



**The Health Roundtable Limited
Annual Report**

2003

**Improving Healthcare Delivery
By Removing the Rocks**

THE HEALTH ROUNDTABLE LIMITED

ACN 071 387 436
ABN 71 071 387 436

DIRECTORS' REPORT FOR 2003

Your directors submit the financial accounts of the Company for the financial period ended 31 December 2003. This is our first full year reporting on a calendar year basis. The previous report covered the six months to December 2002. Prior to that, the organisation reported on a July-June basis which did not match well with our program of activities.

DIRECTORS

The names of directors in office at the date of this report are:

Ms Jennifer Williams	Ms Jean O'Callaghan
Ms. Kaye Challenger	Dr Nigel Lyons
Dr Paul Scown	Ms Lea Pope
Ms Margot Mains	Dr Michael Smith
Mr David Pearce	Ms Deborah Podbury
Mr John Mulder	Mr Richard Olley
Mr Ted Rayment	Ms Kerry Stubbs
Mr Ken Whelan	Ms Vicki Geytenbeek
Mr Stephen McKernan	

PRINCIPAL ACTIVITIES

The principal activities of the Company during the financial year were:

- Ø to provide opportunities for health executives to learn how to achieve Best Practice in their organisations,
- Ø to collect, analyse and publish information comparing organisations and identifying ways to improve operational practices, and
- Ø to promote interstate and international collaboration and networking among health organisation executives.

The Health Roundtable focuses on sharing innovative, practical operational solutions to problems we call "the rocks" in the healthcare system. By assisting each other in removing these "rocks," members of The Health Roundtable are able to treat more patients while maintaining or improving the quality of patient care.

OPERATING RESULTS

The Health Roundtable Limited recorded a surplus of \$597 for the financial year ending in December 2003. The accumulated surplus in the Company stood at \$110,118 as of the end of the financial year.

It is anticipated that annual member fees and corporate sponsorships will match annual expenditures each year, with any accumulated surplus to be used for special projects, such as the Health Roundtable Exchange Fellowships. There was no provision for income tax, as the company is exempt from income taxation.

REVIEW OF OPERATIONS

Two major events stand out in the Health Roundtable's Achievements in 2003:

- Ø Creation of the "Olympian Chapter" in November 2003 after months of preparatory work. The new group consists of major teaching hospitals in Victoria, New South Wales, Queensland, the Australian Capital Territory, the Northern Territory, and New Zealand. The Health Roundtable now has 30 members across every state and territory of Australia and throughout New Zealand.
- Ø Award of the first Health Roundtable Exchange Fellowships, enabling two health managers to visit the University of Virginia Health System in the USA, together with other member organisations of the University Healthsystem Consortium. The Fellowships were awarded in November 2003 to Andrew George-Gamlyn of Royal Hobart and to Elizabeth Hamilton of Austin Health for visits in early 2004.

In 2003, the major theme for the Founding Chapter and the All Stars Chapter in their annual Roundtable meetings was "Improving Patient Safety." Members examined ten patient safety goals in each of four key areas, and developed strategies to make improvements:

- Reducing medication prescribing errors
- Ensuring corrective actions are taken following incidents
- Approving new drugs & treatments
- Ensuring clinicians have right skills

During the All Stars Roundtable in June 2003, Dr John Youngman addressed the group. Dr Youngman is one of the original founders of The Health Roundtable, and is now a member of the Australian Council on Safety & Quality in Health Care. He challenged our members to pool their expertise and resources to develop common standards for patient care. He urged our members – the leading teaching hospitals throughout Australia and New Zealand – to define goals for patient safety, spread innovative practices, and guide system-wide improvements rather than rely on government to act through regulatory processes.

