

IHEA

INSTITUTE OF HOSPITAL ENGINEERING, AUSTRALIA

ANNUAL REPORT 2015-2016

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National President’s 2016 Annual Report

Introduction

It is with great pleasure that I write my first Annual Report as the National President. I must start by acknowledging the great work undertaken for the National Board by our CEO Karen Taylor, administrative support provided by Heidi Moon and Deb McBryde, State Branch Committee of Managements, working groups and business partners, our Accountant Jeff Little who have all collectively supported the business interests of the IHEA and its members.

National Board of Directors

Name	Position		Email
Brett Petherbridge	National President	Executive Committee	brett.petherbridge@act.gov.au
Peter Easson	Vice President		Peter.Easson@health.wa.gov.au
Darren Green	Immediate Past President		darren.green@gsahs.health.nsw.gov.au
Darryl Pitcher	Secretary		D.pitcher@bethsalemcare.com.au
Mal Allen	Treasurer		Mal.Allen@hnehealth.nsw.gov.au
Karen Taylor	Chief Executive Officer (ex officio)		ceo@ihea.org.au
Alex Mair	Membership Registrar		ama58500@bigpond.net.au
Peter Footner	Director		pesarash@adam.com.au
Greg Truscott	Director		Greg.Truscott@health.wa.gov.au
Roderick Woodford	Director		rwoodford@castlemainehealth.org.au
Michael McCambridge	Director (co-opted)		Michael.McCambridge@mh.org.au

Summary of Key Activity

Throughout 2015/16 the National Board has continued to develop and deliver member services and organisational initiatives, these focus areas are broadly summarised as:

- Governance and review and updating of supporting policies and procedures
- International partnerships via the International Federation of Hospital Engineering (IFHE) and the appointment of Darryl Pitcher as the IFHE Vice President (April 2016).
- Appointment of Honorary member and Honorary Fellows
- Updated and refreshed ANZEX Delegate Agreement
- IHEA Risk Management Plan and 12 month Business Plan driven from current Strategic Plan review
- Review of the IHEA Constitution culminating in a new document for members approval
- Review and updating of the IHEA Regulations (rules) document
- Refreshed members database
- Engagement of Professional Conference Organiser for the next 2 National Conferences including the 2018 International Conference in Brisbane.

IHEA Journal

The past 12 months we have watched the quality of the journal articles and those submitted by members be well received. The journal is a quality product provided by the IHEA to its members. It is recognised internationally through our partnership with the International Federation of Hospital Engineering (IFHE) which strengthens our international relations and provides greater access to international articles surrounding new technologies, information and trends. This is particularly pertinent in today’s Healthcare Facility Management environment for members to be informed of developments both locally and internationally.

Strategic Planning

In February 2016, the Board undertook a self assessment used to identify areas of relationship building, Strategic thinking and influencing. This exercise was particularly important for our 4 new National Board members to identify and build on strengths and targets to develop our business plan. The current strategic plan was reviewed and a 12 month business plan was developed refocusing our efforts on the core activities that underpin the Strategic plan.

2015 Annual Conference – Perth

The 66th National Conference 2015 was hosted by the Western Australia Branch and was an outstanding success underpinned by the relevant theme “Health Infrastructure Moving Forward”. The conference brought together the latest ideas and developments in healthcare infrastructure and provided take home practical ideas and solutions in moving forward. Technical tours to the Fiona Stanley Hospital and the new Perth Children’s Hospitals were well attended by members. The formal dinner held at Fraser’s Restaurant was very well attended highlighting the Perth skyline.

International Federation of Hospital Engineering (IFHE)

Building on the successful bid to host the IFHE Congress in 2018 in Brisbane, the National Board has engaged the services of a Professional Conference Organiser (PCO) who has created our branding, website and early planning of the event. We have contracted with the venue Brisbane Convention and Exhibition Centre (BCEC) and obtained funding support from Tourism Events Queensland (TEQ). A delegation attended the 2016 IFHE Conference in The Hague in April 2016 including the PCO and our CEO who hosted a stand in the Trade area showcasing Brisbane City highlights plus other Australian highlights. This was

to encourage the international delegates that Australia is the “must see” place to visit and combine the IFHE 2018 Congress with other travel within our country.

The IHEA Board through attendance at the Annual IFHE Council Meetings has continued to forge and strengthen international relationships. The Council meeting appointed the incoming President, Douwe Kiestra of Holland and the Vice President Darryl Pitcher of Australia.

Summary

In summary, I would like to acknowledge the work undertaken over the past 12 months by our members and behind the scenes by the National Board, National Conference Organising Committees and our business partners. The first 12 months has provided me with an insight into challenges, successes and development of Member services and the ensuing 12 months will provide greater learning’s in participating at the national level as National President.

Brett Petherbridge
National President

INSTITUTE OF HOSPITAL ENGINEERING, AUSTRALIA
ABN 51 004 313 142

DIRECTORS' REPORT

Your directors present their report on the Institute for the financial year ended 30 June 2016.

Directors

The names and particulars of the National Board of the Institute in office at the date of this report, are set out below together with their qualifications and experience.

Directors	Date Appointed	Experience
Brett Petherbridge (President)	11/9/2009	16 Years in Healthcare Facility Management. Brett's current role is within Health Planning and Infrastructure as a project officer – Strategic Operations Capital Upgrades within ACT Health. Over the past 6 years has undertaken a suite of projects in the redevelopment of ACT Health Directorate Infrastructure and Services.
Darren Green (Immediate Past President)	11/9/2009	Darren Green – M.I.H.E.A., C.H.C.F.M., Adv Dip Eng (Tech), Adv Dip Management, Dip Project Mgt. Darren has 30 years' experience in Health Care Facility Management in middle and senior management ranks. Darren's current role as Manager of Assets and Clinical Technology for Murrumbidgee Local Health District incorporates Facilities Management (FM) of thirty three (33) Public Hospitals, Health Services & Multi-Purpose Services management across five (5) asset portfolios being; Operations (Engineering), Biomedical Engineering, Property Services, Capital Works and Asset Performance and Compliance.
Peter Easson (Vice President)	12/10/2012	29 years' experience within the Healthcare Industry. Qualified in Mechanical Engineering and Information Communication Technology following studies at Napier University, Edinburgh and the UK Open University. Employed as an Engineering Estates Officer within the Scottish National Health Service from 1986 until migrating to Perth, WA in 2003. Worked as a Shift Engineer at King Edward Memorial Hospital between 2003 and 2005. Took up the position of Manager of Engineering and Building Services at Bentley Hospital in 2005. Campus Facilities Manager for Princess Margaret Hospital Perth WA 2011-2013. Currently A/Manager of Infrastructure Support, North Metropolitan Health Service.

