

BENDIGO HEALTH
ANNUAL REPORT

2014
15



OUR CARE

AT A GLANCE

SERVICE EVENTS PROVIDED BY OUR SPECIALIST CLINICS ▷

76,895

48,070

◁ PEOPLE CAME TO OUR EMERGENCY DEPARTMENT FOR TREATMENT

PEOPLE WERE ADMITTED TO OUR HOSPITAL ▷

41,848

11,696

◁ OPERATIONS PERFORMED

AMBULANCE ARRIVALS HANDLED BY OUR EMERGENCY DEPARTMENT ▷

10,858

1,622

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

BABIES DELIVERED ▷

1,361

3,570

◁ STAFF EMPLOYED, INCLUDING VOLUNTEERS

BED SERVICE ▷

664

About us

With more than 3,200 staff and 300 volunteers and covering an area a quarter of the size of Victoria, Bendigo Health Care Group (commonly known as Bendigo Health), is an expanding regional health service offering the advantages of city life combined with the beauty and freedom that comes from living in a regional area.

Bendigo Health, a 664 bed service*, treated almost 42,000 inpatients, triaged more than 48,000 emergency attendees and welcomed almost 1,400 new born babies in the reporting period July 1, 2014 to June 30, 2015.

These services are complemented by a 60-bed rehabilitation unit, eight bed intensive care unit and five operating theatres where more than 11,500 surgical procedures were performed.

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

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

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

Bendigo Health and the Victorian Government are committed to delivering high quality health care to the community of Bendigo and the greater Loddon Mallee region with the investment of \$630 million to deliver a new hospital in Bendigo.

This project began in 2013 and is due for completion at the end of 2016.

* This figure includes the 60 bed rehabilitation unit, eight intensive care unit beds and all residential aged care beds..

WELCOME



Welcome to Bendigo Health's 2014-15 annual report. This critical reporting document demonstrates how the organisation will move from good to great as outlined in the 2013-18 strategic plan. It also provides a comprehensive and detailed account of Bendigo Health's financial performance and achievements throughout the 2014-15 financial year.

Report specifications

Reporting period from 1 July 2014 to 30 June 2015. This report is prepared for the Minister of Health, the Parliament of Victoria and the general public in accordance with relevant government and legislative requirements.

Our Values

CARING

We care for our community.

PASSIONATE

We are passionate about doing our best.

TRUSTWORTHY

We are open, honest and respectful.

Our Vision

Healthy Communities and World Class Healthcare.

Our Role

Empowering people and working together.

The people we empower form the community around Bendigo Health; including the staff and volunteers within the organisation, our partners, patients with their families and carers and the general public who interact with Bendigo Health. We acknowledge the valuable and different role each of them has in contributing to the health of our community and creating world class health care. We encourage, support and enable them to work together in pursuit of our vision.

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CHAIR AND CHIEF



EXECUTIVE OFFICER REPORT

Welcome to the Bendigo Health Annual Report 2014-15. It has been a year of change and innovation as we continue our journey from good to great. Change comes at a cost. All our staff are being asked to do more within their roles and it has been humbling to watch them rise to the challenge.

Operationally, our service treated more patients than ever before, with demand continuing to grow each year. We triaged 48,070 presentations to our Emergency Department, admitted 41,848 to our hospital, conducted 76,895 occasions of service through our specialist clinics and performed 11,696 surgical procedures.

Bendigo Health has a once in a lifetime opportunity with the development of our new hospital. It will be a truly world class building and we are committed to moving in with equally world class models of care, processes, systems and equipment.

We have enjoyed the privilege of being involved in the design of the new facility from the beginning. It is amazing watching the vision take shape and as we look out the window at the construction site, we can see the artists impressions being realised in the physical structure that is emerging.

With all four cranes now gone, the impact on the Bendigo skyline is apparent and we are all turning our focus to how we will use this building to full effect.



A brand new \$630 million dollar hospital for our region will increase capacity and allow us to treat more patients than ever before



A brand new, \$630 million dollar, hospital for our region will increase capacity and allow us to treat more patients than ever before. What now concerns us most is how we deliver care within the building and how we leverage all the benefits this facility offers to ensure that our community gets the very best outcome. Our teams are working hard to make sure this happens.

Signing the contract for the delivery of a Digital Medical Record was a very proud moment and the culmination of years of planning. Work is underway to go live towards the end of next year. During this reporting period the ground work has been completed to ensure the system works for our clinicians and delivers true gains in patient safety.

Staff safety is a key priority for Bendigo Health and this year we undertook a project to introduce a Code Grey emergency response and redefine our Code Black. Code Grey is a coordinated response to actual or potential aggression or violence and Code Black is now reserved for an armed threat. The introduction of a Code Grey was introduced state-wide to improve the safety and security in Victorian hospitals and to reduce violence against hospital staff. The standards for Code Grey were released in March 2014 to support the standardisation of Code Grey responses across Victorian health services. The project has included the role out of training for all staff who respond to the code and we congratulate the teams involved in this important initiative.

Great patient care is person-centred and we were pleased to complete our second person-centred care survey this year. The survey asked patients a series of questions about their care and provided us with valuable information about the patient experience. Last year, the inaugural survey gave us a benchmark from which to build our understanding of patient experiences. This year we built on this great start with an increased response rate, all the data gathered will be used to improve care and reported back to staff.

The Quality Care Council at Bendigo Health is the highest level of quality and safety governance at our health service. During the past 12 months, the council has worked diligently to identify and develop a set of quality



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and safety key performance indicators (KPIs) to be monitored and reported at the board level. The KPIs are presented on a reporting dashboard which is considered best practice by the Australian Commission on Safety and Quality in Healthcare. This initiative reflects the maturity of our clinical governance framework.

There has been increasing emphasis on consulting with the people who use our services and this year we welcomed a number of new consumer representatives to our consumer register. Our Community Advisory Committee expanded and we now enjoy the input from 11 highly valued community representatives.

Bendigo Health community programs have been preparing for and implementing change as health care reform is progressively rolled out. Case Management Services attracted more home care packages and successfully transitioned all of their current packages to Consumer Directed Care (CDC). CDC is a new philosophy giving consumers greater control over the type and delivery of care they access.

A number of our services underwent accreditation with a range of independent agencies during the year and we are pleased to report they were all successful.

The Bendigo BreastScreen service, which only joined Bendigo Health in January 2013, had a very successful accreditation review and following the onsite BreastScreen Victoria accreditation visit during November 2014, Bendigo Health was notified during February of our full four year accreditation status. Feedback from the survey team included:

- The service should be commended on providing a friendly and welcoming environment at all centres visited (Bendigo, Mildura and Echuca).
- One of the pioneer surgeons of BreastScreen Australia stated "Bendigo BreastScreen is a state of the art service that is providing a great service and you should be proud of it".

Our residential care homes Carshalton House and Gibson Street Complex were also successful in obtaining accreditation and we congratulate the entire team for all their hard work and this great result.

Congratulations to Psychiatric Services who received full accreditation in late 2014. The service was commended for a number of their person-centred care initiatives. In addition, the inpatient units have undergone substantial renovations. Staff education has been undertaken to provide an enhanced environment that has led to a major reduction of restrictive interventions, resulting in state, national and international recognition.

Regional psychiatric service provision has also seen the colocation of our Kyneton service into the new Kyneton Hospital extension and planning is underway for the Echuca service to integrate further with the Echuca hospital extension. The service also secured funding for Police, Ambulance, Clinical Early Response unit (PACER) that situates a clinician at the police station to respond to mental health issues, this is inclusive of the advice provision to regional stations. Funding to expand the presence of psychiatric clinicians within our Emergency Department was also secured.

Our vision of healthy communities is being adopted by our staff in new and imaginative ways, ranging from forming teams and competing in the Bendigo Bank Fun Run to hosting walking meetings, eating healthy lunches together and building healthy activities into their business plans.

It was great to see the fun run attract a record number of participants this year. The hard work of the foundation paid off, with the event raising a record total of more than \$133,000 for our Renal Service. The ongoing support of 3BO FM with their annual Give Me 5 For Kids rallied the community once again for our child and adolescent services and resulting in a donation of more than \$70,000.

This year we bid farewell to our Board Chairman, Dr Michael Langdon, who resigned after four years on the board. Michael was appointed chairman on 1 July, 2011. He had previously served on the board from 1994 – 2004. Bill O’Neill and Graeme Stewart both completed their third three year term and have stood down from the board. Together they have all made a significant contribution to Bendigo Health and we wish all three every success in the future. Bob Cameron was appointed as the new board chair effective 1 July, 2015. We welcome him to our health service at such an exciting time; we look forward to Bob’s leadership and direction as we work towards the opening of the new hospital. The board was also pleased to welcome Dean Laurence in July 2014 as its newest board member and congratulates Margaret O’Rourke on her re-appointment for a further three years.

We are proud of the wonderful sense of community ownership that our health service enjoys in both Bendigo and throughout the Loddon Mallee region. Once again we saw a passionate group of some 300 people volunteer their time at Bendigo Health, assisting patients and their loved ones and providing a smile during what can be a stressful experience for those who seek our care. It is hard to put into words our gratitude to this passionate group of people who give so much, they really are the soul of Bendigo Health.

This year for the first time we held a length of service recognition ceremony for our auxiliary members. The eight auxiliaries have given more than 1,470 years to Bendigo Health when their members’ length of service is combined. This has included countless fundraisers, raffles, cake stalls and loads of fun. It is the support of community members such as these people who allow us to enjoy extras such as new equipment and improvements to our physical environment. We are most grateful for their contributions.

Bendigo Health continues to go from strength to strength and this would not be possible without the continued hard work and dedication of our staff. This has been another challenging year with multiple projects demanding time from our already busy teams. In addition, there have been a number of staffing changes and as this report goes to print we are about to announce a major organisational restructure to ensure that our health service is best placed to meet the challenges when our new hospital opens and beyond. A special thank you to all those who have filled roles in an acting capacity.

Major health services are complex environments and our successes are no accident, they are the result of hard work from all our teams. So, to all our contributors, including the Board of Directors, the Executive Team, our clinical teams, the teams in our regional offices, the people who keep our environment clean, transport patients, maintain buildings, provide meals and those who support our staff; it is you who make sure our patients, residents, infrastructure and staff are looked after, our targets are met, bills paid, IT systems work and a myriad of other vital tasks – and we say thank you.



A handwritten signature in black ink that reads "S. Clarke".

Sue Clarke
Acting Chair - Board of Directors
Bendigo Health



A handwritten signature in black ink that reads "John Mulder".

John Mulder
Chief Executive Officer
Bendigo Health

Passionate



STRATEGIC PLAN

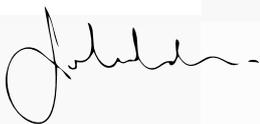
ACHIEVEMENTS

Our Strategic Plan 2013-18 was launched in July 2013. It sets out the vision and strategic goals for Bendigo Health for five years. This was our second full year of the current plan which is embedded in all of our annual divisional and department business plans.

As you can see from the list of highlights, we are making progress in each of our four strategic goals and I am confident that our community knows what we stand for and where our priorities lie.

It is exciting watching our relationship with the community strengthen under the current plan and we have made significant gains in working with, and supporting, our partners for the good of the region.

Once again our staff shone as they embraced a range of new projects along with their day to day roles. We truly are going from good to great.



John Mulder
CEO

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As you can see from the list of highlights, we are making progress in each of our four strategic goals

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1.1 Educate, Inform and Empower our Community to take control of their health and their healthcare

- Bendigo Health Foundation Fun Run.
- The implementation of healthy eating internal menu review of items has been completed by Food Services.
- Food Services has established quality control and increased audit processes with site supervisors on standard plate procedures.
- A clinic has been introduced for the management of diabetes in pregnancy.
- The Regional Diabetes Project is complete with recommendations made. A new Diabetes Educator role has been approved and recruitment has commenced.
- Smiles for Miles dental program.
- Additional funding from Dental Health Service Victoria (DHSV) has been approved, focus will be on dental screening in residential care.
- Supporting Patients to be Smokefree has been adopted for a 12 month period. Rollout has been supported by a Smoke Free Medical Form and associated policies and protocols.
- Bendigo Health Foundation was the highest fundraiser in Victoria and the second highest in Australia for Dry July. This campaign encourages participants to give up alcohol for the month of July and to be sponsored to do so. Bendigo Health Foundation enjoyed the support of high profile local supporters.
- A Tobacco Treatment Specialist Nurse was provided with an office at Alexander Bayne Centre and staff were provided with training on the role of this position.
- The new smoke free project worker funded by the Healthy Communities initiative has commenced with roll-out to progress from the Medical Unit smoke free pilot. The Tobacco Treatment Specialist Nurse (TTSN) has been conducting audits on the ward, with the number of smokers identified, smokers offered brief intervention and the number of smokers whose smoking status is interfering with clinical care.

- Social Media engagement has increased substantially. The health service has successfully embraced these channels to speak to supporters, employees, donors and future employees.
- Child and Adolescent Mental Health Service (CAMHS) promotion officer commenced in January and undertakes secondary consultations in three primary schools including Spring Gully, Kennington and Kangaroo Flat.
- Many departments and units throughout Bendigo Health have participated in healthy initiatives during January, February and March including: Walk the Block, Feb Fast, epilepsy awareness morning tea, Easter morning tea, mindfulness session, walk and talk meetings and wear red for Feb.
- The Strengthening Hospital Responses to Family Violence project is achieving its objectives and is on track to achieve the expected outcomes.
- A nutrition and physical activity project business case has been completed, approved and the resulting position recruited. The Nutrition and Physical Activity project officer commenced in April 2015.
- Two Occupational Therapy Department action groups have been formed focusing on health promotion (client focussed) and staff wellbeing (staff focussed).
- A language and literacy worker commenced with the Speech Pathology Department during February 2015.
- A volunteer engagement survey has been distributed to all Bendigo Health volunteers in February 2015 with a response rate around 35%. This engagement survey included three questions regarding their role and the impact it has had on their knowledge, their families/community and their health.
- The Emergency Department and Psychiatric Services have been working together to develop advanced statements for patients with a psychiatric history. These statements set out a person's treatment preferences in case they become unwell and are used if they present to the Emergency Department.
- World Kidney Day was held on 26 March 2015. Kiosks were set up in the main foyer of Bendigo hospital and in the cafeteria to take blood pressures and provide information about the key message 'Kidney Health for all Australians'.
- The third forum for service providers of mental health in the Goldfields region was held in Maryborough by Rural South Community Mental Health. Further forums will occur every two months for the remainder of 2015.
- Residential Services to review the current smoking policy and smoking assessment, with the aim of assisting residents to quit smoking.
- Bendigo Health CEO spoke at Living Lighter Bendigo campaign launch. Bendigo Health is now a Living Lighter supporter. Emergency Department and People and Culture presented at the Healthy Together Bendigo Breakfast.
- Health promotion plan developed for community programs. The priorities identified are: preventing obesity (incorporating good nutrition and physical activity), preventing diabetes, promotion of healthy ageing, improved oral health and prevention of drug and alcohol abuse (includes tobacco cessation). Health promotion activities targeted at staff and patients/clients occurring in a number of community and continuing care program areas.
- Chief Speech Pathologist has attended meetings for the Early Year's Co-ordinating group including a workshop to develop a common strategy.
- Volunteers have been nominated within each of the five sub-teams to lead health promotional activities within Bendigo Adult Community Mental Health Team (BACMHT).
- A calendar of relevant health promotion activities for Marjorie Phillips Unit to participate in has been formulated and provided to the staff members who have volunteered to assist with this program.

1.2 Deliver best practise person-centred care

- Review of post discharge phone calls to capture patient experience has been completed in Inpatient Rehabilitation and Evaluation Unit. Developed revised data patient question script for Inpatient Rehabilitation Services. This is to be trialled by the after hours managers 7-10 days post discharge.
- Consumer feedback on written handouts tool has been developed and currently being trialled with Occupational Therapy Handout: One Handed Techniques Post Orthopaedic Surgery.
- A consumer feedback survey was sent to 200 clients from the Continence Clinic.
- Patient/consumer satisfaction survey tool is currently under development for Psychiatric Services division.
- Carer/consumer representatives are now presenting to team meetings for Aged Persons Mental Health Team.
- All cardiology patients have a follow up call post treatment.
- The Victorian Health Experience Survey (VHES) reports are now showcased in a dedicated section of the Bendigo Health intranet for management and staff access. Promotional posters have been distributed to all clinical areas.
- As part of development of updated brochures for the acute allied health outpatient clinics, feedback was gained from consumers of each clinic and was incorporated into the final brochures.
- A consumer presented as part of the Allied Health inservice on cancer during March 2015. Feedback from participants indicated that this was highly valued.
- Work has been undertaken by Hospital Admission Risk Program (HARP) team leaders and Consumer Participation Support Officer to develop HARP, Patient Access Committee and community health patient satisfaction survey questions.
- Ongoing discharge post-operative calls are proving to be a success on the Surgical Unit.
- Development and introduction of a Women's and Children's Service consumer reference group has been completed.
- The Medication Safety Pharmacist has commenced duties. This role will establish an enhanced approach to consumer feedback and participation for pharmacy with regards to medication safety.
- The updated courtyard in Alexander Bayne Centre has been completed by landscapers during March, including a vegetable garden for patient activity.
- Dental Services liaised with Central Victorian Group Training (CVGT); short listed, selected and appointed a person of Karen background as a trainee. Commenced traineeship 1 December 2014.
- Dental Services maintaining above target in each of the groups: Aboriginal and refugee. At year to date at the end of November refugee 47% increase from 2013-14; Aboriginal 50% increase from 2013-14.
- The language service policy has been expanded to include 'communication' as a concept rather than just languages other than English. This has required greater engagement with new key stakeholders.
- As at March, Bendigo Health has an Aboriginal volunteer who will commence on the meet and greet desk to learn the layout of the health service. This Aboriginal volunteer will work with Volunteer Services to strive towards running tours for the Aboriginal community to make them more comfortable within the hospital environment.
- Pastoral Care held a memorial service during March 2015.
- The decision was made to combine the Cultural Diversity Committee and Disability Action Plan Committee and work towards an integrated diversity plan.
- A chaplain day was held for new chaplains with nine participants attending, including chaplains from various faiths.
- Staff training presentation completed for introduction of telehealth for Aged Persons Mental Health Team (APMHT).

- Psychiatrists are now involved in implementation of effective discharge planning by video conference with Alexander Bayne Centre.
- Work has been progressing towards the establishment of a telehealth pain clinic at Echuca.
- Rural North Community Mental Health have installed Skype on its laptops to use as medium for communication software. Test run has been completed with Echuca hospital regarding after hours assessments via video conference with Enhanced Crisis Assessment Team (ECAT) at Bendigo hospital. The telehealth project has now been expanded to include Swan Hill hospital.
- Skype has been installed on four Bendigo Adult Community Mental Health notebook computers for use by clinicians to interact via telehealth medium with patients. Participating patients will be provided with information about online mental health forums and encouraged to join these.
- The annual audit of Advance Care Planning (ACP) and limitation of medical treatment documentation was conducted on the 10 March 2015. The phase 1 sites in the inpatient audit included the Medical units, the Intensive Care Unit and the Geriatric Evaluation Unit/Hospice. The audit results: 14% of eligible patients had patient initiated ACP documentation in their medical file; 89% of eligible patients had their future medical treatment/resuscitation status considered and documented by medical staff, with 75% of the documentation occurring on a MR85 – Treatment Limitation and Resuscitation Plan (as compliant with the Life Prolonging Treatment Protocol and Guide to Treatment Limitation Policy fully implemented through Bendigo Health in late 2014); and in the patients who had their future medical treatment/resuscitation status considered, in 47% of the cases the patient and/or their family were involved in the decision making process.
- Approval for the Integrated Aboriginal Health Plan received.
- BreastScreen service accreditation completed. Data audit during September and auditor site visit on the 14 - 15 November 2014.
- Guidelines regarding role and presence of Victoria Legal Aid (VLA) lawyer developed and agreed upon by Bendigo Health Psychiatric Services and VLA. Alexander Bayne Centre (ABC) staff advised of VLA lawyer availability one afternoon a week. Work to continue with VLA lawyer to establish a streamlined process for getting patient consent.
- Relocated pastoral care worker to ABC to engage patients/families and staff.
- Liaised with Manager of Aboriginal Hospital Liaison Services and Cultural Diversity and identified training options for the speech pathology and audiology team accessible in Bendigo to improve understanding of Aboriginal and cultural needs.
- Presentation to business managers meeting on the topic of Cultural Diversity. Demographic regional information and how to respond to this was provided.
- Fortnightly Aboriginal clinics supported by Bendigo and District Aboriginal Co-op (BDAC) and Dental Services are ongoing. They have been expanded to include treatment appointments as well as initial screens.
- Fortnightly interpreter clinics commenced in Dental Services in August 2014 with Afghan and Karen clinics.
- Patient satisfaction survey under development in line with Productive Operating Theatre (POT) strategies.

2.1 Build a high performing workforce

- Manager of Volunteer Services organised and attended the volunteer Christmas function with Bendigo Health Board Chair thanking volunteers and Executive Director, Bendigo Hospital Project, providing 140 volunteers with an update of progress of the new hospital.

- Collaborative Health Education and Research Centre (CHERC) continues to deliver the regional Continuing Nursing and Midwifery Education (CNME) program.
 - The Intensive Care Unit (ICU) auxiliary scholarship display board has been well received by staff and has now been complemented with the Julie MacDonald Scholarship display in the ICU hallway. Julie was a Critical Care Student Educator at the time of her death in 2002. The scholarship has been set up by her husband Laurie Whelan and is managed by Bendigo Health.
 - The inaugural Dominic Porter Award was presented this year. This award is honouring a staff member who passed away in 2014. The award is presented to a staff member who is seen as a great mentor to critical care students and who embodies the excellent qualities expected of an emergency nurse such as high clinical knowledge, caring and compassion. The award is voted by critical care students and was presented to Clinical Nurse Specialist Kylie Maddern. Dominic's parents and family were present at the award ceremony.
 - Emergency Department physician, Mark Putland, became the recipient of the prestigious Fulbright Scholarship and will be travelling to Pennsylvania to study trauma systems for six months later in 2015.
 - A business case for Salary Packaging benefits card has been developed and approved. The threshold is now being offered to all employees for the new FBT Year 2015/16.
 - Submission for relocation of Echuca Community Mental Health to Echuca Regional Health has been completed and submitted.
 - Bendigo Health conducted the Clinical Supervision Support Program (CSSP) in 2014, providing 11 training sessions across the Loddon Mallee region. Participants were from a range of disciplines including nursing and midwifery, allied health therapy disciplines, dental and radiation therapy from Bendigo Health and from a range of regional public and private health services. The clinical supervision support program provides training to clinical supervisors to support quality supervision for students undertaking clinical placement. This training has been delivered to 192 clinicians across the Loddon Mallee region to date.
- Interest for a twelfth session is being investigated. Intermediate level training will be provided by Monash University during the next six months.
- The Clinical Deanery conducted the inaugural best practice clinical learning environment learner and staff surveys across all disciplines at Bendigo Health. Results indicate that we are providing students with a positive learning experience.
 - For a number of years, the Occupational Therapy (OT) Department has provided project placements for fourth year La Trobe University OT students. The aim of the project placements is to develop an evidence based clinical practice component. The OT Department has identified two potential project placement areas; bariatric care and health promotion. The process requires Bendigo Health to submit project briefs to La Trobe University where all project briefs are considered and then the OT Department is advised whether we have been successful. Liaison has commenced with the university to confirm the timeframes for the project briefs to be submitted. This is an opportunity to further facilitate evidence based OT practice at Bendigo Health.
 - Bendigo Health has been successful in gaining funding to implement a regional Allied Health Graduate Support Program.
 - Over 50% of previous Hospital Medical Officers (HMO) have returned to the 39 available HMO positions demonstrating that Bendigo Health is experiencing greater interest in junior medical staff being able to complete specialist training at Bendigo. There are also two junior registrars seeking employment with us, having been interns during 2013.
 - The chemotherapy nursing course commenced on 20 February 2015. Fourteen registered nurses from within Bendigo Health and across the region participated. Students attended six study days provided by oncology staff and related experts within Bendigo Health. On satisfactory completion of an exam, students will spend two weeks on clinical placement in the oncology unit to develop relevant competencies in education, management and safe administration of chemotherapy to cancer patients.

- Physiotherapy was successful in gaining project funding to implement physiotherapy led Post Arthroplasty Review Clinic.
- The Clinical Support and Supervised Practiced (CSSP) Program (preceptorship training) is being delivered as per funding agreement with the Department of Health and Human Services.
- The Clinical Deanery (CD) continues to work closely with nursing and allied health educators, supervisors and managers to support student activity. Clinical placement agreements and schedules are almost finalised for 2015. The CD enters, monitors and reports student activity data through viCPlace. Information on the undergraduate training and development grant has just been received by Bendigo Health with an approximate \$130,000 increase in funding for the 2014-15 period.
- Model of Care showcase was held at La Trobe University on 9 December 2014. A presentation on the progress of the Models of Care were given from ICU, Cancer Services, Psychiatric Services, Surgical, Women's and Children's Health, Subacute Inpatients and Subacute Ambulatory.
- Four Women's and Children's Services nursing staff members have been trained by The Royal Children's Hospital to deliver paediatric chemotherapy.
- Four sessions of the subacute inpatients Model of Care work to date have provided to nursing and allied health staff with positive feedback received.
- The Palliative Care on Acute program has commenced with the aim to keep the numbers limited until the processes are fully developed and evaluated.
- Establishment of an Orthogeriatric Service is continuing to progress.
- Development of the Surgical Services Model of Care (MOC) has been progressing well with full engagement from key stakeholders, presentation given to the group wide MOC steering committee. A plan is in place for consumer engagement via the Acute Reference Group.
- Oncology currently process mapping workflow for outpatient space within the Integrated Cancer Model of Care.
- The contract signed 17 March 2015 with Slainte as successful vendor for Digital Medical Record.
- Rural Health Team Consumer Survey - A consumer evaluation audit was recently completed with 30 Rural Health Team consumers. The audit was conducted via phone and demonstrated that 100% of respondents understood why the clinician visited and trusted the clinician who visited. Twenty-five respondents (83%) indicated that the service made a positive difference to their situation (with three unsure). 97% of respondents felt that they were involved in the planning of their care. 'I am very happy with the service. The service at Bendigo Health is second to none.'
- The Marjorie Phillips Unit carer support program has been promoted through development of a flyer which is included in the carer information pack given to carers on admission. Posters and visual display of this information is provided on the carer's notice board. Staff have been informed about this initiative through staff meetings and an education session during one of the regular weekly inservice timeslots.

3.1 To support the development of a highly integrated health system across the Loddon Mallee region.

- A regional podiatry network of public, private and education sector podiatrists in the Loddon Mallee region has been established. The network has committee representation from all sectors and will hold two education sessions in 2015 with key note presenters confirmed on the subjects of paediatrics and peripheral vascular disease.
- Bendigo Adult Community Mental Health Team inducted two additional clinicians to work Police, Ambulance and Clinical Emergency Response (PACER) shifts.
- There has been a written agreement between Child Protection Services and Child Adolescent Mental Health Service (CAMHS). The Principle Practitioner now attends CAMHS on a monthly basis regarding child protection cases that are shared between the two services.

- Rural South Community Mental Health have moved into a new building at Kyneton hospital with room for training on site.
- Installation of Patient Flow Manager dashboard complete throughout Maternity and Special Care Baby Unit.
- Emergency Department (ED) medical staff have continued to provide support and education to General Practitioners and other health practitioners across the Loddon Mallee region through education to staff at local health services as a part of the Emergency Medicine Education and Training (EMET) initiative. This program supports Bendigo ED consultants to travel to rural health services within the region and provide basic education and training to rural health practitioners. The program is currently expanding to include Swan Hill and Castlemaine.
- Procurement has provided assistance to 14 health services in the region (including Swan Hill, Kerang, Cohuna, Rochester, Heathcote, Kyabram, Kyneton and Maryborough) with their Health Purchasing Victoria (HPV) procurement reform. All 14 are on track to meet their required milestone reporting and the achievement of set goals.
- Buildings and Infrastructure have provided Chief Warden training for Maryborough Health staff.
- Initial discussions have been initiated with five rural hospitals regarding the possibility of Bendigo Health providing regional support in Clinical Governance. With eCredentialing of Senior Doctors at Bendigo Health now being well monitored and managed, there may also be scope to provide this as a regional service.
- Medical Director, Community and Continuing Care, is working with Echuca Regional Health and Loddon Mallee Rural Health Alliance on a Pain Service Telehealth initiative. Business case being finalised.
- Plans progressing for Bendigo Health to be the auspice for the Loddon Mallee Palliative Care Consortium.

4.1 To continuously improve the quality and safety of our services.

- Quality, risk and safety system staff survey was conducted during November and December 2014. A draft report and recommendations were collated during late December and disseminated to key stakeholders within the Quality @ BH for review and feedback.
- The podiatry clinical protocols around nail surgery and the associated competencies for each of these clinical skills are being reviewed against the Allied Health Credentialing, Competency and Capability framework. The Chief Podiatrist is working with the state-wide Podiatry Heads of Department group on a collaborative approach to reviewing and developing shared competencies and this work is expected to continue throughout 2015.
- After conducting five education sessions at two nursing homes, Stop and Watch commenced in February. The Stop and Watch program focuses on reducing the admission of aged care residents to emergency departments and enhancing their care. To date, there have been seven residents nominated with only one of those requiring a hospital visit. Staff feedback that the use of the document assists them in assessment as well as in preparation to phone GP for advice.
- A Nurse Practitioner (NP) endorsed within the Residential In Reach Services as of February 2015.
- A Medication Safety Pharmacist has been employed and commenced duties.
- Information has been provided to Communications and Marketing for the local media regarding Pertussis (whooping cough) and Meningitis. This is due to an increase in Pertussis in the community and the state government relaunching free immunisation for new parents. Meningitis awareness was raised due to a recent case of Meningococcal Meningitis. Infection Prevention and Control is receiving many more queries from the local media via Communications and Marketing, this provides an opportunity to inform the public of current infection risks in the community and provide health promotion messages.

- Completed the 2014-15 Home and Community Care (HACC) Diversity Plan and submitted to Department of Health and Human Services. Utilising professional development opportunities for diversity. An inservice has been delivered to staff on increasing population diversity and use of interpreters.
- Two education sessions were held in October for Residential Services regarding the new Mental Health Act. A total of 16 staff attended the sessions; information sheets were handed out and information left for other staff to read.
- GPS system enabling staff to alert central base if assistance is required has now been purchased and set up by Information Communication and Technology and ready to trial.
- Discharge Phone Call Project has been completed within the Surgical Unit. A presentation was developed by the Patient Access and Demand Manager and has been forwarded to Patient Access Committee (PAC). PAC approved the continuation of the project within Surgical Unit with a view to expand the pilot across to other areas within the organisation.
- The trial of e-credentialing in allied health is continuing with a plan for the roll out of the system across allied health. Progress in this quarter has included processing the podiatrists involved in the initial pilot to completion and commencing the process for the allied health heads of department. An instruction sheet for clinicians entering profiles and for administration processes from allied health have been developed with the help of nursing and medicine.
- 100% Compliance of recent external Food Safety Audit across the organisation.
- The National Standards for Mental Health Services (NSMHS) onsite accreditation visit was conducted by the Australian Council Healthcare Standards (ACHS) during August 2014.

4.2 To operate sustainably and with financial efficiency.

- Buildings and Infrastructure set up a database and training associated with the Department of Health and Human Services Environmental Data Management System (EDMS). Bendigo Health went 'live' with this new database in December 2014, which will significantly improve data collection from 2015-16 onwards.
- A Residential Services stall was manned at the Senior's Week exhibition in the Bendigo Mall.
- The Medication Safety Committee has developed a new process for monitoring high cost treatments. This is essentially an identification and escalation process that ensures that teams are aware of high cost treatments; that the relevant expertise has reviewed the treatment; and the treatments are routinely reviewed.
- Bendigo Health allied health completed the Department of Health and Human Services allied health advanced practise mapping and prioritisation. Through this process the allied health departments were able to determine a prioritised list of areas for consideration of advanced scope of practice.
- An increased echocardiography service has commenced within Cardiology.
- Funding for the allied health early graduate program for two Loddon Mallee clusters and the language and literacy worker were successful and these projects have commenced.
- An Outpatient Rehabilitation expression of interest for project funding to develop an advanced practice allied health hand therapy role was submitted and was successful.
- New Living Longer Living Better (My Aged Care) pamphlets have been developed with Residential Services and Communications and Marketing. Pamphlets were distributed to Social Work and Rehabilitation and sub-acute departments.
- Child Dental Benefits Scheme has been introduced in Dental Services.

BENDIGO HOSPITAL PROJECT



All four tower cranes now working simultaneously.



50 per cent of concrete poured.



Façade installation commences on the external walls – the first of 1200 concrete panels.



Construction of the childcare centre is complete – the second completed building in the Bendigo Hospital Project.



Steel supports and stairs are installed, which will become the feature of the Mercy Street main entrance.



Construction of the Bendigo Hospital Project structure is complete.

JUL 2014

AUG 2014

SEPT 2014

OCT 2014

NOV 2014

DEC 2014

Cast your mind forward to the first day of the new hospital, everything is new and shiny. Perfectly planned and every detail considered by health planners, architects and clinical staff. There is new technology and the ward layout is new as well. Despite undergoing a comprehensive transition and training program, this is the first day for everyone and the environment is unfamiliar.

So many things to consider and become familiar and confident with. That is why our focus at Bendigo Health is preparing for that day. With this in mind, a great deal of work has been undertaken during the reporting period on the redesign of clinical systems and processes. To date the following departments have completed, almost completed, or updated their Model of Care:

- Cancer Services
- Nephrology
- Pharmacy
- Intensive Care Unit
- Mortuary
- Nursing
- Hospital Independence Programs
- Allied Health
- Hospice and Palliative Care
- Psychiatric Services

Training plans are being developed and a comprehensive Change Management plan has been formulated.

To date, a team of more than 200 Bendigo Health staff have worked with the architects, health planners, interior designers and the builder to ensure the fit out is fit for purpose, practical and will achieve our vision of a tranquil environment. Each space underwent rigorous scrutiny right down to the positioning of power outlets and the direction doors swing.

The construction of prototype rooms gave staff and consumers a physical view of these environments and a chance to provide ideas, comments and best practice knowledge into the makeup of these rooms.

Each room had its own unique features, but all conformed to several key components – functionality and safety. Each prototype room had items such as medical panels, hand sanitiser dispensers and light switches that were made with cardboard, paper or Velcro so they could be easily moved to achieve the best possible outcome.

It was a significant achievement to complete the design after such a thorough process and we now have the privilege of watching it come to life.



The first of the four tower cranes is demobilised.

Glazing installation begins – once complete, the total area of glazing would cover 70 per cent of the MCG’s playing surface.

Final steel beam signed by Name the Crane winners and Minister for Health the Hon Jill Hennessy.

DMR contract signed and announced.

Work force reaches 500.

Final tower crane is demobilised.

JAN 2015

FEB 2015

MAR 2015

APR 2015

MAY 2015

JUN 2015

The construction is progressed enough that we can now take managers on tours of their areas and they can see the physical space that will be their department. The excitement on these tours is palpable and the most commented on feature is the abundance of natural light pouring into the building.

The Exemplar Health construction team have made incredible progress during the past year. As we entered the reporting period the building was really taking shape with windows being installed and fit out underway inside. Some of the areas already have plaster complete, floors installed and there are lifts functioning in the building. The contrast between then and now is nothing short of amazing. The building has certainly begun to resemble the artist’s impressions that were first unveiled in 2013.

Just prior to the Christmas break, the structure of the building was complete with around 88,000m² of concrete poured.

The installation process for the precast façade panels started in September - the first of 1,200 concrete panels, while the first plasterboard was installed in November – the first of more than 224,000m². The kilometres of piping and trays for services such as electricity and Information Technology continued in the roof cavities, in readiness for trade services to move in and begin fit out.

After the Christmas and New Year break, the workforce landscape changed from structure workers to finishing trades, with more than 60 new workers inducted each week throughout January. In the same month, the specially constructed glazing was trialled, before substantial installation taking place throughout the following months. Once complete, the total area of glazing will be around 14,000m² – about 70 per cent of the MCG’s playing surface.

Vinyl also started being laid on the floor, with more than 42,000m² throughout the new hospital. A further 30,000m² of vinyl will be laid on walls.

All four tower cranes that dominated the Bendigo skyline have been demobilised and the final steel beam on the roof structure was moved into place at the end of March.

