



annual REPORT

2018/19

Nathalia District Hospital

ANNUAL REPORT 2018/19

Mission

Working collaboratively to provide quality health and well-being services for our community.

Vision

Leading our community towards better health.

Values

Integrity

We engage others in a respectful, fair and ethical manner, fulfilling our commitments as professionals. We ensure the highest degree of dignity, equity, honesty and kindness.

Accountability

We ensure quality patient care and use resources appropriately in an open and transparent manner.

Collaboration

We work as a team in partnership with our staff, our community and other healthcare providers.

Knowledge

We create opportunities for education and health promotion.

Excellence

We are committed to achieving our goals and improving quality of care by delivering efficient, safe, person-centred, innovative, knowledge-based healthcare.

INTRODUCTION

In accordance with the *Financial Management Act 1994*, I am pleased to present the Report of Operations for the Nathalia District Hospital for the year ended 30 June 2019.



Dale Brooks
Board Chair, NCN Health
27 August 2019

ANNUAL REPORTING

Nathalia District Hospital reports on its annual performance in one document. This Annual Financial and Performance Report fulfils the statutory reporting requirements to Government by way of an Annual Report and the Victorian Quality Account reports on quality, risk management and performance improvement matters. Both documents are presented to the Annual General Meeting and then distributed to the community. Nathalia District Hospital was established under the Health Service Act 1988.

RELEVANT MINISTER

The responsible Ministers during the reporting period were:

The Hon Jill Hennessy, Minister for Health and Minister for Ambulance Services 01/07/2018 - 29/11/2018

Jenny Mikakos, Minister for Health and Minister for Ambulance Services 29/11/2018 - 30/06/2019

Martin Foley, Minister for Mental Health 01/07/2018 - 30/06/2019

The Hon Luke Donnellan MP, Minister for Disability, Ageing and Carers 29/11/2018 - 30/06/19

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About Nathalia Hospital

Nathalia District Hospital is a Small Rural Health Service located in the north of the state. It services the residents of Nathalia and district, which encompasses the small townships and districts of Waaia, Barmah, Picola, Kotupna, Bearii and Yalca.

Nathalia District Hospital is governed by a Board of Management, appointed by the Governor in Council upon recommendation of the Victorian Minister for Health. Under the Health Services Act 1988, the hospital has flexibility to tailor services to meet the changing needs of our community.

Our Annual Report is best read in conjunction with the Quality of Care Report. These two documents detail our achievements across the clinical, community and operational departments of our health service.

The purpose, function, power and duties of Nathalia District Hospital are described in the operation practices and by-laws of the organisation. Established under the Health Services Act 1988, Nathalia District Hospital is the major health provider for Nathalia.

ACKNOWLEDGEMENT OF COUNTRY

Nathalia District Hospital acknowledges the traditional owners of this land and pays its respects to their Elders past and present. Nathalia District Hospital acknowledges their living culture and the unique role they play in the life of our region.

HISTORY

In response to an advertisement placed in the Nathalia Herald on 14 December 1888, on 21 December 1888 about 30 gentlemen gathered to consider a hospital in Nathalia. The opinion of this meeting was that 'the time has now arrived, when a hospital should be erected in Nathalia'. The meeting did not decide to build a hospital, but only affirmed that it was a necessity, and that if the promised support warranted, a further meeting would be called. Whilst it would be many years before a public

hospital would be established in Nathalia, during the early 1900s a hospital service was represented by a succession of midwives who delivered babies in the home and several lying-in homes and private hospitals. In 1892-93, Dr F. Keyes built a private residence known as 'Mayo' on the corner of Elizabeth and North Streets in Nathalia. In 1939 the then current owner of the house Dr N. Harbison closed the six bed private hospital he ran at 42 Fraser Street and converted 'Mayo' into a private hospital. In 1951, the Hospital and Charities Commission and the Hospital Committee of Management purchased 'Mayo'. The Hospital became known as Nathalia District Hospital and was officially opened by the Hon. E. P. Cameron MLC Minister of Health in December 1955.

Today Nathalia District Hospital plays a key role in the provision of health care to Nathalia and district communities operating from a purpose built facility it relocated to in November 2009.

OUR SERVICES

- The Urgent Care Centre provides urgent medical care on a 24 hour basis, seven days a week.
- The Acute Care Unit of six beds offers general inpatient medical and palliative care.
- A 20 bed residential aged care home offers high level nursing care.
- Nathalia Medical Clinic
- In addition, several community and primary care services are offered either by the health service or through private providers. These include: Radiology, Pathology Collection, Physiotherapy, Podiatry, Diabetes Education, Occupational Therapy, Women's Health Clinic, Dietetics and Generalist Counselling.



CEO & Board Chair Report



It has been a busy year at Nathalia District Hospital with a range of services delivered plus new programs launched to enhance access to local health care.

HIGH QUALITY SERVICES

During the year, the Chief Executive Officer role moved from Goulburn Valley (GV) Health to a shared services model with Cobram District Health and Numurkah District Health Service.

We were very pleased to pass the Medical Clinic Accreditation in October 2018 and to successfully meet all the requirements of the residential aged care accreditation in January 2019. These achievements demonstrate the ongoing provision of high quality and safe care to the community with a focus on continuous improvement.

Nathalia District Hospital commenced the use of “My Emergency Doctor” in the Urgent Care Centre this year, which enables a video consultation with a specialist emergency doctor within minutes, 24/7, in Australia. A telehealth trial was also undertaken with GV Health and a new online system is available for medical appointments at the Medical Clinic. These services complement and enhance the existing services we provide at Nathalia District Hospital.

A variety of community support options are available to aged persons in the local area to support older people living at home and remaining in the community.

An AgriSafe program was launched at the Nathalia District Hospital Annual General Meeting in 2018 (through Primary Care Connect) to improve the health, wellbeing and safety of farmers, their families, and agricultural workers. The program focuses on raising awareness and enhancing knowledge with occupational health and safety farming education, to reduce illness and injury.

An exciting training opportunity took place with our Cooks participating in a Maggie Beer Workshop over two days as part of a program to enhance the food experiences for our aged care residents and patients at the hospital. The program will not only enhance the nutritional value of the meals but add to the dining experience of residents.

CAPITAL UPGRADES

The gymnasium was officially opened on 24 July 2018 and new equipment was purchased thanks to a generous donation from the Nathalia Lions Club. This fantastic new facility is used by health service staff to provide physical activity programs, the local community and the Moira Community Rehabilitation Centre.

Car park shade is being planned for construction at Nathalia. This will be a fixed structure and the roof will include solar panels. Replacement of vinyl flooring took place during the year and upgraded air conditioning was installed into the aged care facility.

PARTNERSHIPS

In 2018/19, Nathalia District Hospital worked together with Numurkah District Health Service and Cobram District Health under a shared services model across the three organisations.

Community engagement took place on the proposal to join the three health services as ‘NCN Health’ including: 165 attendees at ‘World Café Style’ engagement sessions; 72 survey responses; meetings and written submissions. Communication also included newsletters, letters, advertising, publicity, websites and facebook. We thank the community for their valuable input into the proposal.

An independent Due Diligence Report found no major issues of concern on the proposal to join services, which will improve access to care for local communities. The proposal was endorsed by the three Boards in April and approved by the Minister for Health in June 2019.

Our partnership with Barwo Homestead continues to ensure high quality aged care services in our community.

Mental health services were increased through the ongoing partnership between Nathalia District Hospital, Numurkah District Health Service, Cobram District Health and Yarrawonga Health. New Psychological Therapy Services and Mental Health Clinical Care Coordination for residents of Moira Shire have been funded by Murray Primary Health Network.

Nathalia District Hospital continued to participate in the Respiratory Project – a grant funded partnership project that aims to improve lung health and reduce avoidable admissions and death due to lung disease. It focuses on providing Pulmonary Rehabilitation in four health services: Cobram, Yarrawonga, Nathalia and Numurkah.

We continued to strengthen partnerships and appreciate funding contributions which will enable us to continue this great work.

OUR SUPPORTERS

We would like to thank volunteers for their valuable contribution to the health service, patients and the community throughout the year.

The Nathalia District Hospital Auxiliary was launched at the 65th Annual General Meeting of Nathalia District Hospital in November 2018. The aim of the Auxiliary is to raise money for the hospital which will benefit the local community. We thank the members of the new auxiliary for your hard work in establishing this important group and for your fundraising efforts to date.

OUR WORKFORCE

We welcomed Dr Ka Chun Tse as the Director of Medical Services and we thank Dr Rick Lowen for his work in this role over the last few years.

We continued to strengthen our workforce and leadership capabilities through the 'Strive' program in partnership with the Studer Group. Workforce development also continued with a number of training programs including Family Violence training and 'LGBTIQ+' education.

We would like to acknowledge our valued staff members for their hard work and ongoing dedication to providing quality health care for the community.

FINANCIAL SUSTAINABILITY

Nathalia District Hospital has a strong financial position and has worked to ensure ongoing sustainability.

BOARD

We wish to thank Board Directors for their enormous contribution to the community this year and over the past few years.

This is the final annual report of Nathalia District Hospital. We thank the Board Chair and Directors for their dedication to achieving excellent health outcomes for our community.



Jacque Phillips OAM
Chief Executive Officer



Susan Logie
Board Chair
2018/19

Director Medical Services Report



In the past financial year, Nathalia District Hospital welcomed Doctors Carolyn Nelson, Thet Thiri New and Natalie Barrington. We farewelled Doctors Adegbola Adewoye and Satu Simpson and we thank them for their service and wish them the very best for the future.

We commenced two-monthly meetings of the Moira Education and Research Committee together with Yarrawonga Health, Numurkah District Health Service and Cobram District Health. To date, this Committee has seen the development of a Moira-wide research project to understand the factors affecting adherence to national evidence-based practice guidelines for antibiotic use in the four health services, and is sharing clinical education and research tools.

Preparation for the voluntary amalgamation of Nathalia District Hospital, Cobram District Health and Numurkah District Health Service into NCN Health has provided multiple opportunities for collaboration among the three health services.

A regional Urgent Care Centre enhancement project continued across the three hospitals and Kyabram District Health Service. Joint clinical review meetings continued and with the requirement to provide additional support to local doctors who cover Urgent Care Centres, telehealth options (to Goulburn Valley Health and a private emergency medicine specialist telehealth provider 'My Emergency Doctor') are being implemented.

The appointment of a single Director of Medical Services across the three health services has started the process of aligning medical workforce management and clinical governance processes. Examples include movements towards a standard medical and dental credentialling process (supported by electronic credentialling) and internal clinical review mechanisms.

Nathalia, Numurkah and Cobram are leading the development of a discussion paper for the Goulburn Regional Health Partnership, on challenges facing Urgent Care Centres in our region (and indeed the whole State), and potential solutions to pursue in collaboration with the Department of Health and Human Services, Safer Care Victoria, Ambulance Victoria, the National Rural Health Commissioner and other key agencies. We have also taken a proactive role in the Goulburn Regional Health Partnership, with a telehealth trial from Goulburn Valley Health Emergency Department, planning for a Consumers and Clinicians Forum, and participation in its Quality and Safety, and Access and Flow Subcommittees.

The three health services have also commenced participation in a Hume Region Rural Generalist Training Capacity Project, which will be completed in conjunction with the Grampians Region. This project will determine opportunities to improve rural General Practice training in the Hume and Grampians regions.

Dr Ka Chun (KC) Tse
Director Medical Services

Leadership Team

CHIEF EXECUTIVE OFFICER



Jacque Phillips OAM

The Chief Executive Officer has an extensive background in health and government services with over 20 years in the Goulburn Valley. She has an Executive Masters in Public Administration from Monash University, as well as qualifications in Business/

Human Resources and Nursing.

DIRECTOR OF NURSING/MANAGER



Greg van Popering

RN, BN, Dip Management, Post grad diploma in Advance Clinical Nursing.

The Director of Nursing/Manager is responsible for the management of all clinical and non-clinical services within the organisation. This includes

Nursing, Hospitality, Maintenance, Allied Health Services and the Nathalia Medical Clinic.

Mr van Popering also oversees the operational management of Quality Improvement, Risk Management, Occupational Health and Safety and Complaints Management.

Mr van Popering maintains strong links with the community and its representatives to ensure the services provided by our Hospital meet the community needs.

DIRECTOR OF MEDICAL SERVICES



Dr Ka Chun Tse

MBBS, MHN, MPN, FACHSM, GAICD

The Director of Medical Services provides clinical advice to the health service, contributes to Patient Care Review meetings and supports Nathalia's Visiting Medical Officers. He attends the

Nathalia District Hospital monthly, during which time he attends Medical Staff Group meetings, reviews clinical policies of the Hospital, provides advice and support to the Director of Nursing/Manager and staff and responds to day to day operational issues of medical importance.

Board of Management

Nathalia District Hospital Board of Management members are appointed for a three-year term by the Governor-in-council, upon recommendation of the Minister for Health. There are nine Board of Management positions.

Susan Logie (Board Chair)

Appointment: 1 November 2004

Term Expires: 30 June 2019

Committees:

- Audit and Risk Committee
- Patient Care Review Committee
- Medical Appointments Advisory Committee

David Vaughan (Deputy Board Chair)

Appointment: 1 November 2000

Term Expires: 30 September 2018

Committees:

- Audit and Risk Committee
- Patient Care Review Committee
- Medical Appointments Advisory Committee

Kerry-anne Rappell

Appointment: 19 February 2013

Term Expires: 30 June 2019

Committees:

- Patient Care Review Committee (Chair)
- Medical Appointments Advisory Committee

Mewan Dissan

Appointment: 1 July 2018

Term Expires: 30 June 2021

Committees:

- Audit and Risk Committee
- Patient Care Review Committee

Diana Baxter

Appointment: 1 July 2015

Term Expires: 30 June 2019

Committees:

- Patient Care Review Committee
- Medical Appointments Advisory Committee (Chair)

Chris McCallum

Appointment: 1 July 2004

Term Expires: 30 June 2021

Committees:

- Audit and Risk Committee
- Patient Care Review Committee

Peter Limbrick

Appointment: 1 July 2016

Term Expires: 30 June 2019

Committees:

- Audit and Risk Committee (Chair)
- Patient Care Review Committee

Maxene Hughes

Appointment: 6 September 2016

Term Expires: 30 June 2019

Committees:

- Patient Care Review Committee

Dr Peter Poon

Appointment: 1 July 2017

Term Expires: 30 June 2019

Committees:

- Patient Care Review Committee
- Medical Appointments Advisory Committee

Board and Board Committees

BOARD MEETINGS 2018/19

BOARD DIRECTOR	25 July 18	16 Aug 18	30 Aug 18	27 Sept 18	25 Oct 18	25 Nov 18	20 Dec 18	28 Feb 19	28 Mar 19	2 May 19	30 May 19	27 Jun 19	% Attendance
Susan Logie (Chair)	✓	✓	A	✓	✓	✓	✓	✓	✓	A	✓	✓	83%
David Vaughan	✓	A	✓										66%
Kerry-anne Rappell	✓	✓	A	✓	A	✓	A	✓	✓	✓	A	✓	66%
Mewan Dissan	✓	A	✓	✓	✓	✓	A	✓	✓	✓	✓	✓	83%
Chris McCallum	✓	✓	✓	A	✓	✓	✓	✓	A	✓	✓	✓	83%
Peter Limbrick	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	100%
Maxene Hughes	A	✓	A	✓	A	✓	✓	✓	✓	✓	✓	✓	75%
Dr Peter Poon	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	100%
Diana Baxter	A	A	✓	✓	✓	✓	A	✓	✓	✓	✓	✓	75%

AUDIT AND RISK COMMITTEE MEETING 2018/19

BOARD DIRECTOR	16 Aug 18	25 Oct 18	28 Feb 19	30 May 19	% Attendance
Peter Limbrick	✓	✓	✓	✓	100%
Mewan Dissan	A	✓	✓	✓	75%
Chris McCallum	✓	✓	✓	✓	100%
David Vaughan (External Chair)	A	✓	✓	✓	75%
Sue Logie	✓	✓	✓	✓	100%

Board and Board Committees continued

PATIENT CARE REVIEW COMMITTEE 2018/19

BOARD DIRECTOR	26 July 18	27 Sept 18	20 Dec 18	28 Feb 19	2 May 19	27 Jun 19	% Attendance
Kerry-anne Rappell (Chair)	✓	✓	✓	✓	✓	✓	100%
Sue Logie	✓	✓	✓	✓	A	✓	83%
Diana Baxter	A	✓	✓	A	✓	✓	66%
Peter Limbrick	✓	✓	✓	✓	✓	✓	100%
Chris McCallum	✓	A	✓	✓	✓	✓	83%
Mewan Dissan	✓	✓	✓	✓	A	✓	83%
Maxene Hughes	A	✓	✓	✓	✓	✓	83%
Dr Peter Poon	✓	✓	✓	✓	✓	✓	100%
David Vaughan	✓						100%

MEDICAL CREDENTIALING COMMITTEE 2018/19

BOARD DIRECTOR	27 Aug 18	28 Mar 19	% Attendance
Maxene Hughes	✓	✓	100%
Dr Peter Poon	✓	✓	100%

Highlights

NEW GYM OPENED

The new gym was officially opened at Nathalia District Hospital on 24 July 2018, which will enhance the health and wellbeing of allied health clients, particularly for rehabilitation, as well as the broader community. New gym equipment was installed through a generous donation from the Lions Club and clients are now using the new facilities regularly.



The training provided ideas and opportunities for improvement, for example:

- Creating a herb garden to supply the kitchen (which can also be kept by residents).
- Creating some alterations to the dining room to increase excitement around meals (e.g. light music, smells, food conversation, menus on tables etc).
- Adding to the Banawah activities program that promotes attractive smells (e.g. bread making).
- Reviewing protein levels within meals and boosting with ingredient switches where possible (e.g. using cream in scrambled eggs).
- Reviewing thickened drinks and using Skim Milk Powder (with potential to reduce/remove supplement drinks).

An action plan is being created to progressively implement improvements. The improvements will not only enhance the nutritional value of the meals but improve the dining experience of residents.

MAGGIE BEER PROJECT

During the year our Cooks participated in a Maggie Beer Workshop over two days as part of program to enhance the food experiences for our aged care residents and patients at the hospital. The Maggie Beer Foundation was established in 2014 to improve the food for older Australians, particularly those living within aged care homes.