<p>Mal Allen (National Treasurer)</p>	<p>15/10/2015</p>	<p>26 years experience in the health industry with the last 19 years in management roles. In 1997 appointed to a Biomedical Engineer position at Southern Area Health Service, managing a small specialist technical team. 2005 appointed as Manager, Area Biomedical Engineering Services, Greater Southern Area Health Service, which initially included four satellite teams covering Clinical, Dental and Radiology equipment for 47 hospital facilities. In 2011 became Asset Manager, Southern NSW Local Health District. The portfolio included, Hospital Engineering, Capital Works, Property and Biomedical Engineering. Mal's current role since 2012 is Director of Clinical Technology, Hunter New England Local Health District, covering clinical equipment management for some 113 facilities, operating from John Hunter Hospital Newcastle.</p>
<p>Darryl Pitcher (National Secretary)</p>	<p>11/9/2009</p>	<p>Darryl has been the Chief Executive Officer at Bethsalem Care and GreenBriars Village in SA, for 6 years. In this role he heads up the NFP organisation including clinical care, compliance, resident quality, village operations and strategic property sustainment. Prior to this Darryl spent 3 years at UGL managing the outsourced contract for FM and capital works at Modbury Hospital. From 1989 to 2007 Darryl worked for SA Health at the RAH completing this tenure with 3 years as Director, Engineering and Building Services overseeing the facilities of the 800 bed tertiary and trauma hospital. Darryl is currently serving on the Executive Committee of the IFHE having joined ExCo in 2012, and is Vice President.</p>
<p>Alex Mair (Membership Registrar)</p>	<p>21/10/2011</p>	<p>RFD,B Build Grad Cert Mgmt, MIHEA. Alex worked for approx. 20 years as a Construction Scheduler and Project Planner in the Construction Industry. In 1992 he joined Queensland Health at Ipswich Hospital as the Maintenance Manager. After 6 years Alex moved to a service reform team in Corporate Office where maintenance resources were assessed and the state wide maintenance policy and programs were developed. In 2000 he moved to Toowoomba Health service and managed the maintenance for 5 campuses in a health service that now encompasses 22 campuses with nearly 500 Buildings. Through several changes to Health service boundaries Alex managed the maintenance services to Acute Care, Community Care, Aged Care and Mental Health services over 5 campuses, some of which have heritage listed buildings. In 2013 he left healthcare, to work in agricultural machinery sector using his health acquired skills but still has a keen interest in the industry.</p>

DIRECTORS' REPORT (cont.)

Greg Truscott	15/9/2015	Greg has been involved in Capital Works projects in the Health Sector for the past 23 years. He Graduated with a Bachelor of Architecture (then Registration as an Architect in 1991); followed by a Diploma in Management in 2013. The first 10 years of his working life was for private Architectural firms in Perth, WA and Toronto, Canada, working on a broad range of commercial and residential buildings. In 1993 he commenced in Health and recent roles have been Manager, Major Capital Works, SMHS (covering half the Public Hospitals in Perth), and currently Manager, Facilities Projects, EMHS (covering four Hospitals in Perth). Greg is also the IHEA (W.A) Branch Vice President.
Peter Footner	15/09/2015	Commencing with the Department of Defence in 1977, Peter has had a diverse career across 38 years, working in a variety of corporate services roles with both the Commonwealth and South Australian Public Services. Many of these roles were undertaken at the Repatriation General Hospital, Daw Park (RGH) in South Australia where, after 15 years in human resources management roles, he commenced in the facilities management field in 2001. Peter spent the last 13 years of his working life undertaking management roles with responsibilities for facilities management, biomedical engineering, supply & procurement and gardens & grounds. In 2009, he undertook the role of Redevelopment Manager at RGH, coordinating the actions required through a range of large capital works projects across the site. Peter left this role when he retired in 2014. Peter is currently the SA Branch President for IHEA.
Michael McCambridge	15/10/2015	Michael Graduated from Monash (Post Graduate Cert in Maintenance Management) and has spent 31 Years in Healthcare Engineering/Facility Management. Michael's current role is Director Facilities Management, at Melbourne Health, based at The Royal Melbourne Hospital. Michael has been an IHEA board member for 12 years; and was previously National President from 2003 to 2005.
Rod Woodford	15/10/2014	Started work as an apprentice mechanical services plumber in 1979 in the construction industry. Other qualifications include restricted Electrical license QLD, Refrigeration, the AMCA certificate in Testing Balancing and Adjusting of Environmental Systems, Advanced Heating and Cooling design, Diploma of Engineering, Diploma of Business Front Line Management, currently undertaking a Bachelor of Business UNE expected completion 2016. Rod spent 24 years in construction and commissioning of major health service projects including Walter Eliza Hall Institute VIC, Royal Melbourne Hospital, QLD Institute of Medical Research, Royal Children's Hospital QLD, Royal Women's Hospital QLD, Princes Alexandra Hospital QLD, North East Health Vic. He has 13 Years' experience in Public Health and was awarded Hospital Engineer of the Year in 2010 Vic/Tas. Currently Ron is Manager, Engineering Services at Castlemaine Health.

IHEA Committee (Portfolio) Charters

The Board of Directors

The Institute resolved to amend its constitution and establish a Board of Directors. The Constitution further provided that the Board would have specific governance responsibilities.

Objectives

The primary objective of the Board is to ensure the effective governance of the Institute through its various service providers to ensure the organisation meets its statutory obligations and responsibilities.

Board Operation

The Board of Directors operates in accordance with the Constitution

Duties and Responsibilities

The duties of the Board are as follows:

- Develop a three (3) year strategic plan and communicate this effectively to Members.
- Develop and approve the annual business plan.
- Review progress against plans including monitoring the achievement of objectives of committees.
- Ensure there are appropriate management and financial reporting systems in place to enable monthly and quarterly monitoring of performance against budget.
- Approve annual report and accounts.
- Review and approve all significant business transactions and commitments within the defined Levels of Authority (see separate document).
- Appoint and determine the remuneration of the Executive Officer (EO).
- To determine the appropriate remuneration of other consultants or contractual staff.
- Overview statutory compliance including recommending auditors and maintaining an effective audit function.
- Develop and implement appropriate internal controls including levels of authority, standard operating procedures and risk management procedures.
- Develop and recommend policies
- Recommend membership fees and categories
- Liaise with state branches through and with the CEO
- The President and CEO are ex-Officio members of all Committees

The Board Portfolios are:

1. Professional Development
2. Communications and Marketing
3. Membership Services
4. Standards and Technical
5. Finance and Risk
6. Heritage Committee
7. AssetMark

IHEA COMMITTEE (PORTFOLIO) CHARTERS (cont.)

Meeting of Directors

The number of meetings of the Institute’s Board of Directors held during the year ended 30 June 2016, and the number of meetings attended by each director were:

Directors	Meetings Attended	Number of Eligible Meetings*
Brett Petherbridge (President)	4	4
Peter Easson (Vice President)	4	4
Mal Allen (Treasurer)	4	4
Alex Mair (Membership Registrar)	4	4
Darryl Pitcher (Secretary)	4	4
Peter Footner (Director)	4	4
Michael McCambridge (Director)	2	4
Greg Truscott (Director)	4	4
Roderick Woodford (Director)	4	4
Darren Green (Director)	2	4

Directors have been in office since the start of the financial year to the date of this report unless otherwise stated. No person has applied for leave of Court to bring proceedings on behalf of the Institute or intervene in any proceedings to which the company is a party for the purpose of taking responsibility on behalf of the Institute for all or any part of these proceedings. The Institute was not a part of any such proceedings during the year.

