

Tweddle Child and Family Health Service

78th Annual Report
1997-98

tweddle

Child & Family Health Service

Mission = crisis parenting

Tweddle Child and Family Health Service provides a specialist health development and family support program aimed at strengthening independent family functioning, promoting health and preventing illness and injury. It is concerned with the optimal, health and development of all clients.

Incorporation

Tweddle is a Schedule 1 Public Hospital incorporated under the Health Services Act 1988.

History

1920 The Society for the Health of Women and Children of Victoria (Plunket System) was formed. Its objects were:

1. To educate potential mothers and mothers in the essential work of mothercraft.
2. To promote the natural feeding of infants.
3. To see that the baby, where the natural supply has failed, is put onto a food as approximating as nearly as possible to human milk.
4. To disseminate knowledge with respect to maternity matters.
5. To place fully qualified Plunket nurses in charge of given districts, in order that those requiring attention may receive it.

1924 Opening of The Tweddle Hospital for Babies and School of Mothercraft.

1959 Building program commenced to rebuild the facility completely.

1990 Incorporated as a Schedule 1 Public Hospital under the Health Services Act 1998 and name changed to Tweddle Child & Family Health Service.

1992 Commenced the first Day Stay Program in Victoria.

1996 In March relocated to the newly renovated and refurbished buildings in Adelaide Street, Footscray.

Accountability

Tweddle is accountable to the Honourable Denis Napthine, Minister of Youth & Community Services, through the Department of Human Services.

Services

Tweddle offers a range of services to families with young children under three years of age.

- Residential Unit of 24 beds;
- Community & Professional Education;
- Day Stay Programs in Brimbank, Hume, Maribyrnong, and Wyndham.

Address

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Objects of Tweddle

- To provide a specialist health promotion, education and family support day and residential service directed towards assisting parents in caring for their infants and young children.
- To efficiently utilise appropriate physical and human resources to promote health and well being and to prevent disease, injury and suffering.
- To facilitate and encourage involvement in services by liaison and networking, and to assist users of services to make informed decisions about health care.
- To foster continuing improvement in health care standards through education, training and dissemination of information.
- To develop and implement services at Tweddle, and within the community which will enhance and improve the quality of the services already provided to children, families, and community with a view to promoting health and social equity.

Guiding Principles

- Health is a state of well being not just the absence of illness.
- The importance of coordinated health promotion and education in the wider community.
- An holistic approach recognises the physical, social and emotional factors effecting well being.
- Focuses on the family as well as the individual, and the structural forces which impinge on a families' functioning and health.
- Primary care has a major role in ensuring an individual's health and well being.
- Empowerment of families to manage their own health and welfare requirements.
- Focuses on skill development and prevention rather than ad hoc responses to health problems.
- Coordination of service delivery to achieve flexibility in meeting an individual's and a families' health needs.

Goals

- Leadership that promotes good health.
- Planning and development into the 21st century.
- Service provision - benefiting the future.
- Quality - continuous improvement.
- Resources - using them wisely.

could have used 1994 Report
on 3 Centres - V.G.
Outcomes
purpose
strategies
using goals & targets

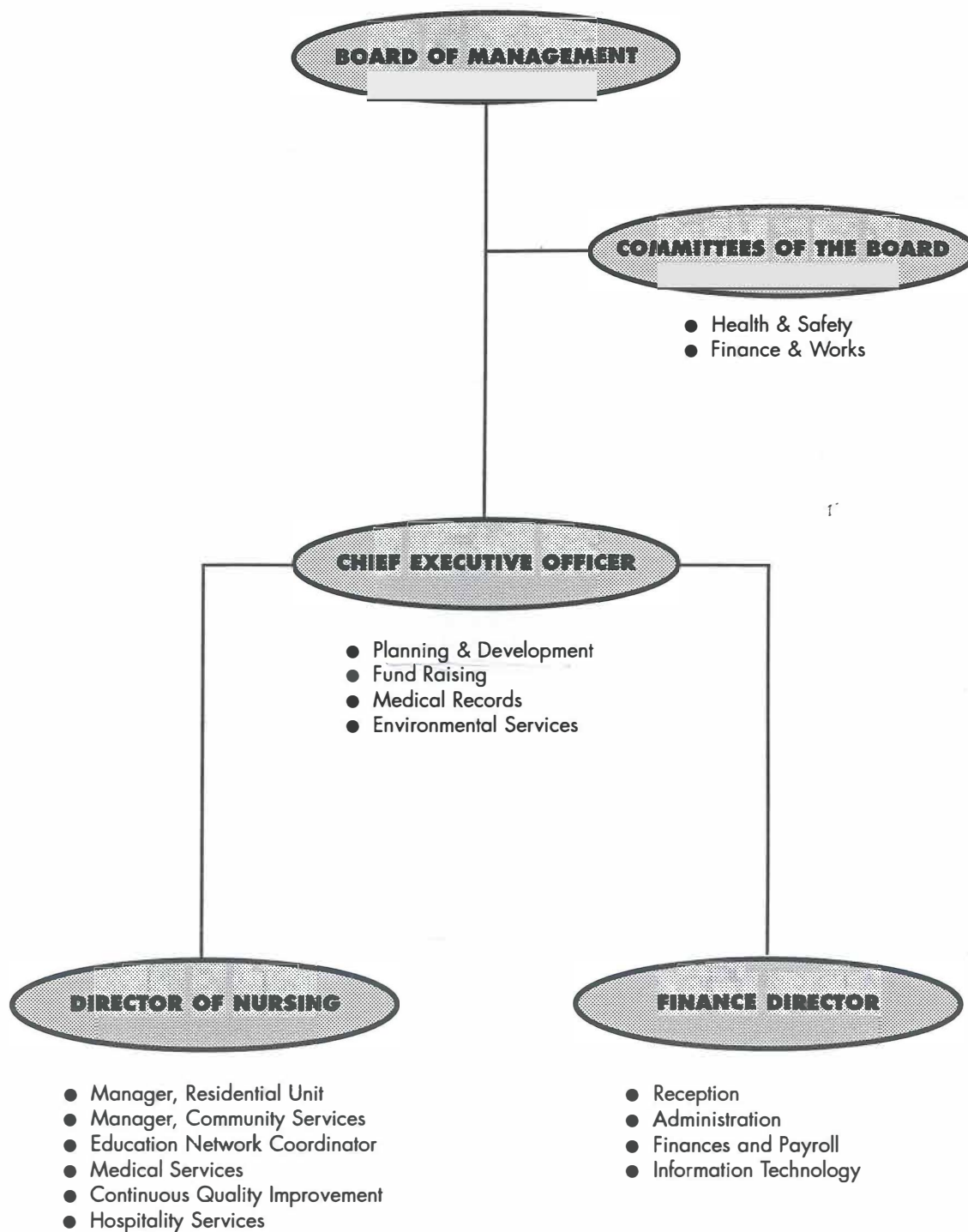
Board of Management

President	Mr Graham H. Jasper, B.Arch.,(Melb)
Vice President	Ms Louise Glanville, B.A. Soc., Work. LLB(Melb)
Treasurer	Mr Ian Broadway, B.Comm., F.C.P.A.
Members	<p>Mr Brian Daley</p> <p>Ms Prue Digby, B.Soc.,Stud.,</p> <p>Ms Lois Hazelton, RN., RM., M&CHN., F.R.C.N.A.</p> <p>Dr Nigel W.J. Hocking, M.B., B.S.,(Hons), F.R.A.C.P.</p> <p>Mr Rod Jones, LLB(Melb)</p> <p>Ms Denise McGregor, RN., RM., Dip., C.H.N. (M&CH), B.A.</p> <p>Ms Hilary Russell, B.A., Dip., Ed., B.Soc.,Stud., Post Grad Dip Management</p> <p>Mrs Lesley Soong, RN., RM., M&CHN.</p> <p>Ms Susan Thacore</p>