At the end of the reporting period, more than 550 workers were on site, the majority of those being trade services.

Electronic Medical Record Project

The Electronic Medical Record (EMR) Project team settled into a refurbished office at level 3, Barnard House. As the workload increased, a number of new project members joined the EMR team including appointment of Solutions Architect (Danny Lindrea), EMR SharePoint and Content Lead (Luke Garton), EMR Health Information Systems Lead (Megan Hibble), three Project Officers (Elyse Adams, Graham Hynam and Laura Russo), Integration Specialist (Steve Burleigh) and Assistant Project Manager (Josh Pell), along with a new Chief Medical Information Officer (Grant Rogers).

EMR Project key achievements:

- Jul 2014 - Apr 2015 – EMR Tender Evaluations
- Oct 2014 – Commencement of the Bendigo Health Clinical Informatics Advisory Group
- May 2015 – Selection of preferred EMR tenderer
- Jun 2015 – Commencement of EMR contract negotiations

Digital Medical Record Project

Our paper light journey begins here

One of the biggest challenges for the EMR Project team was the separation of the Digital Medical Record (DMR) Project. In June 2014, the EMR's Project Control Group, including the Bendigo Health CEO and other executive staff, elected to remove this component from the EMR tender in order to mitigate risk to patient safety associated with implementing a full EMR system before the opening of the new hospital.

The implementation of a DMR system was seen to be the foundation stone that would be in place before the opening of the new hospital and would integrate to the EMR system that will be implemented after the new hospital opens.

The DMR and EMR Projects are part of Bendigo Health's journey to a paper light environment.

DMR Project key achievements:

- Jul 2014 – Release of DMR Request for Tender
- Aug-Dec 2014 – DMR Tender Evaluations
- Jan-Mar 2015 – DMR contract negotiations and business case development
- Mar 2015 – DMR contract signature
- Apr-Jun 2015 – DMR implementation planning and commencement of system design

While these were the key achievements, the EMR Project team also worked in other areas including:

- identification and documenting of benefits to be achieved with the DMR and EMR projects;
- wide ranging documenting of process maps across the organisation;
- an extensive review and update of forms across the organisation in preparation for them to go electronic;
- a discovery of the Microsoft Azure platform and the benefits it could provide to Bendigo Health; and
- contribution to other organisational initiatives such as Models of Care, Active Directory review and other Bendigo Hospital Project sub-projects.

The EMR Project team looks forward to continuing their work, supporting and collaborating with staff as part of Bendigo Health's e-health journey.

Did you know?

- The EMR team documented 630 process maps across the organisation.
- During the DMR and EMR evaluation processes approximately 250 clarifications were provided by the Project team to tenderers.
- Bendigo Health staff and stakeholders dedicated approximately 1,800 clinical staff hours, 2,000 non-clinical staff hours and 20 consumer hours to the EMR evaluation activities.

Trustworthy



YEAR IN REVIEW



Community and Continuing Care/ Residential Services

Aged Care Residents Calendar

Bendigo Health's Residential Services and Day Respite staff challenged the myth that once you come into an aged care home there is no longer any fun in life. With the support of professional photographer Anthony Webster – Imagine Pictures, the Central Victorian Veteran Vintage and Classic Car Club, residents and families captured the most memorable moments of their lives over a three week period that were used to develop a yearly calendar. Funds raised from this activity went directly to Aged Care Services.

Health Promotion for Improving Oral Health

The Smiles 4 Miles coordinator registered 23 early learning child care services for 2015. Bendigo Health partnered with Bendigo Community Health Services, La Trobe University and Healthy Together Bendigo to improve the oral health of children who attended these child care services.

The 'Bendigo Health Improving Access to Dental Services for Aboriginal and Torres Strait Islander (ATSI) community members' project partnered with Dja Dja Wurrung elders from the Castlemaine Meeting Place, St Peters Primary School and Bendigo District Aboriginal Co-operative (BDAC). The partners created a healthy oral health song using local language and a piece of art work that is on display at the Bendigo Health Dental Clinic.

A target was met of increasing the oral health service to ATSI by 10% in 2014-15. This demonstrates that collectively the organisation is reducing the barriers for ATSI to access this service.

Child Dental Benefits Scheme

The State Government continued its funding of the Child Dental Benefits Scheme during this financial year. As a result, Bendigo Health's dental service was able to provide more oral health services to targeted public patients.

Bendigo Health treated 1,740 children under the Child Dental Benefit Scheme in 2014-15. This represents a 28% increase in the number of children being seen by our service.

Aged Care Standards – Outcomes

Carshalton House and Gibson Street Complex both successfully received re-accreditation, meeting all 44 aged care quality standard outcomes. Feedback from the auditors was extremely positive stating the staff members at Carshalton House are 'incredible' and that 'Linda Burnard the acting facility manager at Gibson Street Complex was an asset and her knowledge of the 120 residents was amazing'.

Virtual Tours

Awareness of, and access to, Bendigo Health's aged care facilities moved into the modern era with virtual tours of each home uploaded to Bendigo Health's website.

The virtual tours complemented a suite of new home specific brochures and revamped website pages, improving the information for consumers about our residential services.

It also allowed prospective consumers to view the homes prior to making an appointment for a closer inspection.

Pastoral Care

Pastoral Care is available to all patients, their families and staff regardless of their faith or no faith orientation and addresses a person's issues about meaning as well as specific faith needs. These issues often become significant with ill health.

In March, the pastoral care hours were increased from two days to three and funding was approved for an additional chaplain to ensure pastoral contact ran four days a week on the acute and sub-acute campuses.

25 volunteer chaplains visited members of their faith or a particular ward/home and met monthly for support and departmental cohesion. Three students completed clinical pastoral education placements and ministers provide worship services in Bendigo Health's residential facilities. An orientation day for new chaplains was held in March with Volunteer Services, expanding the team to have a multi faith focus.

The organisation's memorial services were well received and attended. These were held on three occasions during the year, to honour those who had died whilst with Bendigo Health and to support their loved ones.

At the annual Pastoral Care Forum, Greg Roberts, a social worker with 18 years' experience, addressed the topic of self care for those working with death and bereavement.

Psychiatric Services

Improving Outcomes

The organisation's involvement in two State Government initiatives produced positive results for psychiatric patients across the Loddon Mallee region. The initiatives explored ways to reduce restrictive practices such as seclusion and physical restraint without compromising safety.

Staff adopted several measures that were locally relevant and promoted recovery oriented practice. It included the creation of a new role, Reducing Restrictive Intervention (RRI) Project Co-ordinator. The role delivered positive outcomes in changing practice within inpatient units, resulting in Bendigo Health's seclusion rate reducing from 34.4 to 8.3 per 1,000 bed days.

Bendigo Health also conducted several public forums seeking peoples' experience of interventions and ideas for alternative approaches. Interested people were asked to voluntarily contribute their story and participate in a workshop to develop educational materials.

The hospital has started using sensory modulation equipment - a therapy that enables patients to regulate responses to sensory and motor stimulation. This resulted in calmer therapeutic environments that contributed to a reduction in restraint and seclusion.

Video Conferencing - Home Telehealth - Enhancing Recovery

Medicare Local, Partners in Recovery, combined with Echuca, Swan Hill and Bendigo adult mental health teams commenced a project to identify six patients across the service that live in rural and remote communities, who would benefit from the use of a computer and internet access in their recovery journey. The project allows clinicians and patients to use the internet to communicate and enhance the recovery journey via video conferencing.

Medical Services

Hi-tech Mini Pacemaker

In August 2014, Russell Sharp became the first Australian patient to receive the latest miniature implantable cardiac defibrillator at Bendigo Health. This device is about the size of a 50-cent piece and is able to send text messages directly to the doctor if the patient were to have another heart attack. Patients have a monitor sitting at home attached to the telephone or to the mobile phone network. If something happens, the defibrillator will talk to the monitor, the monitor will then send a message to their doctor and they will see exactly what happened to the patient. If their doctor is away or overseas then the hospital would be notified and another doctor would step in. This technology is of great benefit to people living in remote areas.

Cardiac Catheter Laboratory

In July 2014, Bendigo Health opened its \$1.5 million state government funded Cardiac Catheter Laboratory. The new technology ensured faster patient turn around, less exposure to radiation and higher quality images to diagnose and treat patients. The new equipment is better able to cope with larger patients. It also allows for the cardiologist to better judge stent sizing and lengths during stenting procedures. As part of the upgrade, Bendigo Health acquired a new electrophysiology equipment package that allows cardiologists to diagnose and treat patients with arrhythmia or abnormal electrical heart rhythm. For residents in the Loddon Mallee region, it has minimised the number of people travelling to Melbourne for their care and cardiac services.

3D Toe

Bendigo Health purchased echocardiography machines which included a three dimensional trans-oesophageal (3D Toe) probe with contrast cardiac ultrasound capability. The first 3D Toe was performed in August 2014, which brought a new service to the Loddon Mallee region. The new probe and echocardiography machine upgrade allows staff to have a better understanding and clearer images of the patient's heart anatomy which assists the cardiologists and cardiac surgeons in diagnosis and treatment. Hence, patients from our region do not have to travel to Melbourne to undertake the test.

Dr Mark Putland off to Pennsylvania

Bendigo Health Emergency Department physician Dr Mark Putland was a recipient of a prestigious Fulbright Scholarship. Dr Putland will take a sabbatical in 2016 to study and learn best practices for trauma systems worldwide and then utilise this knowledge to influence change at a regional level. The Fulbright Program is the largest and one of the most prestigious educational scholarship programs in the world, administered by the Australian-American Fulbright Commission.

Hand Hygiene Trial

The Orthopaedic Unit ran a hand hygiene trial starting in November 2014. All new patients to the ward were given a small bottle of alcohol based hand rub for personal use. The aim of the trial was to raise patient awareness about the importance of hand hygiene, both their own and that of staff.

109 patients participated in the trial and survey sheets have shown positive responses. The trial generated discussions between staff and patients around the principles of good hand hygiene. Staff were surveyed over several handover sessions regarding the sustainability of the program. Of the 20 staff surveyed the majority were in favour of the continuation of alcohol based hand rub being available for patient use. It has been recommended this trial continue and be extended across acute inpatient units starting in July 2015.

Medical Education

This financial year, Bendigo Health's Hospital Medical Officer (HMO) Unit has focused on raising the profile and improving the delivery of a post graduate training program for Junior Medical Officers (JMOs).

Major governance changes to the program have included:

- increased time allocation in the job plan for the supervisor of intern training.
- new appointments to the positions of intern supervisor and director of clinical training with clear job descriptions, responsibilities and lines of reporting.

Senior unit supervisors were put in place in all clinical areas and contributed to monthly HMO committee meetings.

Bendigo Health strengthened the program by:

- ensuring comprehensive orientation and learning guides were available in all clinical units.
- establishing senior unit supervisors who meet regularly through the HMO committee meetings.
- distributing a JMO education newsletter highlighting department updates and education opportunities.
- increasing JMO input with two representatives at the HMO committee meetings.
- junior doctors' completed confidential feedback surveys at the end of each rotation, the results were directed to the relevant units to provide the basis for future refinement and improvement.

An increase of government funding allowed Bendigo Health to expand the number of JMOs, resulting in additional ward cover and a reduction in overtime hours.

Access to educational resources improved with the introduction of a medical portal on the Bendigo Health intranet, providing access to orientation, welfare support and useful educational and governance resources.

Since becoming a standalone training site, Bendigo Health has developed career streaming (eg. medical and general surgical post graduate year two streams) with the intention of ensuring our JMOs remain competitive applicants for their desired training and career pathway.

Surgical Services

Asha Midwives

Bendigo Health midwives Howard and Sonia Hinson travelled to India to work as volunteers for the Asha Foundation. This was jointly funded by Bendigo Bank and Bendigo Health from a HealthBank Cricket Challenge held in March 2014.

The foundation works with the urban poor in the Delhi slums to bring about long term sustainable changes to quality of life through healthcare, empowerment, financial inclusion, education and environmental improvements.

Howard and Sonia described their experience as both amazing, challenging and one of the greatest of their lives. They have continued contact with Asha and are working with staff who will volunteer this year to make sure that both the volunteers and Asha make the most out of their time in India.

New Clinic

Women's Health introduced a new multi-disciplinary Diabetes in Pregnancy Clinic in April. The aim of the clinic was to improve person-centred care by providing a 'one stop shop' for women with an appointment with an obstetrician, endocrinologist, diabetes educator, dietician or midwife. They can now do so in one afternoon rather than having multiple visits. Additionally, imaging, pathology and fetal monitoring can be scheduled on the same day.

Bendigo Health expects improvements in patient care, compliance, improved consultation and decision making across disciplines in line with best practice and that there will be improved outcomes for mothers, babies and their families.

Corporate Services

Disposable vs Reusable

A business case was completed for the use of disposable curtains in the new hospital. These were trialled in the current Medical Unit, Emergency Department (ED) and Intensive Care Unit with great success. Results showed these curtains to be of a higher quality, minimised risk to infection and easier to clean. The business case recommended the use of disposables.

The Supply Department completed a project with Dr Phil Visser to change the ED over to disposable instruments. This was initiated to avoid the losses currently incurred with reusable instruments. In cooperation with Central Sterilising Services Department (CSSD), the Supply Department has set this up so these products can be scanned in ED.

Chefmax

Chefmax, a meal ordering system, was rolled out across Bendigo Health's acute campus in 2014-15. The system allows staff to order meals to reflect current patient numbers, instead of having to order a week in advance. Each area has a customised menu template to meet their particular requirements, including special meal orders and specific diet meals for patients. The system is designed to hold previous orders and allows the user to edit individual menu items to best suit the needs of the patients.

Information Services

Clinical Forms Consolidation

Health Information Services (HIS) worked with the Electronic Medical Record (EMR) Project team to review and analyse the approved clinical Medical Record (MR) forms and the non approved MR forms. HIS and EMR and members of the clinical forms sub-committee worked together to identify the highest priority forms to be made into e-Forms including forms to be templated and bar coded for scanning.

Office of the Chief Executive

Bendigo Health CEO blog

The graphic skin of the blog was updated to an artist's impression of the new hospital giving an overall fresh and clean appearance. Content was drawn from a range of guest bloggers, including the board, executive team, members of the Community Advisory Committee and business managers. The blog aims to position Bendigo Health as an innovative organisation and to assist in the attraction of high calibre job applicants.

Social Media at Bendigo Health

Bendigo Health is one of the most prolific users of social media channels to spread news, when compared to other major health services in Victoria. At the end of the reporting period the hospital reached more than 3,000 Facebook likes and has experienced a steady increase of followers across its social media platforms (Twitter, Facebook, LinkedIn, Instagram).

Bendigo Health's Social Media Performance		
	1 July 2014	30 June 2015
Facebook		
Likes	1,562	3,023
Twitter		
Followers	297	539
LinkedIn		
Followers	209	600
Instagram		
Followers	0	86

A new Intranet was launched for Bendigo Health

Communications and Marketing worked with external provider Roadhouse to develop and launch a new Intranet site for Bendigo Health staff in October 2014. The new site was created with improved functionality and design elements and fellow staff were trained to be able to edit and maintain their own departmental pages. The new site is compatible with mobile devices and is able to be accessed from external computers and devices.

Quality, Education and Research

Using Smart Tablets to Seek Feedback and Improve Service Provision

To assist with streamlining resources and improving efficiencies, in July 2014, the Quality Unit purchased a number of Surface Pro tablets to assist with key process requirements.

The intent of the purchase was to drive sustainable change with minimum resource impact for the completion of internal audits and consumer surveys. This technology allows a range of quality management system priorities to be completed at the point of care, by the bedside or at a location that is suitable for all parties involved. Additionally it eliminates duplication of data (previously completed in hard copy or re-entered into various databases) reduces the risk of error with the transfer of data and allows the availability of real time data. Key stakeholders are able to access their computer profiles and any other additional information that may be useful when completing audits and surveys.

Vale

Damien Victor Parker (22 July 1968 – 7 January 2015)

Bruce Forrest (7 March 1957 – 27 May 2015)

Louise Cox (1 August 1951 – 20 May 2015)

Victorian Healthcare Experience Survey

The Victorian Healthcare Experience Survey, a state wide survey of people's public healthcare experiences, was introduced in 2014 and conducted by Ipsos on behalf of the Department of Health and Human Services.

The survey includes specialised questionnaires for:

- adult and child inpatients, including parents/guardians.
- adult and child emergency department attendees, including parents/guardians.
- maternity consumers.

Results for the survey are reported on a quarterly basis, three months following the completion of each quarter.

*** The tables below represent the percentage of patients who rated their overall hospital experience as either 'very good' or 'good'.**

Code Grey

The Code Grey project commenced in mid February 2015, with the goal of streamlining the introduction of a separate Code Grey and Code Black response across all Bendigo Health campuses. A number of strategies were utilised to ensure that all Bendigo Health staff members were informed about the change including several all user emails, internal newsletter articles as well as an iLearn Emergency Codes module.

Training was provided to the Emergency Response Team and Bendigo Health's switchboard to best prepare them for the changes. In addition to this training, a comprehensive review of the Create Workplace Safety Workshop content took place to ensure that the self defence and restraint techniques being taught to Bendigo Health staff are considered best practice.

A number of other structural changes have also been implemented including distribution of Code Grey pagers, redesignating fixed duress alarms and distributing new emergency codes lanyard cards.

Anne Caudle Centre campus		
	Jan-Mar 2015	State average
Overall	87.5%	87.7%

Bendigo hospital campus					
	Jan-Mar 2015	State average	Oct-Dec 2014	State average	Jul-Sep 2014
Overall	90.6%	87.7%	92.3%	89.3%	90.2%
Adult Inpatient	91.0%	91.7%	92.6%	92.3%	90.2%
Paediatric Inpatient	86.4%	95.0%	88.9%	93.3%	NA

EMPOWERING OUR PEOPLE

Health and Wellbeing for Staff

Bendigo Health continued to implement its vision of Healthy Communities and World Class Healthcare, by promoting health and wellbeing events for its staff.

During September, the organisation was formally recognised for its efforts with respect to Staff Health and Wellbeing. Bendigo Health was one of eight health services to be invited to a breakfast with Dr Pradeep Phillip, the Secretary of the Department of Health. The hospital was selected as a finalist for the Bendigo Business Excellence Awards in the Healthy Workplaces category. This financial year in excess of 800 staff have participated in health and wellbeing initiatives ranging from participating in the Bendigo Bank Fun Run to quitting smoking.

Workplace Behaviour Online Learning Module

Bendigo Health launched an online training module in June entitled Workplace Behaviour. The new training module is designed to ensure all staff are aware of their obligations with respect to appropriate conduct in the workplace. This is an important step forward in ensuring all staff are able to work in an environment that is free from bullying and harassment.

Bendigo Regional Human Resources Network

Bendigo Health is a co-convenor of the Bendigo Regional Human Resources Network which provides a professional platform for people involved in employing staff in local and regional areas to discuss topical employment issues and share knowledge and experiences with peers. This financial year the networking group hosted sessions relating to: leadership, workplace investigations, best practice hiring strategies, staff health and wellbeing, equal opportunity and building a positive team.



A total of 36 staff achieved service milestones of greater than 30 years.



Online Staff Exit Surveys

Bendigo Health launched an online Staff Exit Survey system in April. The purpose is to provide a mechanism for staff leaving to give feedback on their experience while working at Bendigo Health. Individuals are able to provide their feedback via this online survey. Information will be used to recognise where the organisation is performing well and identify areas for improvement. This is another positive step forward to making Bendigo Health a truly great place to work.

Workforce Culture and Climate Survey

During May, Bendigo Health participated in the 2015 People Matter Survey, conducted by the Victorian Public Sector Commission. The survey seeks to understand staff perspectives on the application of the public sector values and employment principles within the organisation. The survey also measures aspects of the workplace, such as how engaged and satisfied staff are, workplace wellbeing, staff commitment and perceptions of how well change is managed. In total close to 1,000 staff across the service responded to this survey.

Recognition of Service

For the sixth consecutive year, Bendigo Health held its Recognition of Service ceremonies during November. The formal event held at Silks Restaurant recognised the organisation's long serving employees with more than 30 years of service. A total of 36 staff achieved service milestones of greater than 30 years. These individuals have collectively completed more than 1,175 years of service. In total, 280 employees were recognised for service milestones spanning 10 to 40 years. Bendigo Health is very proud to have such a wonderful long serving staffing group that provides outstanding service to the community and surrounding areas.

Contracts of Employment

From 1 July 2014, the Resourcing and Workforce Planning team created 1,319 employment contracts. This number is similar to last year and continued to represent the large number of staff coming to Bendigo Health each year along with a significant number of staff transitioning to new roles and opportunities within the organisation.

Focus on the employment of Aboriginal people

Bendigo Health continued to focus on strategies to increase the number of Aboriginal people employed within the service. Implementation of the Aboriginal Employment Plan continued and many new roles were being created and staffed by Aboriginal people. Bendigo Health received external recognition for its efforts in this area during 2015.

Bendigo Hospital Project – impact on staff due to the PPP model

The Bendigo Hospital Project is being undertaken as a Private Public Partnership (PPP). Under this model the new facility will be owned and managed by Exemplar Health for 25 years after opening. Facilities management including maintenance, cleaning, security, pest control and food services will be among the services for which Exemplar Health is responsible. The management of these services will be undertaken by Exemplar Health consortia member, Spotless Services.

This means our staff who currently perform these functions will transfer their employment to Spotless Services. Information sessions were held for all affected staff and they have been invited to 1:1 meetings with the Bendigo Health People and Culture team. Bendigo Health is committed to supporting these staff and making the transition as seamless as possible. Work will continue with this group up until the full commissioning of the new facility in 2017.

Workforce Planning

A workforce plan is being developed to ensure our workforce of the future is able to meet the demands of the service. A review of the current workforce was undertaken to ensure that Bendigo Health has the appropriate resources and skills for the new facility and is able to meet the health needs of community.

eRecruit

Bendigo Health's online recruitment system, eRecruit, was upgraded and relaunched during the reporting period. This is the first time that the health service has had a recruitment package that is customised to meet organisational requirements. Feedback regarding the implementation of the system and the new functionality from managers and users has been positive.

iLearn - Staff Development Program

The Staff Development Program continued to provide a range of free development opportunities to support the personal and professional development of all staff across the organisation.

As we draw closer to the new hospital with its technology enriched environment, many staff took the opportunity to develop their information technology skills through the program. 22 information technology training sessions were offered during 2014-15, including interactive device awareness sessions and basic, intermediate and advanced levels of Microsoft Outlook, Word and Excel. Interested staff were able to undertake a self assessment of their current knowledge to identify the most appropriate level of training for them. Session evaluations were consistently high and these sessions were regularly booked, with waiting lists.

To support the ongoing development of Bendigo Health's values based organisational culture, advanced communication skills training continued to be delivered to both managers and general staff across the organisation. The two day Crucial Conversations training was supplemented by three hour Speaking Up sessions and bi-monthly one hour tutorials.

The Speaking Up sessions provided an introduction to Crucial Conversations skills for those struggling to commit to the full two days of training and the tutorials provide the opportunity to refresh training content and discuss application of the skills. Bendigo Health had an additional staff member, Eve Curtis, certified by VitalSmarts Australia to deliver Crucial Conversations training within the organisation during the reporting period.

Further supporting the development of a positive staff culture, a number of staff wellbeing sessions were offered including assertiveness skills, breaking the cycle of negative thinking, building emotional intelligence and work life balance. These one hour sessions are generally run in the middle of the day and many staff choose to combine attendance with their lunch break.

Quality improvement training was offered to all staff throughout the financial year including sessions on time management, minute taking, creating digital content and on the fundamentals of event management. Not only did these sessions help to improve individual performance but they support development of common systems and approaches to important organisational activities.

The program provided a platform to support the rollout of training imperative to the safety and wellbeing of Bendigo Health's staff and patients, such as Code Grey, cultural awareness and appreciation and fire warden training. These sessions were frequently delivered in partnership with other organisational departments with whom the content expertise resides.

A continuing challenge for training delivery was how to adequately support the organisation's regional office staff. A growing utilisation of e-learning platform helped to address this problem as did the commitment to send trainers to the rural locations. During 2015, Bendigo Health trialled video conferencing of a Speaking Up training module. With some fine tuning this mode of delivery can be utilised again in the future.

In total, 67 modules were provided through the program during 2014-15, with 870 staff participating in a training session, totalling 352 training hours of benefit for the organisation.

Great Manager, Great Results

Now in its third year of operation it is hard to imagine Bendigo Health without the Great Managers, Great Results (GMGR) Management and Leadership Development program. The program continued to provide high quality development and networking opportunities to all levels of management throughout the organisation. A poster showcasing the success and sustainability of the GMGR program was presented at the 2014 Asia-Pacific Forum for Leading Healthcare Transformation and received second prize. This was a credit to the large number of staff who contributed to the delivery of the program and its content.

The program continued to spark interest from other public and private health services with contact and visits from a number of local, interstate and international health services.

GMGR was utilised as a platform for the delivery of important training in new organisational systems such as eRecruit, Sytle business planning and Performance Reporting Information Management Environment.

During 2014-15 Bendigo Health's accredited VitalSmarts product trainers Ian Watson and Bev Sutherland were awarded Platinum Elite and Gold Elite trainer status respectively.

There was a significant increase, from 183 to 244, in the number of managers registering so they could access the development program. This is a good indicator of the level of engagement with the program across the organisation. During the reporting period, 86 modules constituting 317 hours of training and education were offered to Bendigo Health managers through the program. Engagement continues to be strong and 850 staff benefited from a development or training session.

A very successful addition to the GMGR program was the introduction of two networking groups in 2014 – Connected@BendigoHealth and Inspiring Woman@BendigoHealth. These groups went from strength to strength with a steadily growing self nominating membership base. There are many benefits to formalised networking within organisations as they result in networks that are aligned to the values and strategic directions of the organisation and support many of the characteristics of high performing teams.

Change Management

Bendigo Health's Change Management Plan has continued to roll out during the reporting period. The service improvement initiatives implemented under the Studer, Hardwiring Excellence, program included a Values in Action program that saw 73 Values in Action posters developed across the organisation. Many departments then chose to use the organisational values as a strong theme in their Christmas decoration activities, a great indication that staff have strongly embraced the organisational values.

Other Studer initiatives rolled out during 2014-15 were embedding of the business planning model, monthly meeting template and leader rounding with staff. Work will continue on embedding these initiatives into the coming financial year and see the introduction of the patient bundle of initiatives.

As the number of change activities increased and will continue to increase over the coming year, key individuals across the organisation continued to be supported with change management and project management skill development. Two Prince II Project Management sessions and three Influencer Change Management training sessions were offered in 2014-15. Support for the use of these skills is provided in an ongoing manner by the Organisational Development and Improvement team.

The next financial year will see the investment in change management capability across the organisation demonstrate its true value as managers support their staff through a myriad of changes that are forecast as part of the Bendigo Hospital Project.

Models of Care

The Models of Care project seeks to review and update the service plans for the Bendigo Hospital Project to provide world class care to the Loddon Mallee community. Over the past year, all Models of Care were reviewed with each care area working on documenting and updating practices to provide the best possible care. Several of the Models of Care were completed with implementation of changes already underway including Allied Health, Intensive Care Unit, Cancer Services, Nephrology, Mortuary, Pharmacy, Nursing, Women's and Children's Health, Emergency Department and Subacute Services.

Bendigo Health Full Time Equivalent Figures 2014-15

'Labour Category	Jun-14	Jun-15	YTD 2013-14	YTD 2014-15
Nursing Services	1,053	1,077	1,050	1,061
Medical Support Services	185	195	187	187
Medical Officers	47	46	47	47
Hotel and Allied Services	246	241	244	246
Hospital Medical Officers	143	142	137	142
Ancillary Support Services	231	240	225	229
Administration and Clerical	416	428	409	423
Sessional Medical Officers	18	19	17	18
Grand Total	2,340	2,388	2,315	2,353

Collaborative Health Education and Research Centre

The mission of Bendigo Health's Collaborative Health Education and Research Centre (CHERC) is to provide health education, research and consultancy services to meet the needs of health and education providers and consumers. CHERC continues to attract funding to develop and implement a range of initiatives for Bendigo Health and the region.

Below are some of the activities managed through CHERC:

- Nursing and Midwifery Education

Bendigo Health continued to be well regarded for its contribution to the professions of nursing and midwifery. The Clinical Support Nurse team provides guidance, support and specific skills instruction to up to 80 nursing students per day across the organisation. Graduate Nurses are recruited, supported and co-ordinated and Critical Care students are fully supported by CHERC nurse education staff. CHERC offers two complete nursing courses annually which attract industry credit at La Trobe University. These are the Advanced Clinical Nursing Management and Gerontological Nursing courses. Many other aspects of nursing and midwifery education throughout the organisation are fostered and supported including:

- delivery of practical competency training for basic life support, advanced life support and safe manual handling.
- processing of all nursing qualification allowances.
- administration of scholarships.
- management of Bendigo Health annual graduation for nurses and midwives.
- development of teaching, learning resources and sessions.
- contribution to educational policy and setting of standards.

- Nursing and Midwifery Education Committee

This year the Nursing and Midwifery Education committee undertook the first major review of the organisation wide mandatory and additional training and competencies for nurses and midwives policy. Training requirements have been brought in line with the calendar year, were rationalised and precise resources are now identified to meet these requirements. The vast majority of these training requirements are available free of charge within Bendigo Health and many are obtainable through iLearn which now contains 93 individual learning modules.

- Support for Post Graduate Nursing Studies

Bendigo Health nurses and midwives enrolled in post graduate nursing studies resulted in approximately 140 nurses and midwives completing significant courses of study. Post Graduate Nursing Regional Scholarships, funded by the Department of Health and Human Services, assisted 14 Bendigo Health nurses and midwives commencing studies in semester 1.

- Post Graduate Renal Nursing

Two nurses completed post graduate studies through the University of Tasmania and were supported specifically through Bendigo Health's Renal Unit and CHERC nurse educators. One of these nurses also participated in the Expanded Setting Graduate Nurse Program between Inglewood and District Health Service and Bendigo Health.

- Post Graduate Diploma of Nursing in Critical Care

This course continued to attract a competitive field of applicants, with five completions of the 2014 course and six applicants accepted for 2015. Bendigo Health's strong relationship with La Trobe University allows electronic course material, high fidelity simulation and assessment needs to be fulfilled. Strong clinical education support and face-to-face tutorials were provided by CHERC, enabling the theory practice gap to be minimised and students to be fully supported in their growth. Most students exited the program at graduate certificate level, however a significant number continue to study to complete the master of nursing qualification.

- Post Graduate Diploma Midwifery

This course faced the challenges of increased accreditation requirements but remained a competitive area to commence study. Two midwives completed the course in 2014 and four graduate midwives were supported to consolidate their skills and experience.

- Advanced Clinical Nursing Management

This course was conducted by Bendigo Health's acute nurse educators and had 16 completions from Bendigo Health in 2014. It received excellent evaluative reports and continued to act as a career conduit to the post graduate critical care studies. This course was also offered to registered nurses external to Bendigo Health.

- Certificate in Gerontological Nursing

This course remains a key element in providing specialty nursing education with regard to nursing older people in any setting; for high achieving nurses. There were 15 completions from Bendigo Health registered nurses in 2014 and 17 nurses from Bendigo Health and around the region are enrolled in 2015. The course was successfully accredited by La Trobe University for a two year period during this time.

Graduate Nurse Programs

Graduate Nurse Programs at Bendigo Health include: general programs for registered and enrolled nurses, the Expanded Settings Program and Midwifery and Psychiatric Graduate Programs. These programs include features such as structured and specific inductions, supernumerary time, individualised ward based support, tailored study days, regular feedback and developmental activities.

Advanced Life Support

Advanced Life Support (ALS) education and assessments were offered throughout Bendigo Health and the Loddon Mallee region. Education days were held monthly at Bendigo Health in addition to regular education held elsewhere in the region. 219 staff from around the region attended ALS education this financial year.

A total of 163 Basic Life Support (BLS) assessments and 79 ALS assessments were completed by the ALS educator. These assessments did not include those conducted by the acute educators, critical care educators and ward based BLS assessors. Basic Life Support and Advanced Life Support assessor training is also conducted regularly, with 75 staff from the region completing this training.

EDUCATIONAL ACHIEVEMENTS AWARDED TO NURSES AND MIDWIVES FOR THE 2014 ACADEMIC YEAR

Bendigo Health Certificate of Gerontological Nursing	15
Bendigo Health Advanced Clinical Nursing Management	16
Graduate Nurses (Registered Nurse)	26
Graduate Nurses (Enrolled Nurse)	3
Graduate Nurse (Paediatrics)	1
Graduate Nurse (Mental Health)	7
Graduate Midwifery	4
Midwifery	2
Post Graduate Critical Care Nurse	5
Post Graduate Renal Nursing	2
Certificate in Rehabilitation Nursing	5
Master of Nursing; Nurse Practitioner	1
Masters	5

Loddon Mallee Region Continuing Nurse and Midwifery Education Program

The core topics provided at Bendigo Health and 17 regional sites across the Loddon Mallee area were developed in consultation with senior nurses. They identified the top 10 areas of risk in acute nursing. These risks were aligned with the National Safety and Quality Health Service (NSQHS) Standards and the program consisted of seven topics, including: the deteriorating patient, communication, documentation and nurse accountability, patient assessment, safe medication management, prevention and management of wounds, prevention and management of falls and the management of the acutely unwell child.

The program was supplemented by electrocardiogram (ECG) study days offered at Bendigo Health. This resulted in a program of 75 study days being coordinated with 850 nurses from across the region.

More specialised annual conferences were offered for topics such as neonatal and paediatric resuscitation, maternal emergencies, diabetes management, dementia management and epidural management. In addition, the organisation's oncology course is funded through this program and offered to Bendigo Health and regional nurses.

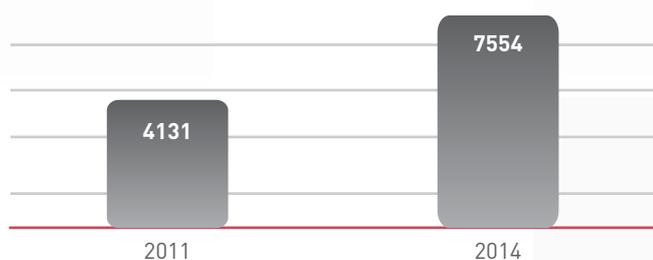
Clinical Deanery – Clinical Placement Excellence

Bendigo Health continued its commitment to the provision of a positive learning environment for students. The clinical deanery embedded its role in overseeing the co-ordination and administration of student clinical placements. The clinical deanery managed the contract negotiations and relationships with 29 education providers who place students at Bendigo Health. Nursing and allied health student clinical placement days increased significantly over the last few years with the graphs below showing allied health student placements increased more than 3,400 days from 2011 to 2014 and nursing student placement days increased by approximately 2,500 over the same period.



allied health student placements increased by more than 3,400 days from 2011 to 2014

Allied health student placement days



Nursing student placement days





Bendigo Health midwives, Howard and Sonia Hinson, speak at the annual nurses and midwives graduation.

Annual Bendigo Health Nurses and Midwives Graduation

The celebration of nursing and midwifery graduation was held on 15 May with 62 nurses being recognised for their achievements in front of approximately 200 guests. Bendigo Health midwives Howard and Sonia Hinson spoke of their recent time spent in India working as midwives in the Asha community.

Loddon Mallee Clinical Training Network (formerly known as the Clinical Placement Network)

CHERC continued to host the Loddon Mallee Clinical Training Network (LMCTN), providing office space, payroll and operational support to the co-ordinator and information support officer.

Throughout the period, LMCTN staff members continued to support all public health services throughout the region to adopt the Best Practice Clinical Learning Environment (BPCLE) framework. It meant 19 health services throughout the region were actively engaged in a continuous improvement and development cycle.

LMCTN staff supported stakeholders with local innovation fund submissions from which CHERC was one of four agencies across the state able to secure funding for the Student Led Feedback Model Project, which was developed and piloted throughout 2014.

The LMCTN hosting arrangements have become an asset to CHERC, broader Loddon Mallee health services and education providers in the community.



General stream graduate nurses celebrate their success.

CHERC Research and Projects

As well as service provision in the area of education, CHERC also showed leadership in research strategy and governance with the publication of a Research Governance Toolkit and the Bendigo Health Research and Development agenda. Some of the projects conducted by CHERC through the 2014-15 year include:

- viCPlace

Bendigo Health is proud of the development of viCPlace; an online health sector student placement management system created in collaboration with the Department of Health and Human Services (DHHS).