The cooking workshop consisted of many modules including 'High Energy and Protein', 'Texture Modification' and 'The Dining Environment' for example. There were also many practical sessions for the cooks to take what they had learned into the kitchen, cooking alongside Maggie and her team of chefs.



Highlights continued

AGRISAFE PROGRAM

An AgriSafe program was launched at the Nathalia District Hospital Annual General Meeting in 2018 (through Primary Care Connect) to improve the health, wellbeing and safety of farmers, their families, and agricultural workers. The program focuses on raising awareness and enhancing occupational health and safety farming education to reducing serious injuries/illness that may be preventable in every type of farming enterprise including cropping, viticulture, horticulture, aquaculture and livestock production.

The AgriSafe program is an initiative led by the National Centre for Farmer Health (NCFH). The AgriSafe model was first designed in Iowa USA in 1987 at The University of Iowa.

A partnership between Western District Health Service and Deakin University formed to begin AgriSafe in Australia in 2010.

AgriSafe clinics cover blood glucose testing, blood pressure checks, body mass index calculation, respiratory testing, hearing screening, skin examination, vision assessment, urine testing, pesticide exposure testing, testing the fit of masks/respirator, and occupational risk assessment and equipment advice.

From November 2018, clinics were held fortnightly in Nathalia. There is ongoing public speaking, networking and collaborations with other health services, community groups, farming groups, stock and station agents and ag suppliers.

AUXILIARY LAUNCHED

The Nathalia District Hospital Auxiliary was launched at the 65th Annual General Meeting of Nathalia District Hospital in November 2018.

NDH Auxillary members, including Rosemary Robins, Maureen McGowan, Glenice Hawkes, Wendy Gilbert and Ania Wiltshire, have worked together to create a brand new Hospital Auxiliary with the aim of raising money for the hospital.

The work included:

- Investigating similar fundraising groups at other Health services.
- Forming an Auxiliary committee
- Developing a NDH fundraising policy.
- Opening a separate Auxiliary bank account
- Meeting with the Director of Nursing and Chief Executive Officer.
- Setting monthly meetings
- Collecting raffle items and items for sale.

MY EMERGENCY DOCTOR APP

Nathalia District Hospital commenced the use of the “My Emergency Doctor” App in the Urgent Care Centre, which enables a video consultation with a specialist emergency doctor within minutes, 24/7, in Australia. The emergency doctors are experts in making rapid, accurate assessments of all medical emergencies to assess a situation via the built-in video on a smart phone or tablet. They can write prescriptions, order X-rays and pathology tests, refer patients to other specialists, or send them straight to the emergency department when needed. These expert doctors are Fellows of the Australasian College for Emergency Medicine, or FACEMs and are the most senior doctors who work in hospital emergency departments.

ACTIVE APRIL

Nathalia District Hospital participated in Active April activities to promote wellbeing including walking activities. On 10 April people participated in a 1km, 3km, or 5km walk and took up the opportunity to network with others followed by a morning tea with other participants, community health staff, and exercise providers.



NCN HEALTH – NATHALIA COBRAM NUMURKAH PARTNERSHIP

In 2018/19, Nathalia District Hospital worked together with Numurkah District Health Service and Cobram District Health under a shared services model across the three organisations.

During the year, a second stage of community engagement took place on the proposal to join the three health services as 'NCN Health' including: 165 attendees at 'World Café Style' engagement sessions held in Nathalia, Cobram and Numurkah; 72 survey responses; 506 engagements on Facebook; 10 meetings with community groups, staff and individuals; and 8 submissions received. Newsletters were published, 150 stakeholder letters were sent, advertising was undertaken and media publicity was utilised to reach communities. The dedicated NCN website had 591 views and the three health services provided information on the websites and facebook pages. This second stage of consultation added to the feedback collected in 2017/18.

An independent Due Diligence Report was carried out, which found no major issues of concern on the proposal to join services - this included a comprehensive assessment of clinical, financial, governance, regulatory and human resource matters.

The proposal to join services was unanimously supported by the three Boards following the consultation, due diligence report and careful consideration of the benefits and issues - with focus on improving health care for local communities.

We thank the community for their valuable input into the proposal, which has now been approved by the Minister for Health.

RESPIRATORY PROJECT

Nathalia District Hospital is part of the Moira Health Services Healthy Lung Project.

Did you know that 1 in 7 Australians over the age of 40 have Chronic Obstructive Pulmonary Disease (COPD) - the second leading cause of preventable hospitalisations in Australia.

Early diagnosis can lead to better outcomes. The Moira Health Services Healthy Lungs Project makes testing more readily available. A spirometer is a quick and easy test to measure lung function. It measures the amount of air people breathe in and out of their lungs. This can help monitor changes in lung capacity and aid in the early diagnosis of lung disease. A referral can be arranged through a GP, specialist, allied health professional or a registered nurse. Funding has continued for this important project.

MENTAL HEALTH SERVICES

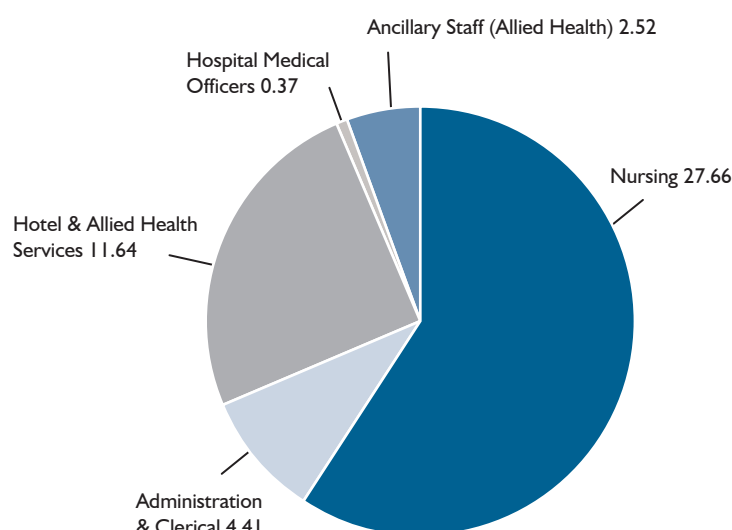
Mental health services were increased through a partnership between Nathalia District Hospital, Numurkah District Health Service, Cobram District Health and Yarrawonga Health. New Psychological Therapy Services and Mental Health Clinical Care Coordination for residents of Moira Shire have been funded by Murray Primary Health Network. Funding has continued for this valued initiative.

FAMILY VIOLENCE TRAINING AND RESPONSE

Family violence is a serious health issue that has a profound impact on the psychological and physical well-being of those affected. Nathalia District Hospital is implementing the Victorian Government's Strengthening Hospital Responses to Family Violence (SHRFV) model across the organisation. The organisation is strengthening the capacity of health care professionals to identify and support people to help in the prevention of and response to family violence. Policies and procedures have been written, and staff training has been undertaken. Nathalia District Hospital is committed to supporting our community and offering safe haven to anyone experiencing family violence.



Workforce Data



Labour Category	JUNE Current Month FTE		JUNE YTD FTE	
	2018	2019	2018	2019
Nursing Services	27.74	27.49	27.50	27.66
Administration and Clerical	4.82	4.55	5.15	4.41
Hotel and Allied Services	10.70	12.14	11.47	11.64
Hospital Medical Officers	0.50	0.84	0.18	0.37
Ancillary Support Services (Allied Health)	2.41	2.48	2.42	2.52
Total	46.17	47.50	46.72	46.60

The FTE figures reported in the table are those excluding overtime. These also do not include contracted staff (e.g. agency nurses, fee for service, visiting medical officers) who are not reported as employees for this purpose.

Nathalia District Hospital upholds and adheres to the Code of Conduct of Public Sector Employees, issued by the Public Sector Standard Commissioner, made under the *Public Administration Act 2004*. All employees have been correctly classified in the workforce data collections.

MERIT AND EQUITY PRINCIPLES

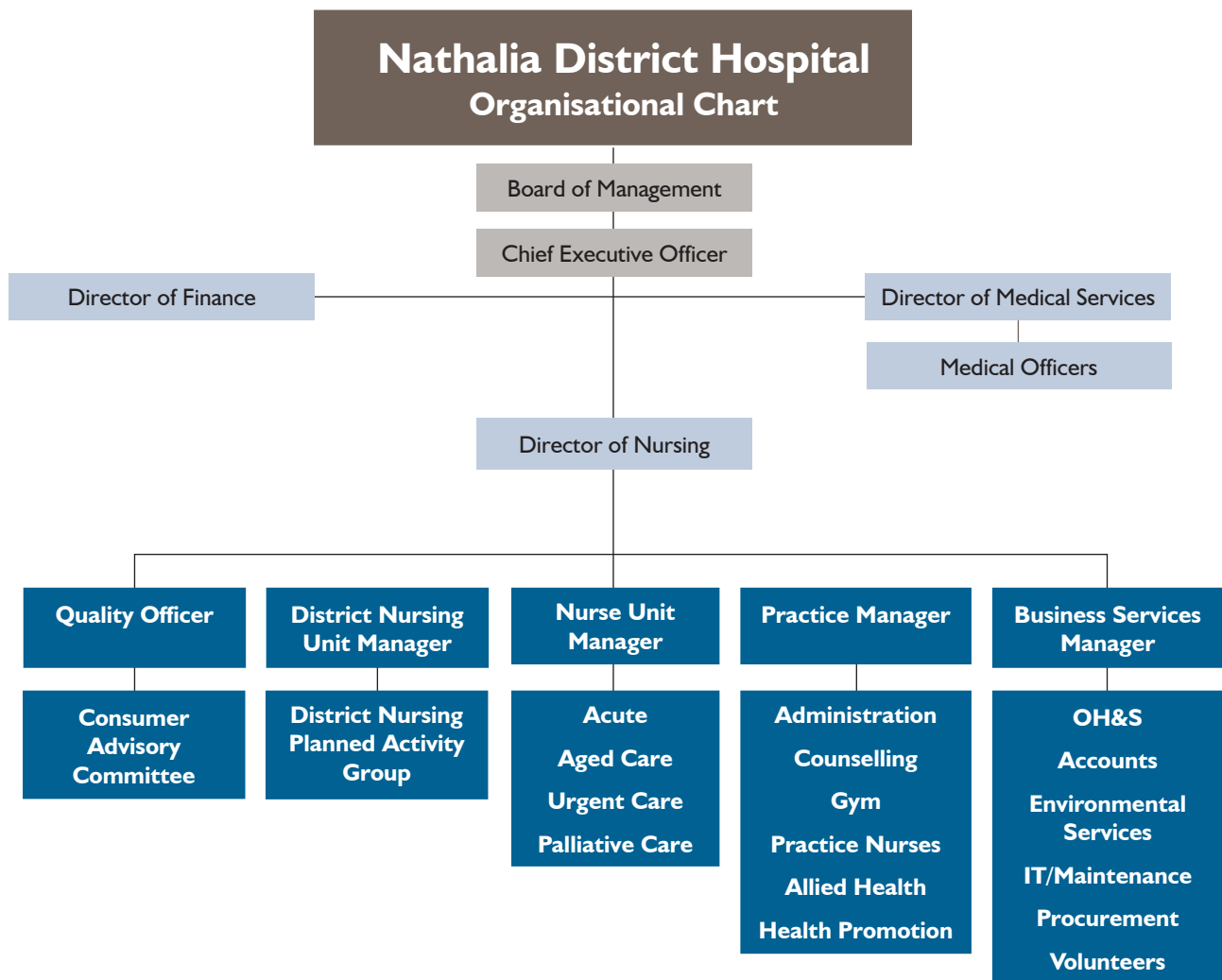
Nathalia District Hospital is committed to applying merit and processes to ensure that applicants are assessed and evaluated against criteria and other accountabilities without discrimination.

Nathalia District Hospital is committed to ensuring that policies and procedures are in place to promote a high standard of employment and conduct principles.

CODE OF CONDUCT

All Nathalia District Hospital staff are required to abide by the Code of Conduct, which is based on the Code of Conduct for Victorian Public Sector Employees.

Organisation Chart



Statutory Requirements

OCCUPATIONAL HEALTH AND SAFETY

Nathalia District Hospital is committed to providing a safe environment for staff, patients, residents, visitors and contractors at all times. To achieve this, we engage in regular consultation with staff and consumers to identify all potential workplace hazards and eliminate them where reasonably practicable.

Nathalia District Hospital has excellent systems in place to manage occupational health and safety and is fully compliant with legislation. Occupational safety is monitored through our risk management framework, with all risks having key performance indicators in place to ensure the identified risks are effectively managed and monitored.

OCCUPATIONAL VIOLENCE

The following statistics have been collated for Occupational Violence in the workplace at Nathalia District Hospital:

Occupational violence statistics	2018-19
1. Workcover accepted claims with an occupational violence cause per 100 FTE	0
2. Number of accepted Workcover claims with lost time injury with an occupational violence cause per 1,000,000 hours worked.	0
3. Number of occupational violence incidents reported	10
4. Number of occupational violence incidents reported per 100 FTE	20
5. Percentage of occupational violence incidents resulting in a staff injury, illness or condition	0

For the purposes of the above statistics the following definitions apply.

Occupational violence - any incident where an employee is abused, threatened or assaulted in circumstances arising out of, or in the course of their employment.

Incident - occupational health and safety incidents reported in the health service incident reporting system. Code Grey reporting is not included.

Accepted Workcover claims - Accepted Workcover claims that were lodged in 2017/18.

Lost time - is defined as greater than one day.

Injury, illness or condition - This includes all reported harm as a result of the incident, regardless of whether the employee required time off work or submitted a claim.

COMPLIANCE WITH THE BUILDING ACT

Nathalia District Hospital remains compliant with the building and maintenance provisions of the *Building Act 1993 – Guidelines* issued by the Minister for publicly owned buildings.

OCCUPANCY PERMITS AND CERTIFICATES OF FINAL INSPECTION

Nathalia District Hospital Occupancy Permits and Certificates of Final Inspection are all current.

BUILDING WORKS

No new Occupancy Permits and Certificates of Finance Inspection were issued.

ESSENTIAL SAFETY MEASURES

Nathalia District Hospital complies with building standards and regulations, with all works completed in 2018/19 according to the *Building Act 1993*, the *Building Code of Australia, Standard for Publicly Owned Buildings 1994* and relevant statutory regulations.

All essential safety measures have been maintained, so far as is practicable, in accordance with the *Building Regulations 2006* as is recorded in the Annual Essential Safety Measures Report.

Essential Safety Measures Reports are prepared annually for properties owned by Nathalia District Hospital to confirm that all of the essential safety services are operating as required.

We ensure works are inspected by independent building surveyors and maintain a register of building surveyors, as well as the jobs they have certified and for which occupancy certificates have been issued.

FIRE AUDIT COMPLIANCE

The Nathalia District Hospital Fire Audit is current.

FREEDOM OF INFORMATION

The *Victorian Freedom of Information Act 1982* provides individuals with the opportunity for consumers to access personal documents held by public hospitals and other government agencies. The designated Principal Officer who manages applications at Nathalia District Hospital is the Chief Executive Officer. In her absence, the Director of Nursing will assume this responsibility. Under the legislation, all public entities in Victoria must submit an annual return to the Department of Justice regarding Freedom of Information activity. Application fees and access charges applied in regard to Freedom of Information are done so in accordance with State Government regulations.

During 2018/19 there were 3 requests for access to documents under the *Victorian Freedom of Information Act 1982*. All of the requests related to medical records and were approved. Information on how to make an application can be found on the Nathalia District Hospital website.

SAFE PATIENT CARE ACT

Nathalia District Hospital was not required to make any disclosures during the reporting period under the *Safe Patient Care Act 2015*.

CARERS RECOGNITION ACT

The *Carers Recognition Act 2012* formally acknowledges the important contribution that people in a care relationship make to our community and the unique knowledge that carers hold of the person in their care. The valued role of the carer has been actively integrated in the policies and procedures of Nathalia District Hospital.

PROTECTED DISCLOSURE ACT

Nathalia District Hospital complies with the requirements of the Victorian Government's *Protected Disclosure Act 2012*. Neither improper conduct nor the taking of reprisals against anyone who comes forward to disclose such conduct is acceptable to us. We distinguish protected disclosures from something that would be considered a grievance or internal organisational dispute.

There were no disclosures made in the year ended 30 June 2019 as per the *Protected Disclosure Act 2012*.

Statutory Requirements continued

COMPETITIVE NEUTRALITY

Nathalia District Hospital is committed to ensuring that our services demonstrate both quality and efficiency. Competitive neutrality, which supports the Commonwealth Government's national competition policy, helps to ensure that net competitive advantages which accrue to a government business are offset. We understand the requirements of competitive neutrality and act accordingly. We support the principles of the Partnerships Victoria policy, which relates to responsible expenditure and infrastructure projects and the creation of effective partnerships between private enterprise and the public sector.

LOCAL JOBS FIRST POLICY

Nathalia District Hospital is committed to ensuring that our participation with Victorian industry is maximised and delivers the highest level of performance for each dollar expended.

There were 0 procurements or projects above \$1 million for the 2018/19 year, in accordance with the *Local Jobs First Policy Act 2003*.

CAR PARKING FEES

There were no car parking fees.

ENVIRONMENTAL PERFORMANCE

The environment is one of the most precious resources, and the Board and staff at Nathalia District Hospital are committed to improving and maximising our environmental sustainability whilst minimising any negative impact upon the environment.

In 2018/19 Nathalia District Hospital progressed a business case to install solar panels on its car parking shelters and available roof space. A grant from the State Government has been secured to roll-out this project in the 2019/20 financial year. The project is expected to deliver substantial savings in electricity usage and cost.

CONSULTANCIES INFORMATION

Details of Consultancies (under \$10,000)

In 2018/19, there were no consultancies where the total fees payable to the consultants were less than \$10,000. The total expenditure incurred during 2018-19 in relation to these consultancies was \$Nil.

Details of consultancies (valued at \$10,000 or greater)

In 2018/19, there were no consultancies where the total fees payable to the consultants were \$10,000 or greater. The total expenditure incurred during 2018-19 in relation to these consultancies was \$Nil.