Executive Staff

Chief Executive	Ms Betty L. Hassold, RN., RM., M&CHN, Dip. Ed., B.A. F.R.C.N.A.
Director of Nursing	<p>Ms Karen Houghton, RN., Dip., App., Sc., Nsg., RM.,</p> <p>App., Sc., C.H.N., M&CHN. Grad., Cert., Management</p> <p>Ms Robyn Keegan, RN., RM., M&CHN., B.A. App., Sc.,(Nursing)</p>
Finance Director	Ms Elsie Gray, A.S.A.
Honorary Solicitor	Mr Val Adami, Perillo Adami & Frank.
Auditors	<p>Ms Margaret Crossley</p> <p>Grant Thornton</p> <p>Agents for the Auditor General, Victoria.</p>

Organisational Structure



Report from the President

It is with real pleasure that I introduce the Annual Report of Tweddle Child & Family Health Service for 1997/98.

It gives me great satisfaction to inform you that the strategic directions articulated by Tweddle since 1990 have been largely achieved. Hence the Board's decision to review Tweddle's goals and strategic directions with a view to developing and implementing a new vision and action plan to take us into the year 2000 and beyond.

Board and staff commitment to coordinated planning and evaluation will facilitate the provision of relevant, flexible services to meet the changing circumstances families will experience in the coming years. I feel sure that this approach, along with an adherence to excellence and quality, will ensure that Tweddle is, and will remain, in a position to meet all future challenges.

Our appreciation and thanks are extended to Officers of the Department of Human Services. It was a pleasure working with them to achieve resolution of the issues surrounding the Health Service Agreement.

Financially, operations were in line with budget. A deficit of \$57,269 being recorded, after taking into account a non cash depreciation expense of \$99,583. The continuing trend of reducing fee income meant that only \$48,007 was collected. This represents a fall of \$89,539 or 65% in fee income compared with the previous financial year. Income from investments was down on the previous financial year.

The Board recognises the need to maximise investment income in order to extend service flexibility and to maintain long term viability. To that end a reassessment of the capital and investment policy was undertaken with a view to ensuring capital growth for research and development purposes.

On behalf of the Board I wish to thank Mr Peter Angliss and Mrs Janet Launder whose term of office concluded in October 1997. Their contribution to Tweddle has been significant in a time of great change. Two new members were welcomed onto the Board in November 1997. Ms Hilary Russell brings with her significant expertise in planning and management. Unfortunately, Ms Susan Thacore, our other new member resigned from the Board for personal reasons in May 1998.

To our donors sincere thanks for your contribution to the work of Tweddle. It is greatly appreciated.

It was with regret that we saw the closure of the Central Auxiliary during this last year, after 68 years of service to Tweddle.

Many members had a family association with the Central Auxiliary since its inception in 1930. Sincere thanks to the Central Auxiliary for their magnificent support over very many years. We wish them well in their retirement.

To all Board members who give so generously of their time and expertise a sincere thank you.

On behalf of the Board appreciation is extended to the executive management team and to the staff for their ongoing commitment and contribution.

I look forward to working together with the Board and staff to make 1998/99 an exciting year filled with achievement.

A handwritten signature in black ink, appearing to read 'Graham H. Jasper', written in a cursive style.

Mr Graham H. Jasper

PRESIDENT

Report from the Executive Officer

A letter arrived at Tweddle recently, from a past client. I want to share it with you as it provides a glimpse of the human face of the work undertaken at Tweddle. A mother clearly articulates both her own, and her son's needs, as well as the outcomes from their attendance at a Tweddle program. This letter provides an insight as to why families access our services and the success that can be achieved.

*"I have been meaning to write and thank you so much for all the help
and advice you gave Jaimie and myself.
I am astounded by how well the Tweddle sleeping techniques work, especially after
I 'discovered' and responded to Jaime's tired cues!...
Jaime is now sleeping 8 hours at night and his feeding habits have greatly improved as well.
Thank you so much for all your help!
My stay at Tweddle helped me personally with "time out"
to step back and assess my role as both mother and wife.
I feel more comfortable in this dual role now and am enjoying life... much more.
You are doing a great service for so many families.
Thank you. Janine." **

This is the reason for Tweddle's existence. To assist families in the often difficult and lonely task of rearing children and caring for and nurturing each another. While not all families need the support of services like Tweddle, it is important that all families are able to access such services should they require the assistance Tweddle offers.

The family is the most important caring unit in our society. There are very many families in great need of support and parenting education to assist them fulfil their very important functions. Given that we are about to enter a new millennium the Board and staff have sought to understand the challenges facing families, and Tweddle, in the provision of relevant, appropriate and viable services. The issues are complex. How do we make the service available to as many families as possible? How will Tweddle service groups with special needs such as intellectual disability and families from diverse cultural and linguistic backgrounds? What about adolescent or young parents, especially if they are experiencing drug or alcohol related problems? Where will the money come from to provide services to meet the ever increasing needs of families?

At Tweddle's annual planning day the Board agreed to undertake a Development and Marketing Strategy to identify families' needs, service gaps, and to document models for future service developments. By assessing community need, reviewing current services, and planning for the future, Tweddle will continue to provide services that assist families to achieve healthy outcomes, in their development and functioning.

1997/98 has been a successful year for Tweddle with more families accessing services than ever before. Client feedback is generally most positive, due in no small part, to continual review of service standards and practices.

Finally, I would like to acknowledge the contribution of Board members and staff. Together, each providing their own expertise, we are able to combine to provide an innovative service of excellence. I look forward to the year ahead as we meet the challenges and achieve planned outcomes to assist families function more fully and successfully.

Betty Hassold

CHIEF EXECUTIVE OFFICER

* All names changed to protect the identity of clients.

Report from the Director of Nursing

With 1,764 families attending Tweddle in 1997/98 the demand for our services remains high. The innovative approach to service provision has enabled the establishment of a range of programs designed to meet individual family needs.

The programs are offered on a continuum ranging from minimal intervention, acquired by attending a parent education seminar to more intensive and comprehensive interventions such as Day Stay and the Residential Programs.

The advantage of this range of service options for families is that it is in accord with the Tweddle philosophy of holistic service provision. Parents who contact Tweddle for assistance can choose, with the assistance of the Inquiry Booking Nurse, the service they feel most suits their requirements and circumstances. Thus begins the process of empowerment that is integral to any Tweddle service.

Nursing staff have continued to provide a high standard of care which supports independent family functioning.

Our programs aim to enhance parenting competence and confidence enabling parents to nurture, protect and enjoy their children.

Continuous Quality Improvement activities have assisted in ensuring the programs are relevant and meet the needs of clients. As part of Continuous Quality Improvement all staff have assisted in the development and review of Policy and Procedure Manuals. Continuous Quality Improvement, by its nature, is a dynamic process and the evolution of these manuals will continue in the coming years. In recognition of the importance of quality to Tweddle's functioning, a project worker will continue to be employed to ensure that Tweddle remains at the "cutting edge" of early parenting practice.

Tweddle has a strong commitment to education which underpins all program areas. This applies to both clients and staff. As part of the professional development process Tweddle conducted two days of inservice education. Topics raised included Post Natal Depression and documentation. One day focused on team building issues, providing staff with the opportunity to explore internal issues and develop creative solutions which will enhance service delivery and the quality of their workplace. This day assisted staff to develop further understanding of the change environment in which we all work.