The web based system manages placement requests from education providers. The system is Victoria wide and is used in all public health services and many other services from the private sector and GP networks. Placement activity reports are extracted from the system directly by the DHHS for purposes of allocating activity funding to all public health services across Victoria.

As of 17 June 2015, the system averaged 141,000 clinical placement requests per day and has more than 2,800 active users. The introduction of viCPlace enhanced the efficiency, accuracy and rigour in the placement management sector in Victoria.

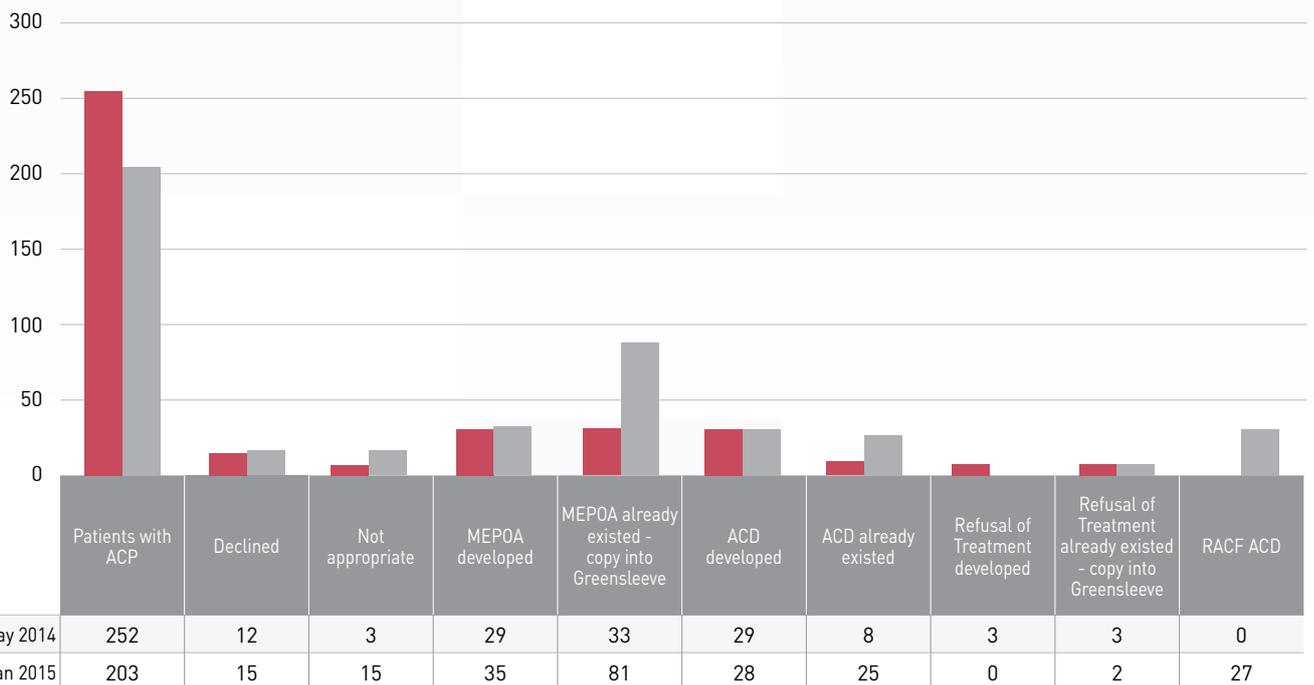
- Advance Care Planning

Advance Care Planning (ACP) enables an individual to make decisions about their future health care in consultation with their health care providers and family members and for those decisions to be documented. The ACP is utilised when patients can no longer communicate their wishes and their family and clinical staff need guidance as to what treatment a patient would or would not consent to. An ACP enables a patient to nominate a Medical Enduring Power of Attorney and to complete refusal of treatment certificates and advance care directives.

The ACP program was launched in 2013 and the database established during the pilot program continues to record all ACP activity within Bendigo Health. To date, 168 ACP facilitators have been trained across the organisation. The graph below shows a comparison of activity from the pilot period of 31 weeks with the next consecutive 30 weeks.

Following the pilot program, it was encouraging to see that patients continued to be introduced to ACP and provided with education materials. Types of documents identified and newly completed included Medical Enduring Power of Attorney documents, Advance Care Directive documents, Refusal of Treatment certificates and other documents from Residential Aged Care Facilities (RACFs), such as End of Life Care Wishes. The increased documentation received from RACFs was mainly due to the collaboration with the Residential-in-Reach team who sent copies of patient’s documentation from the facility to the ACP coordinator’s office for filing in the Bendigo Health medical record.

Advanced Care Planning Activity



Pathways to health

Review of the Loddon Mallee Region Diabetes Pathways

In 2009, the Department of Health and Human Services (DHHS) funded the development of pathways for pre-diabetes, type 1, type 2 and gestational diabetes mellitus (referred to as the 'Pathways'). CHERC undertook the development of the Pathways and following an extensive consultation process, the pathways were endorsed by Diabetes Australia, Victoria. In 2013, CHERC was engaged by the DHHS to undertake a review of the pathways. The revised pathways are now finalised and will be available on the Diabetes Victoria website www.diabetesvic.org.au

Development of Regional Dementia Services Pathways

The DHHS provided funding to CHERC to develop regional dementia services pathways and to update the Regional Dementia Management Strategy (RDMS). Six regional dementia services pathways and a services user guide were developed. The RDMS website was reviewed and updated service booklets, links, assessment tools, guidelines and other best practice resources are available on the RDMS website: www.dementiamanagementstrategy.com.

Improving the diagnosis, treatment and management of people with impaired cognition in General Practice

CHERC worked collaboratively with a group of five medical practices to improve detection and management of dementia. General practitioners (GP) and practice nurses were surveyed and participated in a semi-structured interview to gain a baseline measure of their knowledge and attitudes towards dementia diagnosis. They then participated in a dementia education program conducted by a geriatrician and psychogeriatrician. A follow up survey and semi-structured interviews will be undertaken in the next financial year to evaluate the impact of the education on GPs and practice nurse knowledge, attitude and practice regarding dementia diagnosis and management.

Strengthening Hospital Responses to Family Violence

Bendigo Health was fortunate to be selected as the regional partner in the Strengthening Hospital Responses to Family Violence (SHRFV) Project which is a partnership between Our WATCH and the Royal Women's Hospital (the Women's). The Women's has extensive expertise in addressing violence as a women's health issue and led the project. Bendigo Health provided a comparative model to test transferability of project outcomes to rural and regional hospitals. Our WATCH is undertaking the evaluation of the project.

Family violence has major health impacts and is responsible for significant numbers of repeat presentations in hospitals. The SHRFV project recognised that health professionals are uniquely placed to identify women affected by violence and provide safe, timely and effective referrals into the integrated family violence system. But first, significant work was required to embed a sustainable system of safe and high quality care into clinical practice.

The SHRFV project is developing a suite of resources and tools to train and support health professionals to be a catalyst for women to take back control of their lives, health and wellbeing after family violence. The project team is also developing expertise in how to implement a sustainable model of capacity building that can be integrated into all Victorian hospitals.

This is the first and only project of its kind in Victoria, with the potential to provide a robust, evidence based model for prevention, early intervention and effective responses to family violence in hospital settings around Australia.

Workforce and system redesign

Nurse Practitioner support and model development

CHERC continued to support the opportunities that the development of Nurse Practitioner (NP) models of care provide to potentially improve the care of our patients. This model provides a clear nursing professional pathway that may encourage staff to move to regional areas and help alleviate rural workforce shortages. CHERC is the convener for the Victorian Chronic Disease Nurse Practitioner Collaborative, which provides a forum to assist NPs to develop and grow their own models of practice as they gain knowledge, experience and confidence in their roles. A Hospital in the Home (HITH) NP model was recently developed through CHERC, in close consultation and collaboration with the HITH team. The model has been submitted to the Department of Health and Human Services.

Mature aged workers

The importance of retaining mature aged workers in the workforce has long been offered as a partial solution to labour and skill shortages. Bendigo Health submitted an application for funding to improve support for our mature aged workforce. The funding application was successful and the hospital is now partnering with Castlemaine Health and Echuca Regional Health to develop a resource toolkit to support mature aged workers in all areas of the health care setting.



The importance of retaining mature aged workers in the workforce has long been offered as a partial solution to labour and skill shortages.



Advanced Practice Nurse Endoscopist

Demand for endoscopy services is increasing and this trend is anticipated to continue. Overall demand for endoscopy is predicted to increase by 10% over the next 20 years both through the increase in population and the planned roll out of the National Bowel Cancer Screening Program (NBCSP). Bendigo Health introduced many initiatives to address this increased demand but the number of patients awaiting colonoscopy continued to increase. Following a successful funding submission, the hospital is now partnering with the Austin Hospital and the State Endoscopy Training Centre (SETC) to train an Advanced Practice Nurse Endoscopist (APNE) at Bendigo Health. At the end of the training period, which can be up to two years, the organisation will have an APNE who is able to perform colonoscopy on a defined and agreed patient group. This means that the waiting list can continue to be reduced even when medical staff are on leave.

Colonoscopy service redesign

In order to decrease waiting times for colonoscopy at Bendigo Health, changes to the direct access referral process are required. These proposed changes will assist with a more accurate categorisation of people awaiting colonoscopy and ensure the waiting time returns to being more equitable and predictable for all patients. A successful application for funding to the Department of Health and Human Services will provide the organisation with the resources to implement these proposed changes.

Development of a Student-led Feedback Model

A successful funding application to the Department of Health and Human Services enabled the development of a student-led feedback model that is applicable to all students in any health care setting.

The Student-led Feedback Model project aimed to improve feedback processes for students and supervisors through the development of an interdisciplinary student led feedback model.

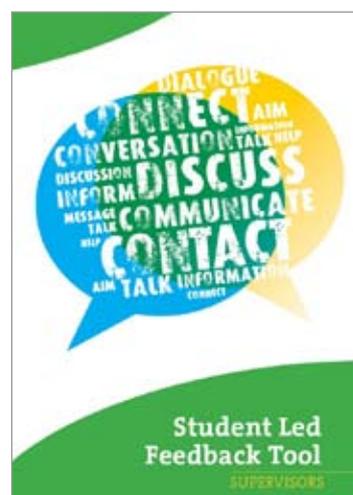
A literature review to analyse current models of feedback was undertaken. Focus groups were conducted to determine the attributes of effective and ineffective feedback from supervisor and student perspectives. The literature review and focus groups informed the development of a student-led feedback tool which then underwent face and content validity testing. The tool that was developed is based on the positive critique method of feedback and required students to lead and document the feedback conversation. This tool was piloted in two large regional and two smaller rural health services with nursing and allied health students and supervisors. The tool was evaluated via focus groups and electronic surveys. A total of 104 supervisors and 102 students were trained in the use of the tool as a part of the formal training at the commencement of the pilot. 61 supervisors and 68 students evaluated the tool.

“A total of 104 supervisors and 102 students were trained in the use of the tool as a part of the formal training at the commencement of the pilot

”

The project achieved its aim and objectives and resulted in:

- development of a validated student led feedback model and tool.
- a pilot of the model in allied health and nursing with supervisors and students.
- the model and tool being rated as user friendly by 100% of supervisors and 91% of students.
- Increased supervisor satisfaction and confidence by being able to deliver effective feedback.
- Increased student satisfaction with feedback being provided.
- development of supporting documentation: literature review, guidelines for use, frequently asked question fact sheets for supervisors and students and development of class room education presentations.



BENDIGO HEALTH

QUALITY AWARDS



Winner 2014

Talking Matters Bendigo - family friendly service

With communication disorders placing a significant burden on health care and education systems, 8.8% of children in the City of Greater Bendigo identified by the Australian Early Development Index (AEDI) (2009) as developmentally vulnerable in the areas of communication and general knowledge.

It was observed that referrals to speech pathology occur too late and speech pathology services in Bendigo were working in isolation with often significant waiting times. No immediate access facility was available to families presenting with speech and/or language difficulties.

A reference group and partnership was established with Bendigo Health, Department of Early Education and Childhood Development, City of Greater Bendigo and La Trobe Rural Health School. The project involved consultation with speech pathology service providers and education facilities, engagement with local schools to secure venues and family consultation influenced format and schedule.

As a result, the Talking Matters Bendigo Service was developed to provide an entry point for families, which is not dependent on formal referral processes. The service is a drop-in clinic available to all families with children aged from birth to primary school entry.

Service outcomes were measured via attendance rates, written and verbal family feedback and attendee geographical locations (clinics established in areas with higher levels of developmentally vulnerable children matching AEDI data). Consumer feedback identified the benefits of family opportunity to discuss concerns, providing strategies to assist children at home along with feedback informing location and session times of the service.

The service now contributes to improved efficiency and effectiveness of speech pathology in Bendigo by promoting early identification and reduces demand for formal speech pathology services.



8.8% of children in the City of Greater Bendigo identified by the Australian Early Development Index (2009) as developmentally vulnerable





2014 Quality Award Winner – Speech Pathology. Speech Pathologists Olivia Pitcher, Melinda Charlesworth and Rachel McCann.

Finalists 2014-15

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

July 2014

Volunteer Meal Mates in Residential Services
Volunteer Services

August 2014

Performance Reporting Information Management Environment
Performance Reporting Unit

September 2014

Advance Care Planning project
Collaborative Health Education and Research Centre and Medical Services

October 2014

Recovery Focussed Activities
Youth Prevention and Recovery Care, Psychiatric Services

November 2014

Medical Emergency Team Call Reporting
Intensive Care Unit

February 2015

Seclusion Minimisation Project
Inpatient Units (Alexander Bayne Centre, Marjorie Phillips Unit, Vahland Secure Extended Care Unit) and Psychiatric Services

March 2015

Demand Management in Community Occupational Therapy
Rural Health Team

April 2015

Person Centred Care – Supporting Patient Advocacy
Psychiatric Services

May 2015

The Bendigo Health Surgical Journey
Surgical Services

June 2015

Manual Handling Bariatric Management Plan
Collaborative Health Education and Research Centre, Occupational Health and Safety and Mortuary

OUR VOLUNTEERS



Bendigo Health thanks the many motivated and enthusiastic volunteers who demonstrate our values of Caring, Passionate and Trustworthy when helping others. Volunteers are integral to our health service and provide invaluable support to staff, patients and visitors.

Bendigo Health currently employs 315 volunteers who help out by generously giving their time, energy and care to patients, staff, residents and visitors. They assist in many areas across the organisation including palliative care, intensive care, emergency, inpatient rehabilitation, gift shop, transit lounge and five residential aged care facilities.

How Our Volunteers Help

Bendigo Health's volunteers help in a variety of ways including assistance with basic administrative tasks, providing companionship to patients, residents and visitors, provision of transport between sites and more recently, contacting discharged patients for their feedback.

The vast majority of our volunteers are involved in the companionship role and how they provide companionship is different in each area. For example, in our clinical spaces and aged care services, our volunteers provide companionship by being involved in an activity program or one-on-one visiting. In the Day Procedure Unit, volunteers provide companionship by sitting with an anxious patient before and after a procedure and within palliative care, volunteers comfort a dying patient or a grieving family.

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

Behind the traditional clinical face of the health service volunteers helping with administrative tasks such as mail outs, construction of files and information packs for patients and carers as well as communication and marketing packs for Bendigo Health programs.

Volunteer Fast Facts

For the second consecutive year, our volunteers contributed in excess of 26,000 hours to Bendigo Health. They constructed thousands of files and admission packs and assisted more than 40,000 people in 30 areas across the organisation.

Orientation of Our Volunteers

As part of Bendigo Health's process of engagement, all prospective volunteers are required to attend orientation prior to their commencement. This is an opportunity for volunteers to determine whether Bendigo Health is the organisation that suits their volunteering needs, as well as giving clear guidelines to their roles and strategies for self care. It is also an occasion for the volunteers to meet with likeminded people. At Bendigo Health we ensure that our volunteers have been given the right tools and resources to ensure they are safe and confident when volunteering. 99% of participants enjoyed the orientation so much they said they would recommend it to others.

Other Volunteers

In addition to the 315 volunteers at Bendigo Health, many other volunteers also contributed to our services. The organisation is very fortunate to have several auxiliaries that raise much needed funds (refer page 66). Bendigo Health is also grateful to other community groups and volunteers such as Heartbeat, Central Victorian Stroke Support Group, Limbs for Life and our honorary parish visitors and chaplains.

Aboriginal Volunteer Program

Bendigo Health encourages Aboriginal and Torres Strait Islander volunteers into its services. This financial year an Aboriginal volunteer joined the meet and greet desk at the front door of our health service. They learnt the layout of the hospital and assisted the Aboriginal Hospital Liaison Officer in supporting Aboriginal patients and visitors. This volunteer also assisted the Manager of Volunteer Services to promote volunteering and encouraged the Indigenous community to volunteer across Bendigo Health's many services.

New Volunteer Project

Volunteer Services commenced a pilot project called Post Discharge Follow Up, aimed at reducing re-admissions to the hospital and identifying any gaps in discharge planning that can support the patient's journey.

A select number of volunteers and senior nursing staff participated in a full day workshop. It taught non-clinicians and clinicians how to screen patients with potential health concerns. The volunteers then participated in a half day case study and role playing training day. For the first two weeks of the pilot project the volunteers were observed undertaking calls.

These volunteers contributed more than 560 hours since the project commenced in September 2014 and have made a total of 2,565 calls. 63% of patients were contacted on either the first or second call, with volunteers making no more than two calls per patient. 93.8% of those contacted provided the Surgical Unit with a positive rating.

Feedback from patients has found they loved the volunteers and were very pleased with the care provided to them at Bendigo Health. This program proved to be valuable and will continue into the next financial year.



OUR
VOLUNTEERS
CONTRIBUTED IN
EXCESS OF ▷

26,000 HOURS

18,215
PEOPLE

◁ EMERGENCY
DEPARTMENT
VOLUNTEERS ASSISTED

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

21,038
PATIENTS
AND VISITORS

4,128
CLIENTS

◁ OUR PALLIATIVE
HOSPICE AND DAY HOSPICE
VOLUNTEERS ASSISTED
AND CONNECTED WITH

OUR RESIDENTIAL AGED
CARE VOLUNTEERS
ASSISTED WITH
UP TO ▷

500
LIFESTYLE
ACTIVITIES

850
CLIENTS BEFORE
AND AFTER
PROCEDURES

◁ OUR DAY PROCEDURE
VOLUNTEERS ASSISTED
AND SUPPORTED UP TO

INFORMATION PACKS
AND MEDICAL RECORDS
WERE CONSTRUCTED BY
ADMIN VOLUNTEERS ▷

28,500

Hospitals Volunteer Benchmarking Exercise

In March, Bendigo Health instigated a third Hospital Volunteer Services benchmarking exercise, via the Leaders of Health Volunteer Engagement (LOHVE) network - also a Bendigo Health initiative. More than 45 hospitals from across Australia and New Zealand provided information about their volunteer programs including: number of volunteers, number of staff working with volunteers and the types of programs.

A full report will be provided to help Bendigo Health better understand where our volunteer programs sit in comparison to similar size health organisations. This has become an annual benchmarking exercise, with other hospitals already reaching out to the network and encouraging more hospitals to get involved next year.

Minister for Health Volunteer awards 2015

Bendigo Health's Volunteer Reference Group nominated a number of volunteers across five out of the six categories for the Minister for Health Volunteer Awards in May.

Categories nominated by Bendigo Health were:

- Outstanding Young Achiever Award
- Outstanding Lifetime Achievement Award
- Outstanding Cultural Inclusion Award
- Innovation Award
- Improving Patient Experience Award

Twelve representative volunteers attended the awards ceremony which was held during National Volunteer Week at the recently renovated Abbotsford Convent. Bendigo Health also supported three representatives from Rochester and Elmore District Health to share the bus trip down to Melbourne. Whilst neither teams were successful in bringing home a Minister for Health Volunteer Award - they were all winners in the eyes of Bendigo Health.



Twenty six volunteers were honoured for 5, 10, 15, and 20 years of service - totalling 170 collaborative years of service to Bendigo Health



Volunteer Recognition Ceremony

Twenty six volunteers were honoured for 5, 10, 15, and 20 years of service - totalling 170 collaborative years of service to Bendigo Health. An intimate ceremony was held to recognise these volunteers who were joined by family and friends and members of the Bendigo Health staff, executive and board. Bendigo Health Acting Board Chair, Sue Clarke, and Acting CEO, Andrew Collins, thanked and congratulated each volunteer and presented them with a certificate and a pin.

Volunteer Services assisted the Bendigo Health Foundation to commence a similar recognition ceremony for auxiliary members and held an inaugural Auxiliary Recognition Ceremony during National Volunteer Week. They were also honoured in a similar vein as the volunteers, with our longest serving auxiliary volunteer of 45 years. Along with the pins and certificates, they were provided with a pink rose. In total, Bendigo Health recognised 100 auxiliary members totalling, 1,151 years of service.



Healthy Communities

INFECTION PREVENTION

AND CONTROL

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

Hand Hygiene

Bendigo Health reported quarterly on hand hygiene rates to Hand Hygiene Australia and is a member of the World Health Organisation's (WHO) 'Cleaner care is safer care'. The hospital consistently maintained compliance to the state benchmark for hand hygiene. The state compliance has been raised from 77% in 2014 to 80% in 2015.

Infection Prevention and Control staff monitored hand hygiene throughout the hospital campus clinical units on an ongoing basis. Feedback provided to staff ensured understanding of the requirement to practice the '5 moments for hand hygiene', a WHO system for hand hygiene which has proven to reduce health care acquired infection. Strategically placed alcohol based hand rubs (ABHR) are used throughout all Bendigo Health sites. The use of ABHRs facilitated clean hands and compliance with the '5 moments for hand hygiene'.

Staff Influenza Vaccinations

Infection Prevention and Control provided immunisation to all staff, volunteers, students on placement and contractors via the staff immunisation service. Clinics were widely available for staff to receive vaccination against vaccine preventable diseases. This included the annual influenza vaccination program. This season more than 2,100 influenza vaccinations were given to staff at Bendigo Health.

The aim of the vaccinations is to reduce infectious diseases amongst staff to avoid outbreaks and promote health and wellbeing.

Antibiotic Stewardship

Bendigo Health managed antibiotic use via the 'IDEA3S system', a software program which requires medical staff to seek approval to prescribe restricted antimicrobial agents. This system effectively limited the use of restricted antimicrobial agents to appropriate use only. The system was audited by the Pharmacy Department to ensure compliance.

Evidence demonstrated that the Antimicrobial Stewardship program at Bendigo Health decreased incidence of the more common multidrug resistant micro-organisms such as Methicillin-Resistant Staphylococcus Aureus (MRSA), Vancomycin Resistant Enterococci and Clostridium difficile. Also there was been no increase in sepsis-related mortality.

In conjunction with Loddon Mallee Murray Medical Local, Bendigo Health facilitated regular updates to General Practitioners with expert infectious disease education including appropriate prescribing of antibiotics and the risks associated with multi-resistant organisms.

Antibiotic stewardship at Bendigo Health was overseen by Professor Lindsay Grayson, Director of Infectious Diseases, Austin Health.



Surveillance of Infection

Public hospitals are required to monitor infection in patients undergoing mechanical ventilation and with large invasive vascular catheters. This data is submitted to the Department of Health and Human Services via the Victorian Infection Control Healthcare Associated Surveillance Unit (VICNISS). Rates of Ventilator Associated Pneumonia (VAP) and Central Line Associated Blood Stream Infection (CLABSI) are continuously monitored.

Infection is continually monitored in all patients:

- undergoing a hip or knee replacement.
- who require artificial ventilation in the Intensive Care Unit (ICU).
- who require a central line (a large invasive vascular catheter).
- receiving a pacemaker.
- with central lines in the Dialysis Unit.

As at June 2015, there had not been a single VAP infection for more than 730 days or a CLABSI infection for more than 1,400 days. Strict compliance with policy and best practice resulted in these excellent outcomes for Bendigo Health's intensive care patients.

Additional infection surveillance was conducted for surgical procedures from October to December 2014, these included colon surgery, caesarean section and Central Line Insertion Practices (CLIP).

Bendigo Health Residential Care Units were also surveyed over a two week period in the 2014-15 financial year. It covered urinary tract infection surveillance and use of antibiotics in aged care facilities.

Infectious Diseases Service (IDS) – New Treatment

The Infectious Diseases Service introduced new treatments for Hepatitis C infection including Simeprevir, a new oral, once-daily direct acting antiviral, with efficacy in genotype 1 and 4 chronic Hepatitis C infection. Approved by the Therapeutic Goods Administration (TGA) in July 2014 and made available on the Pharmaceutical Benefits Scheme (PBS) in December 2014. This treatment in association with Peg Interferon and Ribavirin can potentially shorten treatment duration for 75% of clients, to 24 weeks.

ENVIRONMENTAL

PERFORMANCE

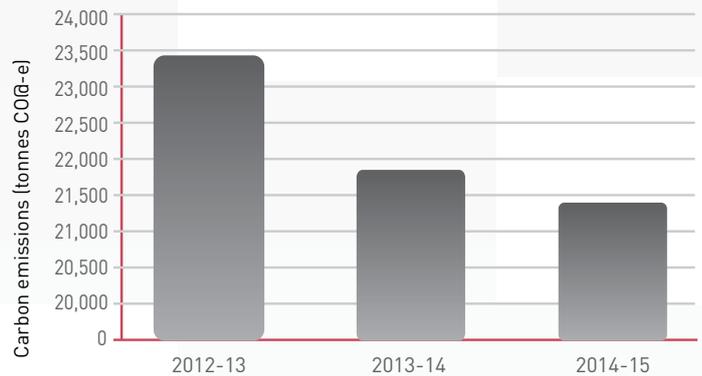
Bendigo Health strives to minimise the environmental impacts associated with its operations to the greatest extent possible. It is the organisation's intention to pursue a vision of sustainability to achieve a fairer, safer and healthier world and to integrate this into its business operations.

The organisation is committed to publishing an environmental report annually to share information about its environmental footprint, detail the monitoring undertaken and demonstrate improving performance.

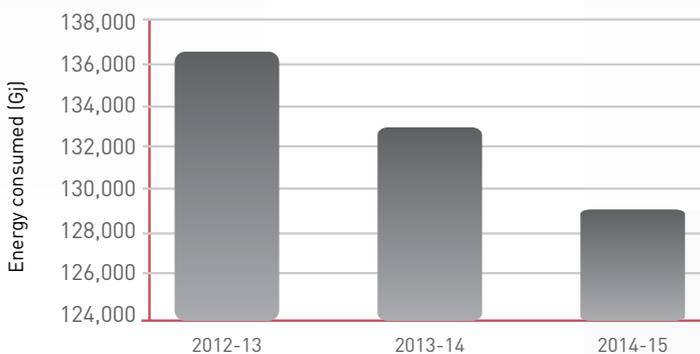
The charts below show Bendigo Health's environmental performance in terms of energy consumption, carbon emissions and water consumption. Previous annual reports have only reported for the two largest campuses, the Bendigo hospital and Anne Caudle Centre; this financial year the report includes all facilities.

The organisation's baseline year has been set at 2012-13 to align with the start of the current Strategic Plan and allow for reporting against the plan's targets.

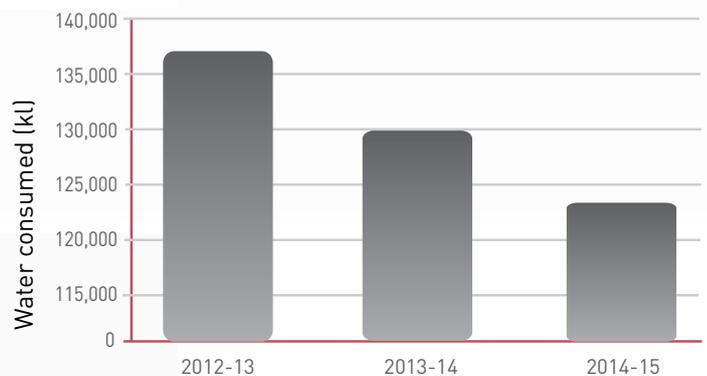
Carbon emissions



Energy consumption



Water consumption





Buildings and Infrastructure staff member, Brett Park, inspects solar panels on the hospital campus roof.

The graphs detailed on page 44, are an overview of Bendigo Health's environmental performance based on the data available and verified at the time this report was prepared. More detailed information will be provided in the Environmental Report 2014-15, including waste generation and comparison of performance against organisation targets in the Strategic Plan 2013-18.

Energy usage decreased 5.4% from the baseline year and 2.9% in the past year due to a range of factors such as implementation of variable temperature set-points in the hospital, optimisation of the hospital's chillers and steam boilers, milder weather (eg. less very hot and very cold days) and ongoing energy efficiency initiatives (eg. changing lighting to LED).

Carbon emissions decreased 8.9% from the baseline year and 2.3% in the past year as a result of the decrease in energy consumption, particularly reduced electricity consumption.

Water consumption decreased 9.8% from the baseline year and 4% in the past year due to a range of factors such as milder weather, reduced number of older buildings in use (possibly with undetected leaks), improved maintenance and new units at the Atkins Street Doctor's Accommodation Complex (with new water efficient taps and showerheads).

A highlight for the reporting period was Bendigo Health's participation in the Environmental Data Management System Pilot Project facilitated by the Department of Health and Human Services. The project is working towards the automation of much of the data collection associated with electricity, gas and water consumption and waste generation. It will have the ability to easily run reports for a particular campus or the whole organisation. The new system will allow health services to focus attention on data analysis and benchmarking to identify and implement improvements in resource use and associated costs. This project will continue into the next financial year.



Water consumption decreased 9.8% from the baseline year and 4% in the past year



In the 2014-15 financial year the Occupational Health and Safety Department continued to be proactive in the delivery of risk management strategies.

Safe Manual Handling (SMH)

This financial year continued to be busy with education and an increased demand on patient assessments for the larger and more complex patients being admitted into our service.

The organisation provided education to nearly 1,000 staff including nursing, allied health, health assistants, students and medical students. Offsite education was provided to outside agencies as well as having several outside organisational facilities coming into Bendigo Health's SMH program. The program continued to offer monthly group orientation education, champion training/refreshers as well as monthly allied health competencies.

The introduction of the Safe Operational Procedures occurred during this reporting period, with this being available for staff through the OH&S and SMH intranet site.

Four new standing devices were also purchased and distributed to medical, orthopaedic and rehabilitation wards as well as one to the SMH training room.

Deceased Bariatric Patient Manual Handling System

The OH&S department worked with Stephen Morley, Safe Manual Handling co-ordinator, the mortuary and local undertakers to develop a specialised deceased bariatric patient management pack, to reduce the risk of manual handling and improve patient dignity. Stephen canvassed several internal and external stakeholders who are affected upon the death of a bariatric patient at Bendigo Health. The pack includes dignity gowns, disposable lifting slings and a comprehensive set of instructions. The pack is being successfully utilised.

Manual Handling Equipment

The organisation continued to purchase manual handling equipment to support staff. Extra funding was provided for the purchase of specialised manual handling equipment. An electronic bed mover known as a 'Gzunda' was purchased to assist with transport of bariatric patients in beds. This purchase was the result of successful trials of the equipment with staff. An extra nine hovermats were purchased to assist with transferring patients from trolleys to beds within the theatre complex. Hovermats significantly reduce the amount of manual handling required when transferring patients and therefore reduce the risk of staff being injured in the process. Four 'Arjo Stedy' sit-to-stand devices were purchased to assist with manual handling risks involved with patients moving from a sitting position to standing for exercise and repositioning.

External Audit of the OH&S Management System

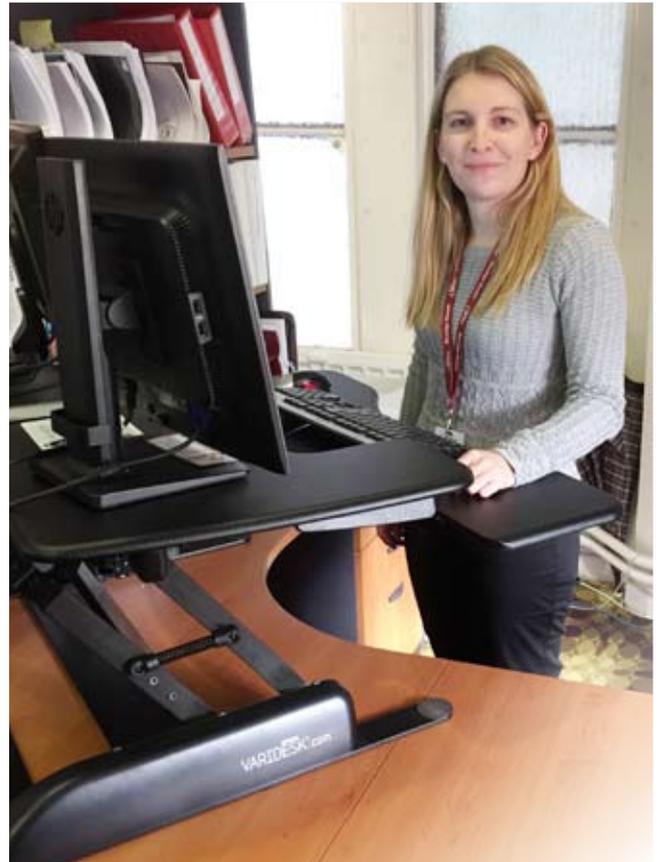
During April, Bendigo Health's OH&S management system was externally audited by Paradigm Services against Australian Standard 4801. The purpose of the audit was to ensure Bendigo Health is utilising reliable OH&S management systems to ensure safe systems of work. The final report identified that of the 15 categories, 10 sections were totally compliant, three sections were recommended for minor compliance improvements and two sections were observations only.

iAuditor Systems Upgrade

The OH&S Department was included in a section within the environmental audit tool that measured occupational violence and aggression. This is now part of the standard template for areas where there is a high risk of violence and aggression. The new tool was utilised in the completion of a full audit.

Varidesk Sit Stand Workstation

The OH&S department continued to provide increased opportunities for movement for sedentary workers. The introduction of sit-stand style workstations meant that sedentary workers are provided with opportunities to stand during the day rather than remaining seated for long periods. This equipment is designed to be placed on top of standard office desks and allows the worker to undertake their tasks in both sitting and standing positions.



Rachel Mays from People & Culture has utilised a sit-stand workstation for several months and identified she is now pain free.

WorkCover Performance 2014-15

Bendigo Health achieved positive results with respect to WorkCover claims management. WorkCover claims reduced by 26% and actual claims costs reduced by 40%.

	2010/11	2011/12	2012/13	2013/14	2014/15
Number of standard claims	55	50	46	35	43
Number of lost time claims	37	29	25	22	28
Number of WorkCover days paid	4,925	2,907	2,360	1,942	1,754
Total workers compensation payments paid. (Including lost time and medical expenses)	605,065	330,180	270,835	233,312	233,067

Workcover Premium Projections for 2015-16

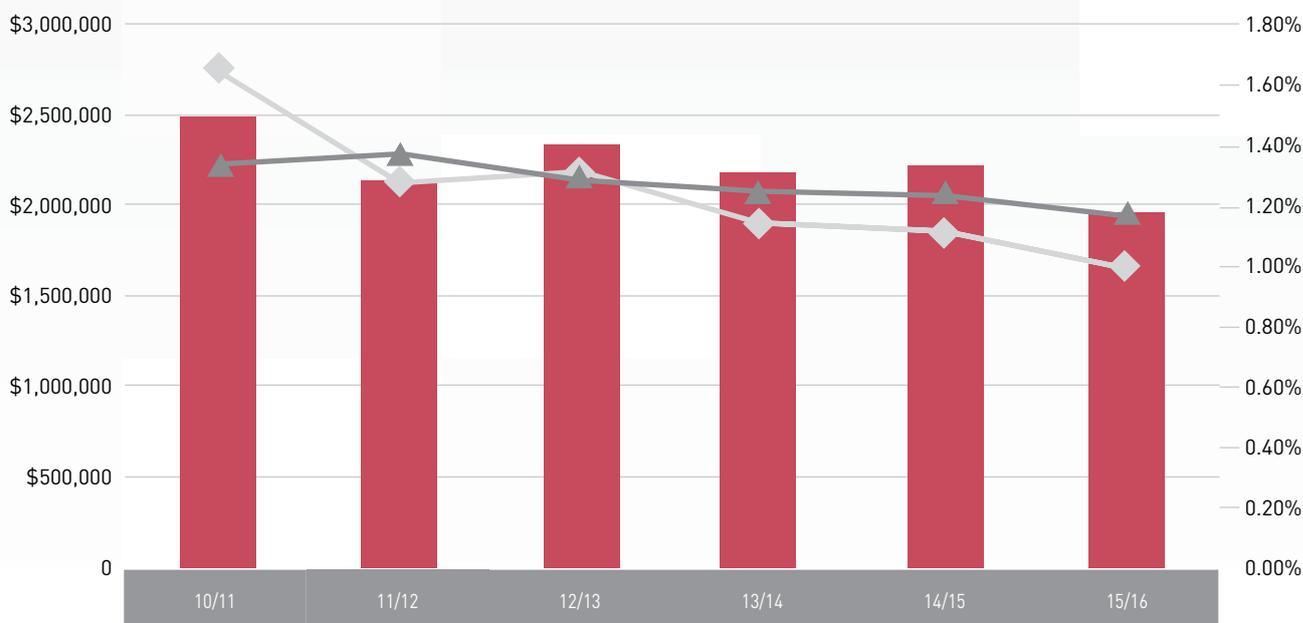
The OH&S department received initial projections for 2015-16 workers compensation premium. Analysis of the premium identified Bendigo Health's premium rate has reduced from 1.14% to 0.98%. This equates to a 14.2% improvement and represents potential savings for 2015-16 financial year. A premium rate of 0.98% is Bendigo Health's lowest rate since the new model of premium calculation commenced in 2006.



