

**ANNUAL REPORT | 2008-09**



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Bendigo Community Health Services Inc trading as Bendigo Community Health Services or BCHS



## Vision Statement

Healthiest people, healthiest community, excellence in innovation and service.

## Mission

The purpose of Bendigo Community Health Services is to work to strengthen the capacity of individuals and communities to maintain and improve their health and wellness.

## Values

### *Trust*

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We seek to act with integrity and justice.

### *Acceptance*

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We listen and are non-judgmental in understanding each other.

### *Innovation*

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We celebrate and encourage a dynamic and adaptive environment.

### *Learning*

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We foster a culture of learning that captures and creates opportunities to share knowledge.

### *Fairness*

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We promote and encourage equity of access and encourage clients and community to advocate for fair service responses.

### *Respect*

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We appreciate diversity and encourage understanding in how we relate to each other.

### *Unity*

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We create welcoming and harmonious environments and seek to build a shared vision.

# BOARD OF DIRECTORS REFLECTIONS

## Chair Report

The past year has seen the most significant change for community health in Victoria since its inception as a part of the health system in the early 1970s, with the changes in the Health Act and legal status requirements. Bendigo Community Health Services (BCHS) has, as a result of these changes, transited from an Incorporated Association to a Company Limited by Guarantee in April 2009, this is therefore the first report to our members and the community under the new legal structure.

Changing legal structure was driven by the Australian Taxation Office (ATO) and the possible change in tax status for the organisation. The ATO decision has required changes in Victorian health legislation so that services such as BCHS could continue as an independent and community managed health service and not be financially disadvantaged. The ATO action would have had a significantly negative impact on our ability to recruit and retain staff and therefore compromise our ability to provide high quality community health services and programs.

This challenge provided an opportunity to reflect, particularly on our vision, purpose and communication with our members and the community in general. Throughout the process of change, the Board consulted with members and the community in various ways, including meeting with a range of community representatives, some of which had long relationships with Community Health in Bendigo. These conversations certainly informed and encouraged the Board and we appreciated the feedback that confirmed not only the role of community health in Bendigo but the need for ongoing dialogue with community in the planning, development and delivery of services as we move forward. My thanks to our members, particularly Life members, and the community for their support during this time. I especially thank my fellow Directors, Sue Clarke and the Executive team and staff at BCHS for their committed and quality service throughout the past year.

**Leigh Watkins**

## *Cheryle Barker*

The greatest challenge of the past year a Board member has been associated with the Strategic Direction to 'strengthen the foundation' through the development of a Strategic Financial Plan. My responsibility is to listen and engage in informed decision making and I have learned the importance of continually looking ahead to what we as the Board understand when making decisions about current issues.

## *Michael Hogan*

I thoroughly enjoy being part of a unified Board that works in a challenging business and service environment. The Board is committed to strengthening the financial foundations of the organisation in the best interests of our community, clients and staff. As a Board member, my role is to support the Executive team to develop innovative and sustainable strategies that achieve this goal is a very meaningful one to me.

## *Elizabeth May*

The major challenge has undoubtedly been the transition to a Company structure to have BCHS well positioned for the future. It is a privilege to be a part of this Board as there is strong leadership as well as a strong sense of teamwork and collegiality, and being part of an organisation that displays great passion and drive to achieve the best outcomes for our community is indeed rewarding.

## *Nicole Ryan*

One of the greatest challenges is the engagement issue of the community, and it is a credit that engagement levels are as high as ever. Being a Board member and with such a dedicated team during this change has been fantastic.

## *Colin Lambie*

I am particularly delighted to be part of an organisation that is considering its environmental impact when making plans for serving the community. As necessary as it was the legal restructure was a distraction, however we continue to improve the service to our clients and community.

## *Amanda Kenny*

The Board faces the challenge of ensuring that BCHS continues to be responsive to its diverse client base, with increasing demand for services associated with an ageing population, an increase in chronic conditions and the impact of major incidents like the bushfires. I am passionate about the work of BCHS and love my role as a Director as it provides me with the opportunity to contribute my knowledge of the health care system, but to also work with a great group of people to ensure that the service grows and continues to meet community need.