An inservice education program is provided for staff with a different topic explored each month. Staff also attend a "case review" session each month. This provides the opportunity for staff to reflect on their practice and discuss issues in a supported environment. Many staff attend seminars and training programs as part of their own ongoing professional development. This provides the opportunity for staff to network with other health professionals and bring knowledge and skills back to Tweddle.

Over the last twelve months there have been several changes in senior nursing personnel. Ms Karen Houghton, the Director of Nursing, is currently on maternity leave and there have been new appointments to the positions of the Residential Unit Manager and the Education Network Coordinator.

My first few months at Tweddle have proved to be an exciting time. With my team I look forward to meeting the challenges of the year ahead.

Robyn Keegan

DIRECTOR OF NURSING

Community Services

During the past year Tweddle has continued to provide Day Stay Programs to families. The programs aim to provide them with additional support and assistance within their own community and to help them understand and manage the complexities of parenting and the difficulties and challenges that may arise. As a team we have continued to network with the local community, aiming to increase awareness of Tweddle's Day Stay Programs and the achievements families can attain in one day.

Tweddle operates Day Stay Programs in the following municipalities.

Wyndham:

- one day per week for parents experiencing difficulties with babies aged newborn to one year of age;
- one day per week for toddlers aged one to two years. *defunded*

Hume:

- one day per week for parents with children aged newborn to eighteen months.

Maribyrnong:

- one day per fortnight for parents with babies aged newborn to one year; and
- one day per fortnight for parents with children aged from newborn to three years;
- Tweddle also operates, a four hour program where parents with one or two children aged newborn to three years, can be assisted.

Brimbank:

- for babies aged newborn to one year of age; and
 - or children aged one to two years; *defunded*
- each program operates one day per fortnight.

The Brimbank and Wyndham Day Stay Program for children aged one to two years were both funded by the Department of Human Services, through the Community Support Fund. Unfortunately, the funding for these programs will cease in July and October 1998 respectively. Both programs will then cease even though they have been well utilised and held in high regard by the community.

Tweddle will continue to provide a Day Stay Program in Brimbank, one day per fortnight, and in Wyndham one day per week for newborn to children two years old.

The number of families assisted in Day Stay Programs has increased during the last twelve months. Fathers and grandmothers have attended which is enormously beneficial as this enables the whole family to participate in the program and work through the collective difficulties they are experiencing. Staff have also continued to receive positive feedback from families regarding their Day Stay experience.

As Community Services Manager I would like to thank the team of Day Stay nurses including those from the Residential Unit who work on a rotational basis in the Day Stay Programs. Their enthusiasm, flexibility and commitment to families enables Tweddle to provide a high quality service. I would also like to thank nursing staff who work in the Inquiry Booking Nurse Office, administration, domestic services and management for their continued support and assistance. I look forward to an exciting year ahead and the challenges that it brings.

Le Ann Williams

COMMUNITY SERVICES MANAGER

*very narrow definition
→ from 0-18m, not
major diff in parent
eg NEDB
adolescent to
school entry
group*

Residential Unit

Over the past year Residential Unit staff have been reviewing work practices and standards of service delivery. Planned changes have been implemented and families have been surveyed to ensure that service changes are appropriate. An example of change, as solicited from clients through survey, was the rescheduling of evening groups to facilitate greater participation by fathers. Both parents are now able to attend the 'settling & sleep', 'relaxation' and 'going home' groups. It is also pleasing to report that regular client surveys reveal a very high level of family satisfaction, exceeding 95%, with their stay on the Residential Unit.

With regard to the physical facilities 1997/98 saw the redesign and upgrade of the children's garden and play area. The new bike path and synthetic grass will enable children's outdoor play and other activities to occur even in the most inclement weather. A fenced BBQ section has been developed for families so that BBQ meals may be enjoyed during the milder months of the year.

Office space has been increased by the conversion of a storage room into nurses station. Additional storage space will be able to be accessed off the Residential Unit.

Over the last financial year the Residential Unit has had 2,597 admissions of which 971 or 37.3% were female parents and 463 or 17.8% were male parents. It is heartening to note that fathers accompany their family in almost half of the families attending the Residential Unit. The largest number of children, 847 or 32.3%, are under 12 months of age. Only 12.6% or 324 children are aged 13 months to 3 years old.

Finally, I would like to thank the Residential Unit staff for their dedication and the high quality of service delivery to families. I look forward to the next 12 months as we seek to renew and improve the program design and outcomes to ensure the provision of a relevant service to the community.

Roslyn Monagle

RESIDENTIAL UNIT MANAGER.

Operational Objectives and Performance Measures

	1994/95	1995/96	1996/97	1997/98
Operational Beds	24	24	24	24
Number of Clients				
● residential	2,410	2,385	2,645	2,597 ↓
● day stay	1,032	1,071	1,479	1,757 ↑
TOTAL NUMBER OF CLIENTS	3,442	3,456	4,124	4,354
Classification of Clients:				
● public	1,833	1,908	2,419	2,526
● private	577	477	226	71
TOTAL	2,410	2,385	2,645	2,597
Bed Days	7,537	7,010	7,374	7,102
Occupancy Rates				
● residential unit	86% [^]	95.5% [*]	101.7% [*]	100% ^{**}
● day stay	100%	102%	97%	92% ↓
Average Length of Stay	3.1	2.9	2.8	2.8

[^] Occupancy based on full year including days/periods of closure.

^{*} Occupancy based on days of actual service provision only.

^{**} Occupancy based on 296 days of actual service provision. Service closed each Sunday night, two weeks at Christmas/New Year, public holidays and inservice closures.

Inquiry Booking Service

The Inquiry Booking Nurse is a pivotal point for families and professionals inquiring about the many services that Tweddle provides.

The experienced nurses who work in the Inquiry Booking service spend time listening and talking to parents, providing information and assistance and then book the family into the service that best suits their individual needs.

Over the past year Tweddle has experienced a growth in the number of incoming calls and the Inquiry Booking system has been streamlined to manage the increased demand.

Residential Unit nursing staff have continued to rotate through the Inquiry Booking service which has enabled them to further enhance continuity of work practice, teamwork and provide staff with a global view of the many facets of the organisation. Staff have also met the challenge and successfully mastered the Early Parenting Centre Client Information System.

In the coming year the goal will be to continue to provide a client focused, friendly, efficient, streamlined inquiry and booking service to best meet the needs of families and professionals within the community.

I would like to thank all the nursing staff, administrative staff and the Community Services Manager for their support throughout the year and look forward to an exciting and challenging 1999.

Inquiry Booking Service - Number of Telephone Calls for 1997/98

New & Waiting List Contacts	6,468
Family Bookings	3,906
Information Only Calls	848
TOTAL TELEPHONE CALLS	11,222
Average Calls per Day*	47

* Excludes non operational days eg weekends, public holidays, inservice days, service closures.

no mention of waiting number of times

Marie McHugh

INQUIRY BOOKING NURSE

Tweddle Education Network

The year has been one of consolidation and development for the Education Network. The creativity and hard work of the team has ensured provision of education on a range of issues related to early parenting for eleven hundred parents and professionals. Settling and Sleep seminars continue to be popular but increasing numbers of people are attending seminars on topics such as "Lets Get Down to Basics", "The Ins and Out of Toddlers! - Nutrition and Toilet Training" and "Growing Up and Feeling Great! - Understanding and Managing Young Children's Behaviour."

Tweddle educators have provided seminars for parents and professionals in many metropolitan and rural locations including, Bairnsdale, Cohuna, Elwood, Whittlesea, Brunswick and Doncaster. As public awareness of the Network grows the requests for external education are increasing.