A premium rate of 0.98% is Bendigo Health's lowest rate since the new model of premium calculation commenced in 2006.



Premium and Premium Rates



	Premium (excl GST)	\$2,497,159	\$2,130,857	\$2,354,004	\$2,156,542	\$2,226,431	\$2,001,096
	Current Risk Prem. Rate	1.65%	1.30%	1.33%	1.15%	1.14%	0.98%
	Weighted Industry Rate	1.35%	1.39%	1.30%	1.26%	1.21%	1.21%

Passionate



BOARD OF DIRECTORS



Dr Michael Langdon
PhD BEd DipBus
DipT G/CertEdStudies
G/DipEdAdmin Dip Company Directors

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

(Resigned 30/4/2015)



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

Ms Clarke is a consultant in the health sector and a partner in a local retail business. She is a Director and Chair of Haven; Home, Safe, Loddon Mallee Murray Medicare Local, Zonta Club Bendigo and a Patron of the Community Foundation for Bendigo and Central Victoria. She joined the Board of Bendigo Health in 2010 and is a member of the Finance, Strategic Planning and Population Health, Governance and Remuneration, Major Projects and Visiting Committees and Chair of the Quality Care Council.

Following the resignation of Dr Langdon in April 2015, Ms Clarke acted in the position of Board Chair and took on the additional committee appointments of Audit Committee, Chair of the Medical Advisory Committee and member of the Bendigo Hospital Project Steering Committee.

Term of appointment expires 30/6/16



Mr Adam Woods
CA BApSci

Mr Woods is Head of Business Systems Services at Bendigo and Adelaide Bank Ltd with responsibility for implementation and management of Critical Finance, Treasury and Human Resource systems and is Program Director for the redy social payments platform. Within Bendigo Health, he is Chair of the Major Projects Committee and a member of the Quality Care Council, Medical Advisory, Finance, Audit and Visiting Committees.

Term of appointment expires 30/06/2017



Ms Aileen Berry

Ms Berry is a journalist and Corporate Communications Manager for The Herald and Weekly Times in Melbourne. Since moving to Bendigo in 2010, she has become a partner in a local Bendigo business and is active in her school community. A director of the Royal Women's Hospital for nine years until June 2013, Ms Berry was appointed to the board of Bendigo Health in October 2013 and is a member of the Quality Care Council, the Medical Advisory, Community Advisory, Major Projects and Visiting Committees. Ms Berry is also involved in inter country adoption advocacy in both a state and a national capacity.

Term of appointment expires 30/6/16



Mr Dean Laurence
MCom (Syd), MBA, Dip CM, CPA,
MAICD

Mr Laurence is a qualified accountant and has more than 30 years senior executive experience across a number of industries, including recently in the not for profit mental health sector. Mr Laurence is currently managing a large family private office in Melbourne, prior to which he ran his own consultancy specialising in business strategy and corporate restructuring. He is a Director and Chairman of Finance and Risk at Ermha Incorporated, a not for profit mental health provider and as well as other directorships works with Leadership Victoria in their mentoring programs and is involved with the Victorian Cancer Council Relay for Life. Mr Laurence was appointed to the Board of Bendigo Health in July 2014 and is a member of the Governance and Remuneration, Strategic Planning and Population Health and Visiting Committees.

Term of appointment expires 30/6/16



Mr Bill O'Neil
BA (Urban and Regional Studies) VEPLA

Mr O'Neil is a town planner and regional economic development practitioner. He operates his own consulting business, serving a range of public and private sector clients throughout Victoria and interstate. He resides in Harcourt with his family and participates in a range of community activities. Within Bendigo Health, Mr O'Neil is Chair of the Strategic Planning and Population Health Committee, a member of the Quality Care Council and convener of the Visiting Committee.

Term of appointment expires 30/6/2015



Mr Geoff Michell
Dip CE MBA MAICD

Mr Michell is a consultant and director of a number of boards including Aspire Cultural and Charitable Foundation. Within Bendigo Health, Mr Michell is Chair of the Finance Committee and a member of the Audit, Governance and Remuneration, Strategic Planning and Population Health, Major Projects and Visiting Committees.

Term of appointment expires 30/06/2016



Mr Graeme Stewart
ACA Bachelor of Business

Mr Stewart is a partner in AFS and Associates, a Bendigo based public accounting group. He is also a Director and member of the Finance Committee of Girton Grammar School Ltd and a Director of the Bendigo Primary Care Clinic Ltd. Within Bendigo Health, he is chair of the Audit Committee and a member of the Finance and Visiting Committees.

Term of appointment expires 30/6/2015



Ms Margaret O'Rourke
FAICD

Ms O'Rourke is a consultant with a background in telecommunications having over 35 years' experience in the industry working extensively throughout Australia. She is Deputy Chair of Bendigo Kangan TAFE, Director of Tasmanian Ports Corporation and Director Goulburn Murray Water (GMW). Within Bendigo Health, Ms O'Rourke is Chair of the Community Advisory Council and a member of the Audit, Governance and Remuneration, Major Projects and Visiting Committees.

Term of appointment expires 30/6/2015

ATTENDANCE AT BOARD MEETINGS 2014-15												
	2014						Jan	2015				
	July	Aug	Sep	Oct	Nov	Dec		Feb	Mar	Apr	May	June
Michael Langdon	●	●	●	●	●	●	No meeting held in January	●	●	●	Resigned 30 April 2015	
Bill O'Neil	●	●	●	●	●	●		●	●	●	●	●
Graeme Stewart	●	●	●	●	●	●		●	●	●	●	●
Geoff Michell	●	●	●	●	●	●		●	●	●	●	●
Margaret O'Rourke	●	●	●	●	●	●		●	●	●	●	●
Sue Clarke	●	●	●	●	●	●		●	●	●	●	●
Adam Woods	●	●	●	●	●	●		●	●	●	●	●
Aileen Berry	●	●	●	●	●	●		●	●	●	●	●
Dean Laurence	●	●	●	●	●	●		●	●	●	●	●

● Leave of absence ● Apology ● In attendance

COMMITTEES



Quality Care Council

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

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

The Council meets bi-monthly and comprises of:

- Ms Sue Clarke (Board Director and Committee Chair) (Acting Board Chair from April 2015)
- Mr Bill O'Neil (Board Director)
- Mr Adam Woods (Board Director)
- Ms Aileen Berry (Board Director)
- Mr John Mulder (Chief Executive Officer)
- Dr Andre Nel (Executive Director Medical Services and Chief Medical Officer until December 2014)
- Dr Grant Rogers (Acting CMO from January 2015)
- Mr Peter Faulkner (Executive Director of Nursing and Acting Executive Director Bendigo Hospital Project)
- Ms Liz Hamilton (Executive Director of Community and Continuing Care)
- Ms Robyn Lindsay (Executive Director Organisational Development and Improvement until December 2014) (Acting Executive Director Medical Services from January 2015)
- Ms Andrea Noonan (Executive Director People and Culture)
- Assoc Prof Philip Tune (Executive Director Psychiatric Services)
- Dr Jason Fletcher (Medical Staff Representative)

Ms Yvonne Wrigglesworth (Director Governance Strategy and Risk until December 2014) (Acting Director Quality Education and Research from January 2015)

Ms Megan Kairns (Risk Manager)

Ms Frances Sheean (Co-opted Consumer Representative)

Ms Ruth Harris (Community Advisory Committee Member)

Audit Committee

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

The committee meets quarterly and comprises of:

- Mr Graeme Stewart (Board Director and Committee Chair)
- Mr Geoff Michell (Board Director and Finance Committee Chair)
- Ms Margaret O'Rourke (Board Director)
- Mr Adam Woods (Board Director)
- Dr Michael Langdon (Board Chair until April 2015)
- Ms Sue Clarke (Board Director) (Acting Board Chair from April 2015)

In Attendance:

- Mr John Mulder (Chief Executive Officer/Executive Sponsor Risk Management)
- Mr Andrew Collins (Chief Financial Officer)
- Ms Yvonne Wrigglesworth (Director Governance Strategy and Risk until December 2014) (Acting Director Quality Education and Research from January 2015)
- Mr Phil Delahunty (Auditor General's Representative)
- Ms Kathie Teasdale (Auditor General's Representative)
- Mr Paul Fraser (Internal Auditors, RSM Bird Cameron)
- Mr Adam Wilson (Internal Auditors, RSM Bird Cameron)
- Mr Jayesh Kapitan (Internal Auditors, RSM Bird Cameron)

Finance sub-committee

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

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

The committee meets monthly and comprises of:

Mr Geoff Michell (Board Director and Committee Chair)

Mr Graeme Stewart (Board Director)

Dr Michael Langdon (Board Chair until April 2015)

Mr Adam Woods (Board Director)

Ms Sue Clarke (Board Director) (Acting Board Chair from April 2015)

Mr John Mulder (Chief Executive Officer)

In Attendance:

Mr Andrew Collins (Chief Financial Officer)

Mr Seppe Marsili (Director of Finance)

Mr Scott Cornelius (Director Performance, Planning and Budgeting)

Governance and Remuneration Committee

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

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

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

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

Dr Michael Langdon (Board Chair and Committee Chair until April 2015)

Ms Sue Clarke (Board Director) (Acting Board Chair and Committee Chair from April 2015)

Ms Margaret O'Rourke (Board Director)

Mr Geoff Michell (Board Director)

Mr Dean Laurence (Board Director)

Mr John Mulder (Chief Executive Officer)

Medical Advisory Committee

The role of the Medical Advisory Committee is to advise the Board of Directors on the overall quality, effectiveness and appropriateness of clinical services rendered to patients of Bendigo Health.

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

The committee meets bi-monthly and comprises of:

Dr Michael Langdon (Board Chair and Committee Chair until April 2015)

Ms Sue Clarke (Acting Board Chair from April 2015)

Mr Adam Woods (Board Director)

Ms Aileen Berry (Board Director)

Mr John Mulder (Chief Executive Officer)

Dr Andre Nel (Executive Director Medical Services and Chief Medical Officer until December 2014)

Ms Robyn Lindsay (Acting Executive Director Medical Services from February 2015)

Assoc Prof Philip Tune (Executive Director Psychiatric Services)

Mr Peter Faulkner (Executive Director Surgical Services until February 2015 and Executive Director of Nursing)

Mr David Rosaia (Acting Executive Director Surgical Services from April 2015)

Ms Liz Hamilton (Executive Director Community and Continuing Care)

Dr Grant Rogers (Deputy Chief Medical Officer and Acting Chief Medical Officer from January 2015)

Dr Rob Blum (Staff Specialist Nominee until December 2014)

Dr Jason Fletcher (Staff Specialist Nominee until December 2014)

Dr Diana Badcock (Staff Specialist Nominee from February 2015)

Dr Emma Broadfield (Staff Specialist Nominee from February 2015)

Dr Saman Moeed (Chair, Senior Medical Staff Group from February 2015)

Dr Janelle Brennan (Visiting Medical Officer until December 2014)

Dr Patrick Cooney (Visiting Medical Officer until December 2014)

Dr Greg Harris (Visiting Medical Officer from February 2015)

Dr Manny Cao (Visiting Medical Officer from February 2015)

Strategic Planning and Population Health Committee

The role of this committee is to oversee the preparation of the organisation's 2013-18 Strategic Plan and to monitor the progress of its implementation. In doing so, the committee works with the board, staff and stakeholders to articulate Bendigo Health's strategic vision, goals and objectives in response to community needs and issues, population and health trends as well as external policy and legislative requirements.

The committee meets as required and comprises of:

Mr Bill O'Neil (Board Director and Committee Chair)

Mr Geoff Michell (Board Director)

Ms Sue Clarke (Board Director) (Acting Board Chair from April 2015)

Mr Dean Laurence (Board Director)

Mr John Mulder (Chief Executive Officer)

Ms Robyn Lindsay (Executive Director Organisational Development and Improvement until December 2014) (Acting Executive Director Medical Services from January 2015)

Ms Yvonne Wrigglesworth (Director Governance Strategy and Risk until December 2014) (Acting Director Quality Education and Research from January 2015)

Mr Josh Gladstone (Manager Strategic and Business Performance)

Ms Penny Bolton (Community Advisory Committee Member from February 2015)

Ms Kathleen Pleasants (Community Advisory Committee Member)

Dr Saman Moeed (Medical Staff Group Representative from February 2015)

Visiting Committee

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

The committee meets monthly and comprises of:

Mr Bill O'Neil (Convenor)

Dr Michael Langdon (Board Chair until April 2015)

Ms Sue Clarke (Board Director and Acting Board Chair from April 2015)

Mr Graeme Stewart (Board Director)

Ms Aileen Berry (Board Director)

Mr Geoff Michell (Board Director)

Ms Margaret O'Rourke (Board Director)

Mr Adam Woods (Board Director)

Mr Dean Laurence (Board Director)

Mr John Mulder (Chief Executive Officer)

All Executive Directors

Dr Bruce Ryley (Medical Staff Group Representative until December 2014)

Dr Saman Moeed (Medical Staff Group Representative from February 2015)

Mr Jason Fletcher (Clinical Lead, Bendigo Hospital Project)

Community Advisory Committee

The Community Advisory Committee (CAC) provides advice to the board on achieving effective community input for Bendigo Health's Strategic Plan, Annual Report, Quality of Care Report and assists in monitoring the quality of services and publications provided by Bendigo Health.

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

The committee meets bi-monthly and comprises of:

Ms Margaret O'Rourke (Board Director) (Chair)

Ms Aileen Berry (Board Director)

Chief Executive Officer ex officio

Ms Liz Hamilton (Executive Director Community and Continuing Care)

Ms Yvonne Wrigglesworth (Director Governance Strategy and Risk until December 2014) (Acting Director Quality Education and Research from January 2015)

Ms Sarah McAdie (Director, Communications and Marketing from February 2015)

Ms Ruth Harris (Community Member)

Mr Daniel O'Brien (Community Member)

Ms Kathleen Pleasants (Community Member)

Ms Robyn Tickner (Community Member)

Ms Jodie Rasmussen (Community Member)

Rev Rex Fisher (Community Member)

Ms Heather McNeil (Community Member)

Ms Sally Fraser (Community Member)

Ms Penny Bolton (Community Member from February 2015)

Mr Jordan Cappy (Community Door Member)

Mr Ben Lemmens (Community Door Member)

Major Projects Committee

This committee is responsible for monitoring the progress of significant projects managed and overseen by the executive of Bendigo Health and considers advice and makes recommendations to the board on future development initiatives.

The committee receives reports from executive and project advisers and other relevant groups to monitor progress and assess proposals to ensure the outcomes meet the strategic objectives of Bendigo Health. The committee receives reports on risks, issues and change management strategies. The committee also considers proposals for naming and recognition of significant contributions under the relevant board policies.

The committee meets bi-monthly and comprises of:

Mr Adam Woods (Board Director and Committee Chair)
Ms Aileen Berry (Board Director)
Ms Sue Clarke (Board Director) (Acting Board Chair from April 2015)
Ms Margaret O'Rourke (Board Director)
Mr Geoff Michell (Board Director)

In attendance:

Mr John Mulder (Chief Executive Officer)
Mr Andrew Collins (Chief Financial Officer)
Mr Peter Faulkner (Acting Executive Director Bendigo Hospital Project)

Human Research Ethics Committee

Bendigo Health's Human Research Ethics Committee (HREC) is appointed by and reports to the Board of Directors and consists of representation sufficient to satisfy the requirements of the National Health and Medical Research Council for constitution of institutional ethics committees. The functions of the HREC are both advisory and executive. They include consideration of the ethical implications of all proposed research projects and monitoring of approved projects until completion to ensure they continue to conform to approved ethical standards.

The HREC ensures statutes relevant to ethical considerations are complied within the formulation and conduct of research practices and policies within Bendigo Health. It also establishes procedures to assist the examination and review of research proposals and protocols for new forms of treatment and therapy.

The committee meets at least 10 times annually and comprises of:

Dr Bev Ferres (Chair) (Leave of Absence August 2014 to February 2015)
Ms Helen Hickson (Care and Counselling Member)
Mr Brian Loughran (Lay Member)
Ms Robyn Lindsay (Executive Director Member) (Acting Chair from August 2014 to February 2015)
Ms Angela Allan (Pastoral Care Representative)
Rev Rex Fisher (Pastoral Care Representative)
Mr David Conley (Lay Member)
Mr Greg Westbrook (Legal Experience Member)
Ms June Wilde (Legal Experience Member)
Ms Naomi Fountain (Lay Member)
Ms Frances Pascoe (Lay Member)
Dr Robert Champion (Research Experience Member)
Ms Nicole Johnson (Research Experience Member)
Mr Tim Adam (Care and Counselling Member)
Ms Joanne Grainger (Care and Counselling Member until April 2015)
Dr Grant Rogers (Care and Counselling Member)
Dr Peter O'Meara (Care and Counselling Member from October 2014)
Ms Sally McCarthy (HREC Secretary)
Mr Kevin Masman (Assistant HREC Secretary)

Caring



EXECUTIVE DIRECTORS



John Mulder

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

John Mulder was born in Colac and quickly advanced his career in health to become the manager of the Apollo Bay, Lorne, Winchelsea and Beeac hospitals at the young age of 26. He has held executive positions at a number of health services, including Mercy and Wangaratta Base and was Chief Executive Officer (CEO) at Grace McKellar Centre Geelong and Werribee. He also spent 10 years at Barwon Health as deputy CEO. John has held the position of CEO at Bendigo Health since June 2007 and has found his time here to be both challenging and rewarding. The commitment by the Victorian Government to build a new hospital for Bendigo is a career highlight for John. He has worked tirelessly to achieve this and looks forward to the day when this new world class hospital opens its doors. John has a Bachelor of Health Administration, a Master's of Business Administration and is a member of the Australian Society of Certified Practising Accountants.

John is also a Fellow of the Australian Institute of Company Directors and the Australian College of Health Service Management. With such extensive experience in the health industry, he is certainly well qualified to lead Bendigo Health in its bid for healthy communities and world class healthcare.



Dr Andre Nel

**EXECUTIVE DIRECTOR MEDICAL
SERVICES AND CHIEF MEDICAL
OFFICER, (UNTIL DECEMBER 2014)
MBBCh MBA FRACMA**

Andre Nel is a medical doctor with a Master's Degree in Business Administration and Fellowship in Medical Administration from the Royal Australasian College of Medical Administrators (RACMA). He remains active in RACMA as Preceptor and Censor. Andre brought a wealth of experience to Bendigo Health, including 10 years as a medical director/advisor, his last appointment being with Nelson Marlborough District Health board in New Zealand, where he held the role of Chief Medical Advisor for seven years. His previous experience in South Africa was as a clinician as well as hospital management.

Andre chaired several committees including the Health Professionals Credentialing Committee which was instrumental in the development of the e-credentialing web based program, in addition to assisting the Electronic Medical Record (EMR) Project team from a clinical perspective.

At Bendigo Health, Andre played an integral role in the development of our education and training programs for junior medical staff and introduced the Crucial Conversations training program as implemented by Organisational Development and Improvement.

In December, Andre resigned from his position at Bendigo Health.



Andrea Noonan

EXECUTIVE DIRECTOR PEOPLE AND CULTURE
BBus (HRM)

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



Andrew Collins

EXECUTIVE DIRECTOR CORPORATE SERVICES AND CHIEF FINANCIAL OFFICER
BAC CPA MAICD

Andrew Collins was appointed Chief Financial Officer (CFO) in October 2005. He has more than 20 years' experience in executive management roles within the health industry, spanning both the public and private sectors. Private sector health experience included both profit and not for profit organisations.

Andrew manages Bendigo Health's annual budget, which is in excess of \$300 million. He has worked hard to increase understanding of the financial structure across the organisation. As a result of these efforts there is now increased transparency regarding Bendigo Health's financial position and this has helped business managers to own their departmental budget and understand how it fits within the organisations overall budget.

As well as his role as CFO Andrew is Executive Director of Corporate Services which encompasses the following departments: finance, payroll, salary packaging, performance reporting, procurement, supply, environmental services, food services and corporate support; and as of March 2015 the buildings and infrastructure division.



Bruce Winzar

EXECUTIVE DIRECTOR INFORMATION SERVICES AND CHIEF INFORMATION OFFICER
EXECUTIVE OFFICER AND CHIEF INFORMATION OFFICER – LODDON

MALLEE RURAL HEALTH ALLIANCE (LMRHA) (UNTIL FEBRUARY 2015)

Dip of Bus (Information Processing) BAS (Computing)
Grad Dip Mgt

Bruce Winzar has been in the information and communication technology (ICT) industry since 1976 and has held several senior ICT roles within both the private and public sector, including operating his own consulting business. Bruce has pursued a lead role in specifying and supervising the delivery of new models for services in health and local government and provided project management for a range of large projects funded by both State and Federal Governments.

Bruce chairs several project control groups and is the executive sponsor for the implementation of the Electronic Medical Record (EMR) project for Bendigo Health.

Bruce's expertise covers business and management systems and he has worked across three tiers of government and facilitated a number of significant regional economic development initiatives for central Victoria. Bruce has a passionate interest for delivery of fair and equitable telecommunications services to the rural and remote sector of Australia and is a member of the iBendigo and iLoddonMallee working groups to advance smart city strategies for the Loddon Mallee region.



David Rosaia

EXECUTIVE DIRECTOR SURGICAL SERVICES (ACTING FROM MARCH 2015)

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

David Rosaia commenced his nursing career in 1990 at Cabrini Private Hospital undertaking coronary care studies. In 1993, David joined Bendigo Health in the Staff Development Unit as an educator and held a relieving nurse manager role throughout the Bendigo hospital and the Anne Caudle Centre campuses. In 1996, David commenced in the role of Nurse Manager Inpatient Rehabilitation Unit at Anne Caudle Centre campus, a position he held for 10 years. In 2006, David moved to the acute campus as the Operations Manager for Medical Services and in 2007, David was appointed to the Director of Nursing, Surgical, Women's and Children's Services.

As well as his undergraduate nursing qualification, David holds a Bachelor of Health Sciences, a Graduate Diploma in Health Administration from La Trobe University (Bendigo) and successfully completed the Australian Institute of Company Directors course. He is also a member of the Royal College of Nursing and a Fellow of the Australasian College of Health Service Management.

David has been instrumental in supporting the development of a concise Bariatric Management Policy and associated systems to ensure patient and staff safety. He is also a member of the Department of Health and Human Services state-wide Bariatric Patient Care Working Party.

In March 2015, David was appointed Acting Executive Director of Surgical Services. Peter Faulkner was Executive Director of Surgical Services until March 2015.



David Walker

EXECUTIVE DIRECTOR BUILDINGS AND INFRASTRUCTURE AND EXECUTIVE DIRECTOR BENDIGO HOSPITAL PROJECT (UNTIL MARCH 2015)

BTEC HND Elec and Electronic Eng

David Walker spent more than 12 years at Bendigo Health in a variety of roles. He held the position of Executive Director Bendigo Hospital Project from 2009-15 and the position of Executive Director Buildings and Infrastructure from 2007-15. Prior to that, he worked as a hospital engineer and was appointed Chief Engineer in 2003. David has a strong history as a project manager and control systems engineer, working in the food, drink, pharmaceutical and fine chemical industries across the United Kingdom and Australia.

David made some significant contributions to Bendigo Health, including a number of projects aimed at reducing energy consumption, as well as improving the efficiency of the existing infrastructure. His proactive approach has resulted in large savings in energy output and the development of future planning for hospital infrastructure. His environmentally sustainable projects placed him in good stead amongst his peers and in 2005, David was presented with the Engineer of the Year award from the Institute of Hospital Engineers.

Apart from six months in Kyabram, David has lived in Bendigo since 1991.

David led the Bendigo Hospital Project team tasked with delivering the new Bendigo hospital. The team is responsible for writing the brief and specifications, co-ordinating the Bendigo Health response to prepare, design and engage with wider staff, consumer and community for feedback on the project. The team also interacts with the consortium and State Government in relation to all project matters.

In March, David resigned from his position at Bendigo Health.



Liz Hamilton

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

Liz Hamilton graduated as an Occupational Therapist approximately 30 years ago, working initially as a clinician in acute care, rehabilitation, community health and aged care assessment prior to moving into management positions. Management roles have included: Chief Occupational Therapist, Home Therapy Co-ordinator, Community Programs Manager, then Director of Aged and Residential Care Services at Austin Health before coming to Bendigo Health in 2007.

Liz really enjoys starting new programs to assist clients to remain in the community, having started the first dementia extended aged care at home, intermittent care and transition care programs in Victoria. Liz is also highly committed to seeing staff develop and take on new roles and responsibilities.



Peter Faulkner

EXECUTIVE DIRECTOR OF NURSING AND CHIEF NURSING OFFICER
EXECUTIVE DIRECTOR BENDIGO HOSPITAL PROJECT (ACTING FROM MARCH 2015)

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

Peter Faulkner started his career in the health industry as a psychiatric nurse and worked for 10 years as a psychiatric nurse clinician and clinical manager in child and adolescent, adult and aged care psychiatry. He spent four years as an advisor to the Victorian Minister for Health on psychiatric services and a further five years leading modernisation projects in psychiatric services. Peter moved into the management of acute hospitals in 1994, and has managed a number of hospitals and aged care services in both rural and metropolitan settings in Australia. He was responsible for the commissioning and operations of Casey Hospital - a new 230 bed public hospital in Melbourne, the first to be built under the Public Private Partnership model. More recently, Peter has undertaken an expatriate assignment in the United Arab Emirates, where he worked as chief operating officer for the University Hospital Sharjah, in addition to other consulting projects in Dubai and North Africa.

As well as his undergraduate nursing qualification, Peter holds a Graduate Diploma in Health Services Management and a Master of Health Administration from the Royal Melbourne Institute of Technology. He holds a Contract Management in Public, Private Partnerships Certificate from Melbourne University and is a Graduate of the Australian Institute of Company Directors and a Fellow of the Australasian College of Health Service Management.

Most recently, Peter took up responsibility in March as Executive Director for the Bendigo Hospital Project.



**Associate Professor
Philip Tune**

**EXECUTIVE DIRECTOR
PSYCHIATRIC SERVICES AND
CHIEF PSYCHIATRIST
MBBS FRANZCP**

Philip Tune started at Bendigo Health in late 2006 as the Clinical Director of Psychiatry, returning to the part of Victoria where he spent the first 10 years of his life, having worked as a consultant psychiatrist for 10 years in Melbourne (in hospital based and private practice). He then took on additional responsibilities as the Executive Director of Psychiatric Services. Phil has found the Psychiatric Services division staff to be dedicated to good patient outcomes and the managers committed, hardworking and highly skilled. Phil's subsequent development of a Bendigo-based training program for psychiatrists, involvement in teaching psychiatry to Monash University medical students, rejuvenation of the local research program in psychiatry and participation in the design of the Bendigo Hospital Project have all provided additional dimensions to a complex and stimulating role.



Robyn Lindsay

**EXECUTIVE DIRECTOR MEDICAL
SERVICES (ACTING FROM
DECEMBER 2014)**

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

Robyn Lindsay has over 15 years' experience working in health care as a physiotherapist and more recently in health management roles. She came to Bendigo Health in 1997 to take up a clinical physiotherapy role and has had the pleasure of working in such diverse programs as outpatient rehabilitation services, acute and subacute inpatient wards, Aged Psychiatric Services and the Emergency Department. Along with a period of time working in the United Kingdom in clinical roles, previous managerial positions at Bendigo Health have included the Chief Physiotherapist, Manager of Subacute Community Services and Director of Allied Health. After completing a Bachelor of Physiotherapy and Masters of Health Sciences, Robyn has completed the Australian Institute of Company Directors course and attained a professional certificate of Health Systems Management (University of Melbourne). Robyn's substantive executive role in organisational development allowed her the opportunity to contribute directly to strategic planning, quality improvement, risk management, service redesign, education and research.

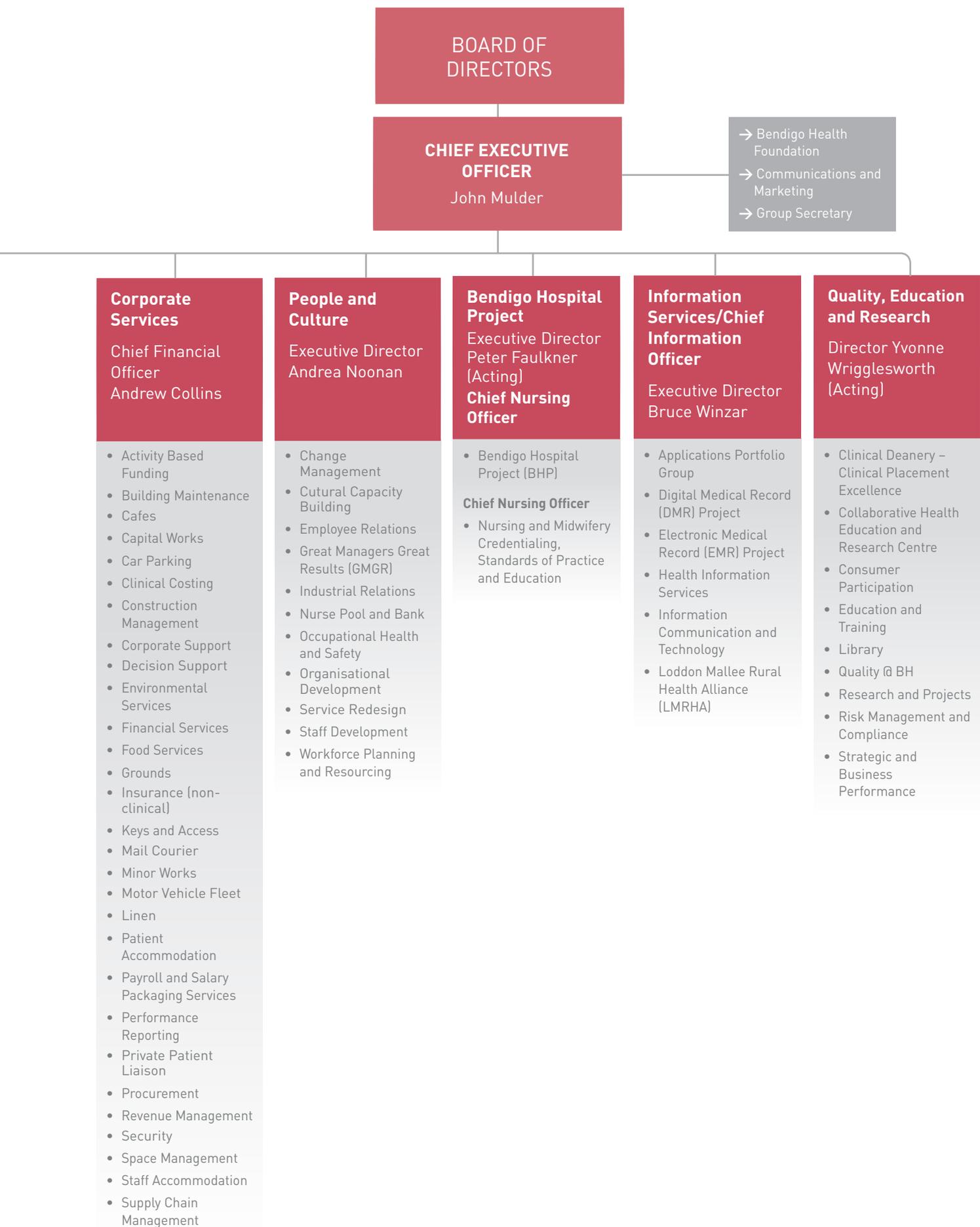
Robyn is currently the acting Executive Director of Medical Services which provides an opportunity to support and empower clinicians to provide high quality acute health services.

Caring



ORGANISATIONAL CHART





Note: At the time of printing Bendigo Health was undergoing a major organisational restructure to align with our vision and accommodate the move to the new Bendigo hospital.

BENDIGO HEALTH

FOUNDATION

The Bendigo Health Foundation continued to work with our generous community to raise funds to enable the purchase of a range of equipment to enhance the services at Bendigo Health.

Staff recognise the difference the community makes with their interest and donations to the foundation and they join in volunteering their time and enthusiastically supporting our events.

Thank you to all of our supporters.

Equipment was purchased for a wide range of areas within Bendigo Health as listed below.

ACUTE OUTPATIENTS	CARDIOLOGY
CHILD AND ADOLESCENT	CHILD AND ADOLESCENT MENTAL HEALTH
DIALYSIS	EMERGENCY DEPARTMENT
MARJORIE PHILLIPS UNIT	MATERNITY
MEDICAL	MEDICAL IMAGING
OCCUPATIONAL THERAPY	ORTHOPAEDICS
PAEDIATRIC REHABILITATION	PALLIATIVE CARE
PRIMARY MENTAL HEALTH	REHABILITATION
RESIDENTIAL CARE	RURAL HEALTH TEAM
SPECIAL CARE BABY UNIT	SPEECH PATHOLOGY
STOMAL THERAPY	SURGICAL
THEATRE	TRANSITION CARE
WOMEN'S AND CHILDREN'S	YPARC

Bendigo Health Foundation Supporters

All Seasons Hotel
 Allied Health Ball
 ASQ Garden and Landscaping
 Bays Ride
 Bendigo Advertiser
 Bendigo Bank
 Bendigo Health Social Club
 Bendigo South East College
 Bendigo Stadium
 Bendigo Toyota
 City of Greater Bendigo
 CWA Newbridge
 Eaglehawk Senior Citizens Old Time Dance Group
 Exemplar Health
 Fit Republic
 Fusion Physiotherapy
 Good Guys Bendigo
 Grill'd Community Matters
 Heartbeat
 Henkle Street Christmas Eve Candle night
 It's Her Gym
 Jenny's Early Learning Centre
 Kiwanis
 Lioness Club of Golden City
 Lions Club of Bendigo
 Lions Club of Eaglehawk
 Lions Club of Huntly
 Lions Club of Lockington Inc
 Loddon Mallee Kids
 McKern Steel
 Mulqueen Funeral Directors
 Ogtri Pty Ltd Halloween Ball
 Riverlea
 Rocks on Rosalind
 Rotary Club of Kangaroo Flat
 Smartline
 Southern Cross Austereo
 Tatts Bowlers Melbourne
 Telstra Stores Bendigo
 The Bridge Hotel
 The Foundry Hotel
 The Good Loaf
 The Schaller Studio
 Tooleybuc Club Country Music Weekend
 Trekin for Brad



BENDIGO BANK FUN RUN

\$133,012



COLLIER CHARITABLE FUND

\$23,408

Bendigo Health Foundation Board

Members provide strong leadership for the foundation and utilise their strong links with the community to maximise our fundraising opportunities.

Scott Elkington (Chair)

Matt Bowles

Danny Clapp

Sue DeAraugo

Michele Morrison

Peter Leerson

Nick Papaz

David Walker (resigned)

Peter Wiseman (resigned)

Lois Kentish (resigned)

Trustees

Hamish Hope (Chair)

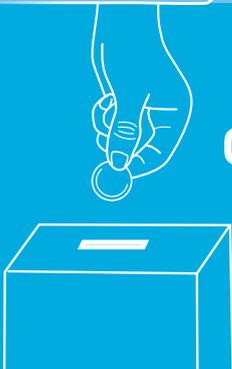
Garry Quinn

Robin Monro



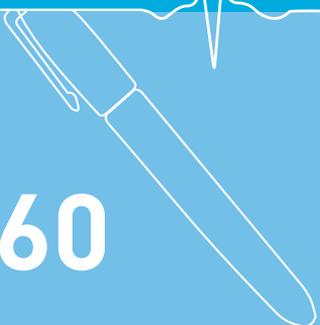
NIGHT OF WHITE BALL

\$15,689



COLLECTION BOXES

\$5,822



BEQUESTS

\$154,060

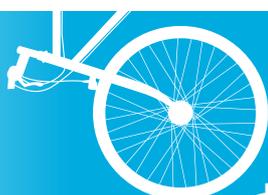


WORK PLACE GIVING

\$8,970



Bays Ride participants try out new chair beds purchased with the funds they raised for the Maternity and the Child and Adolescent Units.