## Board of Directors



Elizabeth May

Cheryle Barker

Michael Hogan

Leigh Watkins

Jan Boynton

Amanda Kenny

Nicole Ryan

Colin Lambie

# CEO AND DEPUTY CEO REFLECTIONS

As I have been reflecting on the past year I realise that this is the 10th CEO annual report I have written since coming to community health and as is the case this year, each year brings its challenges and celebrations. As you will read in this year's annual report, one of the major challenges during the year has been a change to our legal status.

I would however like to focus on one or two highlights from this past year that relate much more to the community we serve. Sadly, one was the Black Saturday bush fires across Victoria and its impact on Bendigo. I was on extended leave during the period of the fires and I know through the leadership of Karen Riley as Acting CEO, our fantastic team was there in full force from the first day, providing one to one assistance, supporting families, coordinating services, doing what community health does so well, responding to its community.

During the year BCHS has also invested significant resources in the development of strategic partnerships with business and government to provide workplace health assessments. The workplace as a key setting for health promotion has recently gained momentum and BCHS led the way over many years in working with employers to understand the importance and relevance of their employees' health & wellbeing to their business. During the past year nineteen workplaces participated. The feedback from employers and employees indicates that the BCHS Wellness Works Team is making a difference to people's lives. We will continue to invest in these partnerships and relationships across our community, taking every opportunity to deliver on our purpose.

**Sue Clarke**

As with any year in the life of BCHS, we have again experienced a mix of challenges, gains and opportunities, all of which can be seen as a healthy norm for any community health service. We would however suggest that this year will be remembered for the significance it holds for the many members of our teams who were involved, and continue to be involved, in BCHS' response to the tragedy of the local bush fires – this was outside of the norm. If there can be a positive side to this experience it is the timely reminder for us as of the difference that we can make to people's lives, particularly when they are most vulnerable and in greatest need. I would like to formally commend the work of our people during this difficult period, and express our sincere gratitude for the outstanding contributions they continue to make. I often recall the busy-ness of those first few days and weeks, the high emotion, the pain of those who suffered loss in so many ways, the logistics of the service response and the efforts of those involved. I also recall the sense of pride I felt in our people.

Effective partnerships continue to be critical to the success of our work in preparing for the future and in this past year BCHS has been delighted to have had the opportunity to contribute to the development of the proposed Bendigo Primary Health Centre along with other key stakeholders including Monash University, Bendigo Health, Latrobe University, the Central Victorian General Practice Network, City of Greater Bendigo and Vic Felix.

In closing, I express my sincere thanks to all staff for another fantastic year's work. I would also like to acknowledge the support and continued effort of my colleagues on both the Executive and Management teams all of whom make a great contribution. And, finally our thanks to Sue for her leadership and continued belief in us.

**Karen Riley**

## ACKNOWLEDGMENTS

The past twelve months has certainly stretched us with significant change and growth. My thanks to the Board for their leadership during the year and especially to Leigh Watkins Chair of the Board, I have very much appreciated his support and encouragement. To my Deputy CEO Karen Riley - an exceptional leader and colleague, who demonstrates her continued commitment to the values of our organisation and my deepest appreciation for taking the full leadership responsibility of CEO during my extended leave earlier this year. Thanks to the other members of the executive team, Graeme Howie and Robert Indrigo who were joined later in the year by Sue McConnachie and Kaye Graves, and to Kaye Hyett who left during the year. To our managers and staff, we have had a big year and yet, no matter how busy patients/clients and community continue to come first in our work, well done and thanks.

### Executive Team



Karen Riley

Sue Clarke

Robert Indrigo

Sue Mc Connachie

Graeme Howie

Kaye Graves



# Our Strategic Directions

Being the first year of the new strategic plan we have chosen to use the Strategic Directions to frame the Annual Report to demonstrate our achievements, challenges and experience in each of the four areas.