Chief Executive Officer

Dated this 2nd day of August 2016

**INSTITUTE OF HOSPITAL ENGINEERING, AUSTRALIA
ABN 51 004 313 142**

DIRECTORS' DECLARATION

The Directors have determined that the Institute is not a reporting entity. The Directors have determined that this special purpose financial report should be prepared in accordance with the accounting policies outlined in Note 1 to the financial statements:

The Directors of the Institute declare that:

1. The financial statements and notes, as set out on pages 10 to 18, presents fairly the financial position of Institute of Hospital Engineering, Australia as at 30 June 2016, and of its performance for the year ended on that date in accordance with the accounting policies described in Note 1 to the financial statements.
2. In the Directors' opinion there are reasonable grounds to believe that the Institute of Hospital Engineering, Australia 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 Directors signed on behalf of the Institute by:

Chief Executive Officer

Dated this 2nd day of August 2016

**AUDITOR'S INDEPENDENCE DECLARATION
INSTITUTE OF HOSPITAL ENGINEERING, AUSTRALIA
ABN 51 004 313 142**

ALKEMADE & ASSOCIATES

ACCOUNTANTS & AUDITORS

**UNDER SECTION 307C OF THE CORPORATIONS ACT 2001
To the Directors of Institute of Hospital Engineering, Australia**

I declare that, to the best of my knowledge and belief, during the year ended 30 June 2016 there have been:

- (i) no contraventions of the auditor independence requirements as set out in the Corporations Act 2001 in relation to the review; and
- (ii) no contraventions of any applicable code of professional conduct in relation to the review

ALKEMADE & ASSOCIATES



SAM MAROTTA
Level 1, 35 Whitehorse Rd Balwyn Vic
Dated this 2nd day of August 2016

**INDEPENDENT AUDIT REVIEW REPORT TO THE MEMBERS OF
INSTITUTE OF HOSPITAL ENGINEERING, AUSTRALIA
ABN 51 004 313 142**

INDEPENDENT AUDITOR'S REVIEW REPORT

We have reviewed the accompanying financial report, being a special purpose financial report of Institute of Hospital Engineering Australia, which comprises the statement of financial position as at 30 June 2016, the statement of comprehensive income, statement of changes in equity and statement of cash flows for the year ended on that date, notes comprising a summary of significant accounting policies and other explanatory information, and the Directors declaration.

Directors' Responsibility for the Financial Report

The Directors of the company are responsible for the preparation of the financial report that gives a true and fair view and have determined that the basis of preparation described in Note 1 to the financial report is appropriate to meet the requirements of the Australian Charities and Not-for-profits Commission Act 2012 (ACNC Act) and the needs of the members. The Directors' responsibility also includes such internal control that the Directors determine is necessary to enable the preparation of a financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express a conclusion on the financial report based on our review. We conducted our review in accordance with Auditing Standard on Review Engagements ASRE 2415 Review of a Financial Report: Company Limited by Guarantee or an Entity Reporting under the ACNC Act or Other Applicable Legislation or Regulation, in order to state whether, on the basis of the procedures described, anything has come to our attention that causes us to believe that the financial report does not satisfy the requirements of Division 60 of the ACNC Act including: giving a true and fair view of the company's financial position as at 30 June 2016 and its performance for the year ended on that date; and complying with the Australian Accounting Standards and the Australian Charities and Not-for-profits Commission Regulation 2013 (ACNC Regulation). ASRE 2415 requires that we comply with the ethical requirements relevant to the review of the financial report.

A review of a financial report consists of making enquiries, primarily of persons responsible for financial and

accounting matters, and applying analytical and other review procedures. A review is substantially less in scope than an audit conducted in accordance with Australian Auditing Standards and consequently does not enable us to obtain assurance that we would become aware of all significant matters that might be identified in an audit. Accordingly, we do not express an audit opinion.

Conclusion

Based on our review, which is not an audit, nothing has come to our attention that causes us to believe that the financial report of Institute of Hospital Engineering Australia does not satisfy the requirements of Division 60 of the Australian Charities and Not-for-profits Commission Act 2012 including:

- (a) giving a true and fair view of the company's financial position as at 30 June 2016 and of its financial performance and cash flows for the year ended on that date; and
- (b) complying with Australian Accounting Standards to the extent described in Note 1, and Division 60 of the Australian Charities and Not-for-profits Commission Regulation 2013.

Basis of Accounting

Without modifying our conclusion, we draw attention to Note 1 to the financial report, which describes the basis of accounting. The financial report has been prepared for the purpose of fulfilling the Directors' financial reporting responsibilities under the ACNC Act. As a result, the financial report may not be suitable for another purpose.



SAM MAROTTA
Level 1, 35 Whitehorse Rd Balwyn Vic
Dated this 2nd day of August 2016

INSTITUTE OF HOSPITAL ENGINEERING, AUSTRALIA
ABN 51 004 313 142

**STATEMENT OF COMPREHENSIVE INCOME
FOR THE YEAR ENDED 30 JUNE 2016**

	Note	2016	2015
		\$	\$
Revenue from ordinary activities	2(b)	210,181	309,872
Expenses from ordinary activities	2(c)	(274,131)	(238,852)
Profit/(loss) from ordinary activities before income tax expenses		(63,950)	(71,020)
Income tax expense relating to ordinary activities		-	16,682
Net profit/(loss) from ordinary activities after income tax expense		(63,950)	(71,020)

**STATEMENT OF FINANCIAL POSITION
FOR THE YEAR ENDED 30 JUNE 2016**

	Note	2016	2015
		\$	\$
CURRENT ASSETS			
Cash assets	3	368,314	444,759
Receivables	4	68,926	40,200
Total Current Assets		437,240	484,959
NON-CURRENT ASSETS			
Property, plant and equipment	5	-	-
Total Assets		437,240	484,959
CURRENT LIABILITIES			
Payables	6	19,813	3670
Tax liabilities	7	(3,174)	(3,262)
Total Current Liabilities		16,639	408
Total Liabilities		16,639	408
Net Assets		420,601	484,551
EQUITY			
Retained profits	8	420,601	484,551
Total Equity		420,601	484,551

The accompanying notes form part of these financial statements.

INSTITUTE OF HOSPITAL ENGINEERING, AUSTRALIA
ABN 51 004 313 142

STATEMENT OF CHANGES IN EQUITY FOR THE YEAR ENDED 30 JUNE 2016

	Contributed Equity	Retained Profits	Total Equity
Balance at 1 July 2015	-	413,531	413,531
Income/(expense) recognised directly in equity	-	-	-
Profit/(loss) for the financial period	-	71,020	71,020
Total Income/(expense)	-	71,020	71,020
Balance at 30 June 2015	-	484,551	484,551
	Contributed Equity	Retained Profits	Total Equity
Balance at 1 July 2015	-	484,551	484,551
Income/(expense) recognised directly in equity	-	-	
Profit/(loss) for the financial period	-	(63,950)	(63,950)
Total Income/(expense)	-	(63,950)	(63,950)
Balance at 30 June 2016	-	420,601	420,601

CASH FLOW STATEMENT FOR THE YEAR ENDED 30 JUNE 2016

	Notes	2015	2014
		\$	\$
CASH FLOWS FROM OPERATING ACTIVITIES			
Receipts from customers		184,227	309,147
Payments to suppliers		(269,841)	(234,233)
Interest received		9,169	8,774
Income tax received/(paid)		-	2,409
Net cash provided by (used in) operating activities	10	(76,445)	86,097
CASH FLOWS FROM INVESTING ACTIVITIES			
Payment for property, plant and equipment		-	-
Net cash used in investing activities		-	-
Net increase/(decrease) in cash held		(76,445)	86,097
Cash at the beginning of the financial year		444,759	358,661
Cash at the end of financial year	3	368,314	444,759

The accompanying notes form part of these financial statements.