BAYS RIDE

\$15,763

DRY JULY

\$77,185



AUXILIARIES AND SUPPORT GROUPS

The auxiliaries and support groups across Bendigo Health continued their hard work to raise much needed funds during the 2014-15 financial year. These funds enabled them to purchase new equipment, fund scholarships and provide a more comfortable caring environment for our patients.

Child and Adolescent Auxiliary

The Child and Adolescent Auxiliary hosted two fundraising dinners at Bendigo Stadium and a luncheon at the Kangaroo Flat Rotary Club. A combined amount of \$3,300.70 was raised from these events, allowing the Child and Adolescent Unit to purchase new equipment.

A further \$806.35 was raised from collection tins at McDonalds Nursery, Me 2 U Fashions, Foundry Hotel and Strath Hill Pharmacy.

Intensive Care Auxiliary

The Intensive Care Auxiliary continued to raise funds for the unit through raffles, morning teas and trading tables. They also held an exhibition of cross stitch, embroidery, patchwork and crochet, all hand made by three auxiliary members.

From funds raised, the auxiliary contributed to two critical care nursing scholarships and purchased a \$20,000 Picco machine (a non-invasive heart monitor).

Bendigo Palliative Care Auxiliary

The Bendigo Palliative Care Auxiliary revamped their memorial donation form allowing donors to make a direct debit donation. Memorial donations received from funeral services totalled more than \$5,000 in this financial year.

The auxiliary raised money through annual activities and events including the Doll and Teddy Show, Mother's Day and Christmas stalls, morning tea parties and a charity golf day at Belvoir Park Golf Club.

The auxiliary purchased a number of items to help support palliative care patients and staff at Bendigo Health. Some of the big ticket items included two tympanic thermometers, five nebuliser units, bags for deceased patient's belongings, a special recliner chair and three ramps.

Carshalton House Auxiliary

In 2014-15 the Carshalton House Auxiliary raised \$5,911 through their annual garden party, a spring flower bulb drive, raffles, a Bunnings sausage sizzle and a night out to Bendigo Stadium.

The auxiliary made improvements to Carshalton House which included replacing worn out carpet and purchasing new cups, saucers, tablecloths and table centrepieces for the dining room. They also funded a visit from Farmer Darryl's - Mobile Animal Farm which was thoroughly enjoyed by the residents.



Palliative Care Auxiliary members at the Auxiliary Recognition Ceremony



The Christmas raffle was their biggest success, raising \$1,080



Friends of Simpkin House

The Friends of Simpkin House welcomed Mrs Shirley Harries and Mrs Jan Angel to their small band of hard working members. The fundraising group concentrated on generating funds through major raffles. The Christmas raffle was their biggest success, raising \$1,080.

The auxiliary supported Simpkin House by providing items for the residents' Christmas party, a hair and beauty day and a steam train outing from Maldon to Castlemaine.

Joan Pinder Nursing Home

The Joan Pinder Nursing Home Auxiliary had another busy year raising funds through raffles and cake stalls held at the Bendigo hospital main entrance. They purchased a number of items including three bench seats, arts and craft materials and tools, two outdoor wicker lounges with coffee tables and garden animals.

The auxiliary also funded a visit from Farmer Darryl's - Mobile Animal Farm.



Auxiliary members at the Auxiliary Recognition Ceremony.

Orthopaedic Auxiliary

The Orthopaedic Auxiliary continued to raise much needed funds for the Orthopaedic Unit through two major raffles, a rock n roll dance, sausage sizzle, garage sale and a craft stall. They continued to work with staff to determine the best equipment to purchase for the unit.

Friends of Oncology (FOO)

The aim of the Friends of Oncology is to assist the Oncology Unit to provide a comfortable environment for patients undergoing treatment at Bendigo Health. FOO continues to be very well supported by community donations and work closely with oncology management and staff to determine what equipment will be purchased with these valuable funds. During the past 12 months, FOO purchased six specialist computer tablets that enable staff to access critical information while providing treatment to patients.



Intensive Care Unit Auxiliary members at the Auxiliary Recognition Ceremony.



Child and Adolescent Unit Auxiliary members at the Auxiliary Recognition Ceremony.

KEY STAFF



Group Executive

Chief Executive Officer

John Mulder MBA (Monash) BHA ASA FACHSM CHE FAICD

Executive Director Organisational Development and Improvement (until December 2014), Executive Director Medical Services (acting from December 2014)

Robyn Lindsay BPhysio MHLthSci Hlth Svc Mgt Cert GAICD ACHSM

Chief Medical Officer and Executive Director Medical Services (until December 2014)

Dr Andre Nel MBBCh MBA FRACMA

Chief Medical Officer (acting from December 2014)

Dr Grant Rogers MBChB, MBA, FRNZCGP, FRACGP

Executive Director Psychiatric Services

Dr Philip Tune MBBS FRANZCP Adjunct Clinical Assoc Prof Monash University

Executive Director of Nursing (Chief Nursing Officer), Executive Director Surgical Services (until March 2015), Executive Director Bendigo Hospital Project (acting from March 2015)

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

Executive Director Surgical Services (acting from March 2015)

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

Executive Director Buildings and Infrastructure and Executive Director New Bendigo Hospital Project (until March 2015)

David Walker BTEC HND Elec and Electronic Eng

Executive Director Information Services and Chief Information Officer

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

Executive Director Community and Continuing Care and Executive Director Residential Services

Liz Hamilton BAppSci (OT) Cert Workplace Ldship ACHSM GAICD

Chief Financial Officer, Executive Director Corporate Services (inclusive of Buildings and Infrastructure Division, from March 2015)

Andrew Collins BAc CPA MAICD

Executive Director People and Culture

Andrea Noonan BBus (HRM)

Chief Executive's Office

Chief Executive Officer

John Mulder MBA (Monash) BHA ASA FACHSM CHE FAICD

Assistant to Chief Executive Officer

Jenny Woodman

Group Secretary

Jack Squire LLB AIMM

Tom Korecki LLB LLM AGIA FANZCN

Communications and Marketing Director

Sarah McAdie BA

Bendigo Health Foundation Director

Jane Anderson Adv Dip Management

Senior Medical Staff

Acting Chief Medical Officer (CMO)

Dr Grant Rogers MBChB, MBA, FRNZCGP, FRACGP (from January 2015)

Chief Medical Officer and Executive Director Medical Services

Dr Andre Nel MBBCh MBA FRACMA (until December 2014)

Director of Medicine and Nephrology

Dr Mark Savage MBChB MD (Manchester) FRCP (London) Adjunct Assoc Prof Monash University (Clinical Director)

Director of Psychiatric Services

Dr Philip Tune MBBS FRANZCP Adjunct Clinical Associate Professor Monash University

Chief Surgical Officer

Mr Graeme Campbell MBBS FRACS FRCS

Deputy Chief Medical Officer

Dr Grant Rogers MBChB, MBA, FRNZCGP, FRACGP (until December 2014)

Anaesthetists

Dr Bruce Ryley MBBS FANZCA (Director) (until January 2015)

Dr John Edington MB ChB, FFA(SA), FANZCA (Director) (from January 2015)

Dr Alan Bradshaw MBBS FANZCA CVAS

Dr Paul Buncle MBBS FANZCA CVAS

Dr Siobhan Dobell MBBS FANZCA Independent

Dr Leon Hamond MBBS FANZCA CVAS

Dr Jackson Harding MBBS FANZCA Independent

Dr Peter Mazur MBBS FANCZA CVAS
Dr Mohan Nerlekar MBBS DA MD FANZCA CVAS
Dr Andrea Noar B Med Sci MBBS FANZCA
Dr Andrew Purcell MBBS DA Dip Obs RACOG FANCZA CVAS
Dr Mervyn Shapiro MBBChH DAFANZCA CVAS
Dr David Noble MBBS FANZCA – until 24th April 2014
Dr Brad Hindson MBBS FANZCA Independent
Dr Steve Hams MBBS FANZCA CVAS
Dr Uate Babitu MBBS DA FANZCA
Dr Peter Ching MBBS FANZCA
Dr Rodney Wilson MBBS FANZCA
Dr Yen Lim MB BchBAO, BMedSc, FANZCA/FRCA
Dr Anne-Maree Aders MBBS FANZCA M Sc
Dr Bikash Agarwal MBBS MD FANZCA
Dr Eric Knauf MBBS PhD FANZCA
Dr Keith Davenport M.B., ChB., FANZCA CVAS

Cardiologists

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

Ear Nose and Throat

Mr Ngalu Havea MBBS FRACS
Mr Jason Rockey MBBCh BAO MRCSEng. FRCS
(ORL- HNS)

Emergency Department

Dr Simon Smith MBBS FACEM (Acting Clinical Director)
Dr Diana Badcock MBBS FACEM DA (Lon) Adjunct Assoc
Prof Monash University
Dr Albert Rudock MD FAAFP FRACGP Cert geriatrics
Dr Nathan Bushby MBBS FACEM
Dr Gary Bourke MBBS DRANZCOG FRACRRM
Dr Peter Cosgriff MBBS
Dr Charles Kerr MBBS FRACGP
Dr Maria Szamos MBBS
Dr Kent Hoi MBBS FACEM
Dr Mark Putland MBBS FACEM (joint Director of
emergency medicine training)
Dr Wolfgang Merl MBBS FACEM
Dr Shaun Greene MBChB FACEM MSc (medical
toxicology)
Dr Ben McKenzie MBBS FACEM (joint Director of
emergency medicine training)
Dr Khiem Ngo MBBS FACEM
Dr Philip Visser MBChB FACEM
Dr Ye Min Swe MBBS FACEM
Dr Richard Smith MBChB FACEM PGCertRH&TM

Endocrinologist

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

Consultant General Medicine and Endocrinology

Jessica Triay MBBS, BSc (Hons), MRCP, EMBA (from
March 2014)

Faciomaxillary Surgeon

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

General Surgeons

Mr Matthew Oliver FRCSED FRACS (Clinical Director)
Mr Andrew Barclay MBBS FRACS
Mr Andrew Barling MBBS FRACS
Mr Graeme Campbell MBBS FRACS FRCS
Mr Anthony Gray MBBS FRACS
Mr Rod Mitchell MBBS FRACS
Assoc Professor Beth Penington MD MBBS B MedSci
FRACS (Gen & Paed)
Mr Dan Fletcher MB ChB MRCS FRCS
Ms Janine Arnold BSc(Med) MBBS FRACS
Mr Man Minh Cao B.Med.Sci MBBS FRACS

Geriatricians

Associate Professor Marc Budge MBBS, BMedSc, FRACP
(from July 2014)
Dr Bev Ferres MBBS DGM M Hlth & Med Law FACLM
(Acting Medical Director CCC from October 2013 –
July 2014)
Dr Jacob Eapen MBBS DGM
Dr Jennifer Wood MBBS DGM Dip MSM GCHPE
Professor Peter Disler PhD MBBCh FRACP FRCP
(London) FAFRM DPH (until September 2014)
Dr James Wei MBBS FRACP Dip UDSC (Bristol)
Dr Julia Degtiareva MBBS FRACP
Dr Michelle Lai MPH MBBS FRACP (until January 2015)

Gynaecological Oncologist

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

Intensivists

Dr John Edington MB ChB FFA(SA) FANZCA (Clinical
Director) (until January 2015)
Dr Jason Fletcher MBBS FRACP FCICM (Clinical
Director) (from June 2015)
Dr Emma Broadfield MBChB MRCP (UK) DM FRACP
FCICM
Dr Sanjay Porwal MBBS DNB(med) MNAMS (IND) JCICM
GCCritCareEcho

Nephrologists

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

Obstetricians and Gynaecologists

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

Oncologists

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

Ophthalmologists

Dr Peter Burt MBBS FRANZCO FRACS
Dr Benjamin Burt MBBS FRANZCO FACS
Dr Farokh Irani FRANZCO MBBS Dip ANAT

Orthopaedic Surgeons

Mr Dugal James MBBS FRACS (Orth) (Clinical Director)
Mr Huw Williams MBBS FRACS FAOrthA
Mr Travis Perera MBBS FRCS MChOrth FRACS FAOrthA
Mr Keith McCullough MBBS FRACS FAOrthA M App Ling
Mr Neelika Dayananda MBBS MS FRCS Ed FRACS
(Ortho)
Mr Brendan Soo MBBS FRACS (Orth) FAOrthA
Mr Arash Riazi MBBS (BSC) FRACS (until May 2015)
Mr Arvind Jain MBBS MS FRACS

Orthopaedic Fellow

Dr Vera Sallen MBBS (GER) PhD (MD GER), Specialist
Ortho (Swiss)
Mr Sergio Barroso Rosa MD

Paediatricians

Dr Andrew Lovett MBBS BMedSc FRACP (Clinical
Director)
Dr Peter Wearne MBBS MPH DMJ M for Med FRACP
Professor Geoff Solarsh MBChB B H (SA) Fellow College
of Physicians FcP (Paed) (SA) FRACP – (until January
2015)

Dr Janaka Tennakoon MBBS DCH MD (Paediatrics)
FRACP

Dr Anne Dawson MBBS MPH&TM FRACP
Dr Anna Peterson MBBS FRACP
Dr Rhys Parry MBBS FRACP

Palliative Medicine and Regional Palliative Care Service

Dr Rebecca Chapman MA MBChD DTM&H FRACP
FACHPM Grad Dip Pall Med
Dr Tiffany Shaw MBChB FRACGP FACHPM
Dr Mark Kitching MBBS MA FRCP (from May 2015)

Physicians

Dr John Gorey MBBS FRACP
Dr Robert Campagnaro MBBS FRACP
Dr John Gault MBBS FRACP (retired October 2014)
Dr Leslie Fisher MBBS FRACP MHLth & MedLaw FACLM
Dr Greg Harris MBBS FRACP
Assoc Prof Chris Holmes MBBS FRACP GradCertProf
HlthEd
Dr Kate Carroll MBBS FRACP
Dr Bidhu Mohapatra FRACP

Specialist Plastic and Craniomaxillofacial Surgeon

Mr Broughton Snell MBBS(Hons) BSc(Hons)
FRACS(Plast.)

Psychiatrists

Assoc Prof Philip Tune MBBS FRANZCP (Executive &
Clinical Director)
Dr Holly Anderson MBBS, M.Psych, FRANZCP (maternity
leave)
Dr Dominika Baetens MBChB FRANZCP, MMedSci
(Hons), MPM
Dr Laura Barbosa MBChB, DMH, FCPsych(South Africa),
FRANZCP
Dr Nicholas Carrigan BA(Hons) MB, BCh, BAO LRCP&SI
MRCPsych (UK) HDip (University College Dublin) MFFLM
(London) MSc(Psychol) Dublin
Dr John Cooper MBBS MPM FRANZCP
Dr Arunava Das MBBS DPM MD FRANZCP Cert Psych
Old Age
Dr Subhash Das MBBS DPM MD RANZCP (affiliate
member) (until January 2015)
Dr Indranil Chakrabarti MBBS DPM MD FRANZCP
Dr Scott Eaton MB ChB MRC Psych FRANZCP
Dr Ajit Emmanuel MBBS DPM MD FRANZCP
Dr Prabhath Gamage MBBS MD Psychiatry FRANZCP
Dr Richard Jasek MBBS Cert Child & Adolescent psych
FRANZCP (until January 2015)
Dr Carolynne Marks MBBS MMed Psych FRANZCP
Dr Dianne Kirby MBBS MSc (Addiction Studies) FRANZCP
(Cert Addiction Psych) MBBS (Hons) MSc (Addiction
Studies) FRANZCP

Dr Teslin Mathew MBBS DPM MD (PSYCH) FRANZCP
Dr Allison Newman MBCh BAO MRCPsych Dip
Healthcare Mgt MSc Psychotherapy
Dr Christopher Russo MBBS FRANZCP Cert Child Psych
(until September 2014)
Dr Patrick Johnson MB.BS M.P.M Cert. Child Psych
FRANZCP (Clinical Director CAMHS)
Dr Fiona Cairns MBBS FRANZCP
Dr Richard Inglis MA, MB BS, FRANZCP
Dr Samuel Robson MBBS, MP, FRANZCP, Cert. Child
Adol. Psych, Cert. Psychotherapy Psych.
Dr Alby Elias

Radiation Oncologists (Peter MacCallum Cancer Centre)

Dr Mark Shaw MBBS FRANZCR
Dr Tracie Gleisner MBBS FRANZCR
Dr Monique Youl MBBS FRANZCR (from August 2014)
Dr Meredith Johnston MBBS FRANZCR
Dr Solveig Grenfell MBBS FRANZCR
Dr Jacqui Veera MBBS FRANZCR (until December 2014)
Dr Richard Khor MBBS FRANZCR
Dr David Kok MBBS FRANZCR (from February 2015)

Radiologists

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

Rehabilitation

Dr Sue Inglis MBBS FAFRM (until May 2015)
Professor Peter Disler PhD MBCh FRACP FRCP
(London) FAFRM DPH (until September 2014)
Dr Fariborz Rad MD FAFRM (RACP)

Urologists

Mr Michael McClatchey MB ChB BAO (Queens Univ,
Belfast) FRCS (Eng) FRCS (Ed), FRACS (Urol)
Miss Janelle Brennan MBBS (Hons) FRACS (Urol)
Rohan Hall B.Med (Newcastle) Bsc (Hons) (Melb) FRACS
(Urol)
Mr Antonios Makris MBBS (Germany) MRCPs (Glasgow)
FEBU, SUGMC (Germany)

Senior Nursing Managers and Other Senior Nurses - Acute

Director of Nursing, Medical Services

Judith Walloscheck RN BScNurs, GradDip ICU Nursing,
OU MBA

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

David Rosaia Dip App Sc B Hlth Sc Grad Dip Hlth Mgmt
MRCNA FACHSM (until May 2015)

Susan Jennings RN Post Grad Dip Home & Community
Care Dip Mgmt (acting from May 2015)

Patient Flow Co-ordinator

Tricia Elliott RN Grad Dip Hlth Sc (Admin) MRCNA

Child and Adolescent Unit Nurse Manager

Debbie Forbes RN Bach Hlth Sc (Nsg)

Cardiology and EEG Nurse Manager

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

Critical Care Nurse Manager

Sue Tomlinson RN CCRN MHS Dip of Bus (Frontline Mgt)

Day Procedure Unit Clinical Nurse Manager

Catherine Pethybridge RN Grad Dip Public & Community
Health, Grad Cert Gastroenterology, Grad Cert
Management (Acting)

Renal Services Nurse Manager

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

Emergency Department Nurse Manager

Carol-Anne Lever RN Cert Em Nsg Crit Care

Prostate Cancer Specialist Nurse

David Heath CCRN BN Grad Cert ICU Grad Dip Para
Med Grad Cert Prostate Cancer Nsg: Prostate Cancer
Specialist Nurse/Nurse Cystoscopist Urology Nurse,
Practitioner Candidate enrolled in Masters of Nursing

Hospital After Hours Managers

Louise Cox RN RM B.Public Health Cert. Sterilization and
Infection Control (until May 2015)

Glenda Blake RN

Shelley Hardingham RN RM

Patrick Turner RN BA Hlth Sc (Nursing) Grad Cert
Emergency Nursing

James Fitzgerald RN

Sally Conroy CCRN

Michelle Barnes CCRN

Hospital In The Home and Medihotel Nurse Manager

Daryl Dutton Bach Nsg, Cert Adv Ac Nsg

Infection Control Manager

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

Manager, Women's & Children's Services

Fiona Faulks (Dip Health Science – Nursing) RM (Grad Dip Health Science – Midwifery), MCHN (Maternal & Child Health Nurse), MMSc (Master of Midwifery Science) (until March 2015)

Christine Keck RN RM, Lvl 2 Special Care Nursery Cert, Family Planning Cert, Post Grad Women's Health, Post Grad Hlth Admin, Masters Mgt (Acting from March 2015)

McGrath Breast Care Nurse

Sharon Salter RN Bach P Hlth.

Kathryn Sheridan RN Div 1 Grad Dip (Gerontics)

Medical Unit Nurse Manager

Tracy Harrip, B Hlth Sci, Nsg, Grad Dip Cancer Nsg, Dip Bus (frontline), M Nsg Nurse Practitioner, MACN, MACNP

Oncology Unit Nurse Manager

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

Operating Theatres Clinical Manager

Judith Ingwerson RN Post Grad Theatre Cert, Bach of Hlth, Grad Dip Health Admin

Orthopaedic Unit Nurse Manager

Pat Catto RN Grad Dip Bus Mgmt

Patient Services Manager

Suzanne O'Sullivan RN Grad Dip Mgmt

Specialist (Outpatients) Clinics Manager

Paula Hennessy RN B App Sci (from April 2015)

Kerry-Anne Adair, Acting Manager, RN, Cert Adv Ac Nsg, Dip Bus Mgmt (until April 2015)

Margaret Lyon, Acting Liaison Nurse, RN (until April 2015)

Perioperative Services Nurse Manager

Dianne Craig BN, Post Grad Dip Peri-op Nsg, Cert IC&S, Grad Dip PH (Enviro Hlth) Dip Bus Mgmt, Dip HR Mgmt.

Special Care Baby Unit Clinical Manager

Rosemary Baker RN RM NICNC Grad Dip Hlth Mgmt (until September 2014)

Debbie Forbes RN Bach Hlth Sc (Nsg) (from September 2014)

Sterilising Services Nurse Manager

Ann Gallagher RN ORN Sterilization and Infection Control Cert

Stomal Therapy Clinical Nurse Consultant

Vicki Thorne Grad Cert Stomal Therapy, Grad Cert Wound Care

Surgical Unit Nurse Manager

Simon Bullock RN BN (Bachelor Nursing). Grad Cert Acute Care Nsg, Grad Cert Clinical Mgmt

Women's Health Clinical Manager

Christine Keck RN RM, Lvl 2 Special Care Nursery Cert, Family Planning Cert, Post Grad Women's Health, Post Grad Hlth Admin, Masters Mgt (until March 2015)

Laraine Stubbings RN RM (Acting from March 2015)

Nurse Practitioners

Nurse Practitioner Loddon Mallee Regional Palliative Care Consultancy Service

Merrill Cole NP, Dip Nur (LaTrobe), M Nur – Palliative Care (UNE), MACN, MACPN

Nurse Practitioner Peri Operative Services Acute Pain Management

Jennifer Furness, Grad Cert Hlth Sci (Perioperative Nurse Surgeon's Assistant), Grad Dip Nur (Perioperative), M.Adv.Nur.Practice

Nurse Practitioner Respiratory

Toni Hall B.Hlth Sci, Dip Hlth Sci, Grad Cert Crit Care, MNNP

Nurse Practitioner Oncology

Justin Hargreaves BN, PGDipN(Can&Pall), MAdvNursPrac(NPRAC)

Nurse Practitioner Palliative Care

Tracy Harrip, B Hlth Sci, Nsg, Grad Dip Cancer Nsg, Dip Bus (frontline), MNNP, MACN, MACNP

Nurse Practitioner Emergency

Jennifer Oxley, BN, Grad Dip Crit Care Nur, Grad Cert Forensic Nur, Grad Cert Hlth Prof Ed, MNNP (until November 2014)

Linda Parker, BN, Dip. H.S, Postgrad. Dip Crit. Care, MNNP

Nurse Practitioner Chronic Disease: Renal (HARP) / Renal Transplant Coordinator (Renal Services)

Elizabeth Stevenson B. Hlth Sci, Grad Dip Critical Care, Dip. AppSc. Nur, MNNP, MACNNephrology

Nurse Practitioner Residential In Reach

Paul Chappel, MNNP

Other Senior Staff Acute and Subacute Services

Business Director Medical Services

Brian Jenner BBS (Bachelor of Business)

Business Director Surgical Services

Robert Porter MBA BN (Bachelor Nursing) RN

Loddon Mallee Integrated Cancer Service Strategic Manager

Ilana Solo Strategic Manager

Medical Imaging Manager

Luke Adorni Assoc Dip Med Radiology Grad Dip Business Mgmt

Pharmacy Director

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

Radiotherapy Services Site Manager

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

Chief Financial Officer and Corporate Services Division

Chief Financial Officer, Executive Director Corporate Services (inclusive of Buildings and Infrastructure Division, from March 2015)

Andrew Collins BAc CPA MAICD

Finance Director

Seppe Marsili CPA

Director of Performance, Planning and Budgeting

Scott Cornelius B Bus (Acc) CPA

Group Financial Accountant

Wayne Smith B Bus (Acc)

Decision Support Manager

Julie Ritchie BAppSc, BHIM

Corporate Support Manager

Geoff Cook Cert of Bus Grad Dip Mgmt M Bus MAICD

Environmental Services Manager

Garry Coburn Cert in Supervision Cert in Accounting

Food Services Manager

Damian Martin

Supply Chain Manager

Karen Shepherd-Clark BSc (Hons)

Procurement Manager

David Ray

Payroll and Salary Packaging Manager

Dianne Shaw

People and Culture

Executive Director People and Culture

Andrea Noonan BBus HRM

Business Director

Christopher White BBus BComp GradCertHlthSvcMgt GradDipBus(Hlth) AAMC FACHSM

People and Culture Advisors

Michelle Forrester BBus (Mktg & Econ) MBA HRM Grad Cert Employment Relations MAHRI

Elisa Andrea BBus (HRM & Mktg)

Melissa Phillips BBus (HRM), Grad Dip HRM

Belinda Mason BBus (HRM & Mktg)

Lee McNally Adv Dip. HRM and Adv Dip in Bus Mgt

Industrial Relations Advisor

Rachael Mays BBus (HRM)

Resourcing & Workforce Planning

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

OHS Manager

Graham Olsen Dip OHS

Organisational Development and Improvement

Executive Director

Robyn Lindsay BPhysio MHLthSci Hlth Svc Mgt Cert GAICD ACHSM (until December 2014)

Governance, Strategy and Risk Director

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

Business Director

Christopher White BBus BComp GradCertHlthSvcMgt GradDipBus(Hlth) AAMC FACHSM

Collaborative Health Education and Research Centre (CHERC) Operations Manager

Angela Crombie RN Cert IV Workplace TAA Grad Dip HLTH Sc (Admin) M HLTH Sc PhD Candidate

Organisational Development Manager

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

Organisational Development Project Manager

Ian Watson BSc(Hons) MBA

Librarian

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

Senior Psychiatric Nurse Consultant and Senior Adjunct Lecturer LaTrobe University

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

Manager of Nursing and Midwifery Education

Dr Helen Aikman, RN, BN, High Dep Nur Cert, M.Hlth Sci, PhD

Information Services Division

Executive Director Information Services and Chief Information Officer

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

Business Director

Christopher White BBus BComp Grad Cert Hlth Svc Mgt Grad Dip Bus (Hlth) AAMC FACHSM

IT Service Delivery Manager

Stuart Lamshed

IT Technical Services Manager

Terry Mounsey

Manager Applications Portfolio Group

Geoff Trevethan HSC (VSUEB 1976)

Solution Architect

Danny Lindrea

Applications Development Manager

Dr Mike Podosky PhD BA

Director Health Information Services

Margie Luke Assoc Dip (MRA) BAppSc (HIM) MHI Acting – Bruce Noble BAsc, Project Management, Dip Management

EMR Project Manager

Robert McCathie BE, Masters Management Studies, CPPM

Chief Nursing Information Officer (CNIO)

Janette Gogler Dip of Management, Grad Dip Health Informatics, Grad Cert Health Informatics, Grad Dip Education, Hospital Based Dip – Registered Nurse Div 1

Chief Medical Information Officer (CMIO)

Dr Diana Badcock MBBS DA FACEM (until December 2014)

Dr Grant Rogers MBChB, MBA, FRNZCGP, FRACGP (from March 2015)

Buildings and Infrastructure Division

Executive Director Buildings and Infrastructure

David Walker BTEC HND Elec and Electronic Eng (until March 2015)

Facilities Management Director Facilities Maintenance

Damien Parker BEng (Electrical) MIHEA (sadly deceased January 2015)

Facilities Maintenance Manager

Adam Kinder (from April 2015)

Director of Operations

Brendan Chalmers Dip Business Management Cert IV in Training and Assessment

Sustainability and Energy Engineer

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

Bendigo Hospital Project

Executive Director Bendigo Hospital Project

David Walker BTEC HND Elec and Electronic Eng (until March 2015)

Peter Faulkner RPN Master Hlth Admin Grad Dip Hlth Svc Mgt Cert Contract Mgt FACHSM CHE GAICD (from March 2015)

Project Officers

Stuart Turk BN RN Grad Cert Crit Care (until September 2014)

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

Catina Eyres RN BN Grad Dip Crit Care Grad Dip Nsg Sc-Infect Control Nsg CACP, Accredited Nurse Immuniser, Accredited HIV/ HepC Counsellor

Leanne Thomson RN Bachelor of Nursing, Grad Diploma in Mental Health

Sue Spencer Ass Dip Welf, Adv Dip Bus Man

Construction Manager New Bendigo Hospital

Adam Hardinge (until November 2014)

Bendigo Hospital Project, Communications

Sarah McAdie BA

Psychiatric Services

Executive Director and Clinical Director

Assoc Prof Philip Tune MBBS FRANZCP

Business Director

Christopher White BBus BComp GradCertHlthSvcMgt
GradDipBus(Hlth) AAMC FACHSM

Group Discipline Senior Psychologist

Susan Lloyd Dip.T., BBSc (Hons), MPsych (Clinical
Neuropsych), MAPS, CCN

Manager Planning and Strategic Development

Peter Robertson RN DipAppSc BPsych Nsg PGDip HSM
MHLth Admin FACHSM GAICD MACMHN

Acting Director of Nursing

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

Senior Psychiatric Nurse Consultant

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

ECAT/Triage PARC (ETP) Team Manager

Brian Jacobs RN, RPN, Grad.Dip.Mgt, M.Bus.,
M.Nursing.

Bendigo Adult Community Mental Health Team

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

Rural North Community Mental Health Team Manager

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

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

Wayne Daly RN Grad Dip CPN

Alexander Bayne Centre Nurse Unit Manager

Sarah Wright Adv Dip MH Nursing and Cert in Substance
Misuse

Vahland Complex Nurse Unit Manager

Robert West RN Div 1 Grad Dip Nursing Science (Mental
Health) MACMHN

Aged Persons Mental Health Service – Community Team Consultation Liaison Psychiatry Business Manager

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

Marjorie Phillips Nurse Unit Manager

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

Acting Alexander Bayne Centre Manager

Fiona Hutchins RN Div 1 Dip Management HR

Child and Adolescent Mental Health Service Manager

Lorraine Flynn RN Cert in Developmental Psychiatry
Course

Clinical Director Child and Adolescent Mental Health Service

Dr Patrick Johnson MBBS MPM Cert Child Psych
FRACGP

Youth Mental Health Service and Primary Mental Health and Early Intervention Team

Eugene Meegan RN, RPN, Grad Dip Psych Nsg, Adv
Diploma of Business Management.

Community and Continuing Care

Executive Director

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

Business Director

Brett Yates BBus (Accounting), CPA

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

Paul Rumpff RN, MN, Grad Cert CCN, Cert Mgmt

Patient Access & Demand Manager

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

Sub Acute Ambulatory Care Services Manager

Wendy Millar BAppSc (Physio) Dip Bus Mgmt

Manager Integrated Palliative Care Service incl. Hospice and Evaluation Unit, Bendigo Community Palliative Care, Day Support Program and Loddon Mallee Regional Palliative Care Consultancy Service

Melanie Shanahan RN BN Grad Dip Mntl Hlth Nsg
MPCAC MPCNA (until June 2015)

Elizabeth Loughnan RN (Acting from June 2015)

Alison Smith RN Dip HE (Acting from June 2015)

Inpatient Rehabilitation Unit Nurse Manager

Susan Jennings RN Post Grad Dip Home & Community
Care Dip Mgmt (until May 2015)

Leanne Munns RN BN(HONS) MHLthSc(Stroke
Management) Cert Gerontology Nsg (Acting from May
2015)

Chief Dentist

Dr Marietta Taylor B DSc GDipPH

Manager Dental Services

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

Director of Allied Health

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

Manager Nutrition and Dietetics

Virginia Fox B SC Grad Dip. Dietetics MDAA APD MBA

Chief Speech Pathologist, Manager of Audiology

Melinda Charlesworth B.AppSc (Sp Path) Prof Cert Hlth Syst

Chief Physiotherapist

Donna Borkowski B Physio Dip MTPT

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

Melissa Silk BASocSci BSocWork AASW Dip Mmt

Chief Podiatrist, Allied Health Education and Research Manager

Marcus Gardner B App Sc (Pod)

Case Management Services Manager

Kate Brown BSc, MND

Program Manager HARP/PAC/Community Health and Diabetes

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

Community Program Manager

Jenny Harriott B Sc Grad Dip Diet Adv Dip Bus Man Cert Health Systems Mgt

Carer Support Services Manager

Rose Miles BA Dip Ed

Coordinator Referral Centre

Donna Dullard Adv Dip Bus Man

Home Nursing and Support Service Program Manager

Mark McCarty RN Grad Cert OH&S, Dip in Community Sector Management (until August 2014)

Gary Greer RN Dip App Sci (Nursing) Dip Health Sci (Ambulance Officer) Grad Cert Business (IT) Grad Cert Nursing (Neurosciences) ACHSM (from October 2014)

Pastoral Care Co-ordinator

Karen Lunney Cert IV TAA & Counselling (Breastfeeding), Dip. Teach., MA(TS), M.Div. (from January 2015)

Rev. Rex Fisher BA, B.Theol, M.Min (Acting June 2014 – December 2014)

Transition Care Program Manager

Vicki Lincoln RN BA Nursing Dip Mgmt Cert IV Workplace Training & Assessment (from July 2014)

Volunteer Services - Manager

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

Residential Services

Executive Director

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

Nursing Director Residential Services

Marlene Connaughton RN Cert Residential Mgmt (until December 2014)

Dodie Bischoff RN BA Nursing/Health Science. Post Grad Cert in Gerontology. Deakin/Amity Management Certificate. Aged Care Assessors Cert. (from December 2014)

Assistant Nursing Director Residential Services

Dodie Bischoff RN BA Nursing/Health science. Post Grad Cert in Gerontology. Deakin/ Amity Management certificate, Aged Care Assessors Cert (until December 2014)

Ruth Warn RN Bachelor of Nursing. Grad Cert in Health Promotion. Cert IV in Frontline Management (acting from December 2014)

Carshalton House Care Co-ordinator

Kim Gordon BA Soc Sc Aged Care Assessors Cert

Golden Oaks Nursing Home Nurse Manager

Sandi Lavin RN, BA Nursing

Gibson Street Complex Manager (Joan Pinder Nursing and Stella Anderson Nursing Homes)

Wendy McLochlan RN, BA Health Science (Nursing) (until December 2014)

Linda Burnard RN. Post Grad Cert in Gerontology (from December 2014)

Simpkin House – Nurse Manager

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

World Class Healthcare



STATUTORY COMPLIANCE

Freedom of Information

Freedom of Information Act 1982 provides the public with a means of obtaining information held by the organisation. During the 2014-15 financial year 409 requests were received. Of these, 330 were granted full access, 30 partial access (s.30(1) was used in 2 requests, s.33(1) was used in 22 requests, s.35(1)(b) was used in 10 requests, s.38 was used in 10 requests,) 1 was denied in full (s.30(1), s.33(1) and s.35(1)(b) were all applied), 7 withdrawn, 5 did not proceed, 16 no documents held and 20 not finalised as at 30 June 2015.

Of the requests outstanding for the previous year, 43 were granted full access and 7 partial access.

Building and Maintenance

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

There are no maintenance orders. All renovations to existing buildings confirm to the Building Act 1993.