## I Invest in our community

We will work with our communities to develop service models where access and equity are fundamental, and our role as advocate is based on sound policy, practice and knowledge.

## II Strengthen the foundation

We will strengthen our spirit of enterprise and work with our people to build operational excellence, foster innovation, and collaborate with our partners to build creative and sustainable futures that support the health and wellness of our communities.

## III Influence through evidence

We will value and promote partnerships that support the conduct of sound research and the development of models of service that are based on accurate and contemporary evidence. This is how we will inform our practice and build knowledge to influence policy makers.

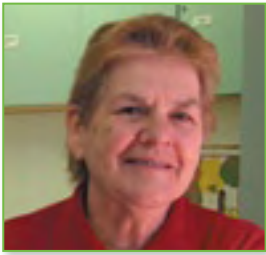
## IV Foster leadership

We will provide leadership in the area of health and wellness in order to foster positive change within our community. We will seek to be innovative in our service development and delivery, and responsive to the needs of our communities.

# INVEST IN OUR COMMUNITY

## *Celebrating decades of service*

### **Paula May**



After 30 years Paula still thrives on the challenge of working with complex families even though the job has changed over the years to be more demanding. Paula has valued her vocational training especially in a setting like Community Health where there is a much broader perspective on

the community's needs and how they may be addressed. Being part of a multidisciplinary team that has diverse skills and knowledge continues to be both challenging and rewarding.

### **Dr John Sherman**



Dr John Sherman has dedicated over 30 years to working with people with alcohol and drug addictions in Victoria. He has been central to the team through his clinic sessions that have occurred regularly since 1994. Dr Sherman is widely acknowledged for

his strong commitment to ensuring access for regional patients. He will be missed by patients and colleagues alike, all of whom wish him well in his retirement.

### **Dr Chris Sasse**



With more than a decade of dedication to community health, a champion of youth sensitive practices and holistic youth health, Dr Chris Sasse's willingness to lead innovative youth health care in Bendigo has resulted in the enormous success of the Youth Health clinic @ Central. Her

expertise in youth sexual and reproductive, mental and drug and alcohol health provides the leadership for this clinic to continuously challenge health care workers to increase the respect and trust of young people.

## *Black Saturday bushfires*



The bushfires of February involved BCHS immediately in both the response and the recovery phases. BCHS was requested to establish a team to work with the Victorian Case Management Service to assist those fire-affected to secure the immediate needs of shelter, material goods and navigate support systems to enable recovery. This work has led to a subsequent project with 50 adults affected by the bushfires that looks at their individual health status and develops health plans.

## *Australian Primary Care Collaborative Program (APCC)*



Bendigo Community Health Services, through the APCC Program has developed strong links with other medical practices locally and throughout Victoria. The framework of this program encourages

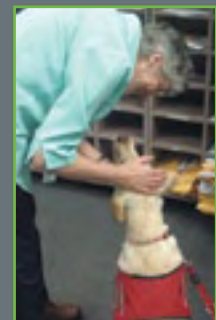
practices to share information and ideas instead of reinventing the wheel over and over again. All participants have access to a dedicated resource sharing centre on-line. Local participants of the program meet regularly with the Central Victoria General Practice Network, forming a beneficial network for every practice involved.

## *Righteous Pups*



Bendigo Community Health Services (BCHS) has continued its involvement with Righteous Pups Australia during the year. Righteous Pups Australia extends on the services that BCHS provides to children with a disability and their families; by giving a recipient of a pup greater level of independence, self-esteem and an overall improvement in psychological well-being and quality of life.

In memory of long serving employee Bev Crothers who had a love of dogs, BCHS provided sponsorship funds to assist Righteous Pups to raise, socialize and train dogs for placement with children socially isolated within the community.