Cross-Chapter activities increased during 2003, with six projects:

- Ø Improving Models of Care for Complex Patients
- Ø Developing Key Performance Indicators for Health Information Management
- Ø Improving Hospital/University Working Arrangements
- Ø Improving Management of High-Cost Drugs
- Ø Improving Acute Demand Management
- Ø Improving Allied Health Care of Elderly Patients

The Health Roundtable also continued its data benchmarking and analysis activities with periodic reports on:

- Ø Inpatient Length of Stay Comparisons (Casemix Reports)
- Ø Clinical Costing Comparisons
- Ø Key Performance Indicators
- Ø Short-stay Surgery Sentinel Indicators
- Ø Standardised Mortality Indicators

MEMBERSHIP

Both individuals and organisations belong to The Health Roundtable as members. Personal membership in The Health Roundtable is offered only to the person with overall management responsibility for a hospital, while organisational membership is offered to hospitals and other collaborative groups.

As of April 2004, The Health Roundtable has 32 organisational members, including 30 major teaching hospitals, and two collaborative organisations. The two collaborative organisations are the Metropolitan Hospitals Roundtable, composed of major suburban public hospitals, and the Regional Health Improvement Network, consisting of public hospitals in regional centres.

Personal membership rose during 2003 with the addition of the Olympian Chapter. However, turnover amongst personal members also rose as leadership of many major teaching hospitals changed hands during 2003 (and continues in 2004). Personal membership now stands at 31 members, including five life members known as Knights of the Health Roundtable in recognition of their contribution to the organisation.

Cerner Corporation continued its involvement as a “Corporate Sponsor” of The Health Roundtable for the 12 months from July 2003 to June 2004. Sponsorship fees are used to support general administrative activities and membership in international organisations, such as the University Healthsystem Consortium based in the USA.

The organisation’s website – www.healthroundtable.org – continued to expand its capabilities, including online registration for meetings and access to an online library of roundtable reports of the key meetings to promote information sharing amongst members through “members-only” section. In addition, the website now has a public library of documents including major innovations in health care delivery that is accessible to the general public. An improved website is under development to provide increased security to enable authorised staff at member organisations to download comparative data reports online. Additional services, such as a library of clinical alerts, online staff satisfaction surveys, and web-based key performance indicator systems are also in the planning stage for inclusion in the website.

The Health Roundtable continued its international affiliate membership in the University Healthsystem Consortium, a collaborative group of over 80 academic medical centres in the USA. This affiliation has provided valuable methodological assistance and insights to the organisation.

The Health Roundtable continued to operate on a sound financial basis in 2003, with income and expenses arising as planned.

AFTER BALANCE DATE EVENTS

At the end of January, 2004, a television program disclosed mortality data that it claimed was confidential data belonging to The Health Roundtable as part of a program on hospital care in New South Wales. As a direct result of the publicity surrounding this program, two organisational members from New South Wales indicated their intent to withdraw their membership. If it takes place, this withdrawal would reduce the funds available to The Health Roundtable for operational activities during 2004. As of the date of this report, discussions are continuing with the two organisations to address their concerns.

The Health Roundtable’s contract for the supply of services with Chappell Dean Pty Limited is structured on a fee per-hospital basis, subject to a minimum number of hospitals participating in each

activity. This arrangement reduces the financial risk to The Health Roundtable in the situation of reduced numbers of participating organisations. In the unlikely event that additional organisations withdraw their membership to the extent that the minimum threshold of participants for an activity is breached, our policies call for the cancellation of the activity and a refund of subscription fees for that activity to the member organisation.

No other matters or circumstances have arisen since the end of the financial year which significantly may significantly affect the operations of the Company, the results of those operations, or the state of affairs of the Company in subsequent financial years.

DIRECTORS AND AUDITORS INDEMNIFICATION

During the accounting period, The Health Roundtable has paid premiums to insure itself and each of the Directors and Officers of the company against liabilities for costs and expenses incurred by them in defending any actual or alleged breach of duty, breach of trust, neglect, error, misstatement, misleading statement, omission, breach of warranty of authority claimed against them while acting in their individual or collective capacities.

The total amount paid for the insurance was \$3,114.

INFORMATION ON OFFICERS AND DIRECTORS SERVING DURING 2003

OFFICERS:

Ms Jennifer Williams, Director, President

(Elected 27 November 1998; re-elected 29 April 2003, and President since November 2002)

Ms Williams is Chief Executive of Austin Health, a teaching and research centre in Melbourne including the Austin Hospital, the Heidelberg Repatriation Hospital and the Royal Talbot Rehabilitation Centre.