Tweddle Community Education

It is testimony to the skill, enthusiasm and commitment of the education team that the seminars are consistently positively evaluated by those attending. The range of topics for parents and professionals will continue to expand as needs are identified.

The Vietnamese Parent Education Project, jointly funded by the City of Maribyrnong and Tweddle provided Settling and Sleep education in Vietnamese for thirty parents. Linh Nguyen, a family support worker who works with the Maternal and Child Health Outreach Service for the City of Maribyrnong translated and conducted the seminars. It was exciting for the Education Network to be involved in the provision of education for people from culturally and linguistically diverse backgrounds. The Education Network plans to continue this work in the coming year.

A growing number of organisations are also choosing to use the excellent Tweddle education network facilities for training and staff development. This generates extra income, and equally importantly, ensures that other community organisations are learning about Tweddle and the work that we do.

Plans for 1999 include extending the number and range of seminars offered by the Education Network, further resource development and initiating some research.

Number of Seminars Provided

	Seminars at Tweddle	Seminars in the Community	Total Seminars
Parents	20	8	28
Health Professionals	13	6	19
TOTAL SEMINARS	33	14	47

Number of Seminar Attendances

	Attendances at Tweddle	Attendances in the Community	Total Attendances
Parents	503	252	755
Health Professionals	189	89	278
TOTAL ATTENDANCES	692	341	1,033

most at T for parents

Rosey Cummings

TWEDDLE EDUCATION NETWORK COORDINATOR

General Practice

Whole role?

During the year the general practice contract was relet and The Paisley Street Clinic was appointed to provide medical support to Tweddle. We welcome The Clinic to the Tweddle team and look forward to a close and productive working relationship. I would also like to acknowledge the assistance and support from all at the Nicholson Street Clinic, particularly Dr Simon Benson, who over very many years participated fully in the provision of services at Tweddle. I wish Simon, and the Nicholson Street clinic all the very best for the future.

Finance Director's Report

The year under review has presented several challenges in both the finance and administration departments.

A growing demand for the residential service, day stay programs and for education ensures our busy reception remains a hub of activity. The introduction of voice mail and internet facilities have helped alleviate the workload whilst ensuring the service remains abreast of technological change. Full praise must go to our reception staff for their ability to deal admirably under a myriad of circumstances.

Unfortunately the year saw a dramatic fall in private patient fee income due to the decreasing number of people with private health insurance. The Department's policy on minimal write offs and the private health insurers inability to deal with claims forced Tweddle to review the debtors policy. There is no doubt that the downward trend will continue.

Another area under scrutiny has been the investment policy. With interest rates continuing to fall alternative avenues of investment need to be explored thus placing the organisation in a strong position to tackle future projects.

During the year the Board of Management approved expenditure for a risk analysis and year 2000 compliance project. This will highlight any potential problems for the organisation and provide strategies to deal with issues raised.

Despite a productivity cut of \$16,300 the organisation achieved service targets and finished the year with only a slight deficit of \$11,311 before capital purpose income and depreciation.

In conclusion I would like to take this opportunity to thank all Tweddle staff for their support and cooperation throughout the year.

Elsie Gray
FINANCE DIRECTOR

Financial & Other Information

Finance & Works Committee

Chair	Mr Ian Broadway
Members	Mr Brian Daley
	Mr Rod Jones
	Ms Denise McGregor
	Mrs Lesley Soong
Advisory	Ms Elsie Gray
	Ms Betty Hassold
	Ms Karen Houghton
	Ms Robyn Keegan

Consultancies

Hede Architects developed and supervised the implementation of building plans at a cost of \$3,600.

Statutory Disclosure

No employee is required to complete a declaration of pecuniary interests. Board of Management members are required to disclose any pecuniary or other interests in any matter under consideration by the Board and to withdraw from the decision making processes of the Board regarding those matters.

Comparative Summary of Financial Results

	1994/95	1995/96	1996/97	1997/98
	\$	\$	\$	\$
Total Expenses	1,454,581	1,539,377	1,640,771	1,619,263
Total Revenue	1,772,739	2,529,586	1,589,226	1,607,952
Operating Surplus (Deficit)	318,158	990,209	(51,545)	(11,311)
Retained Earnings (Accumulated losses)	1,189,703	2,179,912	2,340,880	2,283,611
Total Assets	2,738,884	3,641,622	3,641,063	3,618,434
Total Liabilities	365,113	273,261	324,248	358,888
Net Assets	2,373,771	3,368,361	3,316,815	3,259,546
Total Equity	2,373,771	3,368,361	3,316,815	3,259,546

Comparative Residential Client Costs

	1995	1996	1997	1998
	\$	\$	\$	\$
Total Inpatient Costs	1,357,694	1,434,192	1,444,149	1,466,789
Average Cost per Client	394	415	545	565
Cost per Client Day	163	194	195	207
Patient Fees	407,228	281,072	137,546	48,007
Government Grants	937,200	1,058,711	1,223,364	368,366
Other Revenue	12,473	27,858	18,161	5,978

Revenue Indicators

Average Collection Days

	1997	1998
Private	107.71	80.77

Debtors Outstanding as at 30 June 1998

	31 - 60 days	61 - 90 days	Over 90 days	Total 30.6.98	Total 30.6.97
	\$	\$	\$	\$	\$
Private	918	1,656	1,995	4,569	16,678

Equal Opportunity

Tweddle Child & Family Health Service is an Equal Opportunity Employer. It gives all employees and applicants for employment the right to be treated fairly without regard to age, disability, gender or race. The Health & Safety Committee, a committee of the Board, has responsibility for the implementation of Equal Opportunity principles at Tweddle.

During the year the Sexual Harassment policy and procedure were approved and adopted. A staff Committee was convened in April to examine and recommend on policies and practices to ensure services and facilities are accessible by, and sensitive to, families from diverse cultural and linguistic backgrounds. The Committee meets regularly and is currently in the planning and data collection phase of ensuring Tweddle's services are culturally and linguistically sensitive.

Workforce Data at June 30th 1998

	1997 People*	1997 EFT*	1998 People	1998 EFT
Management	2	2.6	4	3.3
Nursing	29	20.26	30	19.56
Administration	4	1.9	4	2.2
Domestic Services	2	1.37	4	1.5
TOTAL	37	26.13	41	26.56

*all but
not all
nurses
(Finance
+ adm)*

* Represents actual people employed

** Represents Effective Full Time (EFT) positions

Ministerial Directions

The information listed in the Directions of the Minister for Finance Part 9.1.3(iv) is available upon request.

Statutory Information

The following Acts and Regulations were passed during the 1997/98 financial year and effect the operations of public hospitals.

ACTS

Accident Compensation (Miscellaneous Amendment) Act 1997
Ambulance Services (Amendment) Act 1998
Drugs, Poisons and Controlled Substances (Amendment) Act 1997
Drugs, Poisons and Controlled Substances (Amendment) Act 1998
Health Acts (Statute Law Revision) Act 1998
Health Services (Amendment) Act 1997
Health Services (Amendment) Act 1998
Mental Health (Victorian Institute of Forensic Mental Health) Act 1997
Public Sector Reform (Miscellaneous Amendments) Act 1998
Tribunals and Licensing Authorities (Miscellaneous Amendments) Act 1998

Freedom of Information (Exempt Offices) (Interim) Regulations 1997
Freedom of Information Regulations 1998
Health (Infectious Diseases) (Children's Services Centres) Regulations 1998
Health Services (Private Hospitals and Day Centres) (Amendment) Regulations 1998
Human Tissue (Prescribed Institutions) Regulations 1997
Infertility Treatment Regulations 1997
Occupational Health & Safety (General Amendment) Regulations 1998
Physiotherapists (Qualifications) Regulations 1998
Physiotherapists (Qualifications) (Amendment) Regulations 1997
Psychologists Registration (Amendment) Regulations 1997

REGULATIONS

Adoption Regulations 1998
Cancer (Reporting) (Amendment) Regulations 1997
Dangerous Goods (General Amendment) Regulations 1998
Drugs, Poisons and Controlled Substances (Amendment) Regulations 1997

Freedom of Information

During the past year three requests have been received under the Freedom of Information Act 1982.