# STRENGTHEN THE FOUNDATION

## *BCHS transition to new legal entity*

The need for this transition occurred as a result of a judgment by the Australian Taxation Office (ATO) that Community Health Centres (CHC) in Victoria were operating as an “arm of government” given their legal status as Incorporated Associations. The impact for BCHS was it would not be eligible to continue to receive beneficial taxation status. A lengthy legal debate ensued and with the co-operation of the Victorian Department of Human Services (DHS), the Victorian Health Association (VHA) and the ATO, it was proposed for CHCs to become companies limited by guarantee and cease to be individual agencies nominated in the Victorian Health Services Act as the course of action. This transition has been significant however with BCHS taking a major leadership role within the sector to negotiate with the ATO, VHA and DHS an appropriate outcome has been achieved.



## *Capital Development at Elmore*



The Elmore Primary Health Services model is an innovative mix of public and private service delivery that has expanded the range of health and well-being services being provided to

the Elmore community. The Commonwealth Government has recognised this model by providing \$454,000 in capital funding through its National Rural & Remote Health Infrastructure Program. This funding will build four additional consulting rooms to enable health professionals to extend the range of services and programs to meet local need. Building contracts have been signed, initial works will commence before November and it is expected the new building will be operating by June 2010.

## *Board Financial Planning*

BCHS developed and implemented its new Strategic Plan. During 2009 the Board of Directors also developed a Strategic Financial Plan to provide financial direction for BCHS over the same period. The Financial Plan builds on a range of information relating to BCHS' financial performance and position over the last five years. In finalising this plan the Board has developed eleven Key Performance Indicators (KPIs) with the main categories of increase income, effectively manage costs, leverage assets and manage investments.



# INFLUENCE THROUGH EVIDENCE

## Senate Select Committee on Men's Health

The BCHS model for Rural Men's Health Promotion has been widely recognised for its innovative approach to working with men to address their health issues. BCHS submitted to the review of the National Men's Health Policy and was subsequently invited to present to the Senate Select Committee on Men's Health. Peter Strange our Men's Health Nurse Practitioner, continues to be highly sought after as a key note speaker presenting at both national and international conferences again demonstrating the significant contribution BCHS has made to the building of evidence around men's health in Australia.



## Making a difference through research in Elmore

Researchers from the Monash University School of Rural Health in Bendigo, in collaboration with Elmore Primary Health Service and Bendigo Community Health Service were funded by the Australian Rotary Health Research Fund to study the role and importance of Elmore Primary Health Service in the Loddon - Campaspe region. Investigating what makes this service so successful will provide information that can assist other small rural communities to develop their own sustainable, community based, health care service.



## AoD blueprint planning



Staff in the Alcohol & Drug services team invested some time reviewing the State Government's new Alcohol & Drug Blueprint that will govern service development and delivery until 2013.

The framework in the Blueprint reinforces evidence based practice and encompasses a client and family centred model of service that resonates well with the team and the values of BCHS. Integrating team planning with state-wide standards and directions consolidates our goals to provide safe and quality services to clients seeking support from A&D related issues.



# FOSTER LEADERSHIP

## *Award for Dr Adel Asaid*



We were pleased to warmly congratulate Dr Adel Asaid who partners with BCHS in the provision of Elmore Primary Health Service when he was recently announced as a recipient of a much deserved award from his peers. The award was in the category of 'Outstanding Contribution

to Rural Communities' and as presented at the 2009 Victorian Rural Doctors Awards. This recognition reflects on the contributions Adel has made in supporting the development of this highly acclaimed integrated primary health service in Elmore, as well as the role he has played in providing supervision and mentoring for young doctors undertaking practice in small rural communities.

## *Child Health Invest*

Child Health Invest has continued to grow and has recently undergone realignment with a range of youth programs to reflect its expanding service profile to become Child Youth Health Invest. The additional programs include Young Pregnant and Parenting Program (YPPP), Innovative Health Services for Homeless Youth (IHSY), and the Schools Focus Youth Service (SFYS). CYHI, headed up by Senior Community Paediatrician Dr Ken Armstrong, together with counselling, nursing, public health and welfare staff provides an integrated approach to the delivery of innovative health and wellbeing services to children, young people and their families from across the region.