Associate Professor Kaye Challinger, Director and Vice President

(Appointed 16 October 1998, re-elected 29 April 2003)

Associate Professor Challinger is Chief Executive Officer of Royal Adelaide Hospital, a teaching hospital serving Adelaide and South Australia.

Mr David Pearce, Director, Honorary Secretary

(Elected 28 November 2000, Re-elected 29 April 2003)

Mr Pearce is Executive Director of St George Hospital and Community Health Service in NSW.

Dr Paul Scown, Director and Honorary Treasurer

(Appointed 3 April 2001, Re-elected 29 April 2003)

Dr Scown is Chief Executive of Melbourne Health, a teaching and research centre in Melbourne, including the Royal Melbourne Hospital.

DIRECTORS (in order of first appointment)

Mr Craig Bennett, Director

(Elected 29 November 1997, re-elected 29 April 2003, resigned March 2004)

Mr Bennett was Chief Executive of North Metropolitan Health Services in Perth, WA, including Sir Charles Gairdner Hospital, a teaching hospital in Perth. He resigned in March 2004 to take up a position in Victoria.

Mr John Mulder, Director

(Elected 27 November 1998; re-elected 29 April 2003)

Mr Mulder is Executive Director, Operations at Barwon Health which includes Geelong Hospital.

Ms Margot Mains, Director

(Elected 25 November 1999, Re-elected 29 April 2003)

Ms Mains is Chief Executive Officer of Capital & Coast District Health Board in New Zealand, which includes Wellington Hospital.

Ms Julia Davison, Director

(Elected 25 November 1999, Re-elected 29 April 2003, resigned March 2004)

Ms Davison was Chief Executive Officer of the Flinders Medical Centre, a teaching hospital in Adelaide. She resigned to take up a senior position in the public service in South Australia.

Dr Mark Waters, Director (to July 2003)

(Elected 25 November 1999, Re-elected 29 April 2003, resigned July 2003)

Dr Waters was District Manager of health services including Princess Alexandra Hospital, a major teaching hospital in Brisbane. Dr Waters subsequently became District Manager for the Royal Brisbane and Women's Hospital, then resigned from The Health Roundtable when he left that position to work in the private sector.

Mr Raad Richards, Director

(Elected 28 November 2000, Re-elected 29 April 2003, resigned March 2004)

Mr Richards was General Manager of Liverpool Hospital and Community Health Service in NSW, and later an executive with South West Sydney Area Health Service. He resigned from the Health Roundtable in March 2004 to take up a position in the private sector.

Mr Peter Campos, Director (to May 2003)

(Elected 29 November 2001, Re-elected 29 April 2003, resigned May 2003)

Mr Campos was Chief Executive of The Queen Elizabeth Hospital, a teaching hospital in South Australia. He resigned his membership to take up a senior government position in the Northern Territory.

Mr Kenneth Whelan, Director

(Elected 27 November 2002, Re-elected 29 April 2003)

Mr Whelan is District Manager of the Townsville Health Services District in Queensland.

Mr Stephen McKernan, Director

(Elected 27 November 2002, re-elected 29 April 2003)

Mr McKernan is Chief Executive of the Counties Manukau District Health Board in New Zealand, including Middlemore Hospital.

Ms Jean O'Callaghan, Director

(Elected 27 November 2002, re-elected 29 April 2003)

Ms O'Callaghan is Chief Executive of the Canterbury District Health Board in New Zealand, including Christchurch Hospital.

Dr Nigel Lyons, Director

(Elected 27 November 2002, re-elected 29 April 2003)

Dr Lyons is General Manager, Greater Newcastle Sector, Hunter Area Health Service, which includes John Hunter Hospital, a teaching hospital in Newcastle, NSW.

Mr Glyn Palmer, Director (through September 2003)

(Elected 27 November 2002, re-elected 29 April 2003, resigned September 2003)

Mr Palmer was Chief Executive of the East Metropolitan Health Service in Perth, WA, including Royal Perth Hospital. He resigned from The Health Roundtable to take on an executive role in a non-member hospital.

