financial Instruments

(a) Financial Risk Management Objectives and Policies

Ballarat Health Service's principal financial instruments comprise of:

- Cash Assets
- Term Deposits
- Receivables (excluding statutory receivables)
- Available for sale Financial Assets
- Payables (excluding statutory payables)
- Accommodation Bonds

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

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

The main purpose in holding financial instruments is to prudentially manage Ballarat Health Services financial risks within the government policy parameters.

Categorisation of Financial Instruments

	Carrying Amount 2013 \$000	Carrying Amount 2012 \$000
Financial Assets		
Cash and cash equivalents	5,154	16,083
Receivables	7,583	6,855
Available for Sale	38,885	35,968
Total Financial Assets (i)	51,622	58,906
Financial Liabilities		
Payables	20,029	21,070
Accommodation Bonds	19,504	17,171
Monies Held in Trust	1,505	1,751
Other Liabilities	307	168
Total Financial Liabilities (ii)	41,345	40,160

(i) The total amount of financial assets disclosed here excludes statutory receivables (i.e. GST input tax credit recoverable).

(ii) The total amount of financial liabilities disclosed here excludes statutory payables (i.e. Taxes payables).

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

	Carrying Amount 2013 \$000	Carrying Amount 2012 \$000
Financial Assets		
Cash and cash equivalents (i)	1,705	1,048
Receivables	31	(9)
Available for Sale (i)	1,366	1,440
Total Financial Assets	3,102	2,479
Financial Liabilities		
Accommodation Bonds	56	72
Total Financial Liabilities	56	72

(i) For cash and cash equivalents, loans and receivables and available-for-sale financial assets, the net gain or loss is calculated by taking the interest revenue, plus or minus foreign exchange gains or losses arising from revaluation of the financial assets, and minus any impairment recognised in the net result.

(ii) For financial assets and liabilities that are held-for-trading or designated at fair value through profit or loss, the net gain or loss is calculated by taking the movement in the fair value of the financial asset or liability.

(b) Credit Risk

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

In addition, Ballarat Health Services does not engage in hedging for its contractual financial assets and mainly obtains contractual financial assets that are on fixed interest, except for cash assets, which are mainly cash at bank. Ballarat Health Services is to only deal with banks with high credit ratings.

Provision for impairment for contractual financial assets is recognised when there is objective evidence that Ballarat Health Services will not be able to collect a receivable. Objective evidence includes financial difficulties of the debtor, default payments, debt's which are more than 60 days overdue, and changes in debtor credit ratings.

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

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

	Financial Institutions (AAA Credit Rating)	Government Agencies (AAA Credit Rating)	Other	Total
	\$000	\$000	\$000	\$000
2013				
Financial Assets				
Cash and Cash Equivalents	5,154	-	-	5,154
Receivables				
- Trade Debtors	-	-	7,583	7,583
- Other Receivables (i)	507	-	-	507
Other Financial Assets				
- Term Deposit	37,000	-	-	37,000
- Shares in Other Entities	539	-	1,346	1,885
Total Financial Assets	43,200	-	8,929	52,129
2012				
Financial Assets				
Cash and Cash Equivalents	16,083	-	-	16,083
Receivables				
- Trade Debtors	-	-	6,855	6,855
- Other Receivables (i)	358	-	-	358
Other Financial Assets				
- Term Deposit	32,800	-	-	32,800
- Other Financial Assets	-	-	1,495	1,495
- Shares in Other Entities	373	-	1,300	1,673
Total Financial Assets	49,614	-	9,650	59,264

(i) The total amounts disclose here excludes statutory amounts (eg: amounts owing from Victorian Government and GST input tax credit recoverable).