## *Workplace Health Promotion*

BCHS commenced programs in workplace health promotion in 2000 and has seen it flourish as awareness about employee health & wellbeing has developed and been identified as central to smart corporate strategy. For every dollar invested the World Health Organisation estimates that there is a minimal return value of \$5 through reduced absenteeism and improved productivity. Currently, the Wellness Works Team is implementing workplace health promotion programs with 19 non government and government small and large businesses, and completed over 1500 health assessments. After participating in the initial pilot, the program has been endorsed as a preferred provider of the Victorian State Government Workhealth Initiative.



## *Hepburn Primary Health Forum*

This conference, convened by Bendigo Community Health Services, attracted thirty two participants from a range of services within Loddon Mallee Region.

It was an opportunity for networking and discussion, and to consider the current Primary and Community Health policy environment to identify the opportunities for collaborative work under four key themes: Health Reform, Workforce, Regional Planning and Data Management, and Social Inclusion. Invited speakers were Dr Amanda Kenny, Associate Professor, Latrobe University, Bendigo, Kim Sykes, Director Service and Workforce Planning, Anne Somerville, Director Health and Wellbeing G21, Cath Smith, CEO VCOSS and Alan Taylor, CEO COBAW provided the group with a diverse set of presentations based on current issues, contemporary evidence, and some rigorous and enthusiastic debate.



# Our Position

## BENDIGO COMMUNITY HEALTH SERVICES LIMITED

ABN: 76 026 154 968

*Cash Flow Statement for the year ended 30 June 2009*

	2009 \$	2008 \$
<b>CASH FLOW FROM OPERATING ACTIVITIES</b>		
Receipt of grants	12,205,510	12,474,407
Other receipts	881,521	257,775
Payments to suppliers and employees	(13,073,824)	(12,957,983)
Interest received	87,975	111,012
Net cash generated from/(used in) operating activities	<b>101,182</b>	<b>(114,789)</b>
<b>CASH FLOW FROM INVESTING ACTIVITIES</b>		
Proceeds from Sale of Property, Plant & Equipment	25,234	42,758
Payments for Property, Plant & Equipment	(88,243)	(191,485)
Payments for Intangible Assets	-	(82,917)
Payments for investment in joint venture	(111,302)	-
Net cash used in investing activities	<b>(174,312)</b>	<b>(231,644)</b>
<b>CASH FLOW FROM FINANCING ACTIVITIES</b>		
Repayment of finance lease commitments	(2,315)	(7,873)
Net cash used in financing activities	<b>(2,315)</b>	<b>(7,873)</b>
Net increase/(decrease) in cash held	<b>(75,445)</b>	<b>(354,305)</b>
Cash at the beginning of the financial year	1,703,982	2,058,288
Cash at the end of the financial year	<b>1,628,537</b>	<b>1,703,983</b>

# FINANCIALS


**BENDIGO COMMUNITY HEALTH SERVICES LIMITED**  
ABN: 76 026 154 968  
*Notes to the financial statements for the year ended 30 June 2009*

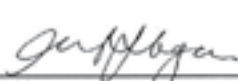
Directors' Declaration

The directors of the entity declare that:

- 1 The Financial statements and notes, as set out on preceding pages are in accordance with the Corporations Act 2001:
  - a. comply with Australian Accounting Standards; and
  - b. give a true and fair view of the financial position as at 30 June 2009 and of the performance for the year ended on that date of the entity.
- 2 In the Directors' opinion there are reasonable grounds to believe that the entity will be able to pay its debts as and when they become due and payable.

This declaration is made in accordance with a resolution of the Board of Directors.