DETAILS OF INFORMATION AND COMMUNICATION TECHNOLOGY (ICT) EXPENDITURE

The total Information and Communication Technology expenditure during 2018-2019 was \$188,846 (excluding GST) with the details shown below:

Business As Usual (BAU) ICT expenditure		Non-Business As Usual (non-BAU) ICT expenditure	
Total (excluding GST)	Total = Operational Expenditure and Capital Expenditure (excluding GST)	Operational expenditure (excluding GST)	Capital expenditure (excluding GST)
\$167,739.00	\$ 21,107.00	-	\$21,107.00

Additional Information

Details in respect of the items listed below have been retained by the health service and are available to the relevant Ministers, Members of Parliament and the public on request (subject to the freedom of information requirements, if applicable):

- Declarations of pecuniary interests have been duly completed by all relevant officers;
- Details of shares held by senior officers as nominee or held beneficially;
- Details of publications produced by the entity about itself, and how these can be obtained;
- Details of changes in prices, fees, charges, rates and levies charged by the Health Service;
- Details of any major external reviews carried out on the Health Service;
- Details of major research and development activities undertaken by the Health Service that are not otherwise covered either in the report of operations or in a document that contains the financial statements and report of operations;
- Details of overseas visits undertaken including a summary of the objectives and outcomes of each visit;
- Details of major promotional, public relations and marketing activities undertaken by the Health Service to develop community awareness of the Health Service and its services;
- Details of assessments and measures undertaken to improve the occupational health and safety of employees;
- A general statement on industrial relations within the Health Service and details of time lost through industrial accidents and disputes, which is not otherwise detailed in the report of operations;
- A list of major committees sponsored by the Health Service, the purposes of each committee and the extent to which those purposes have been achieved;
- Details of all consultancies and contractors including consultants/contractors engaged, services provided, and expenditure committed for each engagement.

PART A

Statement of Priorities - Outcomes

Goals	Health Service Deliverables	Outcomes
Better Health	<p>Embed the Strengthening Hospital Responses to Family Violence model for identifying and responding to family violence by:</p> <ul style="list-style-type: none"> • Training three Nathalia District Hospital staff to be ongoing in-house trainers in workplace support. • Face to face training for all staff and volunteers. <p>Implementation of a Family Violence Workplace Support Program to support staff experiencing family violence.</p>	<p>Achieved.</p> <ul style="list-style-type: none"> • 59 staff have attended training, with three different sessions held (manager, clinical and non-clinical). • Board education session. • Policy created on Family Violence Support and Family Violence - Recognise, Respond and Refer. • Three staff trained with 'train the trainer'. • Three staff trained as contact officers. • Five volunteers attended training in November. • Further training was held in March/April 2019.
	<p>Partner with Numurkah District Health Service for the Better Care Victoria funded Urgent Care Project. This involves consumer participation and engagement strategies to increase health literacy around the right care in the right place and promotes avoidance of unnecessary emergency department attendances.</p>	<p>Achieved. Nathalia District Hospital participated in the Urgent Care Centre project. This involved:</p> <ul style="list-style-type: none"> • Project meetings; • Case reviews; • Patient surveys; and • Promotion.
	<p>Partner with More 4 Moira, childhood obesity project including Deakin University research study.</p>	<p>Achieved. Health promotion events have been held, including:</p> <ul style="list-style-type: none"> • Odd socks day; • Active April; and • Smiles for Miles.
Better Access	<p>Provide telehealth for specialist clinic consultations and urgent care presentations.</p>	<p>Achieved.</p> <ul style="list-style-type: none"> • Telehealth for the Urgent Care Centre started on 19 November 2018. • The use of Health Direct will be explored for specialty clinic consultations. • Nathalia District Hospital is participating in the Hume Telehealth committee.

Goals	Health Service Deliverables	Outcomes
Better Care	In partnership with the Consumer Advisory Committee, improve medication reconciliation to reduce medication errors.	Achieved. <ul style="list-style-type: none"> Audit results were added as a standing item on Consumer Advisory Committee agenda. Discharge documentation has been reviewed by the Consumer Advisory Committee.
Disability Action Plans	Submit a draft Disability Action Plan to the department by 30 June 2019. The draft plan will outline the approach to full implementation within three years of publication.	In progress. <ul style="list-style-type: none"> A draft plan has been created.
Volunteer Engagement	Executive staff to provide an annual volunteer recognition and education event.	Achieved. <ul style="list-style-type: none"> A volunteer recognition and education day was held on 22 November 2018.
Bullying and harassment	Provide a bullying and harassment survey for staff and act on poor areas of compliance by providing education to all staff.	Achieved. <ul style="list-style-type: none"> Survey results were collated on 25 October 2018. Staff education sessions have been provided.
Occupational violence	Implement a staff training plan for occupational violence and aggression (OVA).	Achieved. <ul style="list-style-type: none"> OVA training is included in the Education Calendar.
Environmental Sustainability	Review current waste management processes and identify opportunities to increase recycling in the clinical areas of the health service. Identify opportunities for water recycling across the site.	Achieved. <ul style="list-style-type: none"> Recycling bins have been added to main areas. The general waste skip bin size has been reduced. Green waste recycling has commenced.
LGBTI	In partnership with LGBTI communities, ensure policies; including privacy, marketing, staff training and patient-centred care policies consider the needs of LGBTI communities.	Achieved. <ul style="list-style-type: none"> Privacy and person centred care policies has been updated. Staff training has been held for inclusive practice with Numurkah District Health Service. Local LGBTI organisations have reviewed policies.

PART B

Performance Priorities 2018/19

Safety and Quality Performance (Accreditation)

Key Performance Indicator	Target	Result
Accreditation against the National Safety and Quality Health Service Standards	Accredited	Full compliance
Compliance with the Commonwealth's Aged Care Accreditation Standards	Accredited	Full compliance

Infection Prevention and Control

Key Performance Indicator	Target	Result
Compliance with the Hand Hygiene Australia program	80%	82.2%
Percentage of healthcare workers immunised for influenza	80%	90%

Patient Experience and Outcomes

Key Performance Indicator	Target	Result
Victorian Healthcare Experience Survey - data submission	Full Compliance	Full Compliance*
Victorian Healthcare Experience Survey - percentage of positive patient experience	95%	Full Compliance*
Victorian Healthcare Experience Survey – percentage of very positive responses to questions on discharge care	75%	Full Compliance*
Victorian Healthcare Experience Survey – patients perception of cleanliness	70%	Full Compliance*

* Less than 42 responses were received for the period due to the relative size of the Health Service

Organisational Culture

Key Performance Indicator	Target	Result
People matter survey – percentage of staff with an overall positive response to safety and culture questions	80%	99%
People matter survey – percentage of staff with a positive response to the question, “I am encouraged by my colleagues to report any patient safety concerns I may have”	80%	100%
People matter survey – percentage of staff with a positive response to the question, “Patient care errors are handled appropriately in my work area”	80%	100%
People matter survey – percentage of staff with a positive response to the question, “My suggestions about patient safety would be acted upon if I expressed them to my manager”	80%	98%
People matter survey – percentage of staff with a positive response to the question, “The culture in my work area makes it easy to learn from the errors of others”	80%	100%
People matter survey – percentage of staff with a positive response to the question, “Management is driving us to be a safety-centred organisation”	80%	100%
People matter survey – percentage of staff with a positive response to the question, “This health service does a good job of training new and existing staff”	80%	94%
People matter survey – percentage of staff with a positive response to the question, “Trainees in my discipline are adequately supervised”	80%	96%
People matter survey – percentage of staff with a positive response to the question, “I would recommend a friend or relative to be treated as a patient here”	80%	99%

PART C

Activity and Funding 2018/19

Service	2018/19 Activity Achievement
Small Rural Acute	5.16 (8) WIES equivalents
Small Rural Primary Health & HACC	392 (548) Service hours
Small Rural Residential Care	7,111 (7,232) Bed days
Health Workforce	2 (2) No of students

Effective Financial Management

Key Performance Indicator	Target	Result
Finance		
Operating Result (\$m)	-\$0.08m	-\$0.18m
Average number of days to paying trade creditors	60 days	66 days
Average number of days to receive patient fee debtors	60 days	34 days
Adjusted current asset ratio	0.7 or 3% improvement from health service base target	1.2
Actual number of days a health service can maintain its operations with unrestricted available cash, measured on the last day of each month.	14 days	117.5 days
Net result from transactions	Variance ≤ \$250,000	Achieved

Attestations

FINANCIAL MANAGEMENT COMPLIANCE

I, Dale Brooks, on behalf of the Responsible Body, certify that Nathalia District Hospital has complied with the applicable Standing Directions of the Assistant Treasurer under the Financial Management Act 1994 and Instructions.



Dale Brooks
Board Chair, NCN Health
27 August 2019

DATA INTEGRITY

I, Jacque Phillips certify that Nathalia District Hospital has put in place appropriate internal controls and processes to ensure that reported data accurately reflects actual performance. Nathalia District Hospital has critically reviewed these controls and processes during the year.



Jacque Phillips
Chief Executive Officer, NCN Health
27 August 2019

INTEGRITY, FRAUD AND CORRUPTION

I, Jacque Phillips certify that Nathalia District Hospital has put in place appropriate internal controls and processes to ensure that Integrity, fraud and corruption risks have been reviewed and addressed at Nathalia District Hospital during the year.



Jacque Phillips
Chief Executive Officer, NCN Health
27 August 2019

CONFLICT OF INTEREST

I, Jacque Phillips, certify that Nathalia District Hospital has put in place appropriate internal controls and processes to ensure that it has complied with the requirements of hospital circular 07/2017 Compliance reporting in health portfolio entities (Revised) and has implemented a 'Conflict of Interest' policy consistent with the minimum accountabilities required by the VPSC. Declaration of private interest forms have been completed by all executive staff within Nathalia District Hospital and members of the board, and all declared conflicts have been addressed and are being managed. Conflict of interest is a standard agenda item for declaration and documenting at each executive board meeting.



Jacque Phillips
Chief Executive Officer, NCN Health
27 August 2019

COMPLIANCE WITH HEALTH PURCHASING VICTORIA (HPV) HEALTH PURCHASING POLICIES

Where a service is compliant:

I, Jacque Phillips certify that Nathalia District Hospital has put in place appropriate internal controls and processes to ensure that it has complied with all requirements set out in the HPV Health Purchasing Policies including mandatory HPV collective agreements as required by the Health Services Act 1988 (Vic) and has critically reviewed these controls and processes during the year.



Jacque Phillips
Chief Executive Officer, NCN Health
27 August 2019

Five Year Financial Summary

For the year ended 30 June 2019

Summary of the financial results for the year

	2019	2018	2017	2016	2015
Operating Result	(182,699)	(91,518)	(424,925)	(127,616)	(125,606)
Total Operating Revenue	6,588,803	6,484,553	6,090,890	6,324,755	6,280,011
Total Operating Expenses	7,509,234	7,289,138	7,169,533	6,743,453	7,041,765
Net Results from Transactions	(920,431)	(804,585)	(1,078,643)	(418,698)	(761,754)
Total Other Economic Flows	51,220	984	40,197	22,366	-
Net Result	(869,211)	(803,601)	(1,038,446)	(396,332)	(761,754)
Total Assets	26,037,321	23,195,772	21,893,422	23,387,617	22,665,378
Total Liabilities	4,864,000	3,755,976	3,415,193	3,870,943	2,802,172
Net Assets/Total Equity	21,173,321	19,439,796	18,478,229	19,516,674	19,863,206

*The Operating result is the result for which Nathalia District Hospital is monitored in the Statement of Prioritise.

Reconciliation between the Net Result from Transactions reported in the model to the operating result as agreed in the Statement of Prioritise

	2019	2018
Net operating result*	(182,699)	(91,518)
<u>Capital and specific items</u>		
Capital purpose income	107,764	231,271
Specific income	-	-
Assets provide free of charge	-	-
Assets received free of charge	-	-
Expenditure for capital purpose	9,086	167,955
Specific expenses	-	-
Depreciation and amortisation	827,565	760,402
Impairment of non-financial assets	-	-
Finance Costs (Other)	8,845	15,981
Net results from transactions	(920,431)	(804,585)

*The Net operating result is the result which Nathalia District Hospital is monitored against in the Statement of Priorities

Disclosure Index

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

Legislation	Requirement	Page Reference
Ministerial Directions		
	Report of Operations	
Charter and purpose		
FRD 22H	Manner of establishment and the relevant Ministers	3
FRD 22H	Purpose, functions, powers and duties	4
FRD 22H	Nature and range of services provided	4
FRD 22H	Activities, programs and achievements for the reporting period	6, 13
FRD 22H	Significant changes in key initiatives and expectations for the future	6
Management and structure		
FRD 22H	Organisational structure	17
FRD 22H	Workforce data/ employment and conduct principles	16
FRD 22H	Occupational Health and Safety	18
Financial information		
FRD 22H	Summary of the financial results for the year	28
FRD 22H	Significant changes in financial position during the year	28
FRD 22H	Operational and budgetary objectives and performance against objectives	28
FRD 22H	Subsequent events	28
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FRD 22H	Disclosure of ICT expenditure	20
Legislation		
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FRD 22H	Compliance with building and maintenance provisions of <i>Building Act 1993</i>	19
FRD 22H	Application and operation of <i>Protected Disclosure 2012</i>	19
FRD 22H	Statement on National Competition Policy	20
FRD 22H	Application and operation of <i>Carers Recognition Act 2012</i>	19
FRD 22H	Summary of the entity's environmental performance	20
FRD 22H	Additional information available on request	21
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FRD 25C	Local Jobs First Policy disclosures	20
SD 5.1.4	Financial Management Compliance attestation	27
SD 5.2.3	Declaration in report of operations	3
Attestations		
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financial REPORT

2018/19

Nathalia District Hospital

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Nathalia District Hospital Financial Statements

For the Financial Year Ended 30 June 2019

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

The attached financial statements for Nathalia District Hospital have been prepared in accordance with Direction 5.2 of the Standing Directions of the Assistant Treasurer under the *Financial Management Act 1994*, applicable Financial Reporting Directions (FRDs), Australian Accounting Standards including Interpretations, and other mandatory professional reporting requirements.

We further state that, in our opinion, the information set out in the comprehensive operating statement, balance sheet, statement of changes in equity, cash flow statement and accompanying notes, presents fairly the financial transactions during the year ended 30 June 2019 and the financial position of Nathalia District Hospital at 30 June 2019.

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

We authorise the attached financial statements for issue on the 27 August 2019.



Dale Brooks
Board Chair

NCN Health
27 August 2019



Jacque Phillips
Chief Executive Officer

NCN Health
27 August 2019



Peter Hutchinson
Chief Finance Officer

GV Health / Nathalia
27 August 2019

Independent Auditor's Report

To the Board of NCN Health

Opinion	<p>I have audited the financial report of Nathalia District Hospital (the health service) which comprises the:</p> <ul style="list-style-type: none"> • balance sheet as at 30 June 2019 • comprehensive operating statement for the year then ended • statement of changes in equity for the year then ended • cash flow statement for the year then ended • notes to the financial statements, including significant accounting policies • board member's, accountable officer's and chief finance & accounting officer's declaration. <p>In my opinion the financial report presents fairly, in all material respects, the financial position of the health service as at 30 June 2019 and their financial performance and cash flows for the year then ended in accordance with the financial reporting requirements of Part 7 of the <i>Financial Management Act 1994</i> and applicable Australian Accounting Standards.</p>
Basis for Opinion	<p>I have conducted my audit in accordance with the <i>Audit Act 1994</i> which incorporates the Australian Auditing Standards. I further describe my responsibilities under that Act and those standards in the <i>Auditor's Responsibilities for the Audit of the Financial Report</i> section of my report.</p> <p>My independence is established by the <i>Constitution Act 1975</i>. My staff and I are independent of the health service in accordance with the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 <i>Code of Ethics for Professional Accountants</i> (the Code) that are relevant to my audit of the financial report in Victoria. My staff and I have also fulfilled our other ethical responsibilities in accordance with the Code.</p> <p>I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.</p>
Board's responsibilities for the financial report	<p>The Board of the health service is responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards and the <i>Financial Management Act 1994</i>, and for such internal control as the Board determines is necessary to enable the preparation and fair presentation of a financial report that is free from material misstatement, whether due to fraud or error.</p> <p>In preparing the financial report, the Board is responsible for assessing the health service's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless it is inappropriate to do so.</p>

Auditor's responsibilities for the audit of the financial report

As required by the *Audit Act 1994*, my responsibility is to express an opinion on the financial report based on the audit. My objectives for the audit are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with the Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of this financial report.

As part of an audit in accordance with the Australian Auditing Standards, I exercise professional judgement and maintain professional scepticism throughout the audit. I also:

- identify and assess the risks of material misstatement of the financial report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for my opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the health service's internal control
- evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the Board
- conclude on the appropriateness of the Board's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the health service's ability to continue as a going concern. If I conclude that a material uncertainty exists, I am required to draw attention in my auditor's report to the related disclosures in the financial report or, if such disclosures are inadequate, to modify my opinion. My conclusions are based on the audit evidence obtained up to the date of my auditor's report. However, future events or conditions may cause the health service to cease to continue as a going concern.
- evaluate the overall presentation, structure and content of the financial report, including the disclosures, and whether the financial report represents the underlying transactions and events in a manner that achieves fair presentation.

I communicate with the Board regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that I identify during my audit.