Ageing analysis of financial assets as at 30 June

	Consolidated Carrying Amount \$000	Not Past Due and Not Impaired \$000	Past Due But Not Impaired				Impaired Financial Assets \$000
			Less than 1 Month \$000	1 - 3 Months \$000	3 Months - 1 Year \$000	1 - 5 Years \$000	
2013							
Financial Assets							
Cash and Cash Equivalents	5,154	5,154	-	-	-	-	-
Receivables	7,583	6,255	1,223	64	41	-	-
Other Financial Assets	38,885	38,885	-	-	-	-	-
	51,622	50,294	1,223	64	41	-	-
2012							
Financial Assets							
Cash and Cash Equivalents	16,083	16,083	-	-	-	-	-
Receivables	6,855	5,592	806	401	56	-	-
Other Financial Assets	35,968	35,466	-	-	-	-	502
	58,906	57,142	806	401	56	-	502

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

(c) Liquidity Risk

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

Ballarat Health Services operates under the Government's fair payments policy of settling financial obligations within 30 days and in the event of dispute, making payments within 30 days from the date of resolution.

Ballarat Health Services maximum exposure to liquidity risk is the carrying amounts of financial liabilities as disclosed in the face of the balance sheet.

Ballarat Health Services manages its financial instruments so as to minimise liquidity risk. This is achieved through a combination of daily cash flow forecasting and appropriate budget setting and monitoring.

Maturity analysis of financial liabilities as at 30 June

	Carrying Amount \$000	Contractual Cash Flows \$000	Maturity Dates			
			Less than 1 Month \$000	1 - 3 Months \$000	3 Months - 1 Year \$000	1 - 5 Years \$000
2013						
Financial Liabilities						
Creditors	20,029	20,029	20,029	-	-	-
Accommodation Bonds	19,504	19,504	294	750	18,460	-
Monies Held in Trust	1,505	1,505	-	546	959	-
Other Liabilities	307	307	-	-	307	-
	41,345	41,345	20,323	1,296	19,726	-
2012						
Financial Liabilities						
Creditors	21,070	21,070	21,070	-	-	-
Accommodation Bonds	17,171	17,171	389	993	15,790	-
Monies Held in Trust	1,751	1,751	521	666	564	-
Other Liabilities	168	168	-	-	168	-
	40,160	40,160	21,980	1,659	16,522	-

(d) Market Risk

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

Currency Risk

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

Other Price Risk

Ballarat Health Services is not subject to price risk.

Interest Rate Risk

Minimisation of risk is achieved by mainly undertaking fixed rate or non-interest bearing financial instruments.

Cash flow interest rate risk is the risk that the future cash flows of a financial instrument will fluctuate because of changes in the market interest rates.

Ballarat Health Services has minimal exposure to cash flow interest rate risks through its cash and deposits that are floating rate.

Ballarat Health Services manages this risk by mainly undertaking fixed rate or non-interest bearing financial instruments with relatively even maturity profiles, with only insignificant amounts of financial instruments at floating rate.

Management has concluded for cash at bank as for financial assets that can be left at floating rate without necessarily exposing Ballarat Health Services to significant risk, management monitors interest rates on a daily basis.

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

	Weight Average Effective Interest Rate (%)	Carrying Amount \$000	Interest Rate Exposure		
			Fixed Interest Rate \$000	Variable Interest Rate \$000	Non Interest Bearing \$000
2013					
Financial Assets					
Cash and Cash Equivalents	2.8%	5,154	-	5,154	-
Receivables (i)	0%	7,583	-	-	7,583
Other Financial Assets	4.4%	38,885	37,000	1,234	651
	-	51,622	37,000	6,388	8,234
2013					
Financial Liabilities					
Creditors (i)	0%	20,029	-	-	20,029
Accommodation Bonds	4.5%	19,504	19,504	-	-
Monies Held in Trust	0%	1,505	-	-	1,505
Other Liabilities	0%	307	-	-	307
	-	41,345	19,504	-	21,841
2012					
Financial Assets					
Cash and Cash Equivalents	3.1%	16,083	-	16,083	-
Receivables (i)	0%	6,855	-	-	6,855
Other Financial Assets	4.8%	35,968	32,800	2,462	706
	-	58,906	32,800	18,545	7,561
2012					
Financial Liabilities					
Creditors (i)	0%	21,070	-	-	21,070
Accommodation Bonds	5.0%	17,171	17,171	-	-
Monies Held in Trust	0%	1,751	-	-	1,751
Other Liabilities	0%	168	-	-	168
	-	40,160	17,171	-	22,989

(i) The carrying amount must exclude types of statutory financial assets and liabilities (i.e. GST input tax credit and GST payable).