National Competition Policy

During the year a plan has been developed and approved by the Board of Management to implement the principles of Competitive Neutrality at Tweddle, as specified in model 2.

Non core business areas have been identified and it is anticipated that costing and bench marking each of these areas will be completed within the coming year.

It should be noted that many of Tweddle's non core functions have previously been contracted to private providers eg: food services, information technology; linen supply; maintenance and handyman services; gardening services; and medical support.

only mention of these

Building & Maintenance Compliance

The existing buildings were fully renovated and refurbished in 1995/96 and were compliant with the current building code of Australia. All emergency and evacuation systems are fully maintained and tested with records kept of all maintenance and testing procedures undertaken.

Life Governors

Miss E.M. Angliss, M.B.E.	Mrs J. Launder
Mr P. Angliss	Mr A.J. Mangan
Miss I. Brennan	Mrs A.J. Mangan
Mrs L. Charlton	Mrs M. Maskell
Mrs W. Clark	Mrs J. Mercer
Mrs A. Downe	Mrs J. Price
Mr K. Hambly	Mrs G. Redman
Mrs P. M. Harbeck	Mrs W. Stephens
Mrs A. Lock	Miss I. Stevenson

Donations

Royal Victorian Bowls Association	500.00
Estate of the Late Joseph T. Tweddle	578.16
Dame Elisabeth Murdoch, A.C., D.B.E.	1,000.00
Lord Mayor's Fund	4,000.00
Mrs WMK Stephens	100.00
Miss B. Drayton	100.00
Estate of Philip Farger Woods	9,266.15
Estate of the Late D.T. Galt	1,026.26
E. Sasvaris	23.00
Tweddle Central Auxiliary	2,000.00
Estate of George F. Green	804.00
C & J Taylor	40.00
St John Masonic Lodge	10.00
The William Angliss (Vic) Charitable Fund	13,000.00
Miss Margaret L. Herring	50.00
Estate of Lorna Parker	2,000.00
M Treloar	100.00
Anonymous	229.30
TOTAL	34,826.87

The Board acknowledges with sincere thanks the contribution of all our donors.

Staff List

Chief Executive Officer

Ms Betty Hassold

Director of Nursing

Ms Karen Houghton*

Ms Robyn Keegan

Finance Director

Ms Elsie Gray

Residential Unit Manager

Ms Roslyn Monagle

Ms Hazel Speirs

Registered Nurses

Mrs Marie Bradley

Mrs Leonie Cartan

Ms Kerry Connolly**

Mrs Sue Cross

Ms Bernadette Prunty

Mrs Veena Rowe

Ms Le Ann Williams

Mrs Pam Wilson

Mothercraft Nurses

Miss Jennifer. Batten**

Mrs Gabrielle Bock**

Mrs Tracey Brown

Miss Karen Clark

Mrs Lesley Henwood

Mr Jonny Isacsson

Mrs Laura Kelly

Mrs Margaret Lynch

Mrs Lyn Ratcliffe

Mrs Julie Ryan

Ms Heather Treloar

Mrs Sue Turner

Mrs Leonie Welshe

Manage Community Lines
Le Ann Williams

DSP Managers

Ms Linda Chilcott

Ms Robyn Goodman

Ms Gina Ralston

CQI Project Officer

Ms Leonie Cartan

Ms Kerry Connolly

Inquiry Booking Nurse Manager

Mrs Marie McHugh

Medical Records Administrator

Ms Mabel Chao

Education Coordinator

Ms Rosey Cummings

Education Team

Ms Karen Clark

Ms Robyn Goodman

Ms Gina Ralston

Ms Le Ann Williams

Administration

Mrs Karen Haigh

Ms Somchit Panitsiri

Ms Helen Papadimitriou**

Mrs Kathy Spry

Ms Milinda Steve

Mrs Rosie Weimar

House Staff

Mrs Sophia Bakos

Ms Milinda Steve

Mrs Irene Tsiflidis

Mrs Lorraine Young

* Maternity Leave

** Resigned

C + MANS?

Tweddle Child and Family Health Service

Annual Financial Statements

Including notes to and forming part of the
Financial Statements 1997-98

Certification

In our opinion the Report of Operations and the Financial Statements of the Tweddle Child and Family Health Service comprising a Revenue and Expense Statement, Balance Sheet, Statement of Cash Flows and Notes to the Financial Statements have been prepared in accordance with the provisions of the Financial Management Act 1994 and the Directions of the Minister for Finance - Part 9 Reporting Provisions.

In our opinion the Financial Statements present fairly the financial transactions for the year ended 30 June 1998 and the financial position as at that date of the Tweddle Child & Family Health Service

At the date of signing the Financial Statements we are not aware of any circumstances which would render any particulars included in the statements to be misleading or inaccurate.



CHAIRPERSON
Mr G. Jasper



BOARD MEMBER
Mr R. Jones



CHIEF EXECUTIVE OFFICER
Ms B. Hassold



FINANCE DIRECTOR
Ms E Gray

Dated the 24th day of August 1998
(Melbourne)

Tweddle Child and Family Health Service

Revenue and Expense Statement for the year ended 30 June 1998

REVENUE	Note	Total 1997-98 \$	Total 1996-97 \$
SERVICES SUPPORTED BY HEALTH SERVICE AGREEMENT			
Government grants		1,464,034	1,312,769
Indirect contributions by Human Services		22,250	18,035
Patient Fees		48,007	137,546
Interest		4,230	3,545
Other revenue		848	18,161
	2	<u>1,539,369</u>	<u>1,490,056</u>
SERVICES SUPPORTED BY HOSPITAL & COMMUNITY INITIATIVES			
Interest		38,304	49,986
Property Income		14,566	11,128
Other Revenue		15,713	1,233
	3	<u>68,583</u>	<u>62,347</u>
		<u>1,607,952</u>	<u>1,552,403</u>
EXPENDITURE			
SERVICES SUPPORTED BY HEALTH SERVICE AGREEMENT			
Employee Entitlements		1,257,384	1,208,320
Supplies and Consumables		287,358	283,695
Other Expenses		12,047	16,535
		<u>1,556,789</u>	<u>1,508,550</u>
SERVICES SUPPORTED BY HOSPITAL & COMMUNITY INITIATIVES			
Employee Entitlements		43,692	0
Other Expenses		18,782	39,987
	3	<u>62,474</u>	<u>39,987</u>
	4	<u>1,619,263</u>	<u>1,548,537</u>
SURPLUS (DEFICIT) FOR THE YEAR BEFORE CAPITAL PURPOSE INCOME & DEPRECIATION		(11,311)	3,866
CAPITAL PURPOSE INCOME	5	53,625	36,823
DEPRECIATION	7	<u>99,583</u>	<u>92,234</u>
OPERATING SURPLUS / (DEFICIT) FOR THE YEAR		(57,269)	(51,545)
Retained Earnings at 1 July		<u>2,340,880</u>	<u>2,179,912</u>
Aggregate of amounts transferred from Reserves	8		212,513
RETAINED EARNINGS AT 30 JUNE		<u>2,283,611</u>	<u>2,340,880</u>