  
Leigh Watkins  
Chairperson

  
Michael Hogan  
Treasurer

Dated this 1<sup>st</sup> of October 2009

**BENDIGO COMMUNITY HEALTH SERVICES LIMITED**  
ABN: 76 026 154 968  
*Income Statement for the year ended 30 June 2009*

	2009	2008
	\$	\$
Revenue	12,982,842	11,944,694
Other income	65,053	1,135
Employee expenses	(8,520,367)	(8,320,603)
Depreciation and amortisation expenses	(237,790)	(248,054)
Child care expenses	(1,503,235)	(1,549,624)
Program expenses	(878,817)	(986,301)
Fleet expenses	(231,877)	(294,760)
Technology expenses	(221,347)	(266,007)
Facility expenses	(393,041)	(416,921)
Administration expenses	(326,823)	(327,631)
Other expenses	(5,018)	(13,685)
Share of net profits of associates and joint ventures	134,268	-
<b>Profit before income tax</b>	<b>863,848</b>	<b>(477,757)</b>
Income tax expense	-	-
<b>Profit/(loss) after income tax</b>	<b>863,848</b>	<b>(477,757)</b>

**CONCISE FINANCIAL REPORT**

This Concise Financial Report is an extract from the BCHS Ltd Financial Report.

The financial statements and specific disclosures included in this Concise Financial Report, have been derived from the BCHS Ltd Financial Report.

The Concise Financial Report cannot be expected to provide as full an understanding of the financial performance, financial position and financing and investing activities of BCHS Ltd as the Financial Report.

Further financial information can be obtained from the BCHS Ltd Financial Report and that report is available free of charge from BCHS.

# FINANCIALS

## BENDIGO COMMUNITY HEALTH SERVICES LIMITED

ABN: 76 026 154 968

Balance Sheet as at 30 June 2009

	2009	2008
	\$	\$
<b>CURRENT ASSETS</b>		
Cash and Cash Equivalents	1,628,537	1,703,982
Receivables	414,192	150,392
Other Assets	52,260	80,101
Investments	337,596	-
<b>Total Current Assets</b>	<u>2,432,585</u>	<u>1,934,475</u>
<b>NON CURRENT ASSETS</b>		
Property, Plant & Equipment	4,803,141	4,883,453
Intangible Assets	62,189	82,917
Other Assets	9,310	9,225
Investments accounted for using the equity method	245,571	-
<b>Total Non Current assets</b>	<u>5,120,211</u>	<u>4,975,595</u>
<b>TOTAL ASSETS</b>	<b>7,552,795</b>	<b>6,910,070</b>
<b>CURRENT LIABILITIES</b>		
Payables	590,572	736,328
Provisions	1,186,568	1,106,979
Grants in Advance	83,892	275,088
Interest Bearing Liability	17,523	2,315
<b>Total Current Liabilities</b>	<u>1,878,555</u>	<u>2,120,710</u>
<b>NON CURRENT LIABILITIES</b>		
Interest Bearing Liability	61,235	-
Provisions	304,911	345,115
<b>Total Non Current Liabilities</b>	<u>366,146</u>	<u>345,115</u>
<b>TOTAL LIABILITIES</b>	<b>2,244,702</b>	<b>2,465,825</b>
<b>NET ASSETS</b>	<u><b>5,308,093</b></u>	<u><b>4,444,245</b></u>
<b>EQUITY</b>		
Retained earnings	2,674,989	1,811,141
Asset revaluation reserve	2,633,104	2,633,104
<b>TOTAL EQUITY</b>	<u><b>5,308,093</b></u>	<u><b>4,444,245</b></u>

## BENDIGO COMMUNITY HEALTH SERVICES LIMITED

ABN: 76 026 154 968

Statement of changes in equity for the year ended 30 June 2009

	Retained Earnings \$	Asset Revaluation Reserve \$	Total \$
Balance at 1 July 2007	2,288,898	2,240,486	4,529,384
Profit attributable to the entity	(477,757)	-	(477,757)
Revaluation increment	-	392,618	392,618
<b>Balance at 30 June 2008</b>	<u>1,811,141</u>	<u>2,633,104</u>	<u>4,444,245</u>
Profit attributable to the entity	863,848	-	863,848
Revaluation increment	-	-	-
<b>Balance at 30 June 2009</b>	<u><u>2,674,989</u></u>	<u><u>2,633,104</u></u>	<u><u>5,308,093</u></u>

## INDEPENDENT AUDITOR'S REPORT

To the members of Bendigo Community Health Services Limited.