MELBOURNE
3 September 2019

Travis Derricott
as delegate for the Auditor-General of Victoria

Nathalia District Hospital

Comprehensive Operating Statement

For the Financial Year Ended 30 June 2019

	Note	Total 2019 \$	Total 2018 \$
Income from Transactions			
Operating Activities	2.1	6,493,056	6,385,766
Non-operating Activities	2.1	95,747	98,787
Total Income from Transactions		6,588,803	6,484,553
Expenses from Transactions			
Employee Expenses	3.1	(5,166,667)	(4,938,701)
Supplies and Consumables	3.1	(405,076)	(384,055)
Finance Costs	3.1	(10,877)	(18,067)
Depreciation and Amortisation	4.3	(827,565)	(760,402)
Other Operating Expenses	3.1	(1,099,049)	(1,187,913)
Total Expenses from Transactions		(7,509,234)	(7,289,138)
Net Result from Transactions - Net Operating Balance		(920,431)	(804,585)
Other Economic Flows included in Net Result			
Net Gain/(Loss) on Sale of Non-Financial Assets	3.2	-	(3,289)
Other Gain/(Loss) from Other Economic Flows	3.2	51,220	4,273
Total Other Economic Flows Included in Net Result		51,220	984
Net Result for the Year		(869,211)	(803,601)
Other Comprehensive Income			
Items that will not be reclassified to Net Result			
Changes in Property, Plant and Equipment Revaluation Surplus	4.1(b)	2,602,736	1,765,168
Total Other Comprehensive Income		2,602,736	1,765,168
Comprehensive result for the year		1,733,525	961,567

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

Nathalia District Hospital

Balance Sheet

For the Financial Year Ended 30 June 2019

	Note	Total 2019 \$	Total 2018 \$
Current Assets			
Cash and Cash Equivalents	6.2	4,660,343	3,793,891
Receivables	5.1	216,426	252,878
Other Financial Assets		54,034	70,949
Total Current Assets		4,930,803	4,117,718
Non-Current Assets			
Receivables	5.1	435,550	277,875
Property, Plant and Equipment	4.1	20,657,819	18,787,188
Intangible Assets	4.2	13,149	12,991
Total Non-Current Assets		21,106,518	19,078,054
TOTAL ASSETS		26,037,321	23,195,772
Current Liabilities			
Payables	5.2	887,930	644,284
Borrowings	6.1	8,166	8,477
Provisions	3.4	1,133,826	908,576
Other Liabilities	5.3	2,587,044	1,949,592
Total Current Liabilities		4,616,966	3,510,929
Non-Current Liabilities			
Borrowings	6.1	6,693	8,490
Provisions	3.4	240,341	236,557
Total Non-Current Liabilities		247,034	245,047
TOTAL LIABILITIES		4,864,000	3,755,976
NET ASSETS		21,173,321	19,439,796
Equity			
Property, Plant and Equipment Revaluation Surplus	4.1(f)	9,490,417	6,887,681
General Purpose Surplus		1,354,608	1,354,608
Restricted Specific Purpose Surplus		162,466	162,466
Contributed Capital		11,231,156	11,231,156
Accumulated Deficits		(1,065,326)	(196,115)
TOTAL EQUITY		21,173,321	19,439,796

Contingent Assets and Contingent Liabilities 7.2

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

Nathalia District Hospital

Statement of Changes in Equity

For the Financial Year Ended 30 June 2019

	Property, Plant & Equipment Revaluation Surplus \$	General Purpose Surplus \$	Restricted Specific Purpose Surplus \$	Contributed Capital \$	Accumulated Surpluses/ (Deficits) \$	Total \$
Balance at 1 July 2017	5,122,513	1,354,608	162,466	11,231,156	607,486	18,478,229
Net Result for the Year	-	-	-	-	(803,601)	(803,601)
Other comprehensive income for the year	1,765,168	-	-	-	-	1,765,168
Balance at 30 June 2018	6,887,681	1,354,608	162,466	11,231,156	(196,115)	19,439,796
Net Result for the Year	-	-	-	-	(869,211)	(869,211)
Other comprehensive income for the year	2,602,736	-	-	-	-	2,602,736
Balance at 30 June 2019	9,490,417	1,354,608	162,466	11,231,156	(1,065,326)	21,173,321

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

Nathalia District Hospital

Cash Flow Statement

For the Financial Year Ended 30 June 2019

	Note	Total 2019 \$	Total 2018 \$
Cash Flows from Operating Activities			
Operating Grants from Government		4,560,408	4,184,396
Capital Grants from Government		97,437	138,302
Patient and Resident Fees Received		546,487	630,750
Private Practice Fees Received		675,740	818,549
Donations and Bequests Received		12,783	12,478
GST received from ATO		146,755	199,854
Interest and Investment Income Received		90,660	98,495
Other Receipts		513,309	618,646
Total Receipts		6,643,579	6,701,471
Employee Expenses Paid		(4,345,557)	(4,234,088)
Non Salary Labour Costs		(578,625)	(742,821)
Payments for Supplies and Consumables		(1,251,803)	(1,543,360)
Payments for Medical Indemnity Insurance		(8,987)	(9,976)
Payments for Repairs and Maintenance		(62,893)	(55,072)
Finance Costs		(662)	(728)
Payment for share of Hume Rural Health Alliance		(68,327)	(62,286)
Total Payments		(6,316,854)	(6,648,331)
Net Cash Flow From/(Used in) Operating Activities	8.1	326,725	53,140
Cash Flows from Investing Activities			
Purchase of Non-Financial Assets		(91,197)	(464,496)
Purchase of Intangible Assets		(4,421)	23,807
Proceeds from Disposal of Non-Financial Assets		-	11,930
Net Cash Flow From/(Used in) Investing Activities		(95,618)	(428,759)
Cash Flows from Financing Activities			
Trust Monies recognised as Cash from Operations		-	1,949,592
Net movement Trust Monies		(4,058)	-
Receipt of Accommodation Deposits		1,270,869	-
Repayment of Accommodation Deposits		(629,358)	-
Repayment of Finance Leases		(2,108)	(12,184)
Net Cash Flow Used in Financing Activities		635,345	1,937,408
Net Increase/(Decrease) in Cash and Cash Equivalents Held		866,452	1,561,789
Cash and Cash Equivalents at Beginning of Year		3,793,891	2,232,102
Cash and Cash Equivalents at End of Year	6.2	4,660,343	3,793,891

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

Basis of preparation

These financial statements are presented in Australian dollars and the historical cost convention is used unless a different measurement basis is specifically disclosed in the note associated with the item measured on a different basis.

The accrual basis of accounting has been applied in preparing these financial statements, whereby assets, liabilities, equity, income and expenses are recognised in the reporting period to which they relate, regardless of when cash is received or paid.

Note 1: Summary of Significant Accounting Policies

These annual financial statements represent the audited general purpose financial statements for Nathalia District Hospital for the year ended 30 June 2019. The report provides users with information about Nathalia District Hospital's stewardship of resources entrusted to it.

(a) Statement of Compliance

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

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

Nathalia District Hospital is a not-for-profit entity and therefore applies the additional AUS paragraphs applicable to "not-for-profit" Health Service under the AASBs.

(b) Reporting Entity

The financial statements include all the controlled activities of Nathalia District Hospital.

Its principal address is:
34-44 McDonnell Street
Nathalia, Victoria 3638

A description of the nature of Nathalia District Hospital's operations and its principal activities is included in the report of operations, which does not form part of these financial statements.

(c) Basis of Accounting Preparation and Measurement

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

The accounting policies have been applied in preparing the financial statements for the year ended 30 June 2019, and the comparative information presented in these financial statements for the year ended 30 June 2018.

The financial statements are prepared on a going concern basis (refer to Note 8.9 Economic Dependency).

These financial statements are presented in Australian dollars, the functional and presentation currency of Nathalia District Hospital.

All amounts shown in the financial statements have been rounded to the nearest dollars. Minor discrepancies in tables between totals and sum of components are due to rounding.

Nathalia District Hospital operates on a fund accounting basis and maintains three funds; Operating, Specific Purpose and Capital Funds.

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

Note 1: Summary of Significant Accounting Policies (continued)

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

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

- The fair value of land, buildings and plant and equipment (refer to Note 4.1 Property, Plant and Equipment);
- Defined benefit superannuation expense (refer to Note 3.5 Superannuation); and
- Employee benefit provisions are based on likely tenure of existing staff, patterns of leave claims, future salary movements and future discount rates (refer to Note 3.4 Employee Benefits in the Balance Sheet).

Goods and Services Tax (GST)

Income, expenses and assets are recognised net of the amount of associated GST, unless the GST incurred is not recoverable from the Australian Taxation Office (ATO). In this case the GST payable is recognised as part of the cost of acquisition of the asset or as part of the expense.

Receivables and payables are stated inclusive of the amount of GST receivable or payable. The net amount of GST recoverable from, or payable to, the ATO is included with other receivables or payables in the Balance Sheet.

Cash flows are presented on a gross basis. The GST components of cash flows arising from investing or financing activities which are recoverable from, or payable to the ATO, are presented as operating cash flow.

Commitments and contingent assets and liabilities are presented on a gross basis.

(d) Jointly Controlled Operation

Joint control is the contractually agreed sharing of control of an arrangement, which exists only when decisions about the relevant activities require the unanimous consent of the parties sharing control.

In respect of any interest in joint operations, Nathalia District Hospital recognises in the financial statements:

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

Nathalia District Hospital is a Member of the Hume Rural Health Alliance (HRHA) and retains joint control over the arrangement, which it has classified as a joint operation (refer to Note 8.8 Jointly Controlled Operations).

(e) Equity Contributed Capital

Consistent with the requirements of AASB 1004 Contributions, contributions by owners (that is, contributed capital and its repayment) are treated as equity transactions and, therefore, do not form part of the income and expenses of Nathalia District Hospital.

Transfers of net assets arising from administrative restructurings are treated as distributions to or contributions by owners. Transfers of net liabilities arising from administrative restructurings are treated as distributions to owners.

Other transfers that are in the nature of contributions or distributions or that have been designated as contributed capital are also treated as contributed capital.

Note 1: Summary of Significant Accounting Policies (continued)

Specific Restricted Purpose Surplus

The Specific Restricted Purpose Surplus is established where Nathalia District Hospital has possession or title to the funds but has no discretion to amend or vary the restriction and/or condition underlying the funds received.

(f) Comparatives

Where applicable, the comparative figures have been restated to align with the presentation in the current year. Figures have been restated in Notes 2 and 3.

Note 2: Funding delivery of our services

Nathalia District Hospital's overall objective is to provide quality health services that promote healthy communities and improve the quality of life of Victorians.

Nathalia District Hospital is predominantly funded by accrual based grant funding for the provision of agreed outputs. Nathalia District Hospital also receives income from the supply of services.

Structure

2.1 Income from Transactions

Note 2.1: Income from Transactions

	Total 2019 \$	Total 2018 \$
Government Grants - Operating	4,493,376	4,136,687
Government Grants - Capital	227,008	201,687
Other Capital purpose income (including capital donations)	-	73,330
Patient and Resident Fees	579,734	603,997
Commercial Activities ⁱ	780,944	934,767
Other Revenue from Operating Activities (including non-capital donations)	411,994	435,298
Total Income from Operating Activities	6,493,056	6,385,766
Capital Interest	10,327	19,639
Other Interest	85,420	79,148
Total Income from Non-Operating Activities	95,747	98,787
Total Income from Transactions	6,588,803	6,484,553

ⁱ Commercial activities represent business activities which the health service enter into to support their operations.

Revenue Recognition

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

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

Government Grants and Other Transfers of Income (Other than Contributions by Owners)

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

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

Contributions are deferred as income in advance when Nathalia District Hospital has a present obligation to repay them and the present obligation can be reliably measured.

Non-cash contributions from the Department of Health and Human Services

The Department of Health and Human Services makes some payments on behalf of health services as follows:

- The Victorian Managed Insurance Authority non-medical indemnity insurance payments are recognised as revenue following advice from the Department of Health and Human Services
- Long Service Leave (LSL) revenue is recognised upon finalisation of movements in LSL liability in line with the long service leave funding arrangements set out in the relevant Department of Health and Human Services Hospital Circular

Note 2.1: Income from Transactions (continued)

Patient and Resident Fees

Patient fees are recognised as revenue on an accrual basis.

Private Practice Fees

Private practice fees are recognised as revenue at the time invoices are raised, and include recoupments from private practice for the use of hospital facilities.

Revenue from Commercial Activities

Revenue from commercial activities such as catering and medical clinic fees and are recognised at the time invoices are raised.

Fair value of Assets and Services Received Free of Charge or for Nominal Consideration

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

Other Income

Other income is recognised as revenue when received. Other income includes recoveries for salaries and wages and external services provided, and donations and bequests. If donations are for a specific purpose, they may be appropriated to a surplus, such as the specific restricted purpose surplus.

Interest Revenue

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

Note 3: The cost of delivering our services

This section provides an account of the expenses incurred by Nathalia District Hospital in delivering services and outputs. In section 2, the funds that enable the provision of services were disclosed and in this note the cost associated with provision services are recorded.

Structure

- 3.1 Expenses from transactions
- 3.2 Other Economic Flows
- 3.3 Analysis of expense and revenue by internally managed and restricted specific purpose funds
- 3.4 Employee benefits in the Balance Sheet
- 3.5 Superannuation

Note 3.1: Expenses from transactions

	Total 2019 \$	Total 2018 \$
Salaries and Wages	3,587,284	3,381,412
On-costs	1,008,878	839,159
Agency Expenses	526,023	675,292
Workcover Premium	44,482	42,838
Total Employee Expenses	5,166,667	4,938,701
Drug Supplies	20,665	12,672
Medical and Surgical Supplies (including Prostheses)	67,540	67,436
Diagnostic and Radiology Supplies	1,637	1,672
Other Supplies and Consumables	315,234	302,275
Total Supplies and Consumables	405,076	384,055
Finance Costs	10,877	18,067
Total Finance Costs	10,877	18,067
Fuel, Light, Power and Water	181,017	163,649
Repairs and Maintenance	62,893	55,072
Maintenance Contracts	68,682	72,075
Medical Indemnity Insurance	8,987	9,976
Other Administrative Expenses	764,212	872,002
Expenditure for Capital Purposes	13,258	15,139
Total Other Operating Expenses	1,099,049	1,187,913
Depreciation and Amortisation (refer Note 4.3)	827,565	760,402
Total Other Non-Operating Expenses	827,565	760,402
Total Expenses from Transactions	7,509,234	7,289,138

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

Employee Expenses

Employee expenses include:

- Salaries and wages (including fringe benefits tax, termination payments);
- On-cost (including leave entitlements);
- Agency expenses
- Fee for service medical officer expenses;
- Work cover premium.

Supplies and consumables

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

Note 3.1: Expenses from transactions (continued)

Finance costs

Finance costs include:

- Interest on bank overdrafts and short-term and long-term borrowings (Interest expense is recognised in the period in which it is incurred);
- Interest on RAC Accommodation Deposits
- Finance charges in respect of finance leases recognised in accordance with AASB 117 *Leases*.

Other Operating Expenses

Other operating expenses generally represent the day-to-day running costs incurred in normal operations and include such things as:

- Fuel, light and power
- Repairs and maintenance
- Other administrative expenses
- Expenditure for capital purposes (represents expenditure related to the purchase of assets that are below the capitalisation threshold).

The Department of Health and Human Services also makes certain payments on behalf of Nathalia District Hospital. These amounts have been brought to account as grants in determining the operating result for the year by recording them as revenue and also recording the related expense.

Non-operating expenses

Other non-operating expenses generally represent expenditure for outside the normal operations such as depreciation and amortisation, and assets and services provided free of charge or for nominal consideration.

Note 3.2: Other Economic Flows

	Total 2019 \$	Total 2018 \$
<u>Net gain/(loss) on sale of non-financial assets</u>		
Net gain on disposal of property, plant and equipment	-	(3,289)
Total net gain/(loss) on non-financial assets	-	(3,289)
<u>Other gains/(losses) from other economic flows</u>		
Net gain/(loss) arising from revaluation of long service liability	51,220	4,273
Total other gains/(losses) from other economic flows	51,220	4,273
Total other gains/(losses) from economic flows	51,220	984

Other economic flows are changes in the volume or value of an asset or liability that do not result from transactions. Other gains/(losses) from other economic flows include the gains or losses from:

- The revaluation of the present value of the long service leave liability due to changes in the bond interest rates

Net gain/ (loss) on non-financial assets

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

- Revaluation gains/ (losses) of non-financial physical assets (Refer to Note 4.1 Property, plant and equipment.)
- Net gain/ (loss) on disposal of non-financial assets
- Any gain or loss on the disposal of non-financial assets is recognised at the date of disposal.

Other gains/ (losses) from other economic flows

Other gains/ (losses) include:

- the revaluation of the present value of the long service leave liability due to changes in the bond rate movements, inflation rate movements and the impact of changes in probability factors; and
- transfer of amounts from the reserves to accumulated surplus or net result due to disposal or derecognition or reclassification.

Note 3.2: Other Economic Flows (continued)

Inventories

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

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

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

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

Fair Value of Assets, Services Provided Free of Charge or for Nominal Consideration

Contributions of resources provided free of charge or for nominal consideration are recognised at their fair value when the transferee obtains control over them.

Note 3.3: Analysis of expense and revenue by internally managed and restricted specific purpose funds

	Expense		Revenue	
	Total 2019 \$	Total 2018 \$	Total 2019 \$	Total 2018 \$
Commercial Activities				
Catering Services	60,040	49,837	20,279	21,222
Medical Clinic	1,001,252	1,028,690	763,638	908,261
Rental Properties	1,728	7,676	(2,973)	5,284
Total Commercial Activities	1,063,020	1,086,203	780,944	934,767

Note 3.4: Employee benefits in the Balance Sheet

Current Provisions

Employee Benefits ⁱ

Accrued Days Off

- Unconditional and expected to be settled wholly within 12 months ⁱⁱ

Annual Leave

- Unconditional and expected to be settled wholly within 12 months ⁱⁱ
- Unconditional and expected to be settled wholly after 12 months ⁱⁱⁱ

Long Service Leave

- Unconditional and expected to be settled wholly within 12 months ⁱⁱ
- Unconditional and expected to be settled wholly after 12 months ⁱⁱⁱ

Provisions related to Employee Benefit On-Costs

- Unconditional and expected to be settled wholly within 12 months ⁱⁱ

- Unconditional and expected to be settled wholly after 12 months ⁱⁱⁱ

Total Current Provisions

Non-Current Provisions

Conditional Long Service Leave

Provisions related to Employee Benefit On-Costs

Total Non-Current Provisions

Total Provisions

ⁱ Employee benefits consist of amounts for accrued days off, annual leave and long service leave accrued by employees, not including on-costs.

ⁱⁱ The amounts disclosed are nominal amounts.

ⁱⁱⁱ The amounts disclosed are discounted to present values.