(d) Market Risk (continued)
Sensitivity Disclosure Analysis

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

- A parallel shift of +1% and -0.5% in inflation rate from year-end rates of 1.5%.

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

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

	Carrying Amount \$000	Interest Rate Risk			
		- 0.5%		+ 1%	
		Profit \$000	Equity \$000	Profit \$000	Equity \$000
2013					
Financial Assets					
Cash and Cash Equivalents	5,154	(26)	(26)	52	52
Other Financial Assets	38,885	(194)	(194)	389	389
Financial Liabilities					
Accommodation Bonds	19,504	98	98	(195)	(195)

	Carrying Amount \$000	Interest Rate Risk			
		- 1.25%		+ 1.25%	
		Profit \$000	Equity \$000	Profit \$000	Equity \$000
2012					
Financial Assets					
Cash and Cash Equivalents	16,083	(201)	(201)	201	201
Other Financial Assets	35,968	(450)	(450)	450	450
Financial Liabilities					
Accommodation Bonds	17,171	215	215	(215)	(215)

(e) Fair Value

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

Level One - the fair value of financial instrument assets and liabilities with standard terms and conditions and traded in active liquid markets are determined with reference to quoted market prices; and

Level Two - the fair value is determined using inputs other than quoted prices that are observable for the financial asset or liability, either directly or indirectly; and

Level Three - the fair value of other financial instrument assets and liabilities is determined in accordance with generally accepted pricing models based on discounted cash flow analysis using unobservable market inputs.

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

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

Comparison between carrying amount and fair value

	Carrying Amount 2013 \$000	Fair Value 2013 \$000	Carrying Amount 2012 \$000	Fair Value 2012 \$000
Financial Assets				
Cash and cash equivalents	5,154	5,154	16,083	16,083
Receivables (i)	7,583	7,583	6,855	6,855
Available for Sale	38,885	38,885	35,968	35,968
Total Financial Assets	51,622	51,622	58,906	58,906
Financial Liabilities				
Payables	20,029	20,029	21,070	21,070
Accommodation Bonds	19,504	19,504	17,171	17,171
Monies Held in Trust	1,505	1,505	1,751	1,751
Other Liabilities	307	307	168	168
Total Financial Liabilities	41,345	41,345	40,160	40,160

(i) The carrying amount must exclude types of statutory financial assets and liabilities (i.e. GST input tax credit and GST payable).

Financial assets measured at fair value

	Carrying Amount as at June 30 \$000	Fair value measurement at end of reporting period using:		
		Level 1 \$000	Level 2 \$000	Level 3 \$000
2013				
Financial Assets at fair value through Profit & Loss				
Available for sale financial assets	38,885	38,885	-	-
Total Financial Assets	38,885	38,885	-	-
2012				
Financial Assets at fair value through Profit & Loss				
Available for sale financial assets	35,968	34,973	955	-
Total Financial Assets	35,968	34,973	955	-

Note 19: Commitments

	2013 \$000	2012 \$000
Capital Expenditure Commitments		
Land and Buildings	68,059	41,240
Medical Equipment	1,779	7,968
Computer	1,715	1,463
Plant and Equipment	337	296
Intangible Assets	225	-
Total	72,115	50,968
Not later than 1 year	23,052	50,968
Later than 1 year and not later than 5 years	49,063	-
	72,115	50,968
Operating Expenditure Commitments		
Plant and Equipment	33	28
Computer	1	70
Medical Equipment	378	335
Other	1,458	1,681
Total	1,869	2,113
Not later than 1 year	1,861	2,099
Later than 1 year and not later than 5 years	8	15
	1,869	2,113
Operating Expenditure Commitments		
Property	1,034	1,298
Medical Equipment	1,161	54
IT Equipment	165	238
Total	2,360	1,590
<i>Non Cancellable</i>		
Not later than 1 year	527	391
Later than 1 year and not later than 5 years	1,509	922
Later than 5 years	324	277
Total	2,360	1,590
Total Commitments for expenditure (inclusive of GST)	76,345	54,671
Less GST recoverable from the Australian Tax Office	6,885	5,069
Total Commitments for expenditure (exclusive of GST)	69,460	49,602

All amounts shown in the commitments note are nominal amounts inclusive of GST. Capital commitments of \$58,941,201 are fully funded by DH.