**INSTITUTE OF HOSPITAL ENGINEERING, AUSTRALIA
ABN 51 004 313 142**

**NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2016**

NOTE 1: STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES

This financial report is a special purpose financial report prepared in order to satisfy the financial reporting requirements of the Corporations Act 2001. The Council has determined that the Institute is not a reporting entity.

The report has been prepared in accordance with the requirements the following Accounting Standards:

AASB 110:	Events After The Balance Sheet Date
AASB 101:	Presentation Of Financial Statements
AASB 107:	Cash Flow Statements
AASB 1031:	Materiality

No other Australian Accounting Standards, Urgent Issues Group Consensus Views or other authoritative pronouncements of the Australian Accounting Standards Board have been applied.

This report is also prepared on an accruals basis and is based on historical cost, and does not take into account changing money values or, except where specifically stated, current valuations of non-current assets.

The following specific accounting policies, which are consistent with the previous year, unless otherwise stated, have been adopted in the preparation of these statements:

(a) Income Tax

The Institute adopts the liability method of tax effect accounting whereby the income tax expense is based on the operating profit adjusted for any permanent differences.

Non-member income of the Institute is only assessable for income tax as member income is excluded for income tax purposes due to the principal of mutuality.

(b) Revenue

Revenue from the rendering of services and the sale of goods to members is recognised on a cash receipts basis.

Receipts for services not performed at balance date are recognised as unearned income.

Interest revenue is recognised on a cash receipts basis.

(c) Inventories

Inventories are measured at the lower of cost and net realisable value. Costs are assigned on a first-in first-out basis and include direct materials, direct labour and an appropriate proportion of variable and fixed overhead expenses.

(d) Property, plant and equipment

Each class of property, plant and equipment are carried at cost or fair value less, where applicable, any accumulated depreciation.

All assets are depreciated on a straight line basis over their useful lives to the Institute.

INSTITUTE OF HOSPITAL ENGINEERING, AUSTRALIA
ABN 51 004 313 142

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2016

	2016	2015
	\$	\$
NOTE 2: PROFIT FROM ORDINARY ACTIVITIES		
Profit/(loss) from ordinary activities before income tax has been determined after:		
(a) Expenses		
Bad and doubtful debts	182	-
Depreciation of property, plant and equipment	-	-
Remuneration of auditor:		
- audit or review	6,000	3,750
- other services	510	331
	6,510	4081
(b) Revenue		
Conference and function fees – net	88,383	157,783
Membership revenue	105,884	135,656
Interest received	9,169	8,774
Other income	6,745	7,659
	210,181	309,872
(c) Other expenses from ordinary activities		
Conference costs – net	92,947	102,982
Consultant's Fees	103,177	49,992
Secretarial Fees	12,335	4380
Other expenses	58,980	81,498
	267,439	238,852
NOTE 3: CASH ASSETS		
Cash at bank	111,352	194,759
Short-term deposits	256,962	250,000
	368,314	444,759

**INSTITUTE OF HOSPITAL ENGINEERING, AUSTRALIA
ABN 51 004 313 142**

**NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2016**

	2016	2015
	\$	\$
NOTE 4: RECEIVABLES		
Trade debtors	11,431	200
PAYG Instalments	-	-
Prepayments	57,495	40,000
	68,926	40,200
NOTE 5: PROPERTY, PLANT AND EQUIPMENT		
Office equipment – at cost	26,465	26,465
Less: Accumulated depreciation	(26,465)	(26,465)
	-	-
NOTE 6: PAYABLES		
GST Liabilities and Other Payables	1,517	(3,262)
Prepaid Income	15,122	670
	16,639	(2,592)
NOTE 7: TAX LIABILITY		
Provision for income tax	-	-
NOTE 8: RETAINED PROFITS		
Retained profits at the beginning of the financial year	484,551	413,531
Historical Balancing Adjustment		
Net profit/(loss) for the period	63,950	71,020
Retained profits at the end of the financial year	420,601	484,551
NOTE 9: MEMBERS GUARANTEE		
The Institute is incorporated under the Corporations Act 2001 as a company limited by guarantee and, as such does not have a share capital.		
If the Institute is wound up, the Articles of Association state each member is required to contribute a maximum of \$20 towards meeting any outstanding obligations of the Institute.		

INSTITUTE OF HOSPITAL ENGINEERING, AUSTRALIA
ABN 51 004 313 142

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2016

	2016	2015
	\$	\$
NOTE 10: CASH FLOW INFORMATION		
Reconciliation of cash flow from operations with		
Operating profit (loss) after income tax		
Operating profit/(loss) after income tax	(63,850)	71,020
Non-cash flows in operating profit:		
- depreciation of non-current assets	-	-
- adjustment to retained earnings		
Changes in assets and liabilities:		
- (increase)/decrease in receivables	(28,726)	11,309
- (increase)/decrease in inventories	-	-
- (decrease)/increase in payables	16,143	3,195
- (decrease)/increase in tax liability	88	573
Net cash inflow/(outflow) from operating activities	(76,445)	86,097
NOTE 11: COMPANY DETAILS		
The registered office and place of business of the		
company is:		
Level 1, 35 Whitehorse Rd		
Balwyn, VIC 3103		

National Treasurers 2016 Annual Report

This is my first annual report since taking on the role as National Treasurer, which has been an interesting first year understanding my operational role and responsibilities. Unfortunately, this year I have to advise the membership that we have experienced a loss of -\$63,950. Whilst we forecast a deficit of \$46k at last year's AGM the additional "losses" are due to the membership renewal issues that were experienced and as such we were very stringent in managing our outgoings to offset. The following detail should better clarify the areas of concern regarding income and also show some reduction in expenses to offset this reduced income

Revenue from ordinary activities for the year was \$210,181, which fell short by \$51,359 of the budgeted figure of \$261,540. Income in general was down in all activities with the main contributing factor being membership income for the year of \$105,884 down by \$52,406 of the anticipated budgeted revenue. The new "On-Line" renewal process which was introduced for 2015-16 created a number of unexpected problems which contributed to members' failure to renew. This has now been refined with the 2016-17 renewal notices sent to members being much easier to access for "On-Line" renewal and also having the alternative option of payment of Annual Membership Renewal via attached invoice.

It was pleasing to see a total Branch Conferences income of \$47,955 which was well above budgeted revenue of

\$23,500. This positive result clearly shows continued activities at Branch level.

Expenses from ordinary activities for the year were \$274,131 in total, which were less than the budgeted \$307,450. This was primarily due to expenditure such as CEO fees, Accountancy & Audit, Membership Services etc. being less than budget.

The Board has continued to maintain a strong financial focus and is conscious of the need in maintaining good fiscal governance.

During the year, the IHEA National Finance Manual was reviewed, revised and endorsed by the board.

My thanks to our Accountant Mr Jeff Little of Mobile Computer Accounting for his services and advice during the year, which has made my first year far easier than I initially expected.

In closing I would like to thank the National Board and especially all of the State Treasurers for their ongoing and invaluable support over the year.

Mal Allen
National Treasurer

AssetMark 2016 Annual Report

1. Background:

AssetMark is an Asset benchmarking system for facilities management. It allows Subscribers to establish benchmarks for facility performance, expenditure performance and cost effectiveness by comparing their Hospital's performance against comparable health facilities. Subscribers receive 19 reports which provide these comparisons on all KPIs.