(a) Employee Benefits and Related On-Costs

Current Employee Benefits and Related On-Costs

Unconditional Long Service Leave entitlements

Annual Leave entitlements

Accrued Days Off

Non-Current Employee Benefits and Related On-Costs

Conditional Long Service Leave entitlements

Total Employee Benefits and Related On-Costs

(b) Movement in On-Cost Provision

Balance at beginning of year

Additional provisions recognised

Unwinding of discount and effect of changes in the discount rate

Reduction due to transfer out

Balance at end of year

	Total 2019 \$	Total 2018 \$
Current Provisions		
Employee Benefits ⁱ		
Accrued Days Off		
- Unconditional and expected to be settled wholly within 12 months ⁱⁱ	7,516	8,642
Annual Leave		
- Unconditional and expected to be settled wholly within 12 months ⁱⁱ	358,188	334,892
- Unconditional and expected to be settled wholly after 12 months ⁱⁱⁱ	60,155	30,614
Long Service Leave		
- Unconditional and expected to be settled wholly within 12 months ⁱⁱ	114,106	62,301
- Unconditional and expected to be settled wholly after 12 months ⁱⁱⁱ	484,467	383,291
Total Current Provisions	1,024,432	819,740
Provisions related to Employee Benefit On-Costs		
Unconditional and expected to be settled wholly within 12 months ⁱⁱ	50,401	42,691
Unconditional and expected to be settled wholly after 12 months ⁱⁱⁱ	58,993	46,145
Total Non-Current Provisions	109,394	88,836
Total Provisions	1,133,826	908,576
Non-Current Provisions		
Conditional Long Service Leave	216,771	212,729
Provisions related to Employee Benefit On-Costs	23,570	23,828
Total Non-Current Provisions	240,341	236,557
Total Provisions	1,374,167	1,145,133

	Total 2019 \$	Total 2018 \$
Current Employee Benefits and Related On-Costs		
Unconditional Long Service Leave entitlements	663,657	495,503
Annual Leave entitlements	462,269	403,851
Accrued Days Off	7,900	9,222
Non-Current Employee Benefits and Related On-Costs		
Conditional Long Service Leave entitlements	240,341	236,557
Total Employee Benefits and Related On-Costs	1,374,167	1,145,133

	Total 2019 \$
Balance at beginning of year	112,664
Additional provisions recognised	59,054
Unwinding of discount and effect of changes in the discount rate	(5,023)
Reduction due to transfer out	(33,731)
Balance at end of year	132,964

Note 3.4: Employee benefits in the Balance Sheet (continued)

Employee Benefit Recognition

Provision is made for benefits accruing to employees in respect of salaries and wages, annual leave and long service leave for services rendered to the reporting date as an expense during the period the services are delivered.

Provisions

Provisions are recognised when Nathalia District Hospital has a present obligation, the future sacrifice of economic benefits is probable, and the amount of the provision can be measured reliably.

The amount recognised as a liability is the best estimate of the consideration required to settle the present obligation at reporting date, taking into account the risks and uncertainties surrounding the obligation.

Annual Leave and Accrued Days Off

Liabilities for annual leave and accrued days off are recognised in the provision for employee benefits as 'current liabilities' because Nathalia District Hospital does not have an unconditional right to defer settlements of these liabilities.

Depending on the expectation of the timing of settlement, liabilities for annual leave and accrued days off are measured at:

- Nominal value – if Nathalia District Hospital expects to wholly settle within 12 months; or
- Present value – if Nathalia District Hospital does not expect to wholly settle within 12 months.

Long Service Leave

The liability for long service leave (LSL) is recognised in the provision for employee benefits.

Unconditional LSL is disclosed in the notes to the financial statements as a current liability even where the Nathalia District Hospital does not expect to settle the liability within 12 months because it will not have the unconditional right to defer the settlement of the entitlement should an employee take leave within 12 months. An unconditional right arises after a qualifying period.

The components of this current LSL liability are measured at:

- Nominal value – if Nathalia District Hospital expects to wholly settle within 12 months; or
- Present value – if Nathalia District Hospital does not expect to wholly settle within 12 months.

Conditional LSL is disclosed as a non-current liability. Any gain or loss followed revaluation of the present value of non-current LSL liability is recognised as a transaction, except to the extent that a gain or loss arises due to changes in estimations e.g. bond rate movements, inflation rate movements and changes in probability factors which are then recognised as other economic flows.

Termination Benefits

Termination benefits are payable when employment is terminated before the normal retirement date or when an employee decides to accept an offer of benefits in exchange for the termination of employment.

On-Costs Related to Employee Benefits

Provision for on-costs such as workers compensation and superannuation are recognised separately from provisions for employee benefits.

Note 3.5: Superannuation

	Paid Contribution for the Year	
	Total 2019 \$	Total 2018 \$
Defined Benefit Plans ⁱ	8,178	5,847
Defined Contribution Plans	353,740	334,660
Total	361,918	340,507

ⁱ The basis for determining the level of contributions is determined by the various actuaries of the defined benefit superannuation plans.

There were no outstanding superannuation contributions due at the 30th June 2019.

Employees of Nathalia District Hospital are entitled to receive superannuation benefits and it contributes to both defined benefit and defined contribution plans. The defined benefit plan provides benefits based on years of service and final average salary.

Defined Benefit Superannuation Plans

The costs represent the contributions made by Nathalia District Hospital to the superannuation plans in respect of the services of current Nathalia District Hospital's staff during the reporting period. Superannuation contributions are made to the plans based on the relevant rules of each plan and are based upon actuarial advice.

Nathalia District Hospital does not recognise any unfunded defined benefit liability in respect of the plans because the health service has no legal or constructive obligation to pay future benefits relating to its employees; its only obligation is to pay superannuation contributions as they fall due. The Department of Treasury and Finance discloses the State's defined benefits liabilities in its disclosure for administered items.

However, superannuation contributions paid or payable for the reporting period are included as part of employee benefits in the Comprehensive Operating Statement of Nathalia District Hospital.

Defined Contribution Superannuation Plans

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

Note 4: Key Assets to support service delivery

Nathalia District Hospital controls infrastructure and other investments that are utilised in meeting its objectives and delivering its activities. They represent the key resources that have been entrusted to Nathalia District Hospital to be utilised for delivery of its outputs and services.

Structure

- 4.1 Property, plant and equipment
- 4.2 Intangible assets
- 4.3 Depreciation and amortisation

Note 4.1: Property, plant and equipment

Initial Recognition

Items of property, plant and equipment are measured initially at cost and subsequently revalued at fair value less accumulated depreciation and impairment loss. Where an asset is acquired for no or nominal cost, the cost is its fair value at the date of acquisition. Assets transferred as part of a merger/machinery of government change are transferred at their carrying amounts.

The cost of a leasehold improvement is capitalised as an asset and depreciated over the shorter of the remaining term of the lease or the estimated useful life of the improvements.

The initial cost for non-financial physical assets under finance lease (refer to Note 6.1) is measured at amounts equal to the fair value of the leased asset or, if lower, the present value of the minimum lease payments, each determined at the inception of the lease.

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

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

Revaluations of Non-Current Physical Assets

Non-current physical assets are measured at fair value and are revalued in accordance with FRD 103H *Non-Current Physical Assets*. This revaluation process normally occurs every five years, based upon the asset's Government Purpose Classification, but may occur more frequently if fair value assessments indicate material changes in values. Independent valuer's are used to conduct these scheduled revaluations and any interim revaluations are determined in accordance with the requirements of the FRDs. Revaluation increments or decrements arise from differences between an asset's carrying value and fair value.

Revaluation increments are recognised in 'Other Comprehensive Income' and are credited directly to the asset revaluation surplus, except that, to the extent that an increment reverses a revaluation decrement in respect of that same class of asset previously recognised as an expense in net result, the increment is recognised as income in the net result.

Revaluation decrements are recognised in 'Other Comprehensive Income' to the extent that a credit balance exists in the asset revaluation surplus in respect of the same class of property, plant and equipment.

Revaluation increases and revaluation decreases relating to individual assets within an asset class are offset against one another within that class but are not offset in respect of assets in different classes.

Revaluation surplus is not transferred to accumulated funds on de-recognition of the relevant asset, except where an asset is transferred via contributed capital.

In accordance with FRD 103H, Nathalia District Hospital's non-current physical assets were assessed to determine whether revaluation of the non-current physical assets was required.

Fair Value Measurement

Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

For the purpose of fair value disclosures, Nathalia District Hospital has determined classes of assets on the basis of the nature, characteristics and risks of the asset and the level of the fair value hierarchy as explained above.

Note 4.1: Property, plant and equipment (continued)

In addition, Nathalia District Hospital determines whether transfers have occurred between levels in the hierarchy by reassessing categorisation (based on the lowest level input that is significant to the fair value measurement as a whole) at the end of each reporting period.

The Valuer-General Victoria is Nathalia District Hospital's independent valuation agency.

The estimates and underlying assumptions are reviewed on an ongoing basis.

Valuation hierarchy

In determining fair values a number of inputs are used. To increase consistency and comparability in the financial statements, these inputs are categorised into three levels, also known as the fair value hierarchy.

The levels are as follows:

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

Identifying unobservable inputs (level 3) fair value measurements

Level 3 fair value inputs are unobservable valuation inputs for an asset or liability. These inputs require significant judgement and assumptions in deriving fair value for both financial and non-financial assets.

Unobservable inputs are used to measure fair value to the extent that relevant observable inputs are not available, thereby allowing for situations in which there is little, if any, market activity for the asset or liability at the measurement date. However, the fair value measurement objective remains the same, i.e., an exit price at the measurement date from the perspective of a market participant that holds the asset or owes the liability. Therefore, unobservable inputs shall reflect the assumptions that market participants would use when pricing the asset or liability, including assumptions about risk.

Consideration of Highest and Best Use (HBU) for Non-Financial Physical Assets

Judgements about highest and best use must take into account the characteristics of the assets concerned, including restrictions on the use and disposal of assets arising from the asset's physical nature and any applicable legislative/contractual arrangements.

In accordance with paragraph AASB 13.29, Nathalia District Hospital has assume the current use of a non-financial physical asset is its HBU unless market or other factors suggest that a different use by market participants would maximise the value of the asset.

Non-Specialised Land, Non-Specialised Buildings and Cultural Assets

Non-specialised land, non-specialised buildings and cultural assets are valued using the market approach. Under this valuation method, the assets are compared to recent comparable sales or sales of comparable assets which are considered to have nominal or no added improvement value.

For non-specialised land and non-specialised buildings, an independent valuation was performed by the Valuer-General Victoria to determine the fair value using the market approach. Valuation of the assets was determined by analysing comparable sales and allowing for share, size, topography, location and other relevant factors specific to the asset being valued. An appropriate rate per square metre has been applied to the subject asset. The effective date of the valuation is 30 June 2019.

Specialised Land and Specialised Buildings

Specialised land includes Crown Land which is measured at fair value with regard to the property's highest and best use after due consideration is made for any legal or physical restrictions imposed on the asset, public announcements or commitments made in relation to the intended use of the asset. Theoretical opportunities that may be available in relation to the assets are not taken into account until it is virtually certain that any restrictions will no longer apply. Therefore, unless otherwise disclosed, the current use of these non-financial physical assets will be their highest and best use.

During the reporting period, Nathalia District Hospital held Crown Land. The nature of this asset means that there are certain limitations and restrictions imposed on its use and/or disposal that may impact their fair value.

Note 4.1: Property, plant and equipment (continued)

The market approach is also used for specialised land and specialised buildings although it is adjusted for the community service obligation (CSO) to reflect the specialised nature of the assets being valued. Specialised assets contain significant, unobservable adjustments; therefore these assets are classified as Level 3 under the market based direct comparison approach.

The CSO adjustment is a reflection of the valuer's assessment of the impact of restrictions associated with an asset to the extent that is also equally applicable to market participants. This approach is in light of the highest and best use consideration required for fair value measurement, and takes into account the use of the asset that is physically possible, legally permissible and financially feasible. As adjustments of CSO are considered as significant unobservable inputs, specialised land would be classified as Level 3 assets.

For Nathalia District Hospital, the depreciated replacement cost method is used for the majority of specialised buildings, adjusting for the associated depreciation. As depreciation adjustments are considered as significant and unobservable inputs in nature, specialised buildings are classified as Level 3 for fair value measurements.

An independent valuation of Nathalia District Hospital's specialised land and specialised buildings was performed by the Valuer-General Victoria. The valuation was performed using the market approach adjusted for CSO. The effective date of the valuation is 30 June 2019.

Vehicles

Nathalia District Hospital acquires new vehicles and at times disposes of them before completion of their economic life. The process of acquisition, use and disposal in the market is managed by the Health Service who set relevant depreciation rates during use to reflect the consumption of the vehicles. As a result, the fair value of vehicles does not differ materially from the carrying amount (depreciated cost).

Plant and Equipment

Plant and equipment (including medical equipment, computers and communication equipment and furniture and fittings) are held at carrying amount (depreciated cost). When plant and equipment is specialised in use, such that it is rarely sold other than as part of a going concern, the depreciated replacement cost is used to estimate the fair value. Unless there is market evidence that current replacement costs are significantly different from the original acquisition cost, it is considered unlikely that depreciated replacement cost will be materially different from the existing carrying amount.

There were no changes in valuation techniques throughout the period to 30 June 2019.

For all assets measured at fair value, the current use is considered the highest and best use.

Note 4.1: Property, plant and equipment (continued)
(a) Gross carrying amount and accumulated depreciation

	Total 2019 \$	Total 2018 \$
Land		
Land at Fair Value	367,600	323,336
Total Land	367,600	323,336
Buildings		
Buildings at Fair Value	20,184,500	20,665,248
Less Accumulated Depreciation	-	(2,766,232)
Work in Progress at Cost	-	452,450
Total Buildings	20,184,500	18,351,466
Plant and Equipment		
Plant and Equipment at Fair Value	299,128	295,365
Less Accumulated Depreciation	(280,279)	(271,562)
	18,849	23,803
Motor Vehicles		
Motor Vehicles at Fair Value	123,171	123,171
Less Accumulated Depreciation	(109,457)	(99,922)
	13,714	23,249
Medical Equipment		
Medical Equipment at Fair Value	502,862	500,782
Less Accumulated Depreciation	(490,197)	(483,952)
	12,665	16,830
Computers & Communication Equipment		
Computers and Communication at Fair Value	247,566	226,459
Less Accumulated Depreciation	(224,735)	(212,482)
	22,831	13,977
Furniture & Fittings		
Furniture and Fittings at Fair Value	67,584	53,610
Less Accumulated Depreciation	(51,889)	(46,266)
	15,695	7,344
HRHA Plant and Equipment		
Plant and Non Medical Equipment at Fair Value	13,938	13,366
Less Accumulated Depreciation	(6,940)	(3,204)
	6,998	10,162
Leased Assets at Fair Value	52,098	43,833
Less Accumulated Depreciation	(37,131)	(26,812)
	14,967	17,021
Total HRHA Plant and Equipment	21,965	27,183
Total Property, Plant and Equipment	20,657,819	18,787,188

Note 4.1: Property, plant and equipment (continued)

(b) Reconciliations of the carrying amounts of each class of asset

	Land	Buildings	Work In Progress	Plant & Equipment	Motor Vehicles	Medical Equipment	Computers & Comm. Equipment	Furniture & Fittings	HRHA	Total
	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
Balance at 1 July 2017	323,336	16,830,633	13,573	25,221	52,822	23,056	18,068	12,671	29,438	17,328,818
Additions	-	-	438,877	7,865	-	-	4,397	-	-	451,139
Disposals	-	-	-	(491)	(16,701)	2,250	-	(277)	-	(15,219)
HRHA % share adjustment	-	-	-	-	-	-	-	-	(2,255)	(2,255)
Revaluations increments	-	1,765,168	-	-	-	-	-	-	-	1,765,168
Net Transfers between Classes	-	-	-	-	-	-	-	-	-	-
Depreciation (Note 4.3)	-	(696,785)	-	(8,791)	(12,871)	(8,476)	(8,490)	(5,050)	-	(740,463)
Balance at 1 July 2018	323,336	17,899,016	452,450	23,803	23,249	16,830	13,977	7,344	27,183	18,787,188
Additions	-	-	41,436	3,762	-	2,081	21,107	13,974	-	82,360
Disposals	-	-	-	-	-	-	-	-	-	-
HRHA % share adjustment	-	-	-	-	-	-	-	-	8,837	8,837
Revaluations increments/(decrements)	44,264	2,558,472	-	-	-	-	-	-	-	2,602,736
Net Transfers between Classes	-	493,886	(493,886)	-	-	-	-	-	-	-
Depreciation (Note 4.3)	-	(766,874)	-	(8,716)	(9,535)	(6,246)	(12,253)	(5,623)	(14,055)	(823,302)
Balance at 30 June 2019	367,600	20,184,500	-	18,849	13,714	12,665	22,831	15,695	21,965	20,657,819

Land and Buildings and Leased Assets Carried at Valuation

The Valuer-General Victoria undertook to re-value all of Nathalia District Hospital's owned and leased land and buildings to determine their fair value. The valuation, which conforms to Australian Valuation Standards, was determined by reference to the amounts for which assets could be exchanged between knowledgeable willing parties in an arm's length transaction. The valuation was based on independent assessments. The effective date of the valuation is 30 June 2019.

In the year ended 30 June 2018, Nathalia District Hospital's management conducted an annual assessment of the fair value of land and buildings. To facilitate this, management obtained from the Department of Treasury and Finance the Valuer General Victoria indices for the financial year ended 30 June 2018. The latest indices required a management revaluation of the fair value of buildings in 2018. The indexed value was then compared to individual assets written down book value as at 30 June 2018 to determine the change in their fair values. DHHS approved a managerial revaluation of buildings of \$1.76m in 2018.

Note 4.1: Property, plant and equipment (continued)
(c) Fair Value measurement hierarchy for assets

	Total Carrying Amount \$	Fair Value measurement at end of reporting period using:		
		Level 1ⁱ \$	Level 2ⁱ \$	Level 3ⁱ \$
Balance at 30 June 2019				
Land at Fair Value				
Non-Specialised Land	134,000	-	134,000	-
Specialised Land				
Nathalia District Hospital	233,600	-	-	233,600
- McDonnell Street, Nathalia				
Total of Land at Fair Value	367,600	-	134,000	233,600
Buildings at Fair Value				
Non-Specialised Buildings	236,000	-	236,000	-
Specialised Buildings	19,948,500	-	-	19,948,500
Total of Buildings at Fair Value	20,184,500	-	236,000	19,948,500
Plant and Equipment at Fair Value	18,849	-	-	18,849
Motor Vehicles at Fair Value	13,714	-	-	13,714
Medical Equipment at Fair Value	12,665	-	-	12,665
Computers and Communications at Fair Value	22,831	-	-	22,831
Furniture and Fittings Fair Value	15,695	-	-	15,695
HRHA Plant and Equipment				
Plant and Non-Medical Equipment at Fair Value	6,998	-	-	6,998
Leased Assets at Fair Value	14,967	-	-	14,967
Total HRHA Plant and Equipment	21,965	-	-	21,965
Total Property, Plant & Equipment	20,657,819	-	370,000	20,287,819

ⁱ Classified in accordance with the Fair Value hierarchy.