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

Statement on National Competition Policy

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

Victorian Industry Participation Policy

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

Availability of Other Information

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

- a. A statement of pecuniary interest has been completed
- b. Details of shares held by senior officers as nominee or held beneficially
- c. Details of publications produced by the department about the activities of the Health Service and where they can be obtained
- d. Details of changes in prices, fees, charges, rates and levies charged by the Health Service
- e. Details of any major external reviews carried out on the Health Service
- f. Details of major research and development activities undertaken by the Health Service that are not otherwise covered either in the Report of Operations or in a document that contains the financial report and Report of Operations

- g. Details of overseas visits undertaken including a summary of the objectives and outcomes of each visit
- h. Details of major promotional, public relations and marketing activities undertaken by the Health Service to develop community awareness of the Health Service and its services
- i. Details of assessments and measures undertaken to improve the occupational health and safety of employees
- j. General statement on industrial relations within the Health Service and details of time lost through industrial accidents and disputes, which is not otherwise detailed in the Report of Operations, and
- k. A list of major committees sponsored by the Health Service, the purpose of each committee and the extent to which the purposes have been achieved.

Statement on the Application of Employment and Conduct Principals

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

Carers Recognition Act 2012

Bendigo Health Care Group -

- (a) takes all practicable measures to ensure that its employees and agents have an awareness and understanding of the care relationship principles; and
- (b) takes all practicable measures to ensure that persons who are in care relationships and who are receiving services in relation to the care relationship from the care support organisation have an awareness and understanding of the care relationship principles; and
- (c) takes all practicable measures to ensure that the care support organisation and its employees and agents reflect the care relationship principles in developing, providing or evaluating support and assistance for persons in care relationships.

Protected Disclosure Act 2012

Bendigo Health Care Group has a protocol, (including policy) consistent with the requirements of the Protected Disclosures Act 2012, which supports staff to disclose improper or corrupt conduct within the Group.

ATTESTATIONS/ DECLARATIONS



Attestation of Compliance with Australia/New Zealand Risk Management Standard

I, Sue Clarke, Acting Chair - Board of Directors, certify that Bendigo Health Care Group has risk management processes in place consistent with the Australian-New Zealand Risk Management Standard (ISO 31000:2009) and an internal control system is in place that enables the organisation to continually improve our understanding, management and control of risk exposures. The board verifies the assurance and that the risk profile of the Bendigo Health Care Group has been critically reviewed within the last 12 months.

Ms Sue Clarke
Acting Chair – Board of Directors
Bendigo Health

Attestation of Data Integrity

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

Ms Sue Clarke
Acting Chair – Board of Directors
Bendigo Health

Responsible Bodies Declaration

In accordance with the Financial Management Act 1994, I am pleased to present the Report of Operations for Bendigo Health Care Group for the year ending 30 June 2015.

Ms Sue Clarke
Acting Chair – Board of Directors
Bendigo Health

Attestation for compliance with the Ministerial Standing Direction 4.5.5.1 - Insurance

I, Sue Clarke certify that the Bendigo Health Care Group has complied with Ministerial Direction 4.5.5.1 – Insurance.

Ms Sue Clarke
Acting Chair – Board of Directors
Bendigo Health

Trustworthy



DISCLOSURE INDEX

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

LEGISLATION	REQUIREMENT	PAGE REFERENCE
	Ministerial Directions	
Report of Operations		
Charter and purpose		
FRD 22F	Manner of establishment and the relevant Ministers	1
FRD 22F	Purpose, functions, powers and duties	1
FRD 22F	Initiatives and key achievements	6
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Legislation

Freedom of Information Act 1982

Protected Disclosure Act 2012

Carers Recognition Act 2012

Victorian Industry Participation Policy Act 2003

Building Act 1993

Financial Management Act 1994

STATEMENT OF PRIORITIES



The Victorian Government's priorities and policy directions are outlined in the *Victorian Health Priorities Framework 2012–2022*.

All deliverables below in the Statement of Priorities: Part A have been met.

In 2014–15 Bendigo Health will contribute to the achievement of these priorities by:

Statement of Priorities: Part A - Strategic priorities

PRIORITY	ACTION	DELIVERABLE
Developing a system that is responsive to people's needs	Develop an organisational policy for the provision of safe, high quality end of life care in acute and subacute settings, with clear guidance about the role of, and access to, specialist palliative care.	Through the development of the Bendigo Health integrated Palliative Care Service (BHIPCS) model of care, deliver: <ul style="list-style-type: none"> A review and update of the admission protocol for Palliative Care Unit/Palliative Care Service December 2014 A single referral protocol for assessment for and support through Bendigo Health Palliative Care Services by June 2015. Introduction, trial and review a supportive Palliative Care model in the Medical unit by November 2014.
	Implement an organisation-wide policy for responding to clinical and non-clinical violence and aggression by patients, staff and visitors (including code grey) that aligns with department guidance (2014).	Implementation of a Code Grey emergency response at Bendigo Health in order to address violence and aggression by patients, staff and visitors by June 2015.
	Implement formal advance care planning structures and processes, including putting into place a system for preparing and/or receiving, and documenting advance care plans in partnership with patients, carers and substitute decision makers.	Implementation of the Respecting Patient Choices (RPC) program supported by Advance Care Planning Coordinator. Development of a quality-assured system for discussing, recording and documenting patients' preferences for their future healthcare.
Improving every Victorian's health status and experiences	Use consumer feedback to improve person and family centred care, health service practice and patient experience.	5% improvement in person-centred care annually. Measured annually via Bendigo Health Person Centred Care Survey (based on validated tool developed by National Ageing Research Institute. Baseline result obtained in April 2014).
	Support local implementation of the Victorian Health and Wellbeing Plan 2011–2015 through collaboration with key partners such as Local Government, Medicare Locals, community health services and other agencies (for example Women's Health Victoria and VACCHO). Reduce unplanned readmissions.	Active leadership provided to the Healthy Together Bendigo Initiative by June 2015. Use of data and reports from Victorian Health Experience Measurement Instrument to inform improvements to Patient Experience at Bendigo Health. Creation of a plan to reduce readmission rates by 1% this financial year. Use of Dr Foster Quality Investigator Tool "Readmission" data and scorecards to assess impact of improvement initiatives and inform future improvement efforts.

PRIORITY	ACTION	DELIVERABLE
Expanding service, workforce and system capacity	Develop and implement a workforce immunisation plan that includes pre-employment screening and immunisation assessment for existing staff that work in high risk areas in order to align with Australian infection control and immunisation guidelines.	Review and update of existing Bendigo Health Staff Immunisation protocol to ensure pre-employment screening is conducted for staff working in high risk areas by June 2015
	Build workforce capability and sustainability by supporting formal and informal clinical education and training for staff and health students, in particular inter-professional learning.	Continuation of the Bendigo Health formulated workforce planning strategy which will guide detailed workforce plan. Completion of data collection and analysis of standard set of metrics by January 2015.
	Increase employment of Aboriginal people in mainstream health services in line with the strategic objectives of Koolin Balit: Victorian Government strategic directions for Aboriginal Health 2012-2022 and Karreeta Yirramboi workforce participation targets.	Continued implementation of the Bendigo Health Aboriginal employment plan including 2014-15 deliverables.
Increasing the system's financial sustainability and productivity	Reduce health service administrative costs.	Shared clinical and non-clinical services identified with partner health services through the Strengthening Health Services project by June 2015. Establishment of an additional non-clinical shared service region wide by June 2015.
Implementing continuous improvements and innovation	Drive improved health outcomes through a strong focus on patient-centred care in the planning, delivery and evaluation of services, and the development of new models for putting patients first.	Completion of 12 operational Models of Care incorporating patient centred care principles in their development by June 2015 in preparation for transition and service delivery in the new Bendigo Hospital. Implementation of 2014-15 deliverables as per approved Bendigo Health Change Management Plan. Review completed of Psychiatric Services to ensure compliance with the new Mental Health Act and a World Class Model of Care by June 2015.
Increasing accountability & transparency	Undertake an annual board assessment to identify and develop board capability to ensure all board members are well equipped to effectively discharge their responsibilities. Demonstrate a strategic focus and commitment to aged care by responding to community need as well as the Commonwealth Living Longer Living Better reforms (applicable to health services administering aged care services).	Board of Directors undergoes annual assessment and addresses identified areas for development by June 2015. Strategic discussion and options paper responding to Living Longer, Living Better Reforms to leverage opportunities in Aged Care, Mental Health and the Primary Health Care system completed by June 2015.
Improving utilisation of e-health and Communications technology.	Ensure local ICT strategic plans are in place.	Development of the Bendigo Health ICT infrastructure plan by June 2015. Selection of an Electronic Medical Record System vendor by June 2015. Selection and commencement of implementation of an Enterprise Content Management System by June 2015.

FINANCIAL REPORT

2014-15

Annual Report - Statement of Priorities for 2014/15

Part B: Performance Priorities

Safety and quality performance

Key performance indicator	Target	Outcome
Patient experience and outcomes		
Victorian Healthcare Experience Survey ⁽¹⁾	Full compliance	Full compliance
Healthcare associated infection surveillance	No outliers	No outliers
ICU central line associated blood stream infections (ICU CLABSI)	No outliers	No outliers
SAB rate per occupied bed days ⁽²⁾	< 2/10,000	0.3
Maternity - Percentage of women with prearranged postnatal home care	100	100
Mental health - 28 day readmission rate	14	12
Mental health - Post-discharge follow up rate	75	93%
Mental health - Seclusion rate per occupied bed days	< 15/1,000	2
Governance, leadership and culture		
Patient safety culture	80	Not Achieved
Safety and quality		
Health service accreditation	Full compliance	Achieved
Residential aged care accreditation	Full compliance	Achieved
Cleaning standards	Full compliance	Achieved
Cleaning standards (AQL-A)	90	Achieved
Cleaning standards (AQL-B)	85	Achieved
Cleaning standards (AQL-C)	85	Achieved
Hand hygiene (rate) – quarter 2	75	Achieved
Hand hygiene (rate) – quarter 3	77	Achieved
Hand hygiene (rate) – quarter 4	80	Achieved
Healthcare worker immunisation - influenza	75	Not Achieved
Financial sustainability performance		
Key performance indicator		
Finance		
Annual operating result (\$m)	2.02	3.1
Creditors	60	33
Debtors	60	43
Percentage of WIES ⁽¹⁾ (public & private) performance to target	+/- 3%	101
Asset management		
Basic asset management plan	Full compliance	Achieved
Access performance		
Key performance indicator		
Emergency care		
Percentage of ambulance transfers within 40 minutes	90	92
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	71
NEAT - Percentage of emergency presentations to physically leave the emergency department for admission to hospital, be referred to another hospital for treatment, or be discharged within four hours	81	78
Number of patients with a length of stay in the emergency department greater than 24 hours	0	9
Elective surgery		
NEST - 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	88	70
NEST - Percentage of Urgency Category 3 elective surgery patients treated within 365 days	97	94
Number of patients on the elective surgery waiting list ⁽¹⁾	850	925
Number of Hospital Initiated Postponements (HiPs) per 100 scheduled admissions	8	7
Number of patients admitted from the elective surgery waiting list – quarter 1	1,160	1206
Number of patients admitted from the elective surgery waiting list – quarter 2	1,045	1099
Number of patients admitted from the elective surgery waiting list – quarter 3	957	1009
Number of patients admitted from the elective surgery waiting list – quarter 4	1,207	1256
Number of patients admitted from the elective surgery waiting list – annual total	4,369	4570
Critical care		
Adult ICU number of days below the agreed minimum operating capacity ⁽²⁾	0	0
⁽¹⁾ The target shown is the number of patients on the elective surgery waiting list as at 30 June 2015.		
⁽²⁾ The agreed minimum operating capacity is 5 ICU bed equivalents.		

Part C: Activity and Funding

Funding type	Activity	
Acute Admitted		
WIES Public	20,887	20645
WIES Private	3,346	3747
WIES (Public and Private)	24,233	24392
WIES DVA	516	552
WIES TAC	181	260
WIES TOTAL	24,930	25204
Acute Non-Admitted		
Emergency Services		48070
Specialist Clinics		76895
Subacute & Non-Acute Admitted		
Rehab Public	13,824	16533
Rehab Private	2,879	4341
Rehab DVA	986	935
GEM Public	17,273	12183
GEM Private	5,590	3332
GEM DVA	2,055	1900
Palliative Care Public	2,673	3625
Palliative Care Private	1,256	1291
Palliative Care DVA	225	90
Transition Care - Beddays	18,614	17512
Transition Care - Homeday	12,411	10801
Subacute Non-Admitted		
Health Independence Program	48,611	50502
Aged Care		
Aged Care Assessment Service	3,837	3094
Residential Aged Care	82,574	91951
HACC	62,438	69984
Mental Health and Drug Services		
Mental Health Inpatient - Beddays	2,922	14142
Mental Health Inpatient - WOt	12,401	<i>not available</i>
Mental Health Ambulatory	61,100	44212
Mental Health Residential	10,958	9609
Mental Health Sub Acute	12,387	13502

Financials in Brief

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

	2014/15 \$000	2013/14 \$000	2012/13 \$000	2011/12 \$000	2010/11 \$000
Total Expenses	357,294	340,528	329,666	334,308	312,211
Total Revenue	347,270	332,869	323,160	329,699	310,377
Net Result Before Capital & Specific Items	3,138	2,948	1,608	721	316
Net Result for the Year	(10,024)	(7,659)	(6,506)	(4,609)	(1,834)
Accumulated Surpluses/(Deficits)	(39,480)	(29,620)	(22,109)	(15,276)	(9,996)
Total Assets	253,870	264,812	235,790	233,774	234,033
Total Liabilities	83,273	84,191	91,915	83,393	79,043
Net Assets	170,597	180,621	143,875	150,381	154,990

Operational Summary

Bendigo Health Care Group recorded a statement of priorities operating surplus for the 2014/15 financial year which was favourable to budget.

Consultancy Expenditure

CONSULTANT	PURPOSE OF CONSULTANCY	Start Date	End Date	Expenditure		
				Total Approved (ex GST) \$'000	Expensed 14-15 (ex GST) \$'000	Future Expense (ex GST) \$'000
Angela Ballard	Workplace Investigation	Oct-14	May-15	32	32	0
Applied Aged Care Solutions Pty Ltd	Aged Care Funding Instrument Review	Jun-15	Jun-15	32	32	0
Greg Jones Health Services Pty Ltd	Feasibility Study	Mar-15	Mar-15	17	17	0
Katsieris Origami	Architectural & Interior Design Work for BH Project	Jul-14	Jun-15	56	51	5
Moore Stephens Melbourne Pty Ltd	Provision of Probity Services - EMR Project	Aug-14	Jun-15	81	81	0
Noel Arnold & Associates Pty Ltd	Services relating to Management of UST Works	Sep-14	Nov-14	21	21	0
People Potential Unlimited	Respite Project	Aug-14	Jun-15	13	13	0
Young Lehmann & Co Pty Ltd	Feasibility Study	Jun-15	Jun-15	11	11	0

In 2014-2015, Bendigo Health engaged 8 consultancies where the total fees payable to the consultants were less than \$10,000, with a total expenditure of \$24,323.86 (excl GST).

INDEPENDENT AUDITOR'S REPORT

To the Board Members, Bendigo Health Care Group

The Financial Report

The accompanying financial report for the year ended 30 June 2015 of the Bendigo Health Care Group which comprises 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, Chief Finance & Accounting Officer's Declaration has been audited.

The Board Members' Responsibility for the Financial Report

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

Auditor's Responsibility

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

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

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

Independent Auditor's Report (continued)

Independence

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

Opinion

In my opinion, the financial report presents fairly, in all material respects, the financial position of the Bendigo Health Care Group as at 30 June 2015 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*.

MELBOURNE
31 August 2015



John Doyle
Auditor-General

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

The attached financial statements for Bendigo Health Care Group have been prepared in accordance with Standing Direction 4.2 of the Financial Management Act 1994, applicable *Financial Reporting Directions*, Australian Accounting Standards including Interpretations, and other mandatory professional reporting requirements.

We further state that, in our opinion, the information set out in the Comprehensive Operating Statement, Balance Sheet, Statement of Changes in Equity, Cash Flow Statement and accompanying notes, presents fairly the financial transactions during the year ended 30 June 2015 and the financial position of Bendigo Health Care Group at 30 June 2015.

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

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



R G Cameron

Chair



J D Mulder

Chief Executive Officer



A B Collins

Chief Financial Officer

Dated the 27th day of August 2015
at Bendigo

Bendigo Health Care Group
Comprehensive Operating Statement For the Year Ended 30 June 2015

	Note	2015 \$'000	2014 \$'000
Revenue from Operating Activities	2	323,596	311,132
Revenue from Non-operating Activities	2	11,658	10,633
Employee Expenses	3	(236,524)	(223,597)
Non Salary Labour Costs	3	(11,219)	(10,867)
Supplies & Consumables	3	(48,762)	(49,495)
Other Expenses	3	(35,611)	(34,858)
Net Result Before Capital & Specific Items		3,138	2,948
Capital Purpose Income	2	12,016	11,199
Depreciation	4	(17,277)	(17,736)
Expenditure using Capital Purpose Income	3	(7,901)	(4,772)
Assets Provided Free of Charge	2	0	702
NET RESULT FOR THE YEAR		(10,024)	(7,659)
Other Comprehensive Income			
Items that will not be reclassified to net result			
Changes in physical asset revaluation surplus	15a	0	44,405
Total Other Comprehensive Income		0	44,405
COMPREHENSIVE RESULT		(10,024)	36,746

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

**Bendigo Health Care Group
Balance Sheet
As at 30 June 2015**

	Note	2015 \$'000	2014 \$'000
Current Assets			
Cash and Cash Equivalents	5	10,220	14,924
Receivables	6	10,591	8,098
Other Financial Assets	7	137	119
Inventories	8	2,416	2,246
Other Current Assets	9	950	836
Total Current Assets		24,314	26,223
Non-Current Assets			
Receivables	6	11,014	9,078
Property, Plant & Equipment	10	218,542	229,511
Total Non-Current Assets		229,556	238,589
TOTAL ASSETS		253,870	264,812
Current Liabilities			
Payables	11	11,909	12,032
Provisions	12	53,619	56,037
Other Liabilities	14	8,669	7,177
Total Current Liabilities		74,197	75,246
Non-Current Liabilities			
Provisions	12	9,076	8,945
Total Non-Current Liabilities		9,076	8,945
TOTAL LIABILITIES		83,273	84,191
NET ASSETS		170,597	180,621
EQUITY			
Property, Plant & Equipment Revaluation Surplus	15a	107,152	107,152
Restricted Specific Purpose Surplus	15a	3,885	4,049
Contributed Capital	15b	99,040	99,040
Accumulated Surpluses/(Deficits)	15c	(39,480)	(29,620)
TOTAL EQUITY	15d	170,597	180,621
Contingent Liabilities and Contingent Assets	19		
Commitments for Expenditure	18		

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

Bendigo Health Care Group
Statement of Changes in Equity
For the Year Ended 30 June 2015

		Property, Plant & Equipment Revaluation Surplus	Restricted Specific Purpose Surplus	Contributions by Owners	Accumulated Surplus/(Deficit)	Total
	Note	\$'000	\$'000	\$'000	\$'000	\$'000
Balance at 1 July 2013		62,747	4,197	99,040	(22,109)	143,875
Net Result for the Year	15c	0	0	0	(7,659)	(7,659)
Other comprehensive income for the year	15a	44,405	0	0	0	44,405
Transfer to accumulated surplus	15c	0	(148)	0	148	0
Balance at 30th June 2014	15d	107,152	4,049	99,040	(29,620)	180,621
Net Result for the Year	15c	0	0	0	(10,024)	(10,024)
Other comprehensive income for the year	15a	0	0	0	0	0
Transfer to accumulated surplus	15c	0	(164)	0	164	0
Balance at 30th June 2015	15d	107,152	3,885	99,040	(39,480)	170,597

This Statement should be read in conjunction with the accompanying notes

Bendigo Health Care Group
Cash Flow Statement
For the Year Ended 30 June 2015

	Note	2015 \$'000	2014 \$'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Operating Grants from Government		273,124	265,096
Patient and Resident Fees Received		28,505	25,135
Private Practice Fees Received		941	875
Donations and Bequests Received		411	388
GST Received from/(paid to) ATO		7,247	7,294
Recoupment from private practice for use of hospital facilities		13	21
Interest Received		683	761
Other Receipts		27,059	29,921
Employee Expenses Paid		(257,386)	(237,657)
Payments for Suppliers & Consumables		(50,109)	(50,852)
Other Payments		(35,512)	(46,210)
Cash Generated from Operations		(5,024)	(5,228)
Capital Grants from Government		9,119	10,207
Other Capital Receipts		1,303	1,153
NET CASH INFLOW/(OUTFLOW) FROM OPERATING ACTIVITIES	16	5,398	6,132
CASH FLOWS FROM INVESTING ACTIVITIES			
Purchase of Property, Plant & Equipment		(12,308)	(11,854)
Proceeds from Sale of Property, Plant & Equipment		455	325
NET CASH INFLOW/(OUTFLOW) FROM INVESTING ACTIVITIES		(11,853)	(11,529)
NET INCREASE/(DECREASE) IN CASH AND CASH EQUIVALENTS HELD		(6,455)	(5,397)
CASH AND CASH EQUIVALENTS AT BEGINNING OF YEAR		6,567	11,964
CASH AND CASH EQUIVALENTS AT END OF YEAR	5	112	6,567

This Statement should be read in conjunction with the accompanying notes

Note 1: Summary of significant accounting policies

These annual financial statements represent the audited general purpose financial statements for Bendigo Health Care Group for the period ending 30 June 2015. The purpose of the report is to provide users with information about the Bendigo Health Care Group's stewardship of resources entrusted to it.

(a) Statement of compliance

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

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

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

The annual financial statements were authorised for issue by the Board of Bendigo Health Care Group on 27th August 2015.

(b) Basis of accounting preparation and measurement

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

The accounting policies set out below have been applied in preparing the financial statements for the year ended 30 June 2015, and the comparative information presented in these financial statements for the year ended 30 June 2014.

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

These financial statements are presented in Australian dollars, the functional and presentation currency of Bendigo Health Care Group.

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

The financial statements are prepared in accordance with the historical cost convention, except for:

- non-current physical assets, which subsequent to acquisition, are measured at a revalued amount being their fair value at the date of the revaluation less any subsequent accumulated depreciation and subsequent impairment losses.

Revaluations are made 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 (i.e. other comprehensive income – items that may be reclassified subsequent to net result); and
- the fair value of assets other than land is generally based on their depreciated replacement value.

Judgements, estimates and assumptions are required to be made about the carrying values of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on professional judgements derived from historical experience and various other factors that are believed to be reasonable under the circumstances. Actual results may differ from these estimates.

Revisions to accounting estimates are recognised in the period in which the estimate is revised and also in future periods that are affected by the revision. Judgements and assumptions made by management in the application of AASs that have significant effects on the financial statements and estimates relate to:

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

Consistent with AASB 13 *Fair Value Measurement*, Bendigo Health Care Group determines the policies and procedures for both recurring fair value measurements such as property, plant and equipment, investment properties and financial instruments, and for non-recurring fair value measurements such as non-financial physical assets held for sale, in accordance with the requirements of AASB 13 and the relevant FRDs.

All assets and liabilities for which fair value is measured or disclosed in the financial statements are categorised within the fair value hierarchy, described as follows, based on the lowest level input that is significant to the fair value measurement as a whole:

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

For the purpose of fair value disclosures, Bendigo Health Care Group has determined classes of assets and liabilities on the basis of the nature, characteristics and risks of the asset or liability and the level of the fair value hierarchy as explained above.

In addition, Bendigo Health Care Group determines whether transfers have occurred between levels in the hierarchy by re-assessing categorisation (based on the lowest level

input that is significant to the fair value measurement as a whole) at the end of each reporting period.

The Valuer-General Victoria (VGV) is Bendigo Health Care Group's independent valuation agency.

(c) Reporting entity

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

Its principal address is:
Lucan Street
Bendigo, Victoria, 3550

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

Objectives and funding

Bendigo Health Care Group's overall objective is the provision of Health Services.

Bendigo Health Care Group is predominantly funded by accrual based grant funding for the provision of outputs.

(d) Principles of consolidation

Jointly controlled assets or operations

Interests in jointly controlled assets or operations are not consolidated by Bendigo Health Care Group, but are accounted for in accordance with the policy outlined in Note 1(k) Financial Assets.

Details of joint operations are set out in Note 21.

(e) Scope and presentation of financial statements

Fund Accounting

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

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

Activities classified as *Services Supported by Health Services Agreement* (HSA) are substantially funded by the Department of Health and Human Services and includes Residential Aged Care Services (RACS) and are also funded from other sources such as the Commonwealth, patients and residents, while *Services Supported by Hospital*

and Community Initiatives (H&CI) are funded by the Bendigo Health Care Group's own activities or local initiatives and/or the Commonwealth.

Residential Aged Care Service

The *Residential Aged Care Service* operations are an integral part of the Bendigo Health Care Group and shares its resources. An apportionment of land and buildings has been made based on floor space. The results of the two operations have been segregated based on actual revenue earned and expenditure incurred by each operation in Note 2 and 3 of the financial statements.

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 Bendigo Health Care Group. This subtotal reports the result excluding items such as capital grants, assets received or provided free of charge, depreciation, expenditure using capital purpose income and items of an unusual nature and amount such as specific income and expenses. The exclusion of these items is made to enhance matching of income and expenses so as to facilitate the comparability and consistency of results between years and Victorian Public Health Services. The 'net result before capital & specific items' is used by the management of Bendigo Health Care Group, the Department of Health and Human Services and the Victorian Government to measure the ongoing operating performance of Health Services.

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

- ❖ capital purpose income, which comprises all tied grants, donations and bequests received for the purpose of acquiring non-current assets, such as capital works, plant and equipment or intangible assets. It also includes donations of plant and equipment (refer Note 1 (g)). Consequently the recognition of revenue as capital purpose income is based on the intention of the provider of the revenue at the time the revenue is provided;
- ❖ specific income/expense, comprises the following items, where material:
 - Voluntary departure packages
 - Write-down of inventories
 - Non-current asset revaluation increments/decrements
 - Diminution/impairment of investments
 - Restructuring of operations (disaggregation/aggregation of Health Services)
 - Litigation settlements
 - Non-current assets lost or found
 - Forgiveness of loans
 - Reversals of provisions
 - Voluntary changes in accounting policies (which are not required by an accounting standard or other authoritative pronouncement of the Australian Accounting Standards Board);

- ❖ Impairment of financial and non-financial assets, includes all impairment losses (and reversal of previous impairment losses), which have been recognised in accordance with Note 1 (k);
- ❖ Depreciation and amortisation, as described in Note 1 (h);
- ❖ Assets provided or received free of charge (refer to Notes 1 (g) and (h)); and
- ❖ Expenditure using capital purpose income, comprises expenditure which either falls below the asset capitalisation threshold or doesn't meet asset recognition criteria and therefore does not result in the recognition of an asset in the balance sheet, where funding for that expenditure is from capital purpose income.

Balance sheet

Assets and liabilities are categorised either as current or non-current (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 reconciliations of each non-owner and owner changes in equity from 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.

Cash flow statement

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

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

Rounding

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

Minor discrepancies in tables between totals and sum of components are due to rounding.

(f) Change in Accounting policies

Subsequent to the 2013-14 reporting period, the following new and revised Standards have been adopted for the first time in the current period with their financial impacts disclosed.

AASB 11 Joint Arrangements

In accordance with AASB 11, there are two types of joint arrangements, i.e. joint operations and joint ventures. Joint operations arise where the investors have rights to the assets and obligations for the liabilities of an arrangement. A joint operator accounts for its share of the assets, liabilities, revenue and expenses. Joint ventures arise where the investors have rights to the new assets of the arrangement; joint ventures are accounted for under the equity method. Proportionate consolidation of joint ventures is no longer permitted.

Bendigo Health Care Group has reviewed its existing contractual arrangements with other entities to ensure they are aligned with the new classifications under AASB 11.

Based on this review, the joint arrangement with Loddon Mallee Rural Health Alliance will continued to be disclosed as a joint operation. Refer Note 21 for further details.

AASB 2015-7 Fair Value disclosures of Not-for-Profit Public Sector Entities

The Australian Accounting Standards Board issued an amending accounting standard AASB 2015-7 Amendments to Australian Accounting Standards - Fair Value disclosures of Not-for-Profit Public Sector Entities on 13 July 2015. In accordance with FRD 7A Early adoption of authoritative accounting pronouncements, the Minister for Finance has approved the option for Victorian not-for-profit public sector entities to early adopt the amending accounting standard to enable them to benefit from some limited exemption in relation to fair value disclosures for the 2014-15 reporting period. The limited exemption is available to those entities whose assets are held primarily for their current service potential rather than to generate net cash inflows.

Bendigo Health Care Group meets the criteria specified in AASB 2015-7 to benefit from the reduced disclosure requirements, so it has chosen to early adopt the amendments to Fair Value disclosure of Not-for-profit-public sector entities.

(g) Income from transactions

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

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

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

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

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

Indirect Contributions from the Department of Health and Human Services

- Insurance is recognised as revenue following advice from the Department of Health and Human Services.
- 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 (update for 2013-14).

Patient and Resident Fees

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

Private Practice Fees

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

Revenue from commercial activities

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

Donations and Other Bequests

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

Dividend Revenue

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

Interest Revenue

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

Sale of investments

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

Fair value of assets and services received free of charge or for nominal consideration

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

(h) Expense recognition

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

Cost of goods sold

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

Employee expenses

Employee expenses include:

- wages and salaries;
- annual leave;
- sick leave;
- long service leave; and
- superannuation expenses which are reported differently depending upon whether employees are members of defined benefit or defined contribution plans.

Defined contribution superannuation plans

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

Defined benefit superannuation plans

The amount charged to the comprehensive operating statement in respect of defined benefit superannuation plans represents the contributions made by Bendigo Health Care Group to the superannuation plans in respect of the services of current Bendigo Health 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 Bendigo Health Care Group are entitled to receive superannuation benefits and Bendigo Health Care Group contributes to both the defined benefit and defined contribution plans. The defined benefit plan(s) provide benefits based on years of service and final average salary.

The name and details of the major employee superannuation funds and contributions made by the Bendigo Health Care Group are disclosed in Note 13: *Superannuation*.

Depreciation

All infrastructure assets, buildings, plant and equipment and other non-financial physical assets that have finite useful lives are depreciated (i.e. excludes land assets held for sale, and investment properties). Depreciation 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.

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

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

	2015	2014
Buildings		
- Structure Shell Building Fabric	28-60 years	28-60 years
- Site Engineering Services and Central Plant	40 years	40 years
Central Plant		
- Fit Out	25 years	25 years
- Trunk Reticulated Building Systems	30 years	30 years
Plant & Equipment	4 to 20 years	4 to 20 years
Medical Equipment	4 to 20 years	4 to 20 years
Computers and Communication	4 years	4 years
Furniture and Fitting	15 years	15 years
Motor Vehicles	7 years	7 years

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

Intangible produced assets with finite lives are depreciated as an expense on a systematic basis over the asset's useful life.

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

Bad and doubtful debts

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

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

Contributions of resources provided free of charge or for nominal consideration are recognised at their fair value when the transferee obtains control over them, irrespective of whether restrictions or conditions are imposed over the use of the contributions, unless received from another agency as a consequence of a

restructuring of administrative arrangements. In the latter case, such a transfer will be recognised at its carrying value.

Contributions in the form of services are only recognised when a fair value can be reliably determined and the services would have been purchased if not donated.

(i) Other comprehensive income

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

Net gain/ (loss) on non-financial assets

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

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

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

Net gain/ (loss) on 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 the difference between the proceeds and the carrying value of the asset at the time.

Revaluations of financial instrument at fair value

Refer to Note 1 (j) *Financial instruments*.

Share of net profits/ (losses) of associates and joint entities, excluding dividends.

Refer to Note 1 (d) *Basis of consolidation*.

Other gains/ (losses) from other comprehensive income

Other gains/ (losses) include:

- transfer of amounts from the reserves to accumulated surplus or net result due to disposal or derecognition or reclassification.

(j) Financial instruments

Financial instruments arise out of contractual agreements that give rise to a financial asset of one entity and a financial liability or equity instrument of another entity. Due to the nature of Bendigo Health Care Group's activities, certain financial assets and financial liabilities arise under statute rather than a contract. Such financial assets and financial liabilities do not meet the definition of financial instruments in AASB 132 *Financial Instruments: Presentation*. For example, statutory receivables arising from taxes, fines and penalties do not meet the definition of financial instruments as they do not arise under contract.

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

The following refers to financial instruments unless otherwise stated.

Categories of non-derivative financial instruments

Financial assets and liabilities at fair value through profit or loss

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

Financial instruments at fair value through profit or loss are initially measured at fair value and attributable transaction costs are expensed as incurred. Subsequently, any changes in fair value are recognised in the net result as other comprehensive income. Any dividend or interest on a financial asset is recognised in the net result for the year.

Reclassification of financial instruments at fair value through profit or loss

Financial instrument assets that meet the definition of loans and receivables may be reclassified out of the fair value through profit and loss category into the loans and receivables category, where they would have met the definition of loans and receivables had they not been required to be classified as fair value through profit and loss. In these cases, the financial instrument assets may be reclassified out of the fair value through profit and loss category, if there is the intention and ability to hold them for the foreseeable future or until maturity.

Loans and receivables

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

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

Available-for-sale financial assets

Available-for-sale financial instrument assets are those designated as available-for-sale or not classified in any other category of financial instrument asset. Such assets are initially recognised at fair value. Subsequent to initial recognition, gains and losses arising from changes in fair value are recognised in 'other comprehensive income' until the investment is disposed of or is determined to be impaired, at which time the cumulative gain or loss previously recognised in equity is included in net result for the period. Fair value is determined in the manner described in Note 17.

Financial liabilities at amortised cost

Financial instrument liabilities are initially recognised on the date they are originated. They are initially measured at fair value plus any directly attributable transaction costs. Subsequent to initial recognition, these financial instruments are measured at amortised cost with any difference between the initial recognised amount and the redemption value

being recognised in profit and loss over the period of the interest-bearing liability, using the effective interest rate method.

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

(k) Assets

Cash and Cash Equivalents

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

For cash flow statement presentation purposes, cash and cash equivalents include bank overdrafts, which are included as liabilities on the balance sheet.

Receivables

Receivables consist of:

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

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

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

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

Investments and other financial assets

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

Investments are classified in the following categories:

- financial assets at fair value through profit or loss;
- loans and receivables; and
- available-for-sale financial assets.

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

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

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

Inventories

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

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

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

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

Property, plant and equipment

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

More details about the valuation techniques and inputs used in determining the fair value of non-financial physical assets are discussed in Note 10 *Property, plant and equipment*.

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 physical restrictions imposed on the asset, public announcements or commitments made in relation to the intended use of the asset. Theoretical opportunities that may be available in relation to the asset(s) are not taken into account until it is virtually certain that any restrictions will no longer apply. Therefore, unless otherwise disclosed, the current use of these non-financial physical assets will be their highest and best uses.

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

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

Revaluations of non-current physical assets

Non-current physical assets are measured at fair value and are revalued in accordance with FRD 103F *Non-financial 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 recognised in 'other comprehensive income' and are credited directly in equity to the asset revaluation surplus, except that, to the extent that an increment reverses a revaluation decrement in respect of that same class of asset previously recognised as an expense in net result, the increment is recognised as income in the net result.

Revaluation decrements are recognised 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 an asset class are offset against one another within that class but are not offset in respect of assets in different classes.

Revaluation surplus is not normally transferred to accumulated funds on derecognition of the relevant asset.

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

Prepayments

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

Disposal of non-financial assets

Any gain or loss on the sale of non-financial assets is recognised in the comprehensive operating statement. Refer to note 1(i) – 'comprehensive income'.

Impairment of non-financial assets

All non-financial assets are assessed annually for indications of impairment, except for inventories.

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

If there is an indication that there has been a reversal in the estimate of an asset's recoverable amount since the last impairment loss was recognised, the carrying amount

shall be increased to its recoverable amount. This reversal of the impairment loss occurs only to the extent that the asset's carrying amount does not exceed the carrying amount that would have been determined, net of depreciation or amortisation, if no impairment loss had been recognised in prior years.

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

Investments in joint operations

In respect of any interest in joint operations, Bendigo Health Care Group recognises in the financial statements:

- its assets, including its share of any assets held jointly;
- any liabilities including its share of liabilities that it had incurred;
- its revenue from the sale of its share of the output from the joint operation;
- its share of the revenue from the sale of the output by the operation; and
- its expenses, including its share of any expenses incurred jointly.