AssetMark was developed by Hospital facility managers (IHEA working Group 1996) and IHEA members have the intellectual property rights to AssetMark.

2. Operating Status:

The system has a web based access, which is managed on behalf of IHEA by B.E.I.M.S/ Mercury Computer Systems (MCS), for an annual agreed fee. It has been operating well without any problems for Subscribers.

Note: B.E.I.M.S/ Mercury Computer Systems (MCS) was acquired by Zuuse and details are provided in this extract from the media release.

"On 11 April 2016, Zuuse, a software company providing an asset lifecycle solution to asset owners, announced it had acquired the BEIMS Facilities Management (FM)

software business. Zuuse is an Australian based asset lifecycle solution blending 3D BIM capability, mobility and information management. It targets asset owners and operators of complex buildings and infrastructure to facilitate reducing costs, driving greater control and enabling more intelligent whole-of-life management practices across the complete asset lifecycle, especially during operation (FM).

Gary Busowsky founder of BEIMS confirmed that he is continuing within the structure of Zuuse and this included his oversight of AssetMark. He advised that it would be “business as usual” in terms AssetMark.

3. Board approved Actions completed during the year:

3.1 – Two years for the price of one year

In an effort to increase uptake the Board approved in November 2015 the promotion of a 2 years for the price of 1 offer (which closed on the 31st December 2015). This contributed to an increase in uptake from 6 Subscribers the previous year to 11 Subscribers. Those 11 Subscribers therefore have access to the System for 2016/17 financial year.

3.2. Combined Report

A function to generate all reports as a single package in PDF was developed by MCS at a cost of \$2,500 + GST. It was installed and has been operating since December 2015.

3.3 – KPI explanation page

A new cover page and a KPI explanation page is now included when Subscribers download the report. This enhancement was added by MCS free of charge. Note: the inclusion of IHEA and AssetMark trade mark on these pages was endorsed by the IHEA Board as sufficient to deal with the issue of Copyright.

3.4 – IHEA Board members login portal

Restricted and confidential access to the Board only, enabling checking of details on Subscribers and levels of activity.

3.5 – “Try before you buy” promotion

At the February 2016 IHEA Board meeting, it was agreed

to investigate an arrangement where potential Subscribers would be offered a “try before you buy” option. This would involve the potential Subscriber entering sufficient data and receiving 1 of the 19 reports free of charge. Hopefully, after receiving this sample of what AssetMark can deliver the Subscriber would elect to pay the subscription, enter further data and receive all the reports. An approach was made MCS to add in this feature, at no cost to IHEA and they have agreed to do this.

4. Other improvements recommended, to enhance and update AssetMark:

4.1 – Given AssetMark is 20 years old and only one change to KPI reports has occurred, a review of the questions asked, data required and outputs is likely to make the system easier and quicker to use and be more relevant to the changed world of Health. Issues such as in-house vs contracting out, different funding models and other more relevant KPIs can be developed.

4.2 – Develop an option to compare hospitals across all the years. This can be also expanded by tapping into 15 years of data from old AssetMark surveys.

4.3 – By dealing with currency conversions and other issues Australian and New Zealand hospitals can be compared. This increases the number of comparisons.

5. Expansion into New Zealand:

All of the issues re access, currency conversion and others have been worked through with MCS and determined to be easily managed. Although not promoted, New Zealand Facility Managers are aware of the system.

6. Current Status:

At the 17th June 2016 IHEA Board meeting it was determined to place on hold progressing further promotion (including “try before you buy”) and also the issue of expansion into New Zealand.

The system will continue to operate in the current form, throughout the 2016/17 financial year.

Greg Truscott
WA Branch Vice President

Membership Registrar’s Report to National Board June 2016

Overview

2015/16 has seen some major changes and challenges within the membership portfolio. The introduction of the new online membership system has provided members with the opportunity to pay their invoices online and to update some of their personal details direct into the database. Unfortunately the new system has brought with it a number of teething issues that have required considerable effort to resolve. I am happy to report that these have now been resolved and the later phases of the system work will be completed during 2016/17.

We have seen a change in membership numbers and the details are in the tables below. We continue to age as a population, but it is encouraging to see new and some younger members entering the profession and joining the Institute.

The new membership grading will be presented to the members at the AGM this year and although it has been a long time coming represents an opportunity for the Institute to truly be the best professional organisation to belong to if you are in the Healthcare sector.

Management

The difficulties with the membership system have emphasised the need for good reporting at a National level along with good personnel management at the branch level. Membership renewals were very slow through the year – challenged to some extent by missing contact information, and the delayed issuing of invoices and then compounded by difficulties following up non-financial members. This situation also highlighted the fact that the Branch COM’s were not maintaining contact with all of their members, resulting in contact details available at National level not being correct in many cases. The large number of un-financial members has adversely affected the financial outcome for the year.

Statistics

All Members By Grade	2012	2013	2014	2015	2016
Associate Members	96	92	88	82	104
Fellow Members	11	8	6	6	5
Member	302	230	216	176	184
Hon Fellow	6	4	4	5	7
Retired	0	90	75	75	50
Hon Member	3	2	2	2	3
National Corp	10	10	12	13	14
State Corp	82	81	81	75	83
	510	517	484	434	451

The number of members by grade has remained fairly constant over many years. The total number of members has increased in the past year and this was expected after the removal of many unfinancial members at the end of the 2015 FY.

Fin'l Members by Grade	2012	2013	2014	2015	2016
Associate Members	72	81	68	82	69
Fellow Members	8	7	5	5	3
Member	229	208	172	176	137
Life Members	4	4	4	4	1
Retired Members	84	88	40	34	22
Honorary members	0	2	2	2	3
Honorary Fellow			4	5	7
National Corp Mem- bers	8	9	10	8	5
State Corp Members	75	64	56	75	55
	480	463	357	387	302
Non financial	30	54	127	47	148

The late issuing of renewals in 2015 and the lack of regular reporting and follow-up has resulted in a dramatic increase in the number of non-financial members. It is to be hoped that with the earlier issuing of the invoices for the 2016-17 year and some more regular follow-up and reminders, members will settle their accounts and continue to enjoy the benefits of membership. This will require some more active involvement of the State CoM’s to maintain good contact and involvement with members.

Non-Financial members by Branch

Branch	2014	%	2015	%	2016	%
NSW	35	30	12	12	35	35
QLD	17	26	12	17	21	30
SA	10	32	0	0	8	28
VIC/TAS	60	36	18	14	40	32
WA	5	4	5	4	44	34
Totals	127		47		148	

Membership by Branch

Branch	2012	2013	2014	2015	2016
QLD	72	69	64	64	69
NSW	116	116	116	84	101
VIC/TAS	170	173	163	129	124
SA	35	33	31	30	29
WA	117	122	110	113	128
Totals	510	513	484	434	451

Membership within the Branches has remained fairly constant with the exception of NSW and WA Branches where significant increases are evident. Unfortunately this has been partially negated by an increase in the number of existing members who are unfinancial.