We have audited the accompanying financial statements of Bendigo Community Health Services Limited, which comprise the balance sheet as at 30 June 2009, and the income statement, statement of changes in equity and cash flow statement for the year then ended, a summary of significant accounting policies, other explanatory notes and the directors' declaration.

### Directors' Responsibility for the Financial Report

The Directors of the company are responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards (including the Australian Accounting Interpretations) and the Corporations Act 2001. This responsibility includes designing, implementing and maintaining internal controls relevant to the preparation and fair presentation of the financial report that is free from material misstatement, whether due to fraud or error; selecting and applying appropriate accounting policies; and making accounting estimates that are reasonable in the circumstances.

### Auditor's Responsibility

Our responsibility is to express an opinion on the financial report based on our audit. We conducted our audit in accordance with Australian Auditing Standards. These Auditing Standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance 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 procedures selected depend on our 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, we consider internal controls 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 accounting policies used and the reasonableness of accounting estimates made by the directors, as well as evaluating the overall presentation of the financial report.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### Independence

In conducting our audit we have complied with the independence requirements of the Corporations Act 2001.

### Auditor's Opinion on the Financial Report

In our opinion, the financial report presents fairly, in all material respects, the financial position of Bendigo Community Health Services Limited as at 30 June 2009 and of its financial performance and its cash flows for the year then ended in accordance with Australian Accounting Standards (including the Australian Accounting Interpretations) and the Corporations Regulations 2001.



**KEN BELFRAGE**  
ANDREW FREWIN & STEWART  
61-65 Bull Street, Bendigo, 3550

Dated this 19 day of October 2009

# QUALITY OF CARE REPORT SUMMARY

The BCHS 2009 Quality of Care Report captures a snapshot of some of the key initiatives and challenges that the organisation has undertaken in providing services and programs across the Bendigo and district communities. The Strategic Directions continue to shape the organisation's thinking and approach to ensuring high quality, safe and accessible services, and as such the report refers to some of the activities that give substance to each one, as well as a sense of the diversity and energy of BCHS as it is open for business. This report is an opportunity to gain insight into how the Strategic Directions manifest in our work and responsibilities. As a companion document to the Annual Report it introduces some of the enterprises that BCHS has developed in response to community need and reflects on some of the critical information such as service data, workforce profile, work in progress for accreditation purposes, and our organisational and workplace culture.

'Invest in our community' looks at the Child Health Invest program, our volunteers, the service development in Chronic Disease Management, and a collaborative project about our needle syringe program and mental health of service users. Working from within the organisation to 'strengthen the foundation' BCHS has implemented staff health & wellbeing programs and ensured due governance in the clinical and corporate domains has occurred. The direction to 'influence through evidence' continues to consolidate as opportunities for learning and research are developed and activity measured in multiple ways to develop our collective knowledge about best practice in primary and community health and to lead us to the final direction, to 'foster leadership'. This can be demonstrated through new initiatives such as the Carers' project as well as taking a retrospective on women's health, where the work indicates commitment and endurance in providing women sensitive practices over recent decades.



## STAFF LIST

Adam Noyce  
 Aileen O'Brien  
 Andrea Broughton  
 Angela McKinley  
 Angela Ray  
 Anne Chapman  
 Anne Harland  
 Anne-Maree McCarthy  
 Barbara Newby  
 Ben Singleton  
 Boska Wyatt  
 Bronwyn Moore  
 Bronwyn Phillips  
 Bruce Thorpe  
 Cameron Cail  
 Carmel Mugleston  
 Carole Safstrom  
 Cathy Goss  
 Cathy Thorpe  
 Cheryle Medcalf  
 Chris Daw  
 Chris Sasse  
 Christine Armstrong  
 Christine Lewis  
 Christine Schaller  
 Christine Sharman  
 Christine Whatley  
 Claire Nankivell  
 Clare Wood  
 Corinne Leversha  
 Cristean Tikeridis  
 Dallas Coghill  
 David Whitrow  
 Deanne Storey  
 Deborah Mellor  
 Denise Flanagan  
 Di Black  
 Di Roberts  
 Drew Reid

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