There have been no transfers between levels during the period.

Note 4.1: Property, plant and equipment (continued)
(c) Fair Value measurement hierarchy for assets

	Total Carrying Amount \$	Fair Value measurement at end of reporting period using:		
		Level 1ⁱ \$	Level 2ⁱ \$	Level 3ⁱ \$
Balance at 30 June 2018				
Land at Fair Value				
Non-Specialised Land	125,061	-	125,061	-
Specialised Land				
Nathalia District Hospital				
- McDonnell Street, Nathalia	198,275	-	-	198,275
Total of Land at Fair Value	323,336	-	125,061	198,275
Buildings at Fair Value				
Non-Specialised Buildings	210,497	-	210,497	-
Specialised Buildings	17,688,519	-	-	17,688,519
Total of Buildings at Fair Value	17,899,016	-	210,497	17,688,519
Plant and Equipment at Fair Value	23,803	-	-	23,803
Motor Vehicles at Fair Value	23,249	-	-	23,249
Medical Equipment at Fair Value	16,830	-	-	16,830
Computers and Communications at Fair Value	13,977	-	-	13,977
Furniture and Fittings Fair Value	7,344	-	-	7,344
HRHA Plant and Equipment				
Plant and Non-Medical Equipment at Fair Value	10,162	-	-	10,162
Leased Assets at Fair Value	17,021	-	-	17,021
Total HRHA Plant and Equipment	27,183	-	-	27,183
Total Property, Plant & Equipment	18,334,738	-	335,558	17,999,180

ⁱ Classified in accordance with the Fair Value hierarchy.

There have been no transfers between levels during the period.

Note 4.1: Property, plant and equipment (continued)

(d) Reconciliation of Level 3 fair value

	Land	Buildings	Plant & Equipment	Motor Vehicles	Medical Equipment	Computers & Comm. Equipment	Furniture & Fittings	HRHA
	\$	\$	\$	\$	\$	\$	\$	\$
Balance at 1 July 2018	198,275	17,688,519	23,803	23,249	16,830	13,977	7,344	27,183
Additions/(Disposals)	-	493,887	3,762	-	2,081	21,107	13,974	-
Gains/(Losses) recognised in Net Result								
- Depreciation and Amortisation	-	(757,298)	(8,716)	(9,535)	(6,246)	(12,253)	(5,623)	(14,055)
- HRHA Percentage Share Adjustment	-	-	-	-	-	-	-	8,837
Items recognised in Other Compensable Income								
- Revaluation	35,325	2,523,392	-	-	-	-	-	-
Balance at 30 June 2019	233,600	19,948,500	18,849	13,714	12,665	22,831	15,695	21,965

	Land	Buildings	Plant & Equipment	Motor Vehicles	Medical Equipment	Computers & Comm. Equipment	Furniture & Fittings	HRHA
	\$	\$	\$	\$	\$	\$	\$	\$
Balance at 1 July 2017	198,275	16,626,508	25,221	52,822	23,056	18,068	12,671	29,438
Additions/(Disposals)	-	-	7,374	(16,701)	2,250	4,397	(277)	-
Gains/(Losses) recognised in Net Result								
- Depreciation and Amortisation	-	(688,160)	(8,791)	(12,871)	(8,476)	(8,490)	(5,050)	-
- HRHA Percentage Share Adjustment	-	-	-	-	-	-	-	(2,255)
Items recognised in Other Compensable Income								
- Revaluation	-	1,750,171	-	-	-	-	-	-
Balance at 30 June 2018	198,275	17,688,519	23,803	23,249	16,830	13,977	7,344	27,183

Note 4.1: Property, plant and equipment (continued)

(e) Fair Value determination

Asset Class	Likely valuation approach	Significant inputs (Level 3 Only)
Non-specialised land	Market approach	N/A
Specialised land (Crown / Freehold)	Market approach	Community Service Obligations (CSO) adjustments ⁱ
Non-specialised buildings	Market approach	N/A
Specialised buildings	Depreciated replacement cost approach	- Cost per square metre - Useful life
Motor Vehicles	Market approach	N/A
	Depreciated replacement cost approach	- Cost per unit - Useful life
Plant and Equipment	Depreciated replacement cost approach	- Cost per square metre - Useful life
Medical Equipment	Depreciated replacement cost approach	- Cost per unit - Useful life

ⁱ CSO adjustment of 20% was applied to reduce the market approach value for the Nathalia District Hospital's specialised land.

(f) Revaluation Surplus

	Total 2019 \$	Total 2018 \$
Property, Plant and Equipment Revaluation Surplus		
Balance at the beginning of the reporting period	6,887,681	5,122,513
Transfer to Accumulated Deficits		
Revaluation Increment		
- Land (refer Note 4.1b)	44,264	-
- Buildings (refer Note 4.1b)	2,558,472	1,765,168
Balance at the end of the reporting period*	9,490,417	6,887,681
*Represented by:		
Land	282,101	237,837
Buildings	9,202,826	6,644,354
Plant and Equipment	5,490	5,490
Total	9,490,417	6,887,681

Note 4.2: Intangible assets

(a) Intangible assets - Gross carrying amount and accumulated amortisation

	Total 2019 \$	Total 2018 \$
Software	22,853	22,853
Less Accumulated Amortisation	(21,320)	(19,480)
Total Software	1,533	3,373
HRHA Software	18,048	13,627
Less Accumulated Amortisation	(6,432)	(4,009)
Total HRHA Software	11,616	9,618
Total Intangible Assets	13,149	12,991

Note 4.2: Intangible assets (continued)

(b) Intangible assets - Reconciliation of the carrying amounts by class of asset

	Software \$	HRHA \$	Total \$
Balance at 1 July 2017	7,700	33,425	41,125
HRHA percentage share adjustment	-	(22,061)	(22,061)
Amortisation (refer Note 4.3)	(4,327)	(1,746)	(6,073)
Balance at 1 July 2018	3,373	9,618	12,991
Additions	-	4,421	4,421
Amortisation (refer Note 4.3)	(1,840)	(2,423)	(4,263)
Balance at 30 June 2019	1,533	11,616	13,149

Intangible assets represent identifiable non-monetary assets without physical substance such as computer software.

Intangible assets are initially recognised at cost. Subsequently, intangible assets with finite useful lives are carried at cost less accumulated amortisation and accumulated impairment losses. Costs incurred subsequent to initial acquisition are capitalised when it is expected that additional future economic benefits will flow to Nathalia District Hospital.

Note 4.3: Depreciation and amortisation

	Total 2019 \$	Total 2018 \$
Depreciation		
Buildings	766,874	696,785
Plant and Equipment	8,716	8,791
Motor Vehicles	9,535	12,871
Medical Equipment	6,246	8,476
Computers and Communications	12,253	8,490
Furniture and Fittings	5,623	5,050
HRHA - Depreciation	14,055	13,866
Total Depreciation	823,302	754,329
Amortisation		
Software	1,840	4,327
HRHA - Amortisation	2,423	1,746
Total Amortisation	4,263	6,073
Total Depreciation and Amortisation	827,565	760,402

Depreciation

All buildings, plant and equipment and other non-financial physical assets (excluding items under operating leases, assets held for sale, land and investment properties) that have finite useful lives are depreciated. Depreciation is generally calculated on a straight-line basis at rates that allocate the asset's value, less any estimated residual value over its estimated useful life.

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

Amortisation

Amortisation is the systematic allocation of the depreciable amount of an asset over its useful life.

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

Note 4.3: Depreciation and amortisation (continued)

	2019	2018
Buildings	19 to 44 years	19 to 44 years
Plant and Equipment	5 to 10 years	5 to 10 years
Medical Equipment	5 to 10 years	5 to 10 years
Computers and Communication	3 years	3 years
Furniture and Fittings	10 years	10 years
Motor Vehicles	7 years	7 years
Intangible assets	3 years	3 years

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

Note 5: Other assets and liabilities

This section sets out the assets and liabilities that arose from Nathalia District Hospital operations.

Structure

5.1 Receivables

5.2 Payables

5.3 Other Liabilities

Note 5.1: Receivables

	Total 2019 \$	Total 2018 \$
Current		
Contractual		
Trade Debtors	26,020	46,682
Patient Fees and Resident Fees	137,609	96,812
Accrued Investment Income	5,987	900
Other Accrued Revenue	11,464	12,153
HRHA - Receivables	26,700	76,363
Less: Allowance for impairment losses of contractual receivables		
Patient Fees and Resident Fees	7,549	-
	200,231	232,910
Statutory		
GST Receivable	16,195	19,968
	16,195	19,968
Total Current Receivables	216,426	252,878
Non Current		
Statutory		
Long Service Leave - Department of Health and Human Services	435,550	277,875
Total Non-Current Receivables	435,550	277,875
Total Receivables	651,976	530,753

(a): Movement in the allowance for impairment losses of contractual receivables

	Total 2019 \$	Total 2018 \$
Balance at beginning of year	-	-
Increase in allowance recognised in the net result	7,549	-
Balance at end of year	7,549	-

Receivables recognition

Receivables consist of:

- Contractual receivables, which consists of debtors in relation to goods and services and accrued investment income. These receivables are classified as financial instruments and categorised as 'financial assets at amortised costs'. They are initially recognised at fair value plus any directly attributable transaction costs. Nathalia District Hospital holds the contractual receivables with the objective to collect the contractual cash flows and therefore subsequently measured at amortised cost using the effective interest method, less any impairment.
- Statutory receivables, which predominantly includes amounts owing from the Victorian Government and GST input tax credits recoverable. Statutory receivables do not arise from contracts and are recognised and measured similarly to contractual receivables (except for impairment), but are not classified as financial instruments for disclosure purposes. Nathalia District Hospital applies AASB 9 for initial measurement of the statutory receivables and as a result statutory receivables are initially recognised at fair value plus any directly attributable transaction cost.

Note 5.1: Receivables (continued)

Trade debtors are carried at nominal amounts due and are due for settlement within 30 days from the date of recognition.

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

Nathalia District Hospital is not exposed to any significant credit risk exposure to any single counterparty or any group of counterparties having similar characteristics. Trade receivables consist of a large number of customers in various geographical areas. Based on historical information about customer default rates, management consider the credit quality of trade receivables that are not past due or impaired to be good

Impairment losses of contractual receivables

Refer to Note 7.1 (c) Contractual receivables at amortised costs for Nathalia District Hospital's contractual impairment losses.

Note 5.2: Payables

	Total 2019 \$	Total 2018 \$
Current		
Contractual		
Trade Creditors	433,577	259,283
Accrued Salaries and Wages	157,492	130,482
Accrued Expenses	129,266	81,623
HRHA - Payables	72,753	98,315
Total Contractual Receivables	793,088	569,703
Statutory		
GST Payable	1,679	4,181
Revenue in Advance - Department of Health and Human Services	93,163	70,400
Revenue in Advance - Commonwealth	-	-
Total Statutory Payables	94,842	74,581
Total Current Payables	887,930	644,284

Payables Recognition

Payables consist of:

- Contractual payables, classified as financial instruments and measured at amortised cost. Accounts payable and salaries and wages payable represent liabilities for goods and services provided to Nathalia District Hospital prior to the end of the financial year that are unpaid; and
- Statutory payables, that are recognised and measured similarly to contractual payables, but are not classified as financial instruments and not included in the category of financial liabilities at amortised cost, because they do not arise from contracts.

The normal credit terms for accounts payable are usually Nett 60 days.

Maturity analysis of payables

Please refer to Note 7.1(b) for the ageing analysis of payables

Note 5.3: Other Liabilities

	Total 2019 \$	Total 2018 \$
Current		
Monies Held in Trust*		
Accommodation Deposits (Refundable Entrance Fees)*	2,587,044	1,945,534
Employee Trust Funds - Paid Parental Leave*	-	3,692
Government Grants - Hume Region Programs	-	366
Total Other Liabilities	2,587,044	1,949,592
*Total Monies Held in Trust		
Represented by the following assets:		
Cash Assets	2,587,044	1,949,226
Other Financial Assets	-	366
Total	2,587,044	1,949,592

Note 6: How we finance our operations

This section provides information on the sources of finance utilised by Nathalia District Hospital during its operations, along with interest expenses (the cost of borrowings) and other information related to financing activities of Nathalia District Hospital.

This section includes disclosures of balances that are financial instruments, such as borrowings and cash balances. Note 7.1 provides additional, specific financial instrument disclosures.

Structure

6.1 Borrowings

6.2 Cash and cash equivalents

Note 6.1: Borrowings

	Total 2019 \$	Total 2018 \$
Current		
Finance Lease Liability - HRHA ⁱ	8,166	8,477
Total Current Borrowings	8,166	8,477
Non Current		
Finance Lease Liability - HRHA ⁱ	6,693	8,490
Total Non-Current Borrowings	6,693	8,490
Total Borrowings	14,859	16,967

ⁱ Secured by the assets leased. Finance leases are effectively secured as the rights to the leased assets revert to the lessor in the event of default.

(a) Maturity analysis of borrowings

Please refer to Note 7.1(b) for the ageing analysis of borrowings.

(b) Defaults and breaches

During the current and prior year, there were no defaults and breaches of any of the loans.

(c) Finance Lease Liabilities

	Minimum future lease payments	
	Total 2019 \$	Total 2018 \$
Finance Leases		
Repayments in relation to finance leases are payable as follows:		
Not later than one year	8,736	9,325
Later than 1 year and not later than 5 years	7,053	9,339
Minimum lease payments	15,789	18,664
Less future finance charges	930	1,697
Total	14,859	16,967
Included in the financial statements as:		
Current borrowings finance lease liability	8,166	8,477
Non-current borrowings finance lease liability	6,693	8,490
Total	14,859	16,967

The weighted average interest rate implicit in the finance lease is 1.63%.

Note 6.1: Borrowings (continued)

Borrowing Recognition

A lease is a right to use an asset for an agreed period of time in exchange for payment. Leases are classified at their inception as either operating or finance leases based on the economic substance of the agreement so as to reflect the risks and rewards incidental to ownership.

Leases of property, plant and equipment are classified as finance leases whenever the terms of the lease transfers substantially all the risks and rewards of ownership to the lessee. All other leases are classified as operating leases, in the manner described in Note 6.3 Commitments.

Finance Leases

Entity as Lessor

Nathalia District Hospital is not a lessor in any finance lease arrangements.

Entity as Lessee

Finance leases are recognised as assets and liabilities at amounts equal to the fair value of the lease property or, if lower, the present value of the minimum lease payment, each determined at the inception of the lease. Minimum lease payments are apportioned between reduction of the outstanding lease liability, and the periodic finance expense which is calculated using the interest rate implicit in the lease, and charged directly to the Comprehensive Operating Statement. Contingent rentals associated with finance leases are recognised as an expense in the period in which they are incurred.

Note 6.2: Cash and cash equivalents

	Total 2019 \$	Total 2018 \$
Cash on Hand (excluding Monies held in trust)	500	500
Cash at Bank (excluding Monies held in trust)	1,937,440	410,338
Term Deposits < 3 months (excluding Monies held in trust)	-	2,145,776
Cash at Bank (Monies held in trust)	2,587,044	1,949,592
HRHA - Cash	135,359	108,361
Total Cash and Cash Equivalents	4,660,343	3,793,891

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

For cash flow statement presentation purposes, cash and cash equivalents include bank overdrafts, which are included as liabilities on the balance sheet. The cash flow statement includes monies held in trust.

Note 7: Risks, contingencies and valuation uncertainties

Nathalia District Hospital is exposed to risks from its activities and outside factors. In addition, it is often necessary to make judgements and estimates associated with recognition and measurement of items in the financial statements. This section sets out financial instrument specific information, including exposures to financial risks, as well as those items that are contingent in nature or require a higher level of judgement to be applied, which for Nathalia District Hospital is related mainly to fair value determination.

Structure

7.1 Financial instruments

7.2 Contingent Assets and Contingent Liabilities

Note 7.1: Financial instruments

Financial instruments arise out of contractual agreements that give rise to a financial asset of one entity and a financial liability or equity instrument of another entity. Due to the nature of Nathalia District Hospital activities, certain financial assets and financial liabilities arise under statute rather than a contract. Such financial assets and financial liabilities do not meet the definition of financial instruments in AASB 132 *Financial Instruments: Presentation*.

(a) Financial Instruments: Categorisation

	Financial Assets at Amortised Cost	Financial Liabilities at Amortised Cost	Total
	\$	\$	\$
2019			
Contractual Financial Assets			
Cash and Cash Equivalents	4,660,343	-	4,660,343
<i>Receivables</i>			
- Trade Debtors and Patient Fees	182,780	-	182,780
- Other Receivables	17,451	-	17,451
Total Financial Assetsⁱ	4,860,574	-	4,860,574
Financial Liabilities			
Payables	-	793,088	793,088
<i>Borrowings</i>			
- Finance Leases	-	14,859	14,859
<i>Other Financial Liabilities</i>			
- Accommodation Bonds	-	2,587,044	2,587,044
Total Financial Liabilitiesⁱ	-	3,394,991	3,394,991

ⁱ The carrying amount excludes statutory receivables (i.e. GST receivable and DHHS receivable) and statutory payables (i.e. Revenue in Advance and DHHS payable).

Note 7.1: Financial instruments (continued)

(a) Financial Instruments: Categorisation

	Contractual Financial Assets - Loans & Receivables and Cash	Financial Liabilities at Amortised Cost	Total
2018	\$	\$	\$
Contractual Financial Assets			
Cash and Cash Equivalents	3,793,891	-	3,793,891
<i>Receivables</i>			
- Trade Debtors and Patient Fees	219,857	-	219,857
- Other Receivables	13,053	-	13,053
Total Financial Assets¹	4,026,801	-	4,026,801
Financial Liabilities			
Payables	-	569,703	569,703
<i>Borrowings</i>			
- Finance Leases	-	16,967	16,967
<i>Other Financial Liabilities</i>			
- Accommodation Bonds	-	1,945,534	1,945,534
- Other Funds Held in Trust	-	4,058	4,058
Total Financial Liabilities¹	-	2,536,262	2,536,262

¹ The carrying amount excludes statutory receivables (i.e. GST receivable and DHHS receivable) and statutory payables (i.e. Revenue in Advance and DHHS payable).