Membership by Age

Age group	2016	%
>80	10	3.0
70-80	29	8.7
65-70	40	11.9
60-65	55	16.4
50-60	110	32.8
40-50	69	20.6
30-40	20	6.0
25-30	2	0.6
20-25	0	0
Total individual memberships	335	

The number of members over the retiring age is 79 or 23.6% of the membership. This demonstrates that a number of members are retaining their interest after retirement and a number are also remaining employed beyond retirement age.

Membership by longevity

Length of Service	2012	2013	2014	2015	2016
>60					1
50 to 60		4	5	5	2
40 to 50	10	12	12	16	12
30 to 40	34	31	25	26	27
20 to 30	79	74	69	56	50
10 to 20	77	84	94	103	94
5 to 10	102	79	114	103	106
< 5	205	138	166	123	156
No Joining Date recorded	3	3	3	2	3
	510	422	484	434	451

It is interesting to note that the number of members in each service range remain roughly constant. As older members leave, others are moving up to take their place. This also indicates that the industry tends to be fairly static, that once a person enters the industry, they tend to remain.

Summary

With the completion of stage 1 of the online membership system project, members have the facility to pay their accounts on line. Members can still pay by mail, or email as they have done for many years, however we are encouraging payment on line where ever possible. Members can also update their details direct into the database and this facility should allow the records to remain current. I believe these 2 improvements alone make the effort of the last 12 months worthwhile. I look forward to the completion of the built-in reporting so that regular and meaningful information can be more readily available to the Board, to the State Committees of Management and members.

This is my final report as the Membership Registrar and I thank all members for their support over the last 5 years.

Alex Mair
Membership Registrar

Standards Coordinators 2016 Annual Report

Introduction

As hospital engineers and facilities managers we have responsibility's for the maintenance, service, cleaning, environment, as well as quality improvements for the hospital built environment; just to list a few.

The IHEA takes an active role in the development and redevelopment of these standards and is keen to hear from members that are willing to be involved in putting forward their experience and recommendations from a hospital engineer's point of view.

For members wanting to know what Australian Standards are under review you can find the information at www.standards.org.au there is a quick reference on the right hand side of the home page that reads (active and approved projects listing). This leads to an excel page with 508 standards currently under development or review.

STANDARDS REPORTS

Standards committee Ht 021 AS 3003 2011

Alex Foster has submitted some views based on the points that IHEA members had raised over a period and a few summary points to the chairman. A draft has now been struck and editing is taking place by one of the committee members. This should be available later in the year and will be distributed to IHEA member for comment.

Standards Committee IT-039, Digital Hospitals

Alex Forster is also representing the IHEA on the new standards committee for ICT solutions in hospitals and healthcare Development of world's first Digital Hospitals Handbook

A project was launched by Standards Australia to develop the world's first Digital Hospitals Handbook led by the Australian Health Ministers' Advisory Council (AHMAC) and the National Health CIO Forum (NHCIOf). The project will broadly address how technology can be used to deliver more efficient hospital services. At the launch Standards Australia CEO Dr Bronwyn Evans spoke about the significance of this initiative. The work around digital hospitals will effectively align with the innovation emerging from the direction of this new industry policy. The scope of the project is to develop a set of principles and recommendations that inform the design and implementation of Digital Hospitals (new or refurbished) to ensure that:

- The underlying principles of what a "digital hospital" is are clearly articulated, explained and illustrated through scenarios or examples
- The digital hospital principles are clearly aligned with the benefits of taking a "digital hospital" approach to the design, construction and commissioning of healthcare facilities through a benefits estimation/realisation framework
- The Information and Communication Technology systems architecture of healthcare facilities enables innovative ways for providing healthcare services that support positive outcomes for stakeholders now and into the future. Dr Evans recognised the Department of Health and Human Services Victoria for their work in crafting the original proposal. Standards Australia Technical Committee IT-039, Digital Hospitals, is responsible for delivering this project. The committee is comprised of stakeholders from government, industry and medical representatives.

Participating on Standards Committees

This document provides information and guidance to IHEA members representing IHEA as a member of an Australian (or joint Australian/New Zealand) Committee on Standards and Guidelines.

Committee Members – Their Roles and Responsibilities.

Expressions of Interest are sort from IHEA members to represent the IHEA on Australian Standards development committees, your application should include your experience with the standard under review or development and reflect the overall view of the IHEA.

You will need to submit an EOI stating your expertise in this area and what you will be able to contribute in representing the IHEA.

Australian Standards are developed by Committees of technical experts that have a balanced representation of interest groups.

Delivering of health infrastructure has many specialised areas in installation, service, maintenance and management, we as hospital engineers and infrastructure managers are well placed to deliver more efficient hospital services through our working knowledge of these systems, for this reason the IHEA has been asked to provide members to participate in the development of relevant Australian Standards. On acceptance of a member's

nomination, Standards Australia will mail a “Welcome Letter” to the member. The member is asked to read the letter on their mutual responsibilities to their new role, before signing and returning the Committee Member Agreement Form. The member will then be registered on the committee records and will be able to participate on the committee. A copy of the Form should also be forwarded to the IHEA Standards Coordinator.

Financial Support by IHEA

Standards Australia does not meet the costs of travel, accommodation or time expended for committee members.

IHEA will support the costs of airfares and accommodation required for committee members to attend programmed technical committee meetings.

Current projects, participating members and positions available

Nominating Organisation	Sector (National Committee)	National Committee	Committee Title (National Committee)	Member	Role Title
Institute of Hospital Engineering Australia	Health and Community Services	HE-017	Medical Gas Systems		Awaiting Assignment
Institute of Hospital Engineering Australia	Health and Community Services	HE-020	Medical Refrigeration		Awaiting Assignment
Institute of Hospital Engineering Australia	Health and Community Services	HT-021	Wiring of Medical Treatment Areas in Hospitals	Alexander Foster	Participating Member
Institute of Hospital Engineering Australia	Health and Community Services	IT-039	Digital Hospitals	Alexander Foster	Participating Member.

If you wish to represent the IHEA on these or any other Australian Standards developments please contact.

Roderick Woodford

IHEA National Board Member

Committee of Standards

E-mail rwoodford@castlemainehealth.org.au

Mobile 0429125699

Queensland Branch 2016 Annual Report

The past year we have seen a resurgence in activity within the Queensland Branch with 4 Professional Development Seminars and our annual conference. Workloads continue to impact involvement and outside factors influence how we operate, however the Branch has been quite active over the past year.

Branch Activities

We held our Branch Conference at Victoria Park Golf Club in July 2015 that was a resounding success. I thank the organising committee for giving their time as it takes an enormous amount of resources to ensure the program is a success.

The Branch Christmas party was held at Greek Club in Brisbane where the Professional Development Seminar and the QLD Branch Christmas dinner function were held on the 10th December 2015. The theme was Energy Efficiency in HVAC and was attended by 34 members and guests.

The invited guest and international keynote speaker was Dr Normand Brais, Vice President of the US based firm, Sanuvox Technologies. Dr Brais, a nuclear physicist, spoke on ultra violet cleaning and disinfection in air conditioning systems.

The evening concluded around the display's enjoying a few light refreshments and catching up with the members and invited guests.

Starting off the new year in 2016 we held our Toowoomba Country meeting in March 2016 where we visited the

Heritage listed Empire Theatre including a technical tour of the mechanical services. It was extremely interesting as we looked at the special issues around air-conditioning and lighting a live performance theatre.