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

Tweddle Child and Family Health Service
Balance Sheet as at 30 June 1998

	Note	Total 1997-98 \$	Total 1996-97 \$
EQUITY			
SERVICES SUPPORTED BY HEALTH SERVICE AGREEMENT			
Endowment Fund Reserve	19	163,361	163,361
Research and Development Reserve	19	253,113	253,113
Asset Revaluation Reserve	8 & 19	559,461	559,461
Retained Earnings		2,283,61	12,340,880
TOTAL EQUITY		<u>3,259,546</u>	<u>3,316,815</u>
LIABILITIES			
Current Liabilities			
Payables	9	23,037	7,595
Employee Entitlements	10	168,261	183,880
Total Current Liabilities		<u>191,298</u>	<u>191,475</u>
Non-Current Liabilities			
Employee Entitlements	10	167,590	132,773
Total Non-Current Liabilities		<u>167,590</u>	<u>132,773</u>
TOTAL LIABILITIES		<u>358,888</u>	<u>324,248</u>
TOTAL EQUITY AND LIABILITIES		<u>3,618,434</u>	<u>3,641,063</u>
ASSETS			
Current Assets			
Cash at Bank and on Hand	16	204,780	55,400
Inventory	11	2,710	3,663
Receivables	12	2,604	47,523
Investments	13	718,146	835,045
Total Current Assets		<u>938,240</u>	<u>941,631</u>
Non Current Assets			
Land	14	435,274	435,274
Buildings	14	1,974,641	1,970,535
Plant & Equipment	14	169,077	181,217
Furniture & Fittings	14	101,202	112,406
Total Non-Current Assets		<u>2,680,194</u>	<u>2,699,432</u>
TOTAL ASSETS		<u>3,618,434</u>	<u>3,641,063</u>

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

Tweddle Child and Family Health Service

Statement of Cash Flows for the reporting period ended 30 June 1998

	Note	Total 1997-98 Inflows/ (Outflows) \$	Total 1996-97 Inflows/ (Outflows) \$
CASH FLOWS FROM OPERATING ACTIVITIES			
Receipts			
Government grants		1,510,315	1,312,768
Patient Fees		50,974	192,122
Interest Received		44,701	58,284
Other		33,227	27,762
		<u>1,639,217</u>	<u>1,590,936</u>
Payments			
Employee Entitlements		(1,260,741)	(1,125,127)
Other		(319,275)	(322,222)
		<u>(1,580,016)</u>	<u>(1,447,349)</u>
NET CASH FLOWS USED IN OPERATING ACTIVITIES	15	<u>59,201</u>	<u>143,587</u>
CASH FLOWS FROM INVESTING ACTIVITIES			
Purchase of Properties, Plant & Equipment		(80,345)	(78,736)
Capital Grants		18,798	
Capital Donations		34,827	28,300
Proceeds from Sale of Properties, Plant & Equipment		0	16,840
Purchase of Investments		81,452	(5,441)
NET CASH USED IN INVESTING ACTIVITIES		<u>54,732</u>	<u>(39,037)</u>
NET INCREASE/DECREASE IN CASH HELD		113,933	104,550
CASH AT 1 JULY		198,721	94,171
CASH AT 30 JUNE	16	<u>312,654</u>	<u>198,721</u>

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

Note 1. Statement of Accounting Policies

The general purpose Financial Statements of the Tweddle Child & Family Health Service have been prepared in accordance with the provisions of the Financial Management Act 1994. These requirements incorporate relevant accounting standards issued jointly by The Institute of Chartered Accountants in Australia and the Australian Society of Certified Practising Accountants and other mandatory professional reporting requirements (Urgent Issues Group Consensus Views).

(a) Accrual Basis

Except where otherwise stated, these Financial Statements have been prepared on the accrual basis whereby revenues and expenses are recognised when they are earned or incurred, and are brought to account in the period to which they relate.

(b) Historical Cost Basis

The Financial Statements have been prepared on the historical cost basis whereby assets are recorded at purchase price plus costs incidental to the acquisition cost and do not take into account changing money values nor the current cost of non-current assets (unless specifically stated).

(c) Rounding Off

All amounts shown in the financial statements are expressed to the nearest dollar.

(d) Investments

Investments are valued at cost and are classified between current and non-current assets based on the Hospital Board of Management's intention at balance date with respect to timing of disposal of each investment. Interest revenue from investments is brought to account when it is earned.

(e) Depreciation

Assets with a cost in excess of \$1,000 are capitalised and depreciation has been provided on depreciable assets so as to allocate their cost -or valuation- over their estimated useful lives using the straight-line method. This depreciation charge is not funded by the Department of Human Services.

Land and buildings are recorded at valuation made by the Valuer General on 28.4.94 and 29.2.96. Subsequent additions to buildings are at cost.

Buildings are depreciated in accordance with Australian Accounting Standard AAS4 "Depreciation of Non-Current Assets". The normal yearly depreciation charge attributable to buildings is reported in the revenue and expense statement.

Capital works in progress are not depreciated until works are completed and operational.

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

Buildings	Up to 40 years
Plant & Equipment	Up to 10 years
Furniture & Fittings	Up to 10 years

(f) Inventories

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

(g) Employee Entitlements

Based on pay rates current at balance date. On costs such as WorkCover and superannuation are included in the calculation of leave provisions.

Long Service Leave

The provision for long service leave is determined in accordance with Accounting Standard AAS30. Generally, the entitlement under various awards becomes payable upon completion of ten years' service. The proportion of long service leave estimated to be payable within the next financial year is a current liability. The balance of the provision is classified as a non-current liability measured at the present value of the estimated future cash outflow arising from employee's services to date.

Wages and Salaries, Annual Leave and Accrued Days Off

Liabilities for wages and salaries, annual leave and accrued days off are recognised, and are measured as the amount unpaid at the reporting date in respect of employee's services up to that date.

(h) Donations

Donations are recognised as revenue when the cash is received.

(i) Fund Accounting

The Hospital operates on a fund accounting basis and maintains two funds: Operating and Capital Funds. The Hospital's Capital Fund includes unspent capital donations and receipts from fund-raising activities conducted solely in respect of this fund.

(i) Services Supported by Health Services Agreement and Services Supported by Hospital and Community Initiatives

The Activities classified as *Services Supported by Health Services Agreement* are substantially funded by the Department of Human Services while *Services Supported by Hospital and Community Initiatives* are funded by the Hospital's own activities or local initiatives.

(l) Revenue Recognition

Revenue is recognised at the time when goods are sold or services rendered.

(m) Asset Revaluations

The estimate of value of land and buildings is based on market value of the land and in-use value of building improvements as they stand, considering their age and obsolescence.

(n) Comparative Information

Where necessary the figures of the previous year have been classified to facilitate comparisons.

Notes to and forming part of the financial statements for the year ended 30 June 1998**(f) Inventories**

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

(g) Employee Entitlements

Based on pay rates current at balance date. On costs such as WorkCover and superannuation are included in the calculation of leave provisions.

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(m) Asset Revaluations

The estimate of value of land and buildings is based on market value of the land and in-use value of building improvements as they stand, considering their age and obsolescence.

(n) Comparative Information

Where necessary the figures of the previous year have been classified to facilitate comparisons.