Derecognition of financial assets

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

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

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

Impairment of financial assets

At the end of each reporting period Bendigo Health Care Group assesses whether there is objective evidence that a financial asset or group of financial asset is impaired. All financial instrument assets, except those measured at fair value through profit or loss, are subject to annual review for impairment.

Receivables are assessed for bad and doubtful debts on a regular basis. Bad debts considered as written off and allowances for doubtful receivables are expensed. Bad debt written off by mutual consent and the allowance for doubtful debts are classified as 'other comprehensive income' 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.

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

Net gain/(loss) on financial instruments

Net gain/(loss) on financial instruments includes:

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

Revaluations of financial instruments at fair value

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

(I) Liabilities

Payables

Payables consist of:

- contractual payables which consist predominantly of accounts payable representing liabilities for goods and services provided to the Health Service prior to the end of the financial year that are unpaid, and arise when the Health Service becomes obliged to make future payments in respect of the purchase of those goods and services. The normal credit terms for accounts payable are usually Nett 30 days.
- statutory payables, such as goods and services tax and fringe benefits tax payables.

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

Provisions

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

The amount recognised as a 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, using a discount rate that reflects the time value of money and risks specific to the provision.

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

Employee benefits

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

Wages and salaries, annual leave and accrued days off

Liabilities for wages and salaries, including non-monetary benefits and annual leave are all recognised in the provision for employee benefits as 'current liabilities', because the health service does not have an unconditional right to defer settlements of these liabilities.

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

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

Long service leave (LSL)

Liability for LSL is recognised in the provision for employee benefits.

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

The components of this current LSL liability are measured at:

- Undiscounted value – if the health service expects to wholly settle within 12 months; and
- Present value – if the health service does not expect to wholly settle within 12 months.

Conditional LSL 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. This non-current LSL liability is measured at present value.

Any gain or loss following revaluation of the present value of non-current LSL liability is recognised as a transaction, except to the extent that a gain or loss arises due to changes in bond interest rates for which it is then recognised as an other economic flow.

Termination benefits

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

Bendigo Health Care Group recognises termination benefits when it is demonstrably committed to either terminating the employment of current employees according to a detailed formal plan without possibility of withdrawal or providing termination benefits as a result of an offer made to encourage voluntary redundancy. Benefits falling due more than 12 months after the end of the reporting period are discounted to present value.

Employee benefit on-costs

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

Superannuation liabilities

The Bendigo Health Care Group does not recognise any unfunded defined benefit liability in respect of the superannuation plans because the Health Service has no legal or constructive obligation to pay future benefits relating to its employees; its only obligation is to pay superannuation contributions as they fall due.

(m) Leases

A lease is a right to use an asset for an agreed period of time in exchange for payment. 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.

For service concession arrangements, the commencement of the lease term is deemed to be the date the asset is commissioned.

All other leases are classified as operating leases.

Operating leases

Entity as lessor

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

Entity as lessee

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. Leased asset are not recognised in the balance sheet.

Lease Incentives

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

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

Leasehold Improvements

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

(n) Equity

Contributed capital

Consistent with Australian Accounting Interpretation 1038 *Contributions by Owners Made to Wholly-Owned Public Sector Entities* and FRD 119A *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 to or distributions by owners that have been designated as contributed capital are also treated as contributed capital.

Property, plant & equipment revaluation surplus

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

Financial asset available-for-sale revaluation surplus

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

Specific restricted purpose surplus

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

(o) Commitments

Commitments for future expenditure include operating and capital commitments arising from contracts. These commitments are disclosed by way of a note (refer to note 18) at their nominal value and are inclusive of the GST payable. In addition, where it is considered appropriate and provides additional relevant information to users, the net present values of significant individual projects are stated. These future expenditures cease to be disclosed as commitments once the related liabilities are recognised on the balance sheet.

(p) 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.

(q) Goods and Services Tax ("GST")

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

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

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

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

(r) AASs issued that are not yet effective

Certain new Australian accounting standards have been published that are not mandatory for the 30 June 2015 reporting period. DTF assesses the impact of all these new standards and advises the Health Service of their applicability and early adoption where applicable.

As at 30 June 2015, 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. Bendigo Health Care Group has not and does not intend to adopt these standards early.

<i>Standard/Interpretation</i>	<i>Summary</i>	<i>Applicable for annual reporting periods beginning on</i>	<i>Impact on public sector entity financial statements</i>
<i>AASB 9 Financial Instruments</i>	The key changes include the simplified requirements for the classification and measurement of financial assets, a new hedging accounting model and a revised impairment loss model to recognise impairment losses earlier, as opposed to the current approach that recognises impairment only when incurred.	1 Jan 2018	The assessment has identified that the financial impact of available for sale (AFS) assets will now be reported through other comprehensive income (OCI) and no longer recycled to the profit and loss. While the preliminary assessment has not identified any material impact arising from AASB 9, it will continue to be monitored and assessed.
<i>AASB 15 Revenue from Contracts with Customers</i>	The core principal of AASB 15 requires an entity to recognise revenue when the entity satisfies a performance obligation by transferring a promised good or service to a customer.	1 Jan 2017 (Exposure Draft 263 – potential deferral to 1 Jan 2018)	The changes in revenue recognition requirements in AASB 15 may result in changes to the timing and amount of revenue recorded in the financial statements. The standard will also require additional disclosures on service revenue and contract modifications. A potential impact will be the upfront recognition of revenue from licenses that cover multiple reporting periods. Revenue that was deferred and amortised over a period may now need to be recognised immediately as a transitional adjustment immediately as a transitional adjustment against the opening returned earnings if there are no former performance obligations outstanding.

<i>Standard/Interpretation</i>	<i>Summary</i>	<i>Applicable for annual reporting periods beginning on</i>	<i>Impact on public sector entity financial statements</i>
AASB 2014-1 <i>Amendments to Australian Accounting Standards [Part E Financial Instruments]</i>	Amends various AAS's to reflect the AASB's decision to defer the mandatory application date of AASB 9 to annual reporting periods beginning on or after 1 January 2108 as a consequence of Chapter 6 Hedge Accounting, and to amend reduced disclosure requirements.	1 Jan 2018	The amending standard will defer the application period of AASB 9 to 2018-19 reporting period in accordance with the transition requirements.
AASB 2014-4 <i>Amendments to Australian Accounting Standards – Clarification of Acceptable Methods of Depreciation and Amortisation [AASB 116 & AASB 138]</i>	Amends AASB 116 <i>Property, Plant and Equipment</i> and AASB 138 <i>Intangible Assets</i> to: <ul style="list-style-type: none"> • <i>Establish the principle for the basis of depreciation and amortisation as being the expected pattern of consumption of the future economic benefits of an asset;</i> • <i>Prohibit the use of revenue-based methods to calculate the depreciation or amortisation of an asset, tangible or intangible, because revenue general reflects the pattern of economic benefits that are generated from operating the business, rather than the consumption through the use of the asset.</i> 	1 Jan 2016	The assessment has indicated that there is no expected impact as the revenue-based method is not used for depreciation and amortisation.
AASB 2014-9 <i>Amendments to Australian Accounting Standards – Equity Method in Separate Financial Statements [AASB 1, 127 & 128]</i>	Amends AASB 127 <i>Separate Financial Statements</i> to allow entities to use the equity method of accounting for investments in subsidiaries, joint ventures and associates in their separate financial statements.	1 Jan 2016	The assessment indicates that there is no expected impact as the entity will continue to account for the investments in subsidiaries, joint ventures and associates using the cost method as mandated if separate financial statements are presented in accordance with FRD 113A.
AASB 2014-10 <i>Amendments to Australian Accounting Standards – Sale or Contribution of Assets between an investor and its Associate or Joint Venture [AASB 10 & 128]</i>	AASB 2014-10 amends AASB 10 <i>Consolidate Financial Statements</i> and AASB 128 <i>Investments in Associates</i> to ensure consistent treatment in dealing with the sale or contribution of assets between an investor and its associate or joint venture. The amendments require that: <ul style="list-style-type: none"> • A full gain or loss to be recognised by the investor when a transaction involves a business (whether it is housed in a subsidiary or not); and • A partial gain or loss to be recognised by the parent when a 	1 Jan 2016	The assessment has indicated that there is limited impact, as the revisions to AASB 10 and AASB 128 are guidance in nature.

<i>Standard/Interpretation</i>	<i>Summary</i>	<i>Applicable for annual reporting periods beginning on</i>	<i>Impact on public sector entity financial statements</i>
	transaction involves assets that do not constitute a business, even if these assets are housed in a subsidiary.		
AASB 2015-6 <i>Amendments to Australian Accounting Standards – Extending Related Party Disclosures to Not-for-Profit Public Sector Entities [AASB 10, AASB 124 & AASB 1049]</i>	The amendments extend the scope of <i>AASB 124 Related Party Disclosures</i> to not-for-profit public sector entities. A guidance has been included to assist the application of the Standard by not-for-profit public sector entities.	1 Jan 2016	The amending standard will result in extended disclosures on the entity's key management personnel (KMP), and the related party transactions.

(s) Category groups

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

Admitted Patient Services (Admitted Patients) comprises all acute and subacute admitted patient services, where services are delivered in public hospitals.

Mental Health Services (Mental Health) comprises all specialised mental health services providing a range of inpatient, community based residential, rehabilitation and ambulatory services which treat and support people with a mental illness and their families and carers.

These services aim to identify mental illness early, and seek to reduce its impact through providing timely acute care services and appropriate longer-term accommodation and support for those living with a mental illness.

Non Admitted Services comprises acute and subacute non admitted services, where services are delivered in public hospital clinics and provide models of integrated community care, which significantly reduces the demand for hospital beds and supports the transition from hospital to home in a safe and timely manner.

Emergency Department Services (EDS) comprises all emergency department services.

Aged Care comprises a range of in home, specialist geriatric, residential care and community based programs and support services, such as Home and Community Care (HACC) that are targeted to older people, people with a disability, and their carers.

Primary, Community and Dental Health comprises a range of home based, community based, community, primary health and dental services including health promotion and counselling, physiotherapy, speech therapy, podiatry and occupational therapy and a range of dental health services.

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 the department 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 not reported elsewhere - (Other) comprises services not separately classified above, including: Public Health Services including laboratory testing, blood borne viruses / sexually transmitted infections clinical services, Kooris liaison officers, immunisation and screening services, drugs services including drug withdrawal, counselling and the needle and syringe program, Disability services including aids and equipment and flexible support packages to people with disability, Community Care programs including sexual assault support, early parenting services, parenting assessment and skills development, and various support services. Health and Community Initiatives also falls in this category group.

**Bendigo Health Care Group
Notes To and Forming Part of the Financial Statements for the Year Ended 30 June 2015**

Note 2: Analysis of Revenue by Source

	Admitted Patients 2015 \$'000	Non-Admitted 2015 \$'000	EDS 2015 \$'000	Mental Health 2015 \$'000	RAC incl. Mental Health 2015 \$'000	Aged Care 2015 \$'000	Primary Health 2015 \$'000	Other 2015 \$'000	Total 2015 \$'000
Government Grants	149,165	14,090	20,004	41,350	18,804	13,708	820	17,092	275,033
Indirect contributions by Department of Health and Human Services	1,197	134	160	301	184	107	6	160	2,249
Patient and Resident Fees	7,972	319	636	566	5,778	552	0	905	16,728
Business Units & Specific Purpose Funds	0	0	0	0	0	0	0	489	489
Interest & Dividends	332	37	44	83	108	30	2	47	683
Other Revenue from Operating Activities	11,203	4,483	1,809	2,381	1,235	850	83	6,370	28,414
Total Revenue from Operating Activities	169,869	19,063	22,653	44,681	26,109	15,247	911	25,063	323,596
Interest and Dividends	0	0	0	0	0	0	0	3	3
Other Revenue from Non-Operating Activities	0	0	0	0	0	0	0	11,655	11,655
Total Revenue from Non-Operating Activities (refer note 3a)	0	0	0	0	0	0	0	11,658	11,658
State Government Capital Grants	0	0	0	0	0	0	0	11,000	11,000
Net Gain/(Loss) on Disposal of Non-Current Assets (refer note 2a)	0	0	0	0	0	0	0	(242)	(242)
Other Capital Purpose Income	0	0	0	0	0	0	0	1,258	1,258
Total Capital Purpose Income	0	0	0	0	0	0	0	12,016	12,016
Total Revenue	169,869	19,063	22,653	44,681	26,109	15,247	911	48,737	347,270

Indirect contributions by Department of Health (1 July 2014 - 31 December 2014) / Department of Health and Human Services (1 January 2015 - 30 June 2015)
Department of Health / Department of Health and Human Services makes certain payments on behalf of the Health Service. These amounts have been brought to account in determining the operating result for the year by recording them as revenue and expenses.

**Bendigo Health Care Group
Notes To and Forming Part of the Financial Statements for the Year Ended 30 June 2015**

Note 2: Analysis of Revenue by Source (continued)

	Admitted Patients 2014 \$'000	Non-Admitted 2014 \$'000	EDS 2014 \$'000	Mental Health 2014 \$'000	RAC incl. Mental Health 2014 \$'000	Aged Care 2014 \$'000	Primary Health 2014 \$'000	Other 2014 \$'000	Total 2014 \$'000
Government Grants	142,418	13,100	18,876	40,936	17,414	13,404	828	18,074	265,050
Indirect contributions by Department of Health and Human Services	562	61	74	152	87	53	3	81	1,073
Patient and Resident Fees	7,824	1,568	620	422	6,215	632	0	617	17,898
Business Units & Specific Purpose Funds	0	0	0	0	0	0	0	411	411
Interest & Dividends	395	43	52	107	68	37	2	57	761
Other Revenue from Operating Activities	10,932	2,685	1,649	2,376	1,233	1,181	76	5,807	25,939
Total Revenue from Operating Activities	162,131	17,457	21,271	43,993	25,017	15,307	909	25,047	311,132
Interest and Dividends	0	0	0	0	0	0	0	2	2
Other Revenue from Non-Operating Activities	0	0	0	0	0	0	0	10,631	10,631
Total Revenue from Non-Operating Activities (refer note 3a)	0	0	0	0	0	0	0	10,633	10,633
State Government Capital Grants	0	0	0	0	0	0	0	10,207	10,207
Net Gain/(Loss) on Disposal of Non-Current Assets (refer note 2a)	0	0	0	0	0	0	0	(285)	(285)
Assets Received Free of Charge (refer note 2b)	0	0	0	0	0	0	0	702	702
Other Capital Purpose Income	0	0	0	0	0	0	0	1,277	1,277
Total Capital Purpose Income	0	0	0	0	0	0	0	11,901	11,901
Total Revenue	162,131	17,457	21,271	43,993	25,017	15,307	909	47,581	333,666

Indirect contributions by Department of Health (1 July 2014 - 31 December 2014) / Department of Health and Human Services (1 January 2015 - 30 June 2015)
Department of Health / Department of Health and Human Services makes certain payments on behalf of the Health Service. These amounts have been brought to account in determining the operating result for the year by recording them as revenue and expenses.

**Bendigo Health Care Group
Notes To and Forming Part of the Financial Statements for the Year Ended 30 June 2015**

Note 3: Analysis of Expenses by Source

	Admitted Patients 2015 \$'000	Non-Admitted 2015 \$'000	EDS 2015 \$'000	Mental Health 2015 \$'000	RAC incl. Mental Health 2015 \$'000	Aged Care 2015 \$'000	Primary Health 2015 \$'000	Other 2015 \$'000	Total 2015 \$'000
Employee Expenses	118,942	9,239	20,115	39,702	22,271	11,757	694	13,804	236,524
Non Salary Labour Costs	7,786	702	360	1,562	338	198	10	263	11,219
Supplies & Consumables	27,653	2,910	2,196	4,935	2,114	2,160	45	6,749	48,762
Other Expenses	17,376	1,423	3,915	4,333	2,105	1,566	67	4,826	35,611
Total Expenditure from Operating Activities	171,757	14,274	26,586	50,532	26,828	15,681	816	25,642	332,116
Expenditure for Capital Purposes	0	0	0	0	0	0	0	7,901	7,901
Depreciation & Amortisation (refer note 4)	9,141	760	1,415	2,689	1,428	835	43	966	17,277
Total Other Expenses	9,141	760	1,415	2,689	1,428	835	43	8,867	25,178
Total Expenses	180,898	15,034	28,001	53,221	28,256	16,516	859	34,509	357,294

	Admitted Patients 2014 \$'000	Non-Admitted 2014 \$'000	EDS 2014 \$'000	Mental Health 2014 \$'000	RAC incl. Mental Health 2014 \$'000	Aged Care 2014 \$'000	Primary Health 2014 \$'000	Other 2014 \$'000	Total 2014 \$'000
Employee Expenses	112,071	8,379	18,381	37,170	21,104	11,536	620	14,336	223,597
Non Salary Labour Costs	7,621	553	346	1,525	325	199	9	289	10,867
Supplies & Consumables	27,640	2,719	2,017	4,855	2,107	2,311	41	7,805	49,495
Other Expenses	16,539	1,517	2,879	4,990	2,451	1,843	71	4,568	34,858
Total Expenditure from Operating Activities	163,871	13,168	23,623	48,540	25,987	15,889	741	26,998	318,817
Expenditure for Capital Purposes	0	0	0	0	0	0	0	4,772	4,772
Depreciation & Amortisation (refer note 4)	9,247	743	1,333	2,739	1,466	897	42	1,269	17,736
Total Other Expenses	9,247	743	1,333	2,739	1,466	897	42	6,041	22,508
Total Expenses	173,118	13,911	24,956	51,279	27,453	16,786	783	33,039	341,325

Bendigo Health Care Group**Notes To and Forming Part of the Financial Statements for the Year Ended 30 June 2015****Note 2a: Net Gain/(Loss) on Disposal of Non-Current Assets**

	2015	2014
	\$'000	\$'000
Proceeds from Disposals of Non-Current Assets		
Medical Equipment	0	1
Motor Vehicles	455	324
Total Proceeds from Disposal of Non-Current Assets	455	325
Less: Written Down Value of Non-Current Assets Sold		
Plant & Machinery	0	(6)
Medical Equipment	(7)	(111)
Non Medical Equipment	0	(3)
Motor Vehicles	(688)	(475)
Computers and Communications	0	(1)
Furniture & Fittings	(2)	(14)
Total Written Down Value of Non-Current Assets Sold	(697)	(610)
Net gains/(losses) on Disposal of Non-Current Assets	(242)	(285)

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

	2015	2014
	\$'000	\$'000
During the reporting Period, the fair value of assets received free of charge was as follows:		
Medical Equipment	0	702
Total	0	702

In 2014, Medical Equipment received was from BreastScreen Victoria as part of the transition of service to Bendigo Health Care Group for the continuation of breast screening services within the Loddon Mallee region.

Bendigo Health Care Group

Notes To and Forming Part of the Financial Statements for the Year Ended 30 June 2015

Note 3a: Analysis of Expenses and Revenue by Internally Managed and Restricted Specific Purpose Funds

	Expense		Revenue	
	2015 \$'000	2014 \$'000	2015 \$'000	2014 \$'000
Catering	1,585	1,510	1,730	2,061
Private Radiology	13	16	7,560	6,962
Palliative Care Consultancy	605	667	19	117
Fundraising Activities	598	457	677	661
Research Trials	119	115	190	181
Business Services	52	30	1,213	47
Other	135	282	269	604
Total	3,107	3,077	11,658	10,633

Note 4: Depreciation

	2015 \$'000	2014 \$'000
Buildings	12,810	13,791
Landscaping & Grounds	31	39
Plant & Machinery	304	246
Non-Medical Equipment	217	212
Medical Equipment	2,353	2,311
Computers and Communication	1,087	521
Furniture and Fittings	46	207
Motor Vehicles	429	409
Total Depreciation	17,277	17,736

Note 5: Cash and Cash Equivalents

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

	2015 \$'000	2014 \$'000
Cash on Hand	27	27
Cash at Bank	4,917	10,096
Deposits at Call	5,276	4,801
Total Cash and Cash Equivalents	10,220	14,924

Represented by:

Cash for Health Service Operations (as per Cash Flow Statement)	112	6,567
Cash for Monies Held in Trust		
- Cash on Hand	10	11
- Cash at Bank	8,137	6,457
- Deposits at Call	360	534
	8,507	7,002
Cash for Joint Operation	1,601	1,355
Total Cash and Cash Equivalents	10,220	14,924

Bendigo Health Care Group
Notes To and Forming Part of the Financial Statements for the Year Ended 30 June 2015

Note 6: Receivables

	2015	2014
	\$'000	\$'000
CURRENT		
Contractual		
Trade Debtors	286	272
Patient Fees	3,741	2,389
Accrued Investment Income	11	22
Accrued Revenue - Other	5,713	4,618
Primary Care Clinic Loan	75	25
Less Allowance for Doubtful Debts		
Trade Debtors	(31)	(15)
Patient Fees	(177)	(188)
	9,618	7,123
Statutory		
GST Receivable	973	975
	973	975
Total Current Receivables	10,591	8,098
NON CURRENT		
Contractual		
Primary Care Clinic Advance	0	50
	0	50
Statutory		
Department of Health / Department of Health and Human Services – Long Service Leave	11,014	9,028
	11,014	9,028
Total Non-Current Receivables	11,014	9,078
Total Receivables	21,605	17,176

(a) Movement in allowance for doubtful debts

	2015	2014
	\$'000	\$'000
Balance at beginning of year	203	193
Amounts written off during the year	(82)	(92)
Increase/(decrease) in allowance recognised in net result	87	102
Balance at end of year	208	203

(b) Ageing analysis of receivables

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

(c) Nature and extent of risk arising from receivables

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

Note 7: Investments and Other Financial Assets

	Operating Fund		Total	
	2015	2014	2015	2014
	\$'000	\$'000	\$'000	\$'000
CURRENT				
Loans and Receivables				
Aust. Dollar Term Deposits > 3 months	20	20	20	20
Financial Assets at fair value through profit or loss				
Australian listed shares	117	99	117	99
Total Current	137	119	137	119
Represented by:				
Shares	117	99	117	99
Heritage Council of Victoria	20	20	20	20
Total Investments and Other Financial Assets	137	119	137	119

(a) Ageing analysis of other financial assets

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

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

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

Note 8: Inventories

	2015	2014
	\$'000	\$'000
CURRENT		
Pharmaceuticals - at cost	677	696
Catering Supplies - at cost	66	70
Medical and Surgical Lines - at cost	1,252	1,059
Gift Shop Stores - at cost	18	19
Other	403	402
Total Inventories	2,416	2,246

Note 9: Other Assets

	2015	2014
	\$'000	\$'000
Prepayments	950	836
Total Other Assets	950	836

Bendigo Health Care Group
Notes To and Forming Part of the Financial Statements for the Year Ended 30 June 2015

Note 10: Property, Plant & Equipment

(a) Gross carrying amount and accumulated depreciation

	2015	2014
	\$'000	\$'000
Land		
- Land at Fair Value	19,240	19,240
Total Land	19,240	19,240
Buildings		
- Buildings at Fair Value	159,402	157,733
Less Accumulated Depreciation	(12,809)	0
Total Buildings	146,593	157,733
Landscaping & Grounds		
- Landscaping & Grounds at Fair Value	1,422	1,235
Less Accumulated Depreciation	(31)	0
Total Landscaping & Grounds	1,391	1,235
Plant and Machinery		
- Plant and Machinery at Fair Value	4,869	4,039
Less Accumulated Depreciation	(2,317)	(2,013)
Total Plant and Machinery	2,552	2,026
Medical Equipment		
- Medical Equipment at Fair Value	31,406	28,706
Less Accumulated Depreciation	(19,861)	(17,559)
Total Medical Equipment	11,545	11,147
Computers and Communication		
- Computers and Communication at Fair Value	16,662	15,297
Less Accumulated Depreciation	(13,982)	(13,841)
Total Computers and Communications	2,680	1,456
Furniture and Fittings		
- Furniture and Fittings at Fair Value	711	676
Less Accumulated Depreciation	(398)	(356)
Total Furniture and Fittings	313	320
Motor Vehicles		
- Motor Vehicles at Fair Value	5,259	5,008
Less Accumulated Depreciation	(1,647)	(1,530)
Total Motor Vehicles	3,612	3,478
Non-Medical Equipment		
- Non-Medical Equipment at Fair Value	2,886	2,850
Less Accumulated Depreciation	(2,067)	(1,880)
Total Non-Medical Equipment	819	970
Work In Progress		
- Work In Progress at Cost	29,797	31,906
Total Work In Progress	29,797	31,906
Total	218,542	229,511

**Bendigo Health Care Group
Notes To and Forming Part of the Financial Statements for the Year Ended 30 June 2015**

Note 10: Property, Plant & Equipment (Continued)

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

	Land \$'000	Buildings \$'000	Landscaping & Grounds \$'000	Plant & Machinery \$'000	Medical Equipment \$'000	Computers & Communications \$'000	Furniture & Fittings \$'000	Motor Vehicles \$'000	Non-Medical Equipment \$'000	Work In Progress \$'000	Total \$'000
Balance at 1 July 2013	16,300	126,655	1,413	1,910	10,602	1,079	463	3,557	1,021	30,397	193,397
Additions	0	0	0	371	2,115	821	85	806	300	7,356	11,854
Disposals (refer note 2a)	0	0	0	(6)	(111)	(1)	(14)	(475)	(3)	0	(610)
Revaluation Increments / (Decrements)	2,940	41,605	(140)	0	0	0	0	0	0	0	44,405
Jointly controlled Non-Current Assets (refer note 21)	0	0	0	0	0	82	0	0	0	0	82
Assets Received Free of Charge (refer Note 2b)	0	0	0	0	702	0	0	0	0	0	702
Net Transfers between Classes	0	3,264	1	(3)	150	(4)	(7)	(1)	(136)	(3,264)	0
Work in Progress Expensed	0	0	0	0	0	0	0	0	0	(2,583)	(2,583)
Depreciation (refer note 4)	0	(13,791)	(39)	(246)	(2,311)	(521)	(207)	(409)	(212)	0	(17,736)
Balance at 1 July 2014	19,240	157,733	1,235	2,026	11,147	1,456	320	3,478	970	31,906	229,511
Additions	0	0	0	23	2,746	288	30	1,251	29	7,941	12,308
Disposals (refer note 2a)	0	0	0	0	(7)	0	(2)	(688)	0	0	(697)
Jointly controlled Non-Current Assets (refer note 21)	0	0	0	0	0	(3)	0	0	0	0	(3)
Net Transfers between Classes	0	1,670	187	807	12	2,026	11	0	37	(4,750)	0
Work in Progress Expensed	0	0	0	0	0	0	0	0	0	(5,300)	(5,300)
Depreciation (refer note 4)	0	(12,810)	(31)	(304)	(2,353)	(1,087)	(46)	(429)	(217)	0	(17,277)
Balance at 30 June 2015	19,240	146,593	1,391	2,552	11,545	2,680	313	3,612	819	29,797	218,542

An independent valuation of the Health Service's land and buildings was performed by the *Valuer-General Victoria* to determine the fair value of the land and buildings. The valuation, which conforms to Australian Valuation Standards, was determined by reference to the amounts for which assets could be exchanged between knowledgeable willing parties in an arm's length transaction. The valuation was based on independent assessments. The effective date of the valuation is 30th June 2014.

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

To facilitate the construction of the new hospital, a number of existing buildings were required to be decommissioned and written-off and others have accelerated depreciation applied to properly reflect their shortened useful lives. This has been taken into account within the valuation.

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

Bendigo Health Care Group
Notes To and Forming Part of the Financial Statements for the Year Ended 30 June 2015

Note 10: Property, Plant & Equipment (Continued)

(c) Fair value measurement hierarchy for assets as at 30 June 2015

	Carrying amount as at 30 June 2015 \$'000	Fair value measurement at end of reporting period using:		
		Level 1 ⁽ⁱ⁾ \$'000	Level 2 ⁽ⁱ⁾ \$'000	Level 3 ⁽ⁱ⁾ \$'000
Land at fair value				
Non-specialised land	6,822	0	6,822	0
Specialised land	12,418	0	0	12,418
Total of Land at fair value	19,240	0	6,822	12,418
Buildings at fair value				
Non-specialised buildings	4,405	0	4,405	0
Specialised buildings	142,188	0	0	142,188
Total of Buildings at fair value	146,593	0	4,405	142,188
Land Improvements at fair value				
Specialised land improvements	1,391	0	0	1,391
Total of Land Improvements at fair value	1,391	0	0	1,391
Plant and Machinery at fair value				
Plant and Machinery	2,552	0	0	2,552
Total of Plant and Machinery at fair value	2,552	0	0	2,552
Medical Equipment at fair value				
Medical Equipment	11,545	0	0	11,545
Total Medical Equipment at fair value	11,545	0	0	11,545
Computers & Communication at fair value				
Computers & Communication	2,680	0	0	2,680
Total Computers & Communication at fair value	2,680	0	0	2,680
Furniture & Fittings at fair value				
Furniture & Fittings	313	0	0	313
Total Furniture & Fittings at fair value	313	0	0	313
Motor Vehicles at fair value				
Motor Vehicles	3,612	0	0	3,612
Total Motor Vehicles at fair value	3,612	0	0	3,612
Non-Medical Equipment at fair value				
Non-Medical Equipment	819	0	0	819
Total Non-Medical Equipment at fair value	819	0	0	819
	188,745	0	11,227	177,518

⁽ⁱ⁾ Classified in accordance with the fair value hierarchy, see Note 1
There have been no transfers between levels during the period.

Note 10: Property, Plant & Equipment (Continued)

(c) Fair value measurement hierarchy for assets as at 30 June 2014

	Carrying amount as at 30 June 2014 \$'000	Fair value measurement at end of reporting period using:		
		Level 1 ⁽ⁱ⁾ \$'000	Level 2 ⁽ⁱ⁾ \$'000	Level 3 ⁽ⁱ⁾ \$'000
Land at fair value				
Non-specialised land	6,822	0	6,822	0
Specialised land	12,418	0	0	12,418
Total of Land at fair value	19,240	0	6,822	12,418
Buildings at fair value				
Non-specialised buildings	4,518	0	4,518	0
Specialised buildings	153,215	0	0	153,215
Total of Buildings at fair value	157,733	0	4,518	153,215
Land Improvements at fair value				
Specialised land improvements	1,235	0	0	1,235
Total of Land Improvements at fair value	1,235	0	0	1,235
Plant and Machinery at fair value				
Plant and Machinery	2,026	0	0	2,026
Total of Plant and Machinery at fair value	2,026	0	0	2,026
Medical Equipment at fair value				
Medical Equipment	11,147	0	0	11,147
Total Medical Equipment at fair value	11,147	0	0	11,147
Computers & Communication at fair value				
Computers & Communication	1,456	0	0	1,456
Total Computers & Communication at fair value	1,456	0	0	1,456
Furniture & Fittings at fair value				
Furniture & Fittings	320	0	0	320
Total Furniture & Fittings at fair value	320	0	0	320
Motor Vehicles at fair value				
Motor Vehicles	3,478	0	0	3,478
Total Motor Vehicles at fair value	3,478	0	0	3,478
Non-Medical Equipment at fair value				
Non-Medical Equipment	970	0	0	970
Total Non-Medical Equipment at fair value	970	0	0	970
	197,605	0	11,340	186,265

⁽ⁱ⁾ Classified in accordance with the fair value hierarchy, see Note 1
There have been no transfers between levels during the period.

Note 10: Property, Plant & Equipment (Continued)

Non-specialised land and non-specialised buildings

Non-specialised land and non-specialised buildings are valued using the market approach. Under this valuation method, the assets are compared to recent comparable sales or sales of comparable assets which are considered to have nominal or no added improvement value.

For non-specialised land and non-specialised buildings, an independent valuation was performed by independent valuers *Countrywide Valuers* on behalf of the *Valuer-General Victoria* to determine the fair value using the market approach. Valuation of the assets was determined by analysing comparable sales and allowing for share, size, topography, location and other relevant factors specific to the asset being valued. An appropriate rate per square metre has been applied to the subject asset. The effective date of the valuation is 30 June 2014.

To the extent that non-specialised land and non-specialised buildings do not contain significant, unobservable adjustments, these assets are classified as Level 2 under the market approach.

Specialised land , specialised buildings and specialised land improvements

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

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

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

An independent valuation of the Health Service's specialised land and specialised buildings was performed by independent valuers *Countrywide Valuers* on behalf of the *Valuer-General Victoria*. The valuation was performed using the market approach adjusted for CSO. The effective date of the valuation is 30 June 2014.

Motor Vehicles

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

Other Non-Financial Assets - Plant & Machinery, Medical Equipment, Furniture & Fitting, Computers & Communication, Non-Medical Equipment

Other non-financial assets are held at carrying value (depreciated cost). When other non-financial assets are specialised in use, such that it is rarely sold other than as part of a going concern, the depreciated replacement cost is used to estimate the fair value. Unless there is market evidence that current replacement costs are significantly different from the original acquisition cost, it is considered unlikely that depreciated replacement cost will be materially different from the existing carrying value.

There were no changes in valuation techniques throughout the period to 30 June 2015.

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

**Bendigo Health Care Group
Notes To and Forming Part of the Financial Statements for the Year Ended 30 June 2015**

Note 10: Property, Plant & Equipment (Continued)

(d) Reconciliation of Level 3 fair value

	Land \$ '000	Buildings \$ '000	Land Improvements \$ '000	Plant and Machinery \$ '000	Medical Equipment \$ '000	Computers & Communication \$ '000	Furniture & Fittings \$ '000	Motor Vehicles \$ '000	Non Medical Equipment \$ '000
Balance at 1 July 2013	10,275	136,704	1,413	1,910	10,602	1,079	463	3,557	1,021
Purchases (sales)	0	0	0	362	2,856	898	64	330	161
Gains or losses recognised in net result									
- Depreciation	0	(34,351)	(39)	(246)	(2,311)	(521)	(207)	(409)	(212)
Items recognised in other comprehensive income									
- Revaluation	2,143	50,862	(139)	0	0	0	0	0	0
Balance at 30 June 2014	12,418	153,215	1,235	2,026	11,147	1,456	320	3,478	970
Purchases (sales)	0	0	187	830	2,751	2,311	39	563	66
Gains or losses recognised in net result									
- Depreciation	0	(11,027)	(31)	(304)	(2,353)	(1,087)	(46)	(429)	(217)
Balance at 30 June 2015	12,418	142,188	1,391	2,552	11,545	2,680	313	3,612	819

There have been no transfers between levels during the period.