Members met for a social function with guests at the evening race meeting, that again was the usual success and for the 17th year with the collected small profit from proceedings and again donated to the Toowoomba Hospital.

We held a PD afternoon on 12th May with a theme of integration of Nurse Call Systems with BMS. Raulands sponsored the event where there were presentations on changes in technology in this industry and further information on AS3811 standard, what the changes mean to Facility Managers.

In conclusion, one of the biggest challenges remains the geographic spread of our members where we have many members in regional areas and Professional Development seminars are arranged in Brisbane. The CoM is trying to set up a webinar service to give opportunity for all of our members to participate in future arranged events. Thank you.

Finally, I wish to thank and acknowledge the QLD State Committee members for all of their work this past year.

Scott Wells, CHCFM, MIHEA
Queensland Branch President

NSW/ACT Branch 2015 Annual Report

Introduction

On behalf of the NSW/ACT Branch I take this opportunity to present the NSW/ACT IHEA 2016 Annual Branch report and acknowledge the continued support of the NSW/ACT IHEA Branch Committee of Management (COM), all Branch members, National Board and our many and varied sponsorship partners.

NSW State branch Conference “Integration – Operational Engineering”

Extensive planning culminated in the recent 2016 IHEA NSW/ACT Branch Conference held at the Wisemans Ferry Resort. The event provided a significant Professional Development (PD) opportunity for all in attendance. I sincerely thank members, trade sponsors and all others who have supported this year’s conference that endeavoured to create informative and learning experience to build networks and ideas.

A special note to Peter Lloyd, Darren Green, Mal Allen and Steve Dewar for their work on behalf of the COM to bring the conference to reality.

NSW/ACT Branch – Institute of Hospital Engineering 2016 Annual Achievement Awards

NSW/ACT Branch awarded several achievement awards for this year’s event:

Tradesperson of the year was a dual prize and awarded to Tony Day & Stephen Hannan.

Manager of the year was awarded to Fiona Gruber.
Engineer of the Year – Peter Lloyd.

Also at Our NSW/ACT Branch Conference at Wisemans Ferry, it is noteworthy to mention that Mr Charles (Charlie) Shields attained 60 years membership in January 2016, our longest serving member. Charlie will receive his certificate at the National Conference in Adelaide in October 2016.

The December Committee of Management general meeting and site tour was held at the new Blacktown Hospital which was stage one of a two stage redevelopment on the existing site. There was a site tour of Stage 1 of the new Blacktown Hospital, the building was handed over January 2016 and is now a major teaching facility and trauma hospital in Western Sydney.

AFM Online

AFM online (NSW Health, Computer Maintenance Management Program) is progressing state wide with

training and familiarisation occurring for each Local Health District occurring leading up to rolling the system out through 2016/2017.

All Local Health Districts (LHD) were required to submit the technical data from their annual asset strategic plans this financial year for the first time using the new system.

2018 International Federation of Hospital Engineers Conference 2018

The Australian IHEA has won the opportunity following a bid to host the 2018 IFHE conference in Australia in 2018, this is an excellent result for the National Board and Hospital Engineering throughout Australia. Given this event there will be no NSW/ACT Branch conference in 2018 as focus from the National Board and all State Branches will be on making this event the very best it can be.

NSW/ACT Branch Special Meeting Held May Wisemans Ferry

The NSW/ACT Branch held the AGM as in integral part of the Wisemans Ferry conference, with Elections of new office bearers, and some high level discussion in relation to initiatives to invigorate and move the branch forward particularly the use of social media and smart phone apps.

Members Communications and engagement

As part of both State and National directions all NSW/ ACT members should be receiving regular communiqués via emails, E-Bulletins, postal notices, journals and the like, if you or someone you are aware of is not receiving these important members updates I encourage you to contact myself, or the branch secretary for assistance.

The NSW/ACT Branch has implemented processes to use multi-media communication and we remain committed to provide ALL of our branch member’s equal opportunities such as reinstating postal services for members without electronic access.

Summary

Finally on behalf of the NSW/ACT branch members I wish to acknowledge the great efforts of last year’s COM and appreciate their efforts and support and look forward to working closely with the new committee to move forward for the IHEA NSW/ACT Branch with various initiatives the COM have taken on board to build the branch.

**Jon Gowdy M.I.H.E.A.,
NSW/ACT Branch President**

Vic/Tas Branch 2016 Annual Report

Vic/Tas has held two Professional development days this year with the Annual Branch meeting held on the 20th May 2016.

Professional Development Seminars for 2016

PD 1; held on the 22nd of February with the theme of **Fire Risk Management in Health Facilities, Essential Services & Building Code compliance.**

VENUE: Engineers Australia Level 31 600 Bourke Street Melbourne VIC 3000.

With speakers from; Department of Health, Fire Risk Management Unit presenting on Guidelines for Fire Risk Management in Victorian Health Facilities by Hank Van Ravenstein and Stephen Kip and Dr Ian Bennetts.

Followed by,

Speaker; Brian Sherwell, Brian Sherwell & Associates, Presenting on The BCA and Fire Risk Management, a Building Surveyors perspective.

Sponsors Presentation; Narelle Turner from Broadspectrum.

Speaker; Gary Lake, Lake Young & Associates Presenting on Fire Safety Audits, interpreting the Series 7 guidelines and conducting audits.

Speaker; Tony Stokes, Stokes Safety; Building Safety and Compliance. Essential Safety Measures, regulatory requirements and best practice.

This topic was one that generated a robust discussion from the floor as members were seeking clarification on existing buildings and occupancy certificates.

PD 2; Theme **Warm Water Systems Compliance and Reverse Osmosis Water Quality Testing to AS 4187.**

VENUE: Engineers Australia Level 31-600 Bourke Street Melbourne VIC 3000.

DATE: Friday 20th May 2016 Attended by 40.

Speaker; Stuart Adcock, Team Leader, Legionella Health Protection Branch Department of Health and Human Services.

Speaker; Travis Hale, CETEC; Legionella & water quality in healthcare facilities AS/NZS 3896:2008.

Speaker; Renwick Chan | Technical Compliance Officer Water Program, Health Protection Branch DHHS.

Speaker; Romain Latour, Integra Water AS 4187 Reverse Osmosis Water Quality Testing.

Some of the discussion centred around the testing of the final process rinse water to AS 4187 requirements and whether it was the supply water to the machine or the water from the drain after the process has been completed.

PD 3; Theme **new hospitals' and innovation.** This PD is set for the 19th August to be held at Bendigo Health where we will have the opportunity to inspect their new \$ 630 million dollar Hospital project.

Lend lease and NDY will be providing an overview of the hospital focusing on the way in which they are providing innovative engineering services to meet the hospitals requirements.

End of year function 2016

This is booked in for the 18th Nov this year we are going on a cruise down the Yarra with a sit down meal, let's hope the boat is not too rocky, we don't want anyone to lose their appetite or anything else for that matter.

Nation Conference 2017

The CoM also formed a Branch (National Conference) subcommittee for the up and coming 2017 National Conference to be held in Victoria.

In closing I wish to acknowledge the hard work of the Vic/Tas State Committee – thank you!

Roderick Woodford
Vic/ Tas Branch President

SA Branch 2015/2016 Annual Report

Firstly I would like to acknowledge the work of the SA State Committee. Their commitment to IHEA and the Branch is especially commendable given the heavy workloads and commitments that most committee members carry in their normal working and domestic lives.