Note 2. Revenue from services supported by Health Services Agreement

	1997-98 \$	1996-97 \$
Government grants		
- Department of Human Services - Acute Care Program	1,368,366	1,223,364
- Department of Human Services Brimbank Day Stay Program Grant	31,827	31,055
- Department of Human Services Wyndham Day Stay Program Grant	30,900	22,650
- Department of Human Services Day Stay Program Evaluation Grant	0	28,650
- City of Hume	32,941	7,050
Indirect contributions by Human Services	0	0
- Insurance	22,250	18,035
Patient Fees(refer note 2a)	48,007	137,546
Interest	4,230	3,545
Other Revenue	848	18,161
	<u>1,539,369</u>	<u>1,490,056</u>

Indirect contributions by Human Services

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

Includes \$18,870 which relates to provisional year end adjustment, that is, the amount owed to finalise Hospital funding based on performance during the year under the Health Service Agreement.

Notes to and forming part of the financial statements for the year ended 30 June 1998**Note 2a. Patient Fees**

	Patient Fees Raised		Patient Fees Receivable	
	1997-98	1996-97	1998	1997
	\$	\$		
Acute Care				
Inpatients	48,007	137,546	4,569	16,677
TOTAL	48,007	137,546	4,569	16,677
LESS PROVISION OF DOUBTFUL DEBTS			1,995	10,862
NET PATIENT FEES RECEIVABLE			2,574	5,815

The Hospital charges fees in accordance with the Department of Human Services directives.

	1997/98	1996/97
	\$	\$
Bad and Doubtful Debts		
Inpatients	9,141	35,776
TOTAL	9,141	35,776

Note 3. Services Supported by Hospital & Community Initiatives

	Total	Total
	1997-98	1996/7
	\$	\$
Revenue		
Business Units		
Tweddle Education Network	14,950	1,233
Other Initiatives	53,633	61,114
	68,583	62,347
Expenses		
Business Units		
Tweddle Education Network	49,684	0
Other Initiatives	12,790	39,987
	62,474	39,987

Note 4. Operating Expenses

	Total 1997-98 \$	Total 1996-97 \$
Revenue		
Business Units		
Tweddle Education Network	14,950	1,233
Services supported by Health Services Agreement - Acute Care		
Employee Entitlements		
Salaries and Wages	1,133,968	1,047,995
WorkCover	10,051	13,150
Long Service Leave	32,435	64,300
Superannuation	80,930	82,876
Supplies & Consumables		
Drug Supplies	998	697
Medical and Surgical Supplies	1,790	1,524
Food Supplies	49,106	50,804
Other Expenses		
Domestic Services	29,210	28,262
Repairs and Maintenance	59,483	47,462
Administrative Expenses	142,497	129,506
Audit Fees	4,000	3,800
Bad & Doubtful Debts	274	21,638
Other	12,047	16,536
	<hr/> 1,556,789	<hr/> 1,508,550
Services supported by Hospital & Community Initiatives		
Employee Entitlement -		
Salaries & Wages	43,692	0
Other Expenses		
Administrative Expenses	14,477	32,405
Repairs and Maintenance	4,305	7,582
	<hr/> 62,474	<hr/> 39,987
TOTAL EXPENSES	<hr/> 1,619,263	<hr/> 1,548,537
(As per Revenue And Expense Statement)		

Notes to and forming part of the financial statements for the year ended 30 June 1998**Note 5. Capital Purpose Income**

	Total 1997-98	Total 1996-97
	\$	\$
Minor Capital Works Grant	18,798	0
Donations and Bequests	34,827	28,300
Other (refer note 6)	0	8,523
TOTAL	53,625	36,823

Note 6: Other Capital Purpose Income

	Total 1997-98	Total 1996-97
	\$	\$
Revenue from the disposal of physical assets		
Proceeds from disposal	0	16,840
Less: Written Down Value of Assets Sold	0	8,317
Net Revenue from disposal of physical assets	0	8,523
TOTAL	0	8,523

Note 7. Depreciation

	Total 1997-98	Total 1996-97
	\$	\$
Buildings	51,166	50,811
Plant & Equipment		
- Transport	4,823	3,921
- Computers & Communication	22,719	18,085
- Furniture and Fittings	13,024	12,447
- Other	7,851	6,970
TOTAL	99,583	92,234
Allocation of Depreciation		
- Services Supported by Hospital & Community Initiatives	99,583	92,234
	99,583	92,234

Note 8. Transfers To/From Reserves

	Total 1997-98	Total 1996-97
	\$	\$
Asset Revaluation Reserve	0	212,513

Note 9. Payables

	Current	Non Current	Total 1998	Total 1997
	\$	\$	\$	\$
Trade Creditors	1,638	0	1,638	4,400
Accrued Expenses	2,529	0	2,529	3,195
Government Grants	18,870	0	18,870	0
TOTAL PAYABLE	23,037	0	23,037	7,595

Note 10. Employee Entitlements

	1998 \$	1997 \$
CURRENT		
Long Service Leave	46,693	70,212
Accrued Wages and Salaries	24,402	20,661
Annual Leave	96,579	91,881
Accrued Days Off	587	1,126
TOTAL	168,261	183,880
NON CURRENT		
Long Service Leave	167,590	132,773
TOTAL	335,851	316,653

In measuring present value a probability factor which varies in accordance with the number of years of service has been used in determining the retention rate for employees with a particular number of years of service.

Note 11. Inventory

	1998 \$	1997 \$
Pharmaceuticals	628	1,064
Domestic supplies	1,541	1,947
Administration stores	541	652
TOTAL	2,710	3,663

Note 12. Receivables

	Current	Non Current	Total 1998	Total 1997
	\$	\$	\$	\$
Patient Fees	3,809	760	4,569	16,677
Sundry Debtors	2,503	0	2,503	9,150
Accrued Investment Income - capital	6,652	0	6,652	9,116
Accrued Investment Income - operating	875	0	875	578
Government. Grant - operating	0	0	0	22,864
TOTAL	13,839	760	14,599	58,385

LESS Provision for Doubtful Debts

Patient Fees	1,235	760	1,995	10,862
TOTAL	1,235	760	1,995	10,862

Net Debtors and Accrued Revenue

	12,604	0	12,604	47,523
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Bad and Doubtful Debts

Patient Fees	1,235	760	1,995	10,862
TOTAL	1,235	760	1,995	10,862

Note 13. Investments

	Operating Fund \$	Capital Fund \$	Total 1998 \$	Total 1997 \$
Current				
Bank bills	0	610,272	610,272	691,724
On call investment	7,713	100,161	107,874	143,321
TOTAL	7,713	710,433	718,146	835,045

Note 14. Fixed Assets

	Gross Cost/ Valuation 1998 \$	Accumul Dep'n 1998 \$	Written Down Value 1998 \$	Written Down Value 1997 \$	Additions 1998 \$	Disposals 1998 \$
AT COST						
Plant & Equipment						
- Transport	21,437	4,823	16,614	21,437	0	0
- Computers and Communication	142,570	62,620	79,950	84,063	18,605	0
- Other Equipment	98,948	26,435	72,513	75,717	4,647	0
Furniture & Fittings	128,717	27,515	101,202	112,406	1,820	0
SUB TOTAL	391,672	121,393	270,279	293,623	25,072	0
AT VALUATION						
Crown Land	310,000		310,000	310,000	0	0
Freehold Land	125,274		125,274	125,274	0	0
Buildings	2,094,048	119,407	1,974,641	1,970,535	55,273	0
SUB TOTAL	2,529,322	119,407	2,409,915	2,405,809	55,273	0
TOTAL	2,920,994	240,800	2,680,194	2,699,432	80,345	0

*The land and buildings were restated to valuations determined by Mr. B. Longmore, Registered Valuer, Office of the Valuer General Victoria, as at 28th April, 1994. A property more recently acquired at 75 Adelaide Street was valued by Mr D.H. Burns on behalf of the Office of the Valuer General, Victoria, on the 29th February, 1996.