Mr Andrew George-Gamlyn, Director (to April 2003)

(Elected 27 November 2002, Resigned April 2003)

Mr George-Gamlyn was Acting Chief Executive of Royal Hobart Hospital, a teaching hospital in Tasmania at the time of his election, and has now returned to his senior position at the hospital.

Dr Michael Smith, Director from February 2003

(Appointed 21 February 2003, re-elected 29 April 2003)

Dr Smith is Director Clinical Operations for Western Sydney Area Health Service, including Westmead Hospital.

Mr Ted Rayment, Director from April 2003

(Elected 29 April 2003)

Mr Rayment is Chief Executive of Royal Hobart Hospital, a teaching hospital in Tasmania.

Dr Richard Ashby, Director from April 2003 (through October 2003)

(Elected 29 April 2003)

Dr Ashby was Acting District Manager for Princess Alexandra Hospital when appointed. He subsequently resigned from The Health Roundtable on his return to other duties.

Ms Deborah Podbury, Director from November 2003
(Appointed 25 November 2003)

Ms Podbury is District Manager for Princess Alexandra Hospital, a teaching hospital in Queensland.

Mr Richard Olley, Director from November 2003
(Appointed 25 November 2003)

Mr Olley is District Manager for Royal Brisbane and Women's Hospital, a teaching hospital in Queensland.

Ms Kerry Stubbs, Director from November 2003
(Appointed 25 November 2003)

Ms Stubbs is Chief Executive Officer of St Vincent's Public Hospital in Sydney.

Ms Vicki Geytenbeek, Director from November 2003
(Appointed 25 November 2003)

Ms Geytenbeek is General Manager of Royal Darwin Hospital in the Northern Territory.

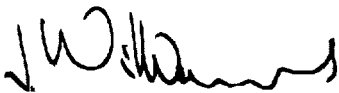
MEETINGS OF DIRECTORS

During the financial year from January to December, the Board of Directors met on 21 February by teleconference, on 29 April in North Sydney, and on 25 November in Sydney. The Board has delegated to each Chapter Board a range of responsibilities to reduce the need for full board meetings.

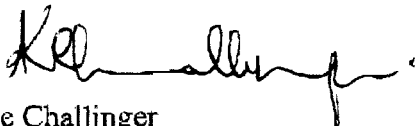
DIRECTORS' BENEFITS

No director has received or become entitled to receive, during or since the financial year, a benefit because of a contract made by the company with, a director, a firm of which a director is a member, or an entity in which a director has a substantial financial interest.

Signed in accordance with a resolution of the Board of Directors.



Jennifer Williams
Director



Kaye Challenger
Director

Date: 23/4/04

THE HEALTH ROUNDTABLE LIMITED

ABN 71 071 387 436

STATEMENT BY DIRECTORS

FOR THE YEAR ENDED 31 DECEMBER 2003

The directors have determined that the Company is not a reporting entity as defined in Statement of Accounting Concepts 1: Definition of the Reporting Entity, and therefore there is no requirement to apply accounting standards in the preparation of these financial statements. 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 account.

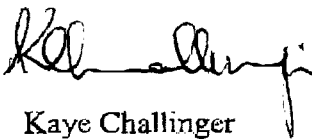
In the opinion of the directors of the company:

- (a) The accompanying Profit and Loss Account gives a true and fair view of the profit of the company for the financial year ended 31 December 2003.
- (b) The accompanying balance sheet gives a true and fair view of the state of affairs of the company as at 31 December 2003.
- (c) At the date of this statement, there are reasonable grounds to believe that the company will be able to pay its debts as and when they fall due.

Signed in accordance with a resolution of the Board of Directors.



Jennifer Williams
Director



Kaye Challerger
Director

Date: 23/4/04

The Health Roundtable Limited A.C.N. 071 387 436
Independent Audit Report to The Members of
The Health Roundtable Limited

Scope

We have audited the attached financial report, being a special purpose financial report comprising the Directors' Declaration, Statement of Financial Performance, Statement of Financial Position, Statement of Cash Flows, and Notes to the Financial Statements, for the year ended 31 December, 2003 of The Health Roundtable Limited. The company's directors are responsible for the financial report and have determined that the accounting policies used and described in Note 1 to the financial statements which form part of the financial report are consistent with the financial reporting requirements of the company's constitution and are appropriate to meet the needs of the members. We have conducted an independent audit of the financial report in order to express an opinion on it to the members of the company. No opinion is expressed as to whether the accounting policies used, and described in Note 1, are appropriate to the needs of the members.