From a Professional Development (PD) perspective, the Branch achieved some good success with a number of events held during the year, other non-IHEA events were also promoted to the membership with the production and communication of a dynamic, annual PD program made available to members. However, there were a number of challenges evident throughout the year with high workloads experienced by CoM members and the conference planning meaning that we offered less PD events than we would have liked.

Successful PD events were held covering:

- An update on the AssetMark product from the AssetMark Coordinator, Mark Stokoe
- Innovative Paint & Coating Finishes for Healthcare Facilities, presented and sponsored by Dulux Australia
- New Technologies in Electrical Design & Energy Management Savings, hosted and sponsored by Schneider Electric. The event included presentations by new member, GoZero, and long-standing supporter, Schneider Electric, followed a site tour and hospitality.

Planning for the 2016 National Conference has dominated the activities of the Branch CoM throughout the year. The planning group believe that we are on track to provide a diverse, challenging and rewarding conference program that will be of great benefit to members, delegates, sponsors and exhibitors.

Key achievements reached as at the end of the financial year included:

- Finalisation and release of a draft program involving a mix of member presentations, invited speakers and keynote addresses, across a diverse range of conference streams consistent with the conference theme of “Managing Change/Changing Management”.

- Opening the call for registrations.
- Development and promotion of a conference master class on the theme of development and implementation of the national Legionella guidelines in healthcare facilities.
- Good progress with the engagement of sponsors and exhibitors, though continuing efforts in this area will be required in coming months.
- Finalisation of technical tours/site visits.
- Development of an enjoyable program of social/networking activities covering the welcome reception, trade night, conference dinner and optional post-conference tour options.
- Finalisation of a partners program that promises to highlight Adelaide’s parklands, cultural precinct and culinary prowess, as well as allowing partners better access to general presentations within the main conference plenary sessions.
- Appointment of a master of ceremonies.
- Finalisation of accommodation options.

I would like to thank the conference organisers (Iceberg Events), CoM members, our CEO (Karen Taylor), a long-standing friend of IHEA (Narelle Turner from Broadspectrum) and some key CoM partners for their valuable contributions to the conference planning.

The development and implementation of a membership strategy for the Branch has been a key focus for the SA Branch for a number of years and continues to this day. The focus on attracting new members and retaining existing members, across all aspects of the healthcare FM industry, will remain at the forefront of the CoM’s thinking and planning for the foreseeable future.

In closing, I would like to thank the CoM members and all others who have contributed to the outcomes achieved this year – and I look forward to working with the new CoM, the National Executive and the Board to progress the development of the SA Branch throughout the coming year.

Peter Footner
SA Branch President
Conference Convener 2016

WA Branch 2016 Annual Report

The WA Branch has enjoyed an excellent year of events and participation. Membership rose to a very healthy 126 and continued the upward trend of recent years. This would suggest the CoM is delivering events and services which are creating learning, networking and fellowship opportunities which members are appreciating. This is evident in the high attendance at monthly Branch meetings, most of which have a PD component to them. Attendances averaged 32 with the highest being 39 members.

Branch meetings conducted were:

August 2015 – Osborne Park Hospital: Host, Aidan McDonald; Sponsor, Atherton & Sons who delivered a presentation on their steam sterilisers.

October 2015 – St John of God Hospital, Mt Lawley: Host, Rob Falls; Sponsor, Snap Plumber who delivered a presentation on CCTV use for testing and internal pipework inspections. Alex Foster of Foster Services also presented insights into the revision of the Electrical standard AS/NSS 3003.

November 2015 – Royal Perth Hospital: Host, Steve Dallas; Sponsor Global Customer Services who presented on ultra-thin LED lighting which can be controlled via a dedicated data system. Hydraware also presented a range of anti-ligature, vandal proof toilet pans and bathroom fittings, ideal for Mental Health facilities.

February 2016 – St John of God, Mt Lawley: Host, Rob Falls; Sponsor England Commercial Services, who presented on commercial refrigeration and air conditioning.

March 2016 – WA Water Corporation (the State Government supplier of water): Host Sue Murphy, CEO of the Water Corporation, who along with others in her team delivered a presentation on the issues they have with delivery to the whole State and the relationship and assistance they can provide to high volume users such as Tertiary Hospitals.

April 2016 – (Country Conference) – Kalgoorlie Regional Hospital: Host Colin Crabtree; Sponsors, Safe Integrated Systems, A & M Medical Services, Integrated FM, Burke Air, 4Healthcare and BMSS, presented at the Conference, plus a there was a presentation by the Royal Flying Doctors Service and inspection of the recently completed \$60M upgrade to the hospital.

May 2016 – New Perth Children’s Hospital due for completion in October 2016: Host John Dransfield; Sponsor, Wood and Grieve Engineers. This meeting included a guided tour of this \$1.2 billion hospital and was a combined meeting with Australian Institute

of Hotel Engineering members attending.

June 2016 – Sir Charles Gairdner Hospital: Host, Shaun Ensor; Sponsor, Blueforce who delivered a presentation of their integrated call, monitoring, access and security systems.

Social Function:

An evening Christmas Sundowner was put on for members by the Branch in December 2015. Conducted at the Windsor Hotel in South Perth this social function was well attended and enjoyed by all.

IHEA 2015 National Conference

The WA Branch conducted the National Conference with the theme “Health Infrastructure Moving Forward” at the Pan Pacific Hotel in Perth from the 9th – 11th September 2015. There were 150 Delegates and 33 Trade exhibitors in attendance at this highly successful Conference. The Conference included technical visits to the \$2 Billion Fiona Stanley and \$1.2 Billion Perth Children’s Hospital. The IHEA CEO Karen Taylor, presented the WA Annual Achievement Awards to Fabian Edwards (for Health Facilities Manager/Hospital Engineer of the year); Daniel Robertson (Tradesperson of the year); Joshua Plate (Apprentice of the year).

The WA Branch Immediate Past President, Mark Stokoe was the Conference Convenor and the CoM thanks Mark, and his team of Peter Easson, Craig Aggett, Neil Oliver, Alex Foster, John Dransfield and Promaco for delivering an excellent event which was run at a profit.

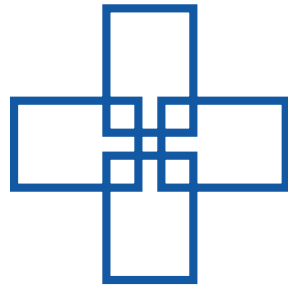
Australia – New Zealand Exchange delegate:

WA member Greg Truscott was the IHEA ANZEX delegate for 2015. He presented a paper at the NZIHE Annual Conference in Hamilton NZ and visited 11 Hospitals across both Islands as part of his study tour. Greg’s report on the Exchange tour was published in “The Australian Hospital Engineer” Journal, March 2016 Edition.

Other matters

The WA Branch was pleased to be able to forward \$3000 to the John Fawcett Foundation, raised from contribution made by Branch members who saw first-hand the marvellous health work including cataract and cleft palate operations free of charge, done by the Foundation in Bali. The IHEA saw this work during their 2014 “Country Conference” conducted in Bali, Indonesia in May 2014. I would like to acknowledge and thank the State Committee of Management for all their hard work throughout the year.

Greg Truscott
WA Branch President



IHEEA

INSTITUTE OF HOSPITAL ENGINEERING, AUSTRALIA
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