The basis of valuation of land and buildings is based on market value of the land and in-use value of building improvements as they stand, considering their age and obsolescence.

Note 15. Reconciliation Of Net Cash Used In Operating Activities To Operating Result

	1998 \$	1997 \$
Operating Surplus (Deficit) for the year	(57,269)	(51,545)
less income designated for capital purposes	(53,625)	(36,823)
Surplus/deficit prior to capital items	(110,894)	(88,368)

NON CASH MOVEMENTS

Depreciation	99,583	92,234
Increase / Decrease in Payables	15,442	(721)
Increase / Decrease in Employee Entitlements	19,198	61,883
Decrease / Increase in Receivables	34,919	78,865
Increase / Decrease in Stores	953	353
Increase / Decrease in pre paid Revenue		(659)

NET CASH USED IN OPERATING ACTIVITIES

59,201	143,587
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Notes to and forming part of the financial statements for the year ended 30 June 1998**Note 16. Reconciliation Of Cash**

For the purpose of the statement of cash flows, the Hospital considers cash to include cash on hand, in banks and investments in money market instruments which includes:

petty cash, bank or financial institutions deposits and investments (at call or highly liquid and readily convertible to cash within 24 hours) which an entity uses in its cash management function on a day to day basis.

	1998 \$	1997 \$
Operating Fund		
- Cash at bank and on hand	156,530	47,245
- Cash Management Account	7,713	66,373
- Bank Overdraft	0	0
Capital Fund		
- Cash at bank and on hand	48,250	8,155
- Cash Management Account	100,161	76,948
TOTAL CASH AT 30 JUNE	312,654	198,721

Note 17. Superannuation

This entity contributes to the Hospitals Superannuation Board. Contributions made during this financial year were \$80,930. There were no amounts outstanding in respect of the financial year. The basis for calculating superannuation payable to the Hospital Superannuation Board is in accordance with the Hospital Superannuation Act 1988 and the State Superannuation Act 1988. There are no loans existing from any Superannuation Fund.

The unfunded superannuation liability in respect to members of State superannuation schemes is shown as a liability separately by the Department of Treasury and Finance.

Note 18. Responsible Person - Related Disclosures

(a) Responsible persons

Minister for Health

The Honourable Mr R. Knowles

Board of Management Members

Mr I. Broadway

Mr B. Daley

Ms P. Digby

Ms L. Glanville

Ms L. Hazelton

Dr N. Hocking

Mr G. Jasper

Mr R. Jones

Ms D. McGregor

Ms. H. Russell

Ms L. Soong

Ms S. Thacore

Accountable Officer

Ms B. Hassold (Chief Executive Officer)

(b) Remuneration of Responsible Persons

	1997 \$	1996 \$
Total remuneration received or due and receivable by responsible persons from the reporting entity in connection with the management of the reporting entity amount to:	Nil	Nil
Members of the Board of Management all hold honorary positions.		

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

(c) Retirement Benefits of Responsible Person

There are no retiring benefits provided to responsible persons.

(d) Other Transactions of Responsible Persons Related Parties

There were no transactions with Board of Management related parties.

(e) Other Receivables from and Payables to Responsible Persons and their Related Parties.

No amounts remain payable or receivable to any Board of Management Member.

(f) Amount Attributable to Other Transactions With responsible Persons and their Related Parties.

No amounts were attributable to Other Transactions with responsible persons or their related parties.

(g) Executive Officer Remuneration

There are no Executive Officers whose total remuneration exceeded \$100,000 during the reporting period.

Note 19. Reconciliation Of Changes In Equity

	Total		Retained Earnings		Asset Revaluation Reserve		Other Reserves	
	1998	1997	1998	1997	1998	1997	1998	1997
	\$	\$	\$	\$	\$	\$	\$	\$
Balance at Beginning of Reporting Period	3,316,815	3,368,360	2,340,880	2,179,912	559,461	771,974	416,474	416,474
Operating Surplus/Deficit for the Year	(57,269)	(51,545)	(57,269)	(51,545)				
Transfers to Reserves				212,513		(212,513)		
BALANCE AT END OF REPORTING PERIOD	3,259,546	3,316,815	2,283,611	2,340,880	559,461	559,461	416,474	416,474

Note 20. Financial Instruments

Interest rate exposure

	Fixed interest rate maturing		
	1 year or less	Non Interest Bearing	Total
Financial Assets			
Cash	204,780		204,780
Trade debtors		12,604	12,604
Investments	718,146		718,146
Total Financial Assets	922,926	12,604	935,530
Financial Liabilities			
Trade creditors and accruals		23,037	23,037
Total Financial Liabilities		23,037	23,037
Net Financial Asset/Liabilities	922,926	(10,433)	912,493

Weighted Average Interest Rate = 4.6%

Note 20. Financial Instruments (continued)**Market value**

	Book Value	Net Market Value*
FINANCIAL ASSETS		
Cash	204,780	204,780
Trade debtors	12,604	12,604
Investments	718,146	718,146
Total Financial Assets	935,530	935,530
FINANCIAL LIABILITIES		
Trade creditors and accruals	23,037	23,037
Total Financial Liabilities	912,493	912,493

*Net market values are capital amounts

(Net market values of financial instruments are determined on the following basis:

- Cash, deposit investments, cash equivalents and non-interest bearing financial assets and liabilities (trade debtors and trade creditors) are valued at cost which approximates net market value.)

Note 21. AFS (CFR) Eliminations

	Intra Health Portfolio \$	Inter Health Portfolio \$
Assets		
Liabilities		20,116
Revenue		1,505,083
Expenses		21,441

Auditor-General's Report

Audit scope

The accompanying financial statements of the Tweddle Child and Family Health Service for the year ended 30 June 1998, comprising a revenue and expense statement, balance sheet, statement of cash flows and notes to the financial statements have been audited. The members of the Service's Board of Management are responsible for the preparation and presentation of the financial statements and the information they contain. An independent audit of the financial statements has been carried out in order to express an opinion on them as required by the *Audit Act 1994*.

The audit has been conducted in accordance with Australian Auditing Standards to provide reasonable assurance as to whether the financial statements are free of material misstatement. The audit procedures included an examination, on a test basis, of evidence supporting the amounts and other disclosures in the financial statements, and the evaluation of accounting policies and significant accounting estimates. These procedures have been undertaken to form an opinion as to whether, in all material respects, the financial statements are presented fairly in accordance with Australian Accounting Standards and other mandatory professional reporting requirements and comply with the requirements of the *Financial Management Act 1994*, so as to present a view which is consistent with my understanding of the financial position of the Tweddle Child and Family Health Service and the results of its operations and its cash flows.


The audit does not provide any assurances that the Service's systems, or any other systems that the Service relies on in the conduct of its activities such as those of suppliers and service providers are year 2000 compliant, or whether plans and associated actions are adequate to address the year 2000 issue. The year 2000 issue has been addressed only in the context of existing audit responsibilities under Australian Auditing Standards to express an opinion on the financial statements.

The audit opinion expressed on the financial statements has been formed on the above basis.

Audit opinion

In my opinion, the financial statements present fairly the financial position of the Tweddle Child and Family Health Service as at 30 June 1998 and the results of its operations and its cash flows for the year ended on that date in accordance with Australian Accounting Standards and other mandatory professional reporting requirements and comply with the requirements of the *Financial Management Act 1994*.

MELBOURNE
4 / 9 / 1998



for C.A. BARAGWANATH
Auditor-General