The financial report has been prepared for distribution to members for the purpose of fulfilling the directors' financial reporting requirements under the Corporations Act 2001. We disclaim any assumption of responsibility for any reliance on this report or on the financial report to which it relates to any person other than the members, or for any purpose other than that for which it was prepared.

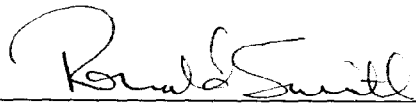
Our audit has been conducted in accordance with Australian Auditing Standards. Our procedures included examination, on a test basis, of evidence supporting the amounts and other disclosures in the financial statements, and the evaluation of significant accounting estimates. These procedures have been undertaken to form an opinion whether, in all material respects, the financial report is presented fairly in accordance with the accounting policies described in Note 1, so as to present a view which is consistent with our understanding of the company's financial position, and performance as represented by the results of its operations and its cash flows. These policies do not require the application of all Accounting Standards and other mandatory professional reporting requirements to the extent described in Note 1.

The audit opinion expressed in this report has been formed on the above basis.

Audit opinion

In our opinion, the financial report presents fairly, in accordance with the accounting policies described in Note 1 to the financial statements, the financial position of The Health Roundtable Limited as at 31 December, 2003 and the results of its operations for the year then ended.

Signed on :



Ronald Smith & Co
Suite 101, 10 Edgeworth David Avenue, Hornsby

15 April 2004

Sydney

THE HEALTH ROUNDTABLE LIMITED

ABN 71 071 387 436

PROFIT AND LOSS ACCOUNT

FOR THE YEAR ENDED 31 DECEMBER 2003

	2003	2002
	\$	\$
Operating profit/(loss) before income tax Notes 2,3	597	19,391
Income tax attributable to operating profit/(loss) Note 4	0	0
	-----	-----
Operating profit/(loss) after income tax	597	19,391
	-----	-----
Retained profits (accumulated losses) at the beginning of the financial year	109,521	90,130
	-----	-----
Total available for appropriation	110,118	109,521
	-----	-----
Retained profits at the end of the financial year	110,118	109,521
	-----	-----

To be read in conjunction with the notes that form part of and accompany the Financial Statements.

THE HEALTH ROUNDTABLE LIMITED

ABN 71 071 387 436

**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2003**

Note 1 - Statement of Significant Accounting Policies

These financial statements are a special purpose financial report prepared in order to provide accounts which satisfy the requirements of the Corporations Act to prepare accounts. The Board has determined that the Company is not a reporting entity as defined in Statement of Accounting Concepts 1 "Definition of the Reporting Entity" and therefore, as there is not requirement to apply accounting standards and other mandatory professional reporting requirements (Urgent Issues Group Consensus Views) in the presentation of these statements.

The statements have been prepared in accordance with the requirements of the Corporations law and the following accounting standards where applicable and other mandatory professional reporting requirements: (Urgent Issues Group Consensus Views):

- AASB 1001: Accounting Policies - Disclosure
- AASB 1002: Events Occurring After Balance Date
- AASB 1018: Profit and Loss Accounts
- AASB 1019: Measurement and Presentation of Inventories in the Context of the Historical Cost System
- AASB 1021: Depreciation of Non-Current Assets
- AASB 1025: Application of the Reporting Entity Concept and Other Amendments

No other Accounting Standards or other mandatory professional reporting requirements (Urgent issues Group Consensus Views) have been intentionally applied.

The statements are also prepared on an accruals basis from the records of the Company. They are based on historic costs and do not take into account changing money values or, except where specifically stated, currently valuations of non-current assets.

Note 1(a) Changes to financial year date.

The company changed its financial year end from 30 June to 31 December. The accounts are 12 months to 31 December 2003 and the comparatives are 6 months from 1 July 2002 to 31 December 2002.