Note 20: Segment Reporting

	Acute Care 2013 \$000	Acute Care 2012 \$000	RAC 2013 \$000	RAC 2012 \$000	Aged Care 2013 \$000	Aged Care 2012 \$000	Mental Health 2013 \$000	Mental Health 2012 \$000	Other 2013 \$000	Other 2012 \$000	Total 2013 \$000	Total 2012 \$000
Revenue												
External Segment Revenue	186,340	173,251	36,347	35,684	7,960	8,165	30,540	29,965	113,957	123,790	375,145	370,856
Total Revenue	186,340	173,251	36,347	35,684	7,960	8,165	30,540	29,965	113,957	123,790	375,145	370,856
Expenses												
External Segment Expenses	188,591	176,136	41,407	40,468	8,369	8,162	30,699	30,164	108,163	101,775	377,229	356,704
Total Expenses	188,591	176,136	41,407	40,468	8,369	8,162	30,699	30,164	108,163	101,775	377,229	356,704
Net Result from Ordinary Activities	(2,251)	(2,885)	(5,060)	(4,783)	(410)	3	(158)	(199)	5,794	22,016	(2,084)	14,152
Interest Expense	-	-	(56)	(72)	-	-	-	-	-	-	(56)	(72)
Interest Income	-	-	923	834	-	-	-	-	1,645	1,612	2,569	2,446
Share of Net Result of Associates & Joint Ventures using Equity Model	9	(8)	2	(2)	1	(1)	2	(2)	2	(2)	16	(15)
Net Result for Year	(2,242)	(2,894)	(4,190)	(4,024)	(407)	2	(156)	(201)	7,442	23,625	446	16,511
Other Information												
Segment Assets	117,442	96,515	58,468	47,903	38,586	32,741	18,159	15,132	102,790	139,698	335,445	331,989
Total Assets	117,442	96,515	58,468	47,903	38,586	32,741	18,159	15,132	102,790	139,698	335,445	331,989
Segment Liabilities	24,156	22,908	30,201	28,471	9,557	9,399	7,250	7,091	29,855	30,145	101,019	98,014
Total Liabilities	24,156	22,908	30,201	28,471	9,557	9,399	7,250	7,091	29,855	30,145	101,019	98,014
Investments in associates and joint venture partnership	867	938	50	54	26	28	40	43	56	60	1,039	1,123
Acquisition of property, plant and equipment	18,112	15,448	9,015	7,706	5,950	5,267	2,800	2,434	3,965	6,260	39,841	37,115
Depreciation and amortisation expense	12,218	10,436	6,081	5,206	4,013	3,558	1,889	1,644	4,604	5,106	28,805	25,950

Note 21: Jointly Controlled Operations and Assets

Ballarat Health Services has an interest in two jointly controlled Operations and Assets. The first jointly controlled Operation being Ballarat - Austin Radiotherapy Oncology Centre and the second jointly controlled Asset being Grampians Rural Health Alliance. Details of both operations are listed as follows.

Ballarat - Austin Radiotherapy Oncology Centre

The investment was used for the construction of the Radiation Oncology Centre, for which Ballarat 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:

	2013 \$000	2012 \$000
Opening Balance	706	757
Repayments	(100)	(100)
Interest	45	49
Capital Repaid	(55)	(51)
Closing Balance	651	706
Ownership Interest	47.67%	47.67%

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

	2013 \$000	2012 \$000
Less than 1 year	100	100
Greater than 1 and less than 5 years	400	400
Greater than 5 years	151	206
	651	706

Grampians Rural Health Alliance

In June 2008, the Department of Health issued circular number 17/2008, which outlines government requirements for the operation of rural health information and communication technology (ICT) alliances. The policy outlines the accepted governance model for the operation of the ICT alliances.