Categories of financial instruments

From 1 July 2018, Nathalia District Hospital applies AASB 9 and classifies all of its financial assets based on the business model for managing the assets and the asset's contractual terms.

Categories of financial assets under AASB 9:

- cash and deposits
- receivables (excluding statutory receivables);

Financial assets at amortised cost

Financial assets are measured at amortised costs if both of the following criteria are met and the assets are not designated as fair value through net result:

- the assets are held by Nathalia District Hospital to collect the contractual cash flows, and
- the assets' contractual terms give rise to cash flows that are solely payments of principal and interests.

These assets are initially recognised at fair value plus any directly attributable transaction costs and subsequently measured at amortised cost using the effective interest method less any impairment.

The Department recognises the following assets in this category:

- cash and deposits
- receivables (excluding statutory receivables);
- term deposits; and
- certain debt securities.

Categories of financial assets previously under AASB 139

Loans and receivables and cash

Are financial instrument assets with fixed and determinable payments that are not quoted on an active market. These assets and liabilities are initially recognised at fair value plus any directly attributable transaction costs. Subsequent to initial measurement, loans and receivables are measured at amortised cost using the effective interest method (and for assets, less any impairment). Nathalia District Hospital recognises the following assets in this category:

- cash and deposits
- receivables (excluding statutory receivables);
- term deposits; and
- certain debt securities.

Note 7.1: Financial instruments (continued)

(a) Financial Instruments: Categorisation

Financial liabilities at amortised cost

Are initially recognised on the date they are originated. They are initially measured at fair value plus any directly attributable transaction costs. Subsequent to initial recognition, these financial instruments are measured at amortised cost with any difference between the initial recognised amount and the redemption value being recognised in profit and loss over the period of the interest bearing liability, using the effective interest rate method. Nathalia District Hospital recognises the following liabilities in this category:

- payables (excluding statutory payables); and
- borrowings (including finance lease liabilities).

Derecognition of financial assets

A financial asset (or, where applicable, a part of a financial asset or part of a group of similar financial assets) is derecognised when the rights to receive cash flows from the asset have expired.

Derecognition of financial liabilities

A financial liability is derecognised when the obligation under the liability is discharged, cancelled or expires.

Impairment of financial assets

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

The allowance is the difference between the financial asset's carrying amount and the present value of estimated future cash flows, discounted at the effective interest rate. In assessing impairment of statutory (non-contractual) financial assets, which are not financial instruments, professional judgement is applied in assessing materiality using estimates, averages and other computational methods in accordance with AASB 136 *Impairment of Assets*.

(b) Maturity analysis of Financial Liabilities as at 30 June

The following table discloses the contractual maturity analysis for Nathalia District Hospital's financial liabilities. For interest rates applicable to each class of liability refer to individual notes to the financial statements.

				Maturity Dates			
	Note	Carrying Amount \$	Nominal Amount \$	Less than 1 Month \$	1 - 3 Months - Months \$	1 Year \$	1 - 5 Years \$
2019							
Financial Liabilities							
<i>At amortised cost</i>							
Payables	5.2	793,088	793,088	793,088	-	-	-
Borrowings	6.1						
- Finance Leases		14,859	14,859	681	1,361	6,125	6,692
Other Financial Liabilities ⁽ⁱ⁾							
- Accommodation Deposits	5.3	2,587,044	2,587,044	2,587,044	-	-	-
Total Financial Liabilities		3,394,991	3,394,991	3,380,813	1,361	6,125	6,692
2018							
Financial Liabilities							
<i>At amortised cost</i>							
Payables	5.2	569,703	569,703	569,703	-	-	-
Borrowings	6.1						
- Finance Leases		16,967	16,967	706	1,413	6,358	8,490
Other Financial Liabilities ⁽ⁱ⁾							
- Accommodation Deposits	5.3	1,945,534	1,945,534	1,945,534	-	-	-
- Other Funds Held in Trust	5.3	4,058	4,058	4,058	-	-	-
Total Financial Liabilities		2,536,262	2,536,262	2,520,001	1,413	6,358	8,490

ⁱ Ageing analysis of financial liabilities excludes the types of statutory financial liabilities (ie GST payable).

Note 7.1: Financial instruments (continued)

(c) Contractual receivables at amortised cost

	Current \$	Less than 1 Month \$	1 - 3 Months \$	3 Months - 1 Year \$	1 - 5 Years \$	Total \$
1 July 2018						
Expected loss rate	1.00%	1.00%	1.00%	1.00%	-	-
Gross carrying amount of contractual receivables	104,810	81,519	30,278	16,304	-	232,910
Loss allowance	-	-	-	-	-	-
30 June 2019						
Expected loss rate	1.00%	1.00%	1.00%	1.00%	-	-
Gross carrying amount of contractual receivables	93,501	72,723	27,011	14,545	-	207,780
Loss allowance	3,397	2,642	981	528	-	7,549

Impairment of financial assets under AASB 9 – applicable from 1 July 2018

From 1 July 2018, Nathalia District Hospital has been recording the allowance for expected credit loss for the relevant financial instruments, replacing AASB 139's incurred loss approach with AASB 9's Expected Credit Loss approach. Subject to AASB 9 impairment assessment include Nathalia District Hospital contractual receivables, statutory receivables and its investment in debt instruments.

Contractual receivables at amortised cost

Nathalia District Hospital applies AASB 9 simplified approach for all contractual receivables to measure expected credit losses using a lifetime expected loss allowance based on the assumptions about risk of default and expected loss rates. Nathalia District Hospital has grouped contractual receivables on shared credit risk characteristics and days past due and select the expected credit loss rate based on the Department's past history, existing market conditions, as well as forward looking estimates at the end of the financial year.

On this basis, Nathalia District Hospital determines the opening loss allowance on initial application date of AASB 9 and the closing loss allowance at end of the financial year is immaterial.

Credit loss allowance is classified as other economic flows in the net result. Contractual receivables are written off when there is no reasonable expectation of recovery and impairment losses are classified as a transaction expense. Subsequent recoveries of amounts previously written off are credited against the same line item.

In prior years, a provision for doubtful debts is recognised when there is objective evidence that the debts may not be collected and bad debts are written off when identified. A provision is made for estimated irrecoverable amounts from the sale of goods when there is objective evidence that an individual receivable is impaired. Bad debts considered as written off by mutual consent.

Statutory receivables and debt investments at amortised cost [AASB2016-8.4]

Nathalia District Hospital's non-contractual receivables arising from statutory requirements are not financial instruments. However, they are nevertheless recognised and measured in accordance with AASB 9 requirements as if those receivables are financial instruments.

The statutory receivables are considered to have low credit risk, taking into account the counterparty's credit rating, risk of default and capacity to meet contractual cash flow obligations in the near term. As the result, the loss allowance recognised for these financial assets during the period was limited to 12 months expected losses. No loss allowance recognised at 30 June 2018 under AASB 139. No additional loss allowance required upon transition into AASB 9 on 1 July 2018.

Note 7.2: Contingent Assets and Contingent Liabilities

Nathalia District Hospital does not have any contingent assets or liabilities as at 30 June 2019 (2018 \$Nil).

Contingent assets and contingent liabilities are not recognised in the balance sheet, but are disclosed by way of note and, if quantifiable, are measured at nominal value. Contingent assets and contingent liabilities are presented inclusive of GST receivable or payable respectively.

Note 8: Other disclosures

This section includes additional material disclosures required by the accounting standards or otherwise, for the understanding of this annual report.

Structure

- 8.1 Reconciliation of net result for the year to net cash inflow / (outflow) from operating activities
- 8.2 Responsible persons disclosures
- 8.3 Remuneration of Executives
- 8.4 Related parties
- 8.5 Remuneration of auditors
- 8.6 Ex-gratia expenses
- 8.7 Events occurring after the Balance Sheet date
- 8.8 Jointly Controlled Operations
- 8.9 Economic dependency
- 8.10 Changes in accounting policy and revision of estimates
- 8.11 AASBs issued that are not yet effective
- 8.12 Glossary of terms and style conventions

Note 8.1: Reconciliation of net result for the year to net cash inflow / (outflow) from operating activities

	Total 2019 \$	Total 2018 \$
Net Result for the Year	(869,211)	(803,601)
Non-Cash Movements:		
Depreciation	827,565	760,402
Movements Included in Investing and Financing Activities:		
Net (Gain)/Loss from Disposal of Non-Financial Physical Assets	-	3,289
Movements in Asset and Liabilities:		
<i>Change in Operating Assets and Liabilities</i>		
(Increase)/Decrease in Receivables	(121,223)	(1,257)
(Increase)/Decrease in Prepayments	16,915	(40,714)
Increase/(Decrease) in Payables	243,645	144,365
Increase/(Decrease) in Provisions	229,034	(9,344)
Net Cash Inflow from Operating Activities	326,725	53,140

Note 8.2: Responsible persons disclosures

In accordance with the Ministerial Directions issued by the Assistant Treasurer under the *Financial Management Act 1994*, the following disclosures are made regarding responsible persons for the reporting period.

Responsible Ministers:

	Period	
The Honourable Jill Hennessy MP, Minister for Health and Minister for Ambulance Services	0/01/1900	29/11/2018
The Honourable Jenny Mikakos MP, Minister for Health and Minister for Ambulance Services	29/11/2018	30/06/2019
Martin Foley MP, Minister for Mental Health	1/07/2018	30/06/2019
Martin Foley MP, Minister for Housing, Disability and Ageing	1/07/2018	29/11/2018
The Honourable Luke Donnellan MP, Minister for Child Protection, Minister for Disability, Ageing and Carers	29/11/2018	30/06/2019

Governing Board

Sue Logie (Chair of the Board)	1/07/2018	30/06/2019
Diana Baxter	1/07/2018	30/06/2019
Mewan Dissanayake	1/07/2018	30/06/2019
Maxene Hughes	1/07/2018	30/06/2019
Peter Limbrick	1/07/2018	30/06/2019
Chris McCallum	1/07/2018	30/06/2019
Peter Poon	1/07/2018	30/06/2019
Kerry-Anne Rappell	1/07/2018	30/06/2019
David Vaughan	1/07/2018	30/09/2018

Accountable Officer

Jacque Phillips (Chief Executive Officer)	1/07/2018	30/06/2019
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Remuneration of Responsible Persons

The number of the governing board members are shown in their relevant income bands:

Income Band	2019	2018
	No.	No.
\$ 0 - \$9,999	9	-
Total Numbers	9	-

Total remuneration received or due and receivable by Responsible Persons from the Reporting entity amounted to:	2019	2018
	\$	\$
	32,848	-

Amounts relating to the Governing Board Members are disclosed as above.

The Accountable Officer (Chief Executive Officer) is employed by Numurkah District Health Service. Information regarding the remuneration the Accountable Officer is disclosed within the respective financial statements of Numurkah District Health.

During the year Nathalia District Hospital paid \$36,130 (2018: nil) to Numurkah District Health Service in relation to services provided by the Accountable Officer.

Amounts relating to Responsible Ministers are reported within the Department of Parliamentary Services' Financial Report.

Note 8.3: Remuneration of Executives

The Chief Finance Officer is employed by GV Health. Information regarding the remuneration the Chief Finance Officer is disclosed within the respective financial statements of GV Health.

During the year Nathalia District Hospital paid \$115,386 (2018: \$180,000) to GV Health in relation to services provided by the Chief Finance Officer and administrative staff.

Note 8.4: Related parties

Nathalia District Hospital is a wholly owned and controlled entity of the State of Victoria. Related parties of the health service include:

- All key management personnel (KMP) and their close family members;
- Cabinet ministers (where applicable) and their close family members;
- Jointly Controlled Operation - A member of the Hume Rural Health Alliance; and
- All hospitals and public sector entities that are controlled and consolidated into the State of Victoria financial statements.

KMPs are those people with the authority and responsibility for planning, directing and controlling the activities of Nathalia District Hospital directly or indirectly.

The Board of Directors, the Accountable Officer and Chief Financial Officer of Nathalia District Hospital are deemed to be KMPs.

Entity	KMP's	Position Title
Nathalia District Hospital	Sue Logie (Chair of the Board)	Chair of the Board
Nathalia District Hospital	Diana Baxter	Director
Nathalia District Hospital	Mewan Dissanayake	Director
Nathalia District Hospital	Maxene Hughes	Director
Nathalia District Hospital	Peter Limbrick	Director
Nathalia District Hospital	Chris McCallum	Director
Nathalia District Hospital	Peter Poon	Director
Nathalia District Hospital	Kerry-Anne Rappell	Director
Nathalia District Hospital	David Vaughan	Director
Nathalia District Hospital	Jacque Phillips	Chief Executive Officer
Nathalia District Hospital	Peter Hutchinson	Chief Finance Officer
Nathalia District Hospital	Rick Garotti	Former Chief Finance Officer

The compensation detailed below excludes the salaries and benefits the Portfolio Ministers receive. The Minister's remuneration and allowances is set by the *Parliamentary Salaries and Superannuation Act 1968*, and is reported within the Department of Parliamentary Services' Financial Report.

Compensation - KMP's

Short-term benefits

Totalⁱ

Total Remuneration	
2019	2018
\$	\$
68,978	-
68,978	-

ⁱ KMPs are also reported in Note 8.2 Responsible Persons.

ⁱⁱ During the year Nathalia District Hospital paid \$115,386 (2018: \$180,000) to GV Health in relation to services provided by the Chief Finance Officer and administrative staff.

Significant Transactions with Government Related Entities

Nathalia District Hospital received funding from DHHS of \$3,032,892 (2018 \$2,814,449) and indirect contributions of \$11,259 (2018 \$11,259).

Expenses incurred by Nathalia District Hospital in delivering services and outputs are in accordance with Health Purchasing Victoria requirements. Goods and services including procurement, diagnostics, patient meals and multi-site operational support are provided by other Victorian Health Service Providers on commercial terms.

Professional medical indemnity insurance and other insurance products are obtained from a Victorian Managed Insurance Authority.

The Standing Directions of the Assistant Treasurer requires Nathalia District Hospital to hold cash (in excess of working capital) in accordance with the State's centralised banking arrangements. All borrowings are required to be sourced from Treasury Corporation Victorian unless an exemption has been approved by the Minister for Health and Human Services and the Treasurer.

Note 8.4: Related parties (continued)

Transactions with KMPs and Other Related Parties

Given the breadth and depth of State government activities, related parties transact with the Victorian public sector in a manner consistent with other members of the public e.g. stamp duty and other government fees and charges. Further employment of processes within the Victorian public sector occur on terms and conditions consistent with the *Public Administration Act 2004* and Codes of Conduct and Standards issued by the Victorian Public Sector Commission. Procurement processes occur on terms and conditions consistent with the Victorian Government Procurement Board requirements.

Outside of normal citizen type transactions with Nathalia District Hospital, there were no related party transactions that involved key management personnel, their close family members and their personal business interests. No provision has been required, nor any expense recognised, for impairment of receivables from related parties. There were no related party transactions with Cabinet Ministers required to be disclosed in 2019.

There were no related party transactions required to be disclosed for Nathalia District Hospital Board of Directors, Chief Executive and Executive Directors in 2019.

Note 8.5: Remuneration of auditors

Victorian Auditor-General's Office

Audit of the Financial Statements

Other Providers

Internal Audit Services

Total Remuneration of Auditors

Total 2019 \$	Total 2018 \$
13,505	17,350
16,090	10,215
29,595	27,565

Note 8.6: Ex-gratia expenses

In accordance with FRD 11A Disclosure of Ex-gratia Expenses, Nathalia District Hospital has made no Ex-Gratia payments in the 2018-2019 financial year.

Note 8.7: Events occurring after the Balance Sheet date

Effective 1 July 2019 by order of the Governor-In-Council pursuant to Sections 65 (1) and 65 (4) of the Health Services Act 1988, Numurkah and District Health Service, Cobram District Health and Nathalia District Hospital were amalgamated to form a new health service known as NCN Health. The operations and all employees, assets and liabilities of the three health services transfer to NCN Health.

Note 8.8: Jointly Controlled Operations

Name of Entity	Principle Activity	Ownership Interest	
		2019	2018
Hume Rural Health Alliance (HRHA)	The Member Entities have committed to the establishment of Information Systems - including ICT investment facilitation, project delivery, workplace services, business application services, collaboration services and vendor management.	1.98%	1.97%

Nathalia District Hospital interest in the above jointly controlled operation is detailed below. The amounts are included in the financial statements under their respective asset categories:

	Total 2019 \$	Total 2018 \$
Current Assets		
Cash and Cash Equivalents	135,359	108,361
Receivables	26,700	76,363
Prepayments	4,901	2,838
Total Current Assets	166,960	187,562
Non-Current Assets		
Property, Plant and Equipment	21,965	27,183
Intangible Assets	11,616	9,618
Total Non-Current Assets	33,581	36,801
Total Assets	200,541	224,363
Current Liabilities		
Payables	72,753	98,315
Borrowings	8,166	8,477
Total Current Liabilities	80,919	106,792
Non-Current Liabilities		
Borrowings	6,693	8,490
Total Non-Current Liabilities	6,693	8,490
Total Liabilities	87,612	115,282
Net Assets	112,929	109,081

Nathalia District Hospital interest in revenues and expenses resulting from jointly controlled operations are detailed below:

	Total 2019 \$	Total 2018 \$
Revenue		
Operating Activities	175,359	238,722
Total Revenue	175,359	238,722
Expenses		
Finance Costs	(662)	(728)
Depreciation and Amortisation	(16,478)	(15,612)
Other Operating Expenses	(154,371)	(262,187)
Total Expenses	(171,511)	(278,527)
Net Result for the Year	3,848	(39,805)

Contingent Liabilities and Capital Commitments

There are no known contingent liabilities or capital commitments held by Hume Rural Health Alliance at balance date.

Note 8.9: Economic dependency

Nathalia District Hospital was dependent on the Department of Health and Human Services for the majority of its revenue used to operate the entity. From 1 July 2019, Numurkah and District Health Service, Cobram District Health and Nathalia District Hospital were amalgamated to form a new health service known as NCN Health. The operations and all employees, assets and liabilities of the three health services transfer to NCN Health.

The Board of Directors has no reason to believe the Department of Health and Human Services will not continue to support NCN Health.