To be read in conjunction with the notes that form part of and accompany the Financial Statements.

THE HEALTH ROUNDTABLE LIMITED

ABN 71 071 387 436

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 DECEMBER 2003

	2003 \$	2002 \$
Note 2 – Corporate Sponsorship & Licence Fees Membership, Briefing, Subscription Fees, Costing Fees and Risk Management	855,120	516,126
Interest received	16,061	8,871
	----- 871,181	----- 524,997

Note 3 - Operating Profit

Operating profit before income tax has been determined after:

Crediting as Revenue:

Interest received	16,061	8,871
	=====	=====

Charging as Expense:

Auditor's remuneration	2,700	3,120
	=====	=====

Note 4 - Income Tax

The Company has received approval from the Australian Taxation Office that it is exempt from income tax by virtue of Section 23(e) of the Incomes Tax Assessment Act, 1936 (as amended). Accordingly, the Company does not require a provision for income tax nor is it required to recognise an income tax expense.

To be read in conjunction with the notes that form part of and accompany the Financial Statements.

THE HEALTH ROUNDTABLE LIMITED

ABN 71 071 387 436

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 DECEMBER 2003

	2003	2002
	\$	\$
Note 5 – Cash		
Bank Accounts		
Cash at Bank	171,316	131,505
	-----	-----
	171,316	131,505
	-----	-----

Note 6 - Contingent Liabilities

The Directors are not aware of any contingent liabilities as at the date of these financial statements.

Note 7 - Members' Funds

Opening Balance	109,521	90,130
Members' Funds		
Retained profits	597	19,391
	-----	-----
Total Members' Funds	110,118	109,521
	-----	-----

Note 8 - Members' Guarantee

The Company is limited by guarantee. If the Company is wound up the Memorandum of Association states that each member is required to contribute a maximum of \$100 each towards meeting any outstanding obligations of the Company. At 31 December 2003 the number of personal and organisational members was 63.

Note 9 – Events subsequent to Balance Date.

There have been no significant events occurring after balance date that affect the overall financial viability of The Health Roundtable Limited.

To be read in conjunction with the Notes that form part of and accompany the Financial Statements.

THE HEALTH ROUNDTABLE LIMITED
ABN 71 071 387 436
INCOME AND EXPENDITURE STATEMENT
FOR THE YEAR ENDED 31 DECEMBER 2003

	CORPORATE	FOUNDERS	ALL STARS	METRO	2003 TOTAL	2002 TOTAL
	(\$)	(\$)	(\$)	(\$)	(\$)	(\$)
INCOME						
Consulting Fees	30,900				30,900	11,000
Licence Fee	4,500				4,500	0
Corporate Sponsorship	20,000				20,000	0
Membership Fees	27,600				27,600	200
Subscription Fees	192,750	202,000	198,000	101,532	694,282	438,532
Interest received	16,061				16,061	8,871
Registration Venue Fees	77,838				77,838	66,394
Total Income	<u>369,649</u>	<u>202,000</u>	<u>198,000</u>	<u>101,532</u>	<u>871,181</u>	<u>524,997</u>
EXPENSES						
Auditor – Audit Fees	2,700				2,700	3,120
Banks Fees and Charges					0	38
Fellowship Fees	10,000				10,000	0
Filing Fees	420				420	440
Insurance	2,830				2,830	0
Management Fee	12,000				12,000	6,000
Membership Fees	18,556				18,556	0
Postage and freight					0	214
Program Preparation	212,750	192,000	193,000	101,680	699,430	481,727
Venue Expenses	88,328				88,328	0
Software Licence Fees	800				800	516
Telephone	9,620				9,620	2,551
Consulting Fees	25,900				25,900	11,000
Total Expenses	<u>383,904</u>	<u>192,000</u>	<u>193,000</u>	<u>101,680</u>	<u>870,584</u>	<u>505,606</u>
Operating surplus/(deficit) before Income tax	(14,255)	10,000	5,000	(148)	597	19,391
Operating surplus/(deficit) after income tax	<u>(14,255)</u>	<u>10,000</u>	<u>5,000</u>	<u>(148)</u>	<u>597</u>	<u>19,391</u>
Accumulated surplus (Deficit) at the beginning of the financial year.	<u>65,894</u>	<u>21,561</u>	<u>18,972</u>	<u>3,094</u>	<u>109,521</u>	<u>90,130</u>
Accumulated surplus at the end of the financial year	<u>51,639</u>	<u>31,561</u>	<u>23,972</u>	<u>2,946</u>	<u>110,118</u>	<u>109,521</u>

To be read in conjunction with the notes that form part of and accompany the Financial Statements.