The policy requires public hospitals, public health services and multipurpose services which are declared or established under the Health Services Act 1988, to enter into the alliance for the region in which they operate, in accordance with a Joint Venture Agreement (JVA). Consistent with this policy, the Grampians Rural Health Alliance came into effect on 9th of December 2008.

	2013 \$000	2012 \$000
Revenue	979	969
Expenses	(1,008)	(1,033)
Net Result	(29)	(64)
Assets	695	585
Liabilities	307	168
Net Assets	388	417
Equity	388	417
Ownership Interest	21.49%	22.24%

Note 22: Responsible Person Related Disclosures

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

	Period
Responsible Minister:	
The Honourable David Davis, MLC, Minister for Health and Ageing	1/07/2012 - 30/06/2013
The Honourable Mary Woodridge, MLA, Minister for Mental Health	1/07/2012 - 30/06/2013
Governing Board:	
Mr A Faull	1/07/2012 - 30/06/2013
Mr C Coltman	1/07/2012 - 30/06/2013
Mr N Coxall	1/07/2012 - 30/06/2013
Ms V Fenelon	1/07/2012 - 30/06/2013
Mr M Patterson	1/07/2012 - 30/06/2013
Mr M Harris	1/07/2012 - 30/06/2013
Mr J Selkirk	1/07/2012 - 30/06/2013
Accountable Officer	
Mr A R Rowe - Chief Executive Officer	1/07/2012 - 30/06/2013

Remuneration of Responsible Persons

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

	2013 No.	2012 No.
Income Band		
\$10,000 - \$19,999	5	7
\$20,000 - \$29,999	1	-
\$30,000 - \$39,999	-	1
\$40,000 - \$49,999	1	-
\$380,000 - \$389,999	-	1
\$390,000 - \$399,999	1	-
Total Numbers	8	9
Total remuneration received or due and receivable by Responsible Persons from the reporting entity amounted to:	561,234	554,575

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

	2013 \$000	2012 \$000
Other Transactions of Responsible Persons and their Related Parties		
Mr M Patterson has an association with North Ballarat Sports Club who provided services on commercial terms and conditions. The total value of transactions with this entity was;	2	4

Note 22: Responsible Person Related Disclosures (continued)

Executive Officers' Remuneration

The numbers of executive officers, other than Ministers and Accountable Officers, and their total remuneration during the reporting period are shown in the first two columns in the table below in their relevant income bands. The base remuneration of executive officers is shown in the third and fourth columns. Base remuneration is exclusive of bonus payments, long-service leave payments, redundancy payments and retirement benefits.

	Total Remuneration		Base Remuneration	
	2013	2012	2013	2012
\$0 - \$99,999	1	-	1	-
\$140,000 - \$149,999	-	-	1	-
\$150,000 - \$159,999	-	-	-	5
\$160,000 - \$169,999	1	1	3	1
\$170,000 - \$179,999	-	1	2	-
\$180,000 - \$189,999	-	1	1	1
\$190,000 - \$199,999	3	2	-	-
\$200,000 - \$209,999	3	2	-	-
\$250,000 - \$259,999	-	-	1	1
\$280,000 - \$289,999	-	1	-	-
\$290,000 - \$299,999	1	-	-	-
\$310,000 - \$319,999	-	-	-	1
\$340,000 - \$349,999	-	1	1	-
\$380,000 - \$389,999	1	-	-	-
Total	10	9	10	9
Total Annualised Employee Equivalent (AEE)	9.23	9	9.23	9
Total Remuneration	2,135,654	1,961,456	1,802,096	1,694,530

(i) Annualised employee equivalent is based on paid working hours of 38 ordinary hours per week over the 52 weeks for a reporting period.

All payments made to Executives are governed by the Government Sector Executive Remuneration Panel. The changes from the previous year reflect GSERP approved pay increases, as well as the payment of accumulated long service leave for a number of Executives.

Note 23: Remuneration of Auditors

	2012 \$000	2011 \$000
Audit or review of financial statement (VAGO)	84	84
Internal Audit	188	160
Total	272	244

Note 24: Events Occurring after the Balance Sheet Date

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



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