Bendigo Health Care Group
Notes To and Forming Part of the Financial Statements for the Year Ended 30 June 2015

Note 10: Property, Plant & Equipment (Continued)

(e) Description of significant unobservable inputs to Level 3 valuations:

	Valuation technique	Significant unobservable inputs
Specialised land	Market approach	Community Service Obligation (CSO) adjustment
Specialised buildings	Depreciated replacement cost	Direct cost per square metre Useful life of specialised buildings
Landscaping & Grounds	Depreciated replacement cost	Direct replacement cost Useful life of Landscaping & Grounds
Plant & Machinery	Depreciated replacement cost	Cost per unit Useful life of PPE
Motor Vehicles	<i>Depreciated replacement cost</i>	<i>Cost per unit</i> <i>Useful life of vehicles</i>
Medical equipment at fair value	<i>Depreciated replacement cost</i>	Cost per unit Useful life of medical equipment
Computers and Communication	<i>Depreciated replacement cost</i>	Cost per unit Useful life of computers & communication assets
Furniture & Fittings at fair value	<i>Depreciated replacement cost</i>	Cost per unit Useful life of furniture & fittings
Non-Medical Equipment	<i>Depreciated replacement cost</i>	<i>Cost per unit</i> <i>Useful life of vehicles</i>

Bendigo Health Care Group
Notes To and Forming Part of the Financial Statements for the Year Ended 30 June 2015

Note 11: Payables

	2015	2014
	\$'000	\$'000
CURRENT		
Contractual		
Trade Creditors	7,283	8,574
Accrued Expenses	3,566	3,209
Salary Packaging	672	0
Other	77	0
	<u>11,598</u>	<u>11,783</u>
Statutory		
GST Payable	311	249
Total Payables	<u>11,909</u>	<u>12,032</u>

(a) Ageing analysis of payables

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

(b) Nature and extent of risk arising from payables

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

Note 12: Provisions

	2015	2014
	\$'000	\$'000
Current Provisions		
Employee Benefits		
Long Service Leave		
- Unconditional and expected to be settled within 12 months	1,226	1,272
- Unconditional and expected to be settled after 12 months	25,880	23,381
Annual Leave		
- Unconditional and expected to be settled within 12 months	15,098	14,530
- Unconditional and expected to be settled after 12 months	2,510	2,381
Accrued Days Off		
- Unconditional and expected to be settled within 12 months	437	574
- Unconditional and expected to be settled after 12 months	73	6
Accrued Wages and Salaries	3,643	9,365
Sub Leave	31	24
	<u>48,898</u>	<u>51,533</u>
Provisions related to Employee Benefit On-Costs		
- Unconditional and expected to be settled within 12 months	4,451	4,250
- Unconditional and expected to be settled after 12 months	270	254
	<u>4,721</u>	<u>4,504</u>
Total Current Provisions	<u>53,619</u>	<u>56,037</u>
Non-Current Provisions		
Employee Benefits		
Long Service Leave	8,288	8,213
Provisions related to Employee Benefit On-Costs	788	732
Total Non-Current Provisions	<u>9,076</u>	<u>8,945</u>
Total Provisions	<u>62,695</u>	<u>64,982</u>
(a) Employee Benefits and Related On-Costs		
Current Employee Benefits and related On-Costs		
Unconditional Long Service Leave entitlements	29,933	27,294
Annual Leave entitlements	19,448	18,712
Accrued Wages and Salaries	3,643	9,365
Accrued Days Off	564	642
Sub Leave	31	24
Non-Current Employee Benefits and related On-Costs		
Conditional long service leave entitlements (present value)	9,076	8,945
Total Employee Benefits and Related On-Costs	<u>62,695</u>	<u>64,982</u>
(b) Movements in provisions		
Movement in Long Service Leave:		
Balance at start of year	36,239	34,326
Provision made during the year	6,823	5,826
Settlement made during the year	(4,053)	(3,913)
Balance at end of year	<u>39,009</u>	<u>36,239</u>

Note 13: Superannuation

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

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

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

	Paid Contributions for the Year		Contribution Outstanding at Year End	
	2015 \$'000	2014 \$'000	2015 \$'000	2014 \$'000
(i) Defined benefit plans:				
First State Super Pty Ltd	12,440	12,033	0	0
Government Superannuation Office	352	286	0	71
Defined contributions plans:				
HESTA Administration	4,086	3,704	0	0
Other	3,110	2,637	0	0
Total	19,988	18,660	0	71

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

Note 14: Other Liabilities

	2015 \$'000	2014 \$'000
CURRENT		
Monies Held in Trust*		
- Patient Monies Held in Trust	535	505
- Accommodation Bonds (Refundable Entrance Fees)	5,396	2,807
- Loddon Mallee Regional Palliative Care Consortium	387	363
- Salary Packaging	0	576
- Regional Integrated Cancer Service	626	343
- Loddon Mallee Clinical Placement Network	160	951
- HWA Clinical Training Fund Program	466	466
- BreastScreen Victoria	444	444
- Community Packages	479	0
- Loddon Mallee & Hume Regional Sustainability Hospitals Group	0	547
- Payroll Trust	14	0
Other	162	175
Total Other Liabilities	8,669	7,177
* Total Monies Held in Trust		
Represented by the following assets:		
Cash Assets (refer to note 5)	8,507	7,002
Total	8,507	7,002

Bendigo Health Care Group
Notes To and Forming Part of the Financial Statements for the Year Ended 30 June 2015

Note 15: Equity

	2015	2014
	\$'000	\$'000
(a) Surpluses		
Land and Buildings Asset Revaluation Surplus		
Balance at the beginning of the reporting period	106,619	62,074
Revaluation Increment/(Decrement)	0	44,545
Balance at the end of the reporting period	106,619	106,619
Landscaping & Grounds Asset Revaluation Surplus		
Balance at the beginning of the reporting period	533	673
Revaluation Increment/(Decrement)	0	(140)
Balance at the end of the reporting period	533	533
Balance at the end of the reporting period*	107,152	107,152
* Represented by:		
- Land	9,440	9,440
- Buildings	97,179	97,179
- Landscaping & Grounds	533	533
TOTAL	107,152	107,152
Restricted Special Purpose Surpluses		
Cockroft Memorial Fund		
(Bequest funds for ongoing training and equipment upgrades)		
Balance at the beginning of the reporting period	61	61
Balance at the end of the reporting period	61	61
Emery Estate		
(Bequest funds for future equipment upgrades)		
Balance at the beginning of the reporting period	349	349
Balance at the end of the reporting period	349	349
Endowment Fund		
(Bequest funds for future upgrades to Bendigo Health Care Group)		
Balance at the beginning of the reporting period	40	40
Balance at the end of the reporting period	40	40
Radiology Fund		
(For future equipment upgrades for medical imaging area)		
Balance at the beginning of the reporting period	2,137	2,137
Balance at the end of the reporting period	2,137	2,137
Fundraising Fund		
(Funds donated for specific purposes)		
Balance at the beginning of the reporting period	953	1,101
Transfer to / (from) Restricted Special Purpose Surpluses	(164)	(148)
Balance at the end of the reporting period	789	953
Technology Fund		
(For future IT equipment upgrade)		
Balance at the beginning of the reporting period	509	509
Balance at the end of the reporting period	509	509
TOTAL	3,885	4,049
Total Surpluses	111,037	111,201

Bendigo Health Care Group
Notes To and Forming Part of the Financial Statements for the Year Ended 30 June 2015

Note 15: Equity (Continued)

	2015	2014
	\$'000	\$'000
(b) Contributed Capital		
Balance at the beginning of the reporting period	99,040	99,040
Balance at the end of the reporting period	99,040	99,040
(c) Accumulated Surpluses/(Deficits)		
Balance at the beginning of the reporting period	(29,620)	(22,109)
Net Result for the Year	(10,024)	(7,659)
Transfers to and from Restricted Special Purpose Surpluses	164	148
Balance at the end of the reporting period	(39,480)	(29,620)
(d) Total Equity at end of financial year		
Total Equity at the Beginning of the reporting period	180,621	143,875
Total Changes in Equity Recognised in the Comprehensive Operating Statement	(10,024)	36,746
Balance at the end of the reporting period	170,597	180,621

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

	2015	2014
	\$'000	\$'000
Net Result for the Year	(10,024)	(7,659)
Non-cash movements:		
Depreciation	17,277	17,736
Share of Joint Operations Assets & Liabilities	(257)	(529)
Assets Received Free of Charge	0	(702)
Capital Expenditure transferred from WIP	5,300	2,583
Movements included in investing and financing activities:		
Net (Gain)/Loss from Sale of Plant and Equipment	242	285
Movements in assets and liabilities:		
Change in Operating Assets & Liabilities		
Increase/(Decrease) in Payables	(122)	(9,498)
Increase/(Decrease) in Employee Benefits	(2,287)	3,562
(Increase)/Decrease in Other Current Assets	(284)	(22)
(Increase)/Decrease in Shares	(18)	(39)
(Increase)/Decrease in Receivables	(4,429)	415
Net Cash Inflow/(Outflow) From Operating Activities	5,398	6,132

Bendigo Health Care Group
Notes To and Forming Part of the Financial Statements for the Year Ended 30 June 2015
Note 17: Financial Instruments

(a) Financial Risk Management Objectives and Policies

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

- Cash Assets
- Term Deposits
- Shares in Other Entities
- Receivables (excluding statutory receivables)
- 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.

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

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

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

Categorisation of financial instruments

	Contractual financial assets - loans and receivables \$'000	Contractual financial assets/liabilities designated at fair value through profit/loss \$'000	Contractual financial liabilities at amortised cost \$'000	Total \$'000
2015				
Contractual Financial Assets				
Cash and cash equivalents	10,220	0	0	10,220
Receivables				
- Trade Debtors	286	0	0	286
- Other Receivables	9,332	0	0	9,332
Other Financial Assets				
- Term Deposit	20	0	0	20
- Shares in Other Entities	0	117	0	117
Total Financial Assets ⁽ⁱ⁾	19,858	117	0	19,975
Financial Liabilities				
Payables	0	0	11,598	11,598
Other Financial Liabilities				
- Accomodation bonds	0	0	5,396	5,396
- Other	0	0	3,273	3,273
Total Financial Liabilities ⁽ⁱⁱ⁾	0	0	20,267	20,267

	Contractual financial assets - loans and receivables \$'000	Contractual financial assets/liabilities designated at fair value through profit/loss \$'000	Contractual financial liabilities at amortised cost \$'000	Total \$'000
2014				
Contractual Financial Assets				
Cash and cash equivalents	14,924	0	0	14,924
Receivables				
- Trade Debtors	272	0	0	272
- Other Receivables	6,851	0	0	6,851
Other Financial Assets				
- Term Deposit	20	0	0	20
- Shares in Other Entities	0	99	0	99
Total Financial Assets ⁽ⁱ⁾	22,067	99	0	22,166
Financial Liabilities				
Payables	0	0	11,784	11,784
Other Financial Liabilities				
- Accomodation bonds	0	0	2,807	2,807
- Other	0	0	4,370	4,370
Total Financial Liabilities ⁽ⁱⁱ⁾	0	0	18,961	18,961

(i) The total amount of financial assets disclosed here excludes statutory receivables

(ii) The total amount of financial liabilities disclosed here excludes statutory payables

Bendigo Health Care Group
Notes To and Forming Part of the Financial Statements for the Year Ended 30 June 2015

Note 17: Financial Instruments (Continued)

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

	Net holding gain/(loss) \$'000	Total interest income / (expense) \$'000	Fee income / (expense) \$'000	Impairment loss \$'000	Total \$'000
2015					
Financial Assets					
Cash and Cash Equivalents	0	683	0	0	683
Designated at Fair Value through Profit or Loss	0	0	0	0	0
Held-for-Trading at Fair Value through Profit or Loss	0	0	0	0	0
Loans and Receivables	0	0	0	0	0
Available for Sale	0	0	0	0	0
Total Financial Assets	0	683	0	0	683
Financial Liabilities					
Designated at Fair Value through Profit or Loss	0	0	0	0	0
Held-for-Trading at Fair Value through Profit or Loss	0	0	0	0	0
At Amortised Cost	0	0	0	0	0
Total Financial Liabilities	0	0	0	0	0
2014					
Financial Assets					
Cash and Cash Equivalents	0	761	0	0	761
Designated at Fair Value through Profit or Loss	0	0	0	0	0
Held-for-Trading at Fair Value through Profit or Loss	0	0	0	0	0
Loans and Receivables	0	0	0	0	0
Available for Sale	0	0	0	0	0
Total Financial Assets	0	761	0	0	761
Financial Liabilities					
Designated at Fair Value through Profit or Loss	0	0	0	0	0
Held-for-Trading at Fair Value through Profit or Loss	0	0	0	0	0
At Amortised Cost	0	0	0	0	0
Total Financial Liabilities	0	0	0	0	0

(b) Credit risk

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

Credit risk associated with the Health Service's contractual financial assets is minimal because the main debtor is the Victorian Government. For debtors other than the Government, it is the Health Service's obligation to provide services, and private patient fees are recoverable from the patient or their health fund. These are unsecured debts.

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

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

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

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

	Financial institutions (credit rating) *	Government agencies (AAA credit rating)	Other (Non Rated)	Total
	\$'000	\$'000	\$'000	\$'000
2015				
Financial Assets				
Cash and Cash Equivalents	10,220	0	0	10,220
Loans and Receivables				
- Trade Debtors	0	237	49	286
- Other Receivables	0	0	9,332	9,332
- Term Deposit	20	0	0	20
Available for sale				
- Shares in Other Entities	0	0	117	117
Total Financial Assets	10,240	237	9,498	19,975
2014				
Financial Assets				
Cash and Cash Equivalents	14,924	0	0	14,924
Loans and Receivables				
- Trade Debtors	0	231	41	272
- Other Receivables	0	0	6,851	6,851
- Term Deposit	20	0	0	20
Available for sale				
- Shares in Other Entities	0	0	99	99
Total Financial Assets	14,944	231	6,991	22,166

* Financial Institutions credit rating represented by:

Credit Rating	2015 \$'000	2014 \$'000
A1+	2,750	1,386
A2	6,490	12,558
BBB+	1,000	1,000

Bendigo Health Care Group
Notes To and Forming Part of the Financial Statements for the Year Ended 30 June 2015
Note 17: Financial Instruments (continued)

(b) Credit Risk (continued)

The Bendigo Health Care Group's exposure to credit risk and effective weighted average interest rate by ageing periods is set out in the following table.

Ageing analysis of Financial Assets as at 30 June

	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	
2015							
Financial Assets							
Cash and Cash Equivalents	10,220	10,220	0	0	0	0	0
Loans and Receivables							
- Trade Debtors	286	201	45	16	24	0	0
- Other Receivables	9,332	6,810	1,190	786	516	30	0
- Term Deposit	20	0	20	0	0	0	0
Available for sale							
- Shares in Other Entities	117	0	0	0	117	0	0
Total Financial Assets	19,975	17,231	1,255	802	657	30	0
2014							
Financial Assets							
Cash and Cash Equivalents	14,924	14,924	0	0	0	0	0
Loans and Receivables							
- Trade Debtors	272	200	36	22	14	0	0
- Other Receivables	6,851	5,009	899	523	345	75	0
- Term Deposit	20	0	20	0	0	0	0
Available for sale							
- Shares in Other Entities	99	0	0	0	99	0	0
Total Financial Assets	22,166	20,133	955	545	458	75	0

(c) Liquidity risk

Liquidity risk is the risk that the Health Service would be unable to meet its financial obligations as and when they fall due. The Health Services operates under the Government's fair payments policy of settling financial obligations within 30 days and in the event of a dispute, making payments within 30 days from the date of resolution.

The Health Service's maximum exposure to liquidity risk is the carrying amounts of financial liabilities as disclosed in the face of the balance sheet.

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

Maturity analysis of Financial Liabilities as at 30 June

	Carrying Amount \$'000	Nominal Amount \$'000	Maturity Dates			
			Less than 1 Month \$'000	1-3 Months \$'000	3 months - 1 Year \$'000	1-5 Years \$'000
2015						
Financial Liabilities						
<i>At amortised cost</i>						
Payables	11,598	11,598	11,598	0	0	0
Other Financial Liabilities						
- Accommodation Bonds	5,396	5,396	0	0	5,396	0
- Other	3,273	3,273	3,273	0	0	0
Total Financial Liabilities	20,267	20,267	14,871	0	5,396	0
2014						
Financial Liabilities						
<i>At amortised cost</i>						
Payables	11,784	11,784	11,784	0	0	0
Other Financial Liabilities						
- Accommodation Bonds	2,807	2,807	0	0	2,807	0
- Other	4,370	4,370	4,370	0	0	0
Total Financial Liabilities	18,961	18,961	16,154	0	2,807	0

Bendigo Health Care Group
Notes To and Forming Part of the Financial Statements for the Year Ended 30 June 2015

Note 17: Financial Instruments (continued)

(d) Market risk

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

Currency risk

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

Interest rate risk

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

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

The Health Service has minimal exposure to cash flow interest rate risks through its cash and deposits, term deposits and bank overdrafts that are at floating rate.

The Health Service 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 and bank overdraft, as financial assets that can be left at floating rate without necessarily exposing the Health Service to significant bad risk, management monitors movement in interest rates on a daily basis.

Interest rate exposure of financial assets and liabilities as at 30 June

	Weighted Average Effective Interest Rate (%)	Carrying Amount \$'000	Interest Rate Exposure		
			Fixed Interest Rate \$'000	Variable Interest Rate \$'000	Non- Interest Bearing \$'000
2015					
Financial Assets					
<i>Cash and Cash Equivalents</i>	1.46	10,220	6,597	3,596	27
<i>Loans and Receivables</i>					
- Trade Debtors		286	0	0	286
- Other Receivables		9,332	0	0	9,332
- Term Deposit	2.39	20	20	0	0
<i>Available for sale</i>					
- Shares in Other Entities		117	0	0	117
		19,975	6,617	3,596	9,762
Financial Liabilities					
<i>At amortised cost</i>					
Payables		11,598	0	0	11,598
Other Financial Liabilities					
- Accommodation Bonds		5,396	0	0	5,396
- Other		3,273	0	0	3,273
		20,267	0	0	20,267
2014					
Financial Assets					
<i>Cash and Cash Equivalents</i>	2.75	14,924	10,096	4,801	27
<i>Loans and Receivables</i>					
- Trade Debtors		272	0	0	272
- Other Receivables		6,851	0	0	6,851
- Term Deposit	3.01	20	20	0	0
<i>Available for sale</i>					
- Shares in Other Entities		99	0	0	99
		22,166	10,116	4,801	7,249
Financial Liabilities					
<i>At amortised cost</i>					
Payables		11,784	0	0	11,784
Other Financial Liabilities					
- Accommodation Bonds		2,807	0	0	2,807
- Other		4,370	0	0	4,370
		18,961	0	0	18,961

Bendigo Health Care Group
Notes To and Forming Part of the Financial Statements for the Year Ended 30 June 2015
Note 17: Financial Instruments (continued)

(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, the Bendigo Health Care Group believes the following movements are 'reasonably possible' over the next 12 months (Base rates are sourced from the Reserve Bank of Australia)

- A shift of 100 basis points up and down in market interest rates (AUD) from year-end rates of 3%;
- A parallel shift of +1% and -1% in inflation rate from year-end rates of 3%

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

	Carrying Amount \$'000	Interest Rate Risk				Other Price Risk			
		-1%		+1%		-1%		+1%	
2015		Profit \$'000	Equity \$'000	Profit \$'000	Equity \$'000	Profit \$'000	Equity \$'000	Profit \$'000	Equity \$'000
Financial Assets									
<i>Cash and Cash Equivalents</i>	10,220	(102)	(102)	102	102	0	0	0	0
<i>Loans and Receivables</i>									
- Trade Debtors	286	0	0	0	0	0	0	0	0
- Other Receivables	9,332	0	0	0	0	0	0	0	0
- Term Deposit	20	0	0	0	0	0	0	0	0
<i>Available for sale</i>									
- Shares in Other Entities	117	0	0	0	0	(1)	(1)	1	1
Financial Liabilities									
<i>At amortised cost</i>									
Payables	11,598	0	0	0	0	0	0	0	0
Other Financial Liabilities									
- Accommodation Bonds	5,396	0	0	0	0	0	0	0	0
- Other	3,273	0	0	0	0	0	0	0	0
		(102)	(102)	102	102	(1)	(1)	1	1
2014									
Financial Assets									
<i>Cash and Cash Equivalents</i>	14,924	(149)	(149)	149	149	0	0	0	0
<i>Loans and Receivables</i>									
- Trade Debtors	272	0	0	0	0	0	0	0	0
- Other Receivables	6,851	0	0	0	0	0	0	0	0
- Term Deposit	20	0	0	0	0	0	0	0	0
<i>Available for sale</i>									
- Shares in Other Entities	99	0	0	0	0	(1)	(1)	1	1
Financial Liabilities									
<i>At amortised cost</i>									
Payables	11,784	0	0	0	0	0	0	0	0
Other Financial Liabilities									
- Accommodation Bonds	2,807	0	0	0	0	0	0	0	0
- Other	4,370	0	0	0	0	0	0	0	0
		(149)	(149)	149	149	(1)	(1)	1	1

(e) Fair value

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

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

The financial assets include holdings in listed shares on the NSX. Fair value of these is determined by reference to quoted prices on the NSX.

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

Bendigo Health Care Group
Notes To and Forming Part of the Financial Statements for the Year Ended 30 June 2015
Note 17: Financial Instruments (continued)

(e) Fair value (continued)

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

Comparison between carrying amount and fair value

	Carrying Amount 2015 \$'000	Fair value 2015 \$'000	Carrying Amount 2014 \$'000	Fair value 2014 \$'000
Financial Assets				
<i>Cash and Cash Equivalents</i>	10,220	10,220	14,924	14,924
<i>Loans and Receivables</i>				
- Trade Debtors	286	286	272	272
- Other Receivables	9,332	9,332	6,851	6,851
- Term Deposit	20	20	20	20
<i>Available for sale</i>				
- Shares in Other Entities	117	117	99	99
Total Financial Assets	19,975	19,975	22,166	22,166
Financial Liabilities				
<i>At amortised cost</i>				
Payables	11,598	11,598	11,784	11,784
Other Financial Liabilities				
- Accommodation Bonds	5,396	5,396	2,807	2,807
- Other	3,273	3,273	4,370	4,370
Total Financial Liabilities	20,267	20,267	18,961	18,961

Financial assets measured at fair value

	Carrying Amount as at 30 June \$'000	Fair value measurement at end of reporting period using:		
		Level 1* \$'000	Level 2* \$'000	Level 3 \$'000
2015				
Financial assets at fair value through profit & loss				
Debt securities	0	0	0	0
Available for sale securities				
Listed securities	0	0	0	0
Unlisted securities	0	0	0	0
- Equities and managed funds	117	117	0	0
Total Financial Assets	117	117	0	0
2014				
Financial assets at fair value through profit & loss				
Debt securities	0	0	0	0
Available for sale securities				
Listed securities	0	0	0	0
Unlisted securities	0	0	0	0
- Equities and managed funds	99	99	0	0
Total Financial Assets	99	99	0	0

*There is no significant transfer between level 1 and level 2

Equities and managed funds

The listed share assets are valued at fair value with reference to a quoted (unadjusted) market price from an active market. The Health Service categorises these instruments as Level 1.

Bendigo Health Care Group
Notes To and Forming Part of the Financial Statements for the Year Ended 30 June 2015

Note 18: Commitments for Expenditure

	2015	2014
	\$'000	\$'000
Other Expenditure Commitments		
<u>Payable:</u>		
Contracts for the supply of services	61,175	63,399
Total Other Expenditure Commitments	61,175	63,399
Not later than one year	6,056	5,423
Later than 1 year and not later than 5 years	10,161	11,772
Later than 5 years	44,958	46,204
Total	61,175	63,399
Lease Commitments		
Commitments in relation to leases contracted for at the reporting date:		
Operating Leases	371	470
Total Lease Commitments	371	470
Operating Leases		
Residential property leases payable as follows:		
<u>Cancellable</u>		
Not later than one year	153	145
Later than 1 year and not later than 5 years	218	325
Total Operating Leases	371	470
Total Commitments for expenditure (inclusive of GST)	61,546	63,869
less GST recoverable from the Australian Tax Office	5,594	5,764
Total Commitments for expenditure (exclusive of GST)	55,952	58,105

Build-own-transfer arrangement – new Bendigo Hospital

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

Note 19: Contingent Assets & Contingent Liabilities

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

	2015	2014
	\$'000	\$'000
Contingent Assets		
Bendigo Health Care Group does not have any known contingent assets at 30th June, 2015.	0	0
Total	0	0
Contingent Liabilities		
Bendigo Health Care Group does not have any known contingent liabilities at 30th June, 2015.	0	0
Total	0	0

Bendigo Health Care Group
Notes To and Forming Part of the Financial Statements for the Year Ended 30 June 2015
Note 20: Segment Reporting

	RACS		Acute		Mental Health		Aged Care		Others		Eliminations		Total	
	2015	2014	2015	2014	2015	2014	2015	2014	2015	2014	2015	2014	2015	2014
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
REVENUE														
External Segment Revenue	24,174	23,100	166,800	152,155	44,598	43,886	15,217	15,270	95,795	98,492	0	0	346,584	332,903
Total Revenue	24,174	23,100	166,800	152,155	44,598	43,886	15,217	15,270	95,795	98,492	0	0	346,584	332,903
EXPENSES														
Unallocated Expense	24,424	23,365	189,338	164,552	53,221	51,279	16,516	16,786	79,182	90,611	(5,387)	(5,268)	357,294	341,325
Total Expenses	24,424	23,365	189,338	164,552	53,221	51,279	16,516	16,786	79,182	90,611	(5,387)	(5,268)	357,294	341,325
Net Result from ordinary activities	(250)	(265)	(22,538)	(12,397)	(8,623)	(7,393)	(1,299)	(1,516)	16,613	7,881	5,387	5,268	(10,710)	(8,422)
Interest Income	56	41	413	372	83	107	30	37	104	206	0	0	686	763
Net Result from continuing operations	(194)	(224)	(22,125)	(12,025)	(8,540)	(7,286)	(1,269)	(1,479)	16,717	8,087	5,387	5,268	(10,024)	(7,659)
Net Result for Year	(194)	(224)	(22,125)	(12,025)	(8,540)	(7,286)	(1,269)	(1,479)	16,717	8,087	5,387	5,268	(10,024)	(7,659)
OTHER INFORMATION														
Segment Assets	72,760	73,834	49,136	54,873	12,561	12,923	5,513	5,713	0	0	0	0	139,970	147,343
Unallocated Assets	0	0	0	0	0	0	0	0	113,900	117,469	0	0	113,900	117,469
Total Assets	72,760	73,834	49,136	54,873	12,561	12,923	5,513	5,713	113,900	117,469	0	0	253,870	264,812
Segment Liabilities	10,422	7,135	29,203	26,950	9,315	8,494	3,631	3,335	0	0	0	0	52,571	45,914
Unallocated Liabilities	0	0	0	0	0	0	0	0	30,702	38,277	0	0	30,702	38,277
Total Liabilities	10,422	7,135	29,203	26,950	9,315	8,494	3,631	3,335	30,702	38,277	0	0	83,273	84,191
Acquisition of Property, Plant and Equipment	625	544	2,629	2,128	304	518	20	79	8,730	8,584	0	0	12,308	11,854
Depreciation Expense from continuing operations	1,428	1,466	11,316	8,790	2,689	2,739	835	897	1,009	3,844	0	0	17,277	17,736

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

Business Segments	Services
Residential Aged Care Services (RACS)	Nursing home services
Acute	Inpatient/Outpatient health services as per Department of Health Guidelines
Mental Health	Inpatient and community psychiatric services as per Department of Health and Human Services and Commonwealth Guidelines
Aged Care	Outpatient and community based aged care services
Others	Ambulatory and community outpatient and community health provision

Geographical Segment

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

Bendigo Health Care Group
Notes To and Forming Part of the Financial Statements for the Year Ended 30 June 2015

Note 21: Jointly Controlled Operations and Assets

Name of entity	Principal Activity	Ownership Interest	
		2015 %	2014 %
Loddon Mallee Rural Health Alliance	Information Technology	21.77	22.35

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

	2015 \$'000	2014 \$'000
CURRENT ASSETS		
Cash and Cash Equivalents	1,610	1,355
Receivables	20	40
Other	24	41
Total Current Assets	1,654	1,436
NON CURRENT ASSETS		
Property, Plant and Equipment	103	106
Total Non Current Assets	103	106
Total Assets	1,757	1,542
CURRENT LIABILITIES		
Payables	173	177
Total Current Liabilities	173	177
Total Liabilities	173	177
Net Assets	1,584	1,365

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

	2015 \$'000	2014 \$'000
REVENUES		
Operating Activities	1,705	640
Capital Purpose Income	0	157
Total Revenue	1,705	797
EXPENSES		
Other Expenses from Continuing Operations	1,431	1,505
Expenditure using Capital Purpose Income	61	34
Total Expenses	1,492	1,539
Net Result	213	(742)

CONTINGENT LIABILITIES AND CAPITAL COMMITMENTS

The joint venture does not have any known contingent assets or contingent liabilities as at 30 June 2015.

Note 22a: Responsible Persons Disclosures

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

	Period
Responsible Ministers:	
The Honourable David Davis, MLC, Minister for Health and Ageing	1/7/2014 - 3/12/2014
The Honourable Mary Wooldridge, MLA, Minister for Mental Health	1/7/2014 - 3/12/2014
The Honourable Jill Hennessy, Minister for Health, Minister for Ambulance Services	4/12/2014 - 30/6/2015
The Honourable Martin Foley, Minister for Housing, Disability and Ageing, Minister for Mental Health	4/12/2014 - 30/6/2015
Governing Boards	
Dr M Langdon	Chair 1/7/2014 - 1/5/2015
Ms S Clarke	Acting Chair 1/5/2015 - 30/6/2015
Mr A Woods	Director 1/7/2014 - 30/4/2015
Mr W O'Neil	Director 1/7/2014 - 30/6/2015
Mr G Stewart	Director 1/7/2014 - 30/6/2015
Ms M O'Rourke	Director 1/7/2014 - 30/6/2015
Mr G Michell	Director 1/7/2014 - 30/6/2015
Ms A Berry	Director 1/7/2014 - 30/6/2015
Mr D Laurence	Director 8/7/2014 - 30/6/2015
Accountable Officers	
Mr J Mulder	Chief Executive 1/7/2014 - 30/6/2015

Remuneration of Responsible Persons

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

Income Band	2015 No.	2014 No.
\$10,000 - \$19,999	0	1
\$20,000 - \$29,999	8	6
\$40,000 - \$49,999	1	1
\$390,000 - \$399,999	0	1
\$410,000 - \$419,999	1	0
Total Numbers	10	9
Total remuneration received or due and receivable by Responsible Persons from the reporting entity amounted to:	\$633,870	\$580,459

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

Bendigo Health Care Group
Notes To and Forming Part of the Financial Statements for the Year Ended 30 June 2015

Note 22a: Responsible Persons Disclosures (continued)

Other Transactions of Responsible Persons and their Related Parties.

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

	Payments 2015 \$'000	Receipts 2015 \$'000	Payments 2014 \$'000	Receipts 2014 \$'000
Mr. J Mulder is a Director of LMHA Network Ltd which provides information & communication services to Bendigo Health Care Group on normal commercial terms and conditions.	1,329	0	1,012	0
Mr. J Mulder is the Chairperson of the Loddon Mallee Rural Health Alliance JVA Steering Committee. Loddon Mallee Rural Health Alliance provides information & communication services to Bendigo Health Care Group on normal commercial terms and conditions.	1,528	2,674	1,915	2,086
Dr. M Langdon is the Chief Executive Officer of Bendigo Access Employment. Bendigo Access Employment provides courier services to Bendigo Health Care Group on normal commercial terms and conditions.	34	0	38	0
Mr. Stewart is a Director of Girton Grammar School Limited. Girton Grammar School provided tuition service to a client of Bendigo Health Care Group.	2	0	1	0
Mr. Stewart is a Director of Bendigo Primary Care Centre Limited. Bendigo Health provides utilities for Bendigo Primary Care Centre.	35	85	22	50
Mr. Stewart is Chair of Corporate Governance Subcommittee at Heathcote Health. Heathcote Health provides client services to Bendigo Health on normal commercial terms and conditions.	314	173	0	0
Mr. W O'Neil & Ms. S Clarke are Directors of Loddon Mallee Housing Services Limited. Loddon Mallee Housing Services Limited provides client services to Bendigo Health Care Group on normal commercial terms and conditions.	102	0	89	0
Ms. M O'Rourke is a Director of Bendigo Kangan Institute. Bendigo Kangan Institute provides education services to Bendigo Health Care Group on normal commercial terms and conditions.	31	68	27	78
Ms. M O'Rourke is a Director of Bendigo Business Council. Bendigo Health Care Group are a member of Bendigo Business Council on normal commercial terms and conditions.	6	0	6	0
Ms. S Clarke is a Director of Loddon Mallee Murray Medicare Locals. Bendigo Health Care Group provides rural health services.	0	93	0	160
Mr. G Michell is a Director of Bendigo Community Telco. Bendigo Community Telco provides Telecommunication services to Bendigo Health Care Group on normal commercial terms and conditions.	468	0	709	0
	3,849	3,093	3,819	2,374

Other Disclosures

No retirement benefits were paid to Responsible Persons as at 30th June 2014 and 30th June 2015.

Note 22b: Executive Officer Disclosures
Executive Officers' Remuneration

The numbers of executive officers, other than Ministers and Accountable Officers, and their total remuneration during the reporting period are shown in the 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	
	2015 No.	2014 No.	2015 No.	2014 No.
\$60,000 - \$69,999	1	0	1	0
\$130,000 - \$139,999	1	0	1	0
\$170,000 - \$179,999	0	0	0	1
\$180,000 - \$189,999	0	1	0	1
\$190,000 - \$199,999	0	1	2	0
\$200,000 - \$209,999	2	0	0	0
\$210,000 - \$219,999	0	0	0	1
\$220,000 - \$229,999	0	2	2	2
\$230,000 - \$239,999	2	1	1	1
\$240,000 - \$249,999	1	1	1	0
\$250,000 - \$259,999	1	0	1	1
\$260,000 - \$269,999	1	1	0	0
\$270,000 - \$279,999	0	0	1	0
\$280,000 - \$289,999	1	0	0	0
\$370,000 - \$379,999	0	0	0	1
\$390,000 - \$399,999	0	1	0	0
Total	10	8	10	8
Total annualised employee equivalents (AEE)	8	8	8	8
Total remuneration	\$2,137,744	\$1,963,161	\$2,047,348	\$1,876,009

Bendigo Health Care Group
Notes To and Forming Part of the Financial Statements for the Year Ended 30 June 2015
Note 22: Responsible Persons Disclosures (continued)

Note 22c. Payments to other personnel

Payments to other personnel (i.e. contractors with significant management responsibilities)

There were no payments to contractors with significant management responsibilities as at 30th June 2014 and 30th June 2015.

Note 23. Remuneration of auditors

Victorian Auditor-General's Office

Audit or review of financial statement

	2015	2014
	\$'000	\$'000
	55	60
	55	60

Note 24: Economic dependency

Bendigo Health Care Group has obtained a letter of support from the State Government and in particular, the Department of Health and Human Services (DHHS), confirming that the department will continue to provide Bendigo Health Care Group adequate cash flow to meet its current and future obligations up to September 2016. A letter was obtained for the previous financial year. On that basis, the financial statements have been prepared on a going concern basis.

Note 25: Ex-gratia Payments

There were no ex-gratia payments made by Bendigo Health during the 2014/15 financial year.

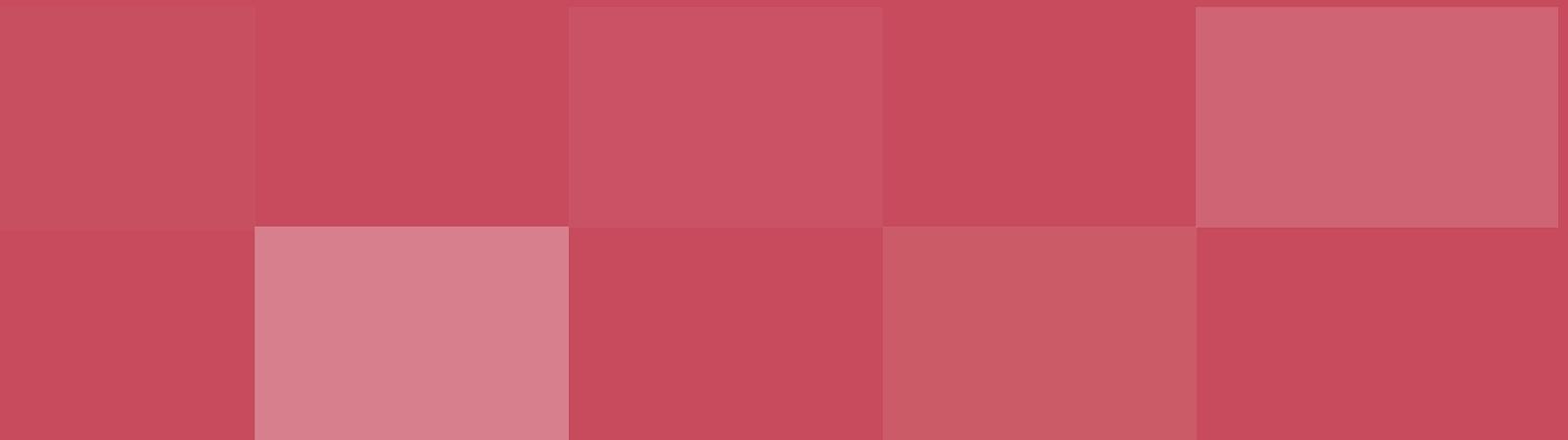
Note 26: Events occurring after the balance sheet date

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

Appendix A - Alternative presentation of Comprehensive Operating Statement

The below Bendigo Health Care Group Comprehensive Operating Statement has been prepared in line with Department of Treasury and Finance requirements, **and do not form part of the audited financial statements.**

	2015	2014
	\$'000	\$'000
Interest and Dividends	686	763
Fair Value of assets and services received free of charge	0	702
Sales of goods and services	17,217	18,309
Grants	288,282	276,330
Other income	41,085	37,562
Total revenue	347,270	333,666
Employee expenses	236,524	223,597
Depreciation	17,277	17,736
Other operating expenses	103,493	99,992
Total expenses	357,294	341,325
Net result from transactions - Net operating balance	(10,024)	(7,659)
Other gains / (losses) from other economic flows	0	44,405
Total other economic flows included in net result	0	44,405
Net result	(10,024)	36,746



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EMERGENCY ↓