THE HEALTH ROUNDTABLE LIMITED
ABN 71 071 387 436
BALANCE SHEET
AS AT 31 DECEMBER 2003

	CORPORATE FOUNDERS AND ALL STARS (\$)	METRO (\$)	2003 CONSOLIDATED TOTAL (\$)	2002 TOTAL (\$)
Current Assets				
Cash Note 5	137,704	33,612	171,316	131,505
Debtors	9,431	0	9,431	61,072
	-----	-----	-----	-----
Total Current Assets	<u>147,135</u>	<u>33,612</u>	<u>180,747</u>	<u>192,577</u>
Non-current Assets				
Other	1,035		1,035	1,035
	-----	-----	-----	-----
Total non-current assets	1,035		1,035	1,035
	-----	-----	-----	-----
Total Assets	<u>148,170</u>	<u>33,612</u>	<u>181,782</u>	<u>193,612</u>
Current Liabilities				
Unearned income	33,100	26,000	59,100	39,000
Accounts payable (unsecured)	37,892	6,600	44,509	45,091
GST payable (receivable)	(31,945)		(31,945)	0
Costs not yet billed				0
	-----	-----	-----	-----
Total Current Liabilities	<u>39,047</u>	<u>32,600</u>	<u>71,664</u>	<u>84,091</u>
	-----	-----	-----	-----
Total Liabilities	<u>39,047</u>	<u>32,600</u>	<u>71,664</u>	<u>84,091</u>
Net Assets	<u>109,123</u>	<u>1,012</u>	<u>110,118</u>	<u>109,521</u>
Members' Funds				
Accumulated Surplus - Note 7			110,118	109,521
			-----	-----
Total Members' Funds			<u>110,118</u>	<u>109,521</u>

To be read in conjunction with the notes that form part of and accompany the Financial Statements.

THE HEALTH ROUNDTABLE LIMITED
ABN 71 071 387 436
STATEMENT OF CASH FLOWS
AS AT 31 DECEMBER 2003

	2003 (\$)	2002 (\$)
Cash Flow from Operating Activities		
Receipts from customers	906,778	138,728
Payments to supplies and employees	(883,028)	(658,993)
Interest Received	16,061	8,871
Net cash provided/used by operating activities (note 2)	<u>39,811</u>	<u>(511,394)</u>
Net increase (decrease in cash held)	39,811	(511,394)
Cash at the beginning of year	131,505	642,899
Cash at the end of year (note 2)	171,316	131,505

To be read in conjunction with the notes that form part of and accompany the Financial Statements.

THE HEALTH ROUNDTABLE LIMITED
ABN 71 071 387 436
STATEMENT OF CASH FLOWS
AS AT 31 DECEMBER 2003

	2003	2002
	(\$)	(\$)
Note 1 Reconciliation of Cash		
For the purposes of the statement of cash flows, cash includes cash on hand and in banks and investments in money market instruments, net of outstanding bank overdrafts		
Cash at Bank	171,316	131,505
	-----	-----
	171,316	131,505
Note 2 Reconciliation of Net Cash Provided Operating Activities to Net Profit		
Operating profit (loss) after tax	597	19,391
Changes in assets and liabilities net of effects of purchases and disposals of controlled entities:		
(Increase) decrease in Debtors	51,641	(9,107)
Increase (decrease) in Unearned income	20,100	(377,500)
Increase (decrease) in Creditors	(599)	10,831
Increase (decrease) in GST payable	(31,945)	9,209
Increase (decrease) in other payable	-	(164,218)
	-----	-----
Net Cash provided by operating activities	39,811	511,394
	=====	=====