Note 8.10: Changes in accounting policy and revision of estimates

Changes in accounting policy

Nathalia District Hospital has elected to apply the limited exemption in AASB 9 paragraph 7.2.15 relating to transition for classification and measurement and impairment, and accordingly has not restated comparative periods in the year of initial application. As a result:

- (a) any adjustments to carrying amounts of financial assets or liabilities are recognised at beginning of the current reporting period with difference recognised in opening retained earnings; and
- (b) financial assets and provision for impairment have not been reclassified and/or restated in the comparative period.

Changes to classification and measurement

On initial application of AASB 9 on 1 July 2018, Nathalia District Hospital's management has assessed all financial assets based on Nathalia District Hospital's business models for managing the assets.

Summary of reclassification of assets and liabilities

Nil Effect

Changes to the impairment of financial assets

Under AASB 9, all receivables not carried at fair value through net result are subject to AASB 9's new expected credit loss (ECL) impairment model, which replaces AASB 139's incurred loss approach.

For other loans and receivables, Nathalia District Hospital applies the AASB 9 simplified approach to measure expected credit losses based on the change in the ECLs over the life of the asset. Application of the lifetime ECL allowance method has resulted in an immaterial effect.

For debt instruments at amortised costs, Nathalia District Hospital considers them to be low risk and therefore determines the loss allowance based on ECLs associated with the probability of default in the next 12 months. Applying the ECL model does not result in recognition of additional loss allowance (previous loss allowance was nil). No further increase in allowance in the current financial year was required.

Transition impact

Transition impact of first time adoption of AASB 9 on comprehensive operating statement has been deemed immaterial.

Note 8.11: AASBs issued that are not yet effective

Certain new Australian accounting standards have been published that are not mandatory for the 30 June 2019 reporting period. Department of Treasury and Finance assesses the impact of all these new standards and advises Nathalia District Hospital of their applicability and early adoption where applicable.

As at 30 June 2019, the following standards and interpretations had been issued by the AASB but were not yet effective. They become effective for the first financial statements for reporting periods commencing after the stated operative dates as detailed in the table below. Nathalia District Hospital has not and does not intend to adopt these standards early.

Standard / Interpretation	Summary	Applicable for annual reporting periods beginning on	Impact on public sector entity financial statements
AASB 15 <i>Revenue from Contracts with Customers</i>	The core principle of AASB 15 requires an entity to recognise revenue when the entity satisfies a performance obligation by transferring a promised good or service to a customer. Note that amending standard AASB 2015 8 <i>Amendments to Australian Accounting Standards – Effective Date of AASB 15</i> has deferred the effective date of AASB 15 to annual reporting periods beginning on or after 1 January 2018, instead of 1 January 2017 for Not-for-Profit entities.	1 Jan 2019	Nathalia District Hospital has performed a detailed impact assessment of AASB 15 with no potential impact for each major class of revenue and income in the initial year of application.
AASB 1058 <i>Income of Not-for-Profit Entities</i>	AASB 1058 will replace the majority of income recognition in relation to government grants and other types of contributions requirements relating to public sector not-for-profit entities, previously in AASB 1004 <i>Contributions</i> . The restructure of administrative arrangement will remain under AASB 1004 and will be restricted to government entities and contributions by owners in a public sector context. AASB 1058 establishes principles for transactions that are not within the scope of AASB 15, where the consideration to acquire an asset is significantly less than fair value to enable not-for-profit entities to further their objective.	1 Jan 2019	Nathalia District Hospital has performed a detailed impact assessment of AASB 1058 with no potential impact for each major class of revenue and income in the initial year of application.

Note 8.11: AASBs Issued that are not yet effective (continued)

Standard / Interpretation	Summary	Applicable for annual reporting periods beginning on	Impact on public sector entity financial statements
AASB 16 <i>Leases</i>	The key changes introduced by AASB 16 include the recognition of most operating leases (which are currently not recognised) on balance sheet.	1 Jan 2019	Nathalia District Hospital has performed a detailed impact assessment of AASB 16 with no potential impact for the initial year of application.
AASB 2016-8 <i>Amendments to Australian Accounting Standards – Australian Implementation Guidance for Not for-Profit Entities</i>	<p>AASB 2016-8 inserts Australian requirements and authoritative implementation guidance for not-for-profit-entities into AASB 9 and AASB 15.</p> <p>This Standard amends AASB 9 and AASB 15 to include requirements to assist not-for-profit entities in applying the respective standards to particular transactions and events.</p>	1 Jan 2019	<p>This standard clarifies the application of AASB 15 and AASB 9 in a not-for-profit context. The areas within these standards that are amended for not-for-profit application include:</p> <p>AASB 9</p> <ul style="list-style-type: none"> Statutory receivables are recognised and measured similarly to financial assets. <p>AASB 15</p> <ul style="list-style-type: none"> The 'customer' does not need to be the recipient of goods and/or services; The "contract" could include an arrangement entered into under the direction of another party; Contracts are enforceable if they are enforceable by legal or 'equivalent means'; Contracts do not have to have commercial substance, only economic substance; and Performance obligations need to be 'sufficiently specific' to be able to apply AASB 15 to these transactions.
AASB 2018-4 <i>Amendments to Australian Accounting Standards – Australian Implementation Guidance for Not for-Profit Public-Sector Licensors</i>	AASB 2018-4 amends AASB 15 and AASB 16 to provide guidance for revenue recognition in connection with taxes and Non-IP licences for Not-for-Profit entities.	1 Jan 2019	<p>AASB 2018-4 provides additional guidance for not-for-profit public sector licenses, which include:</p> <ul style="list-style-type: none"> Matters to consider in distinguishing between a tax and a license, with all taxes being accounted for under AASB 1058;

Note 8.11: AASBs Issued that are not yet effective (continued)

Standard / Interpretation	Summary	Applicable for annual reporting periods beginning on	Impact on public sector entity financial statements
AASB 2018-4 <i>Amendments to Australian Accounting Standards – Australian Implementation Guidance for Not for-Profit Public-Sector Licensors</i> (continued)			<ul style="list-style-type: none"> • IP licenses to be accounted for under AASB 15; and • Non-IP, such as casino licenses, are to be accounted for in accordance with the principles of AASB 15 after first having determined whether any part of the arrangement should be accounted for as a lease under AASB 16.
AASB 2018-7 <i>Amendments to Australian Accounting Standards – Definition of Material</i>	This Standard principally amends AASB 101 <i>Presentation of Financial Statements</i> and AASB 108 <i>Accounting Policies, Changes in Accounting Estimates and Errors</i> . The amendments refine and clarify the definition of material in AASB 101 and its application by improving the wording and aligning the definition across AASB Standards and other publications. The amendments also include some supporting requirements in AASB 101 in the definition to give it more prominence and clarify the explanation accompanying the definition of material.	1 Jan 2020	The standard is not expected to have a significant impact on Nathalia District Hospital
AASB 2018-8 <i>Amendments to Australian Accounting Standards – Right of Use Assets of Not-for-Profit entities</i>	This standard amends various other accounting standards to provide an option for not-for-profit entities to not apply the fair value initial measurement requirements to a class or classes of right of use assets arising under leases with significantly below-market terms and conditions principally to enable the entity to further its objectives. This Standard also adds additional disclosure requirements to AASB 16 for not-for-profit entities that elect to apply this option.	1 Jan 2019	Under AASB 1058, not-for-profit entities are required to measure right-of-use assets at fair value at initial recognition for leases that have significantly below-market terms and conditions. For right-of-use assets arising under leases with significantly below market terms and conditions principally to enable the entity to further its objectives (peppercorn leases), AASB 2018-8 provides a temporary option for Not-for-Profit entities to measure at initial recognition, a class or

Note 8.11: AASBs Issued that are not yet effective (continued)

Standard / Interpretation	Summary	Applicable for annual reporting periods beginning on	Impact on public sector entity financial statements
AASB 2018-8 <i>Amendments to Australian Accounting Standards – Right of Use Assets of Not-for-Profit entities</i> (continued)			classes of right-of-use assets at cost rather than at fair value and requires disclosure of the adoption. Nathalia District Hospital has elected to apply the temporary option in AASB 2018-8 for not-for-profit entities to not apply the fair value provisions under AASB 1058 for these right-of-use assets.

In addition to the new standards and amendments above, the AASB has issued a list of other amending standards that are not effective for the 2018-19 reporting period (as listed below). In general, these amending standards include editorial and references changes that are expected to have insignificant impacts on public sector reporting.

- AASB 2017-7 *Amendments to Australian Accounting Standards – Long-term Interests in Associates and Joint Ventures*
- AASB 2018-1 *Amendments to Australian Accounting Standards – Annual Improvements 2015 – 2017 Cycle*
- AASB 2018-3 *Amendments to Australian Accounting Standards – Reduced Disclosure Requirements*

Note 8.12: Glossary of terms and style conventions

Actuarial gains or losses on superannuation defined benefit plans

Actuarial gains or losses are changes in the present value of the superannuation defined benefit liability resulting from:

- experience adjustments (the effects of differences between the previous actuarial assumptions and what has actually occurred); and
- the effects of changes in actuarial assumptions.

Amortisation

Amortisation is the expense which results from the consumption, extraction or use over time of a non-produced physical or intangible asset.

Comprehensive result

The net result of all items of income and expense recognised for the period. It is the aggregate of operating result and other comprehensive income.

Commitments

Commitments include those operating, capital and other outsourcing commitments arising from non-cancellable contractual or statutory sources.

Current grants

Amounts payable or receivable for current purposes for which no economic benefits of equal value are receivable or payable in return.

Note 8.12: Glossary of terms and style conventions (continued)

Depreciation

Depreciation is an expense that arises from the consumption through wear or time of a produced physical or intangible asset. This expense reduces the 'net result for the year'.

Effective interest method

The effective interest method is used to calculate the amortised cost of a financial asset or liability and of allocating interest income over the relevant period. The effective interest rate is the rate that exactly discounts estimated future cash receipts through the expected life of the financial instrument, or, where appropriate, a shorter period

Employee benefits expenses

Employee benefits expenses include all costs related to employment including wages and salaries, fringe benefits tax, leave entitlements, redundancy payments, defined benefits superannuation plans, and defined contribution superannuation plans.

Ex gratia expenses

Ex-gratia expenses mean the voluntary payment of money or other non-monetary benefit (e.g. a write off) that is not made either to acquire goods, services or other benefits for the entity or to meet a legal liability, or to settle or resolve a possible legal liability, or claim against the entity.

Financial asset

A financial asset is any asset that is:

- cash;
- an equity instrument of another entity;
- a contractual or statutory right:
 - to receive cash or another financial asset from another entity; or
 - to exchange financial assets or financial liabilities with another entity under conditions that are potentially favourable to the entity; or
- a contract that will or may be settled in the entity's own equity instruments and is:
 - a non-derivative for which the entity is or may be obliged to receive a variable number of the entity's own equity instruments; or
 - a derivative that will or may be settled other than by the exchange of a fixed amount of cash or another financial asset for a fixed number of the entity's own equity instruments.

Financial instrument

A financial instrument is any contract that gives rise to a financial asset of one entity and a financial liability or equity instrument of another entity. Financial assets or liabilities that are not contractual (such as statutory receivables or payables that arise as a result of statutory requirements imposed by governments) are not financial instruments.

Financial liability

A financial liability is any liability that is:

- A contractual obligation:
 - to deliver cash or another financial asset to another entity; or
 - to exchange financial assets or financial liabilities with another entity under conditions that are potentially unfavourable to the entity; or
- A contract that will or may be settled in the entity's own equity instruments and is:
 - a non-derivative for which the entity is or may be obliged to deliver a variable number of the entity's own equity instruments; or
 - a derivative that will or may be settled other than by the exchange of a fixed amount of cash or another financial asset for a fixed number of the entity's own equity instruments. For this purpose the entity's own equity instruments do not include instruments that are themselves contracts for the future receipt or delivery of the entity's own equity instruments.

Note 8.12: Glossary of terms and style conventions (continued)

Financial statements

A complete set of financial statements comprises:

- Balance sheet as at the end of the period;
- Comprehensive operating statement for the period;
- A statement of changes in equity for the period;
- Cash flow statement for the period;
- Notes, comprising a summary of significant accounting policies and other explanatory information;
- Comparative information in respect of the preceding period as specified in paragraph 38 of *AASB 101 Presentation of Financial Statements*; and
- A statement of financial position at the beginning of the preceding period when an entity applies an accounting policy retrospectively or makes a retrospective restatement of items in its financial statements, or when it reclassifies items in its financial statements in accordance with paragraphs 41 of AASB 101.

Grants and other transfers

Transactions in which one unit provides goods, services, assets (or extinguishes a liability) or labour to another unit without receiving approximately equal value in return. Grants can either be operating or capital in

While grants to governments may result in the provision of some goods or services to the transferor, they do not give the transferor a claim to receive directly benefits of approximately equal value. For this reason, grants are referred to by the AASB as involuntary transfers and are termed non-reciprocal transfers. Receipt and sacrifice of approximately equal value may occur, but only by coincidence. For example, governments are not obliged to provide commensurate benefits, in the form of goods or services, to particular taxpayers in return for their taxes. Grants can be paid as general purpose grants which refer to grants that are not subject to conditions regarding their use. Alternatively, they may be paid as specific purpose grants which are paid for a particular purpose and/or have conditions attached regarding their use.

General government sector

The general government sector comprises all government departments, offices and other bodies engaged in providing services free of charge or at prices significantly below their cost of production. General government services include those which are mainly non-market in nature, those which are largely for collective consumption by the community and those which involve the transfer or redistribution of income. These services are financed mainly through taxes, or other compulsory levies and user charges.

Intangible produced assets

Refer to produced assets in this glossary.

Intangible non-produced assets

Refer to non-produced asset in this glossary.

Interest expense

Costs incurred in connection with the borrowing of funds includes interest on bank overdrafts and short-term and long-term liabilities, amortisation of discounts or premiums relating to liabilities, interest component of finance leases repayments, and the increase in financial liabilities and non-employee provisions due to the unwinding of discounts to reflect the passage of time.

Interest income

Interest income includes unwinding over time of discounts on financial assets and interest received on bank term deposits and other investments.

Joint Arrangements

A joint arrangement is an arrangement of which two or more parties have joint control. A joint arrangement has the following characteristics:

- The parties are bound by a contractual arrangement.
- The contractual arrangement gives two or more of those parties joint control of the arrangement

A joint arrangement is either a joint operation or a joint venture.

Note 8.12: Glossary of terms and style conventions (continued)

Liabilities

Liabilities refers to interest-bearing liabilities mainly raised from public liabilities raised through the Treasury Corporation of Victoria, finance leases and other interest-bearing arrangements. Liabilities also include non-interest-bearing advances from government that are acquired for policy purposes.

Net acquisition of non-financial assets (from transactions)

Purchases (and other acquisitions) of non-financial assets less sales (or disposals) of non-financial assets less depreciation plus changes in inventories and other movements in non-financial assets. It includes only those increases or decreases in non-financial assets resulting from transactions and therefore excludes write-offs, impairment write-downs and revaluations.

Net result

Net result is a measure of financial performance of the operations for the period. It is the net result of items of income, gains and expenses (including losses) recognised for the period, excluding those that are classified as 'other comprehensive income'.

Net result from transactions/net operating balance Net result from transactions or net operating balance is a key fiscal aggregate and is income from transactions minus expenses from transactions. It is a summary measure of the ongoing sustainability of operations. It excludes gains and losses resulting from changes in price levels and other changes in the volume of assets.

Net worth

Assets less liabilities, which is an economic measure of wealth.

Non-financial assets

Non-financial assets are all assets that are not 'financial assets'. It includes inventories, land, buildings, infrastructure, road networks, land under roads, plant and equipment, investment properties, cultural and heritage assets, intangible and biological assets.

Non-produced assets

Non-produced assets are assets needed for production that have not themselves been produced. They include land, subsoil assets, and certain intangible assets. Non-produced intangibles are intangible assets needed for production that have not themselves been produced. They include constructs of society such as patents.

Non-profit institution

A legal or social entity that is created for the purpose of producing or distributing goods and services but is not permitted to be a source of income, profit or other financial gain for the units that establish, control or finance it.

Payables

Includes short and long term trade debt and accounts payable, grants, taxes and interest payable.

Produced assets

Produced assets include buildings, plant and equipment, inventories, cultivated assets and certain intangible assets. Intangible produced assets may include computer software, motion picture films, and research and development costs (which does not include the start-up costs associated with capital projects).

Public financial corporation sector

Public financial corporations (PFCs) are bodies primarily engaged in the provision of financial intermediation services or auxiliary financial services. They are able to incur financial liabilities on their own account (e.g. taking deposits, issuing securities or providing insurance services). Estimates are not published for the public financial corporation sector.

Public non-financial corporation sector

The public non-financial corporation (PNFC) sector comprises bodies mainly engaged in the production of goods and services (of a non-financial nature) for sale in the market place at prices that aim to recover most of the costs involved (e.g. water and port authorities). In general, PNFCs are legally distinguishable from the governments which own them.

Note 8.12: Glossary of terms and style conventions (continued)

Receivables

Includes amounts owing from government through appropriation receivable, short and long term trade credit and accounts receivable, accrued investment income, grants, taxes and interest receivable.

Sales of goods and services

Refers to income from the direct provision of goods and services and includes fees and charges for services rendered, sales of goods and services, fees from regulatory services and work done as an agent for private enterprises. It also includes rental income under operating leases and on produced assets such as buildings and entertainment, but excludes rent income from the use of non-produced assets such as land. User charges includes sale of goods and services income.

Supplies and services

Supplies and services generally represent cost of goods sold and the day-to-day running costs, including maintenance costs, incurred in the normal operations of the Department.

Transactions

Revised Transactions are those economic flows that are considered to arise as a result of policy decisions, usually an interaction between two entities by mutual agreement. They also include flows in an entity such as depreciation where the owner is simultaneously acting as the owner of the depreciating asset and as the consumer of the service provided by the asset.

Taxation is regarded as mutually agreed interactions between the government and taxpayers. Transactions can be in kind (e.g. assets provided/given free of charge or for nominal consideration) or where the final consideration is cash.

Style conventions

Figures in the tables and in the text have been rounded. Discrepancies in tables between totals and sums of components reflect rounding. Percentage variations in all tables are based on the underlying unrounded amounts.

The notation used in the tables is as follows:

- rounded to zero
- (xxx.x) negative numbers
- 2018 2019 year period
- 2018-19 year period



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