

Annual Report

2018-2019



**djerriwarrh
health services**



We are committed to the principals of social justice and aim to ensure every individual is treated with dignity and respect regardless of their cultural background, ability, ethnicity, gender identity, sexual orientation or religion.

enabling healthier lives

— snapshot 2018-19 —

67,575
OUTPATIENT
APPOINTMENTS

3,448
SURGERIES
UNDERTAKEN

533
BABIES
BORN

7,166
DIALYSIS
SESSIONS

5,131
DENTAL
UNDERTAKEN

20,421
URGENT
CARE

Vision

enabling healthier lives

Mission

Helping people to better health and wellbeing

Values

Compassion | Leadership | Excellence
Accountability | Respect

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Message

FROM OUR ADMINISTRATOR & CHIEF EXECUTIVE

2018-2019 has been another exciting and productive year at Djerriwarrh Health Services.

The appointment of a new Chief Executive; successful accreditation of the Services by the Australian Council of Health Care Standards; full accreditation of Grant Lodge by the Australian Aged Care Quality Agency; the completion and opening of the Melton Health and Community Services hub; completion of the operating theatre redevelopment project; and development of a strategic plan for the coming five years. During the year we treated 20,421 patients in urgent care at both our Melton and Bacchus Marsh sites and we had 533 births. With a population of 163,900 people, Djerriwarrh Health Services treated a total of 104,274 occasions of service, and are preparing for the continued growth of our communities in Melton, Caroline Springs, Bacchus Marsh and surrounding regions.

Belinda Scott was appointed Chief Executive and commenced in the role on 26 June 2018. It has been an incredibly busy first year and Belinda's prior 25 years in a variety of leadership roles within public health has been of great benefit to our Service.

Djerriwarrh Health Services was awarded full accreditation from the Australian Council of Healthcare Standards on 11 January 2019 until 1 March 2022. Grant Lodge Aged Care also received full accreditation by the Australian Aged Care Quality Agency in November 2018.

The \$9m Theatre Redevelopment Project has been completed, which involved two new operating suites and a refurbished procedure room. The upgrade to our theatres will allow for expansion of our capacity to provide more surgical and procedural services.

Another long standing infrastructure project completed by the Health Service in 2019 was the \$21 million Melton Health and Community Services hub. This hub brings together Odyssey House, MacKillop Family Services, CoHealth and Mid-West Area Mental Health. This is a milestone in collaborative partnerships. Together, the services provide support for some of the most vulnerable people within the Caroline Springs, Melton and Bacchus Marsh communities. The Health Service welcomed the Minister for Health & Ambulance Services, The Hon. Jenny Mikakos for the official opening on 8 May 2019.

Djerriwarrh Health Services was also successful in obtaining a \$104,000 'Significant Facility Refurbishment Grant' from the State Government. This grant will be used to create a sensory garden in the Grant Lodge Aged Care facility to support residents with special needs.

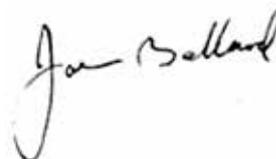
During the year the Health Service undertook an extensive community consultation process to inform the development of the 2019-24 Strategic Plan. The strategic planning process included consultation with over 900 community members and groups

from Melton and Bacchus Marsh as well as staff, volunteers and representatives from the Department of Health and Human Services.

Djerriwarrh Health Services ended the 2018-19 financial year with a modest operating surplus of \$191,000.

Personally, and on behalf of Djerriwarrh Health Services, I express deep appreciation to each of our volunteers, to the extraordinary Bacchus Marsh Ladies Auxiliary and to each member of staff for their ongoing commitment to care, continuous improvement and service to our community.

I also wish to acknowledge the leadership of Belinda and our Executive team and express gratitude to both the Minister for Health & Ambulance Services and the Department of Health and Human Services for their ongoing support.



Dr John Ballard
Administrator

This Annual Report marks my first year as Chief Executive at Djerriwarrh Health Services, and I am extremely proud of our achievements over the past 12 months.

As highlighted by our Administrator, Dr John Ballard, the Health Service has seen the completion of many major infrastructure projects. The opening of our renovated maternity unit, our newly refurbished theatres, and the Melton Health & Community Services hub have provided an opportunity for Djerriwarrh Health Services to lead the way for first class health care into the future.

Along with the completion of these projects, our Special Care Nursery opened on 15 July 2019. The Special Care Nursery will allow mothers and babies to stay together at the hospital in those critical hours, rather than babies having to be transferred to a larger health service. The Special Care Nursery has been funded through the generosity of community donations.

In May 2019, our Nurse Call System was implemented, and the upgrade to our Central Sterilisation Service Department was completed.

These capital developments highlight the State Government and Djerriwarrh Health Services' commitment to expand our level of patient care to better meet the increasing needs of our communities. The investment by the State Government in the planning for the Melton Hospital

is also welcomed by Djerriwarrh Health Services.

The success of receiving full Accreditation on 11 January 2019 following an intensive accreditation process in 2018 was a huge achievement for the Health Service. It consolidated all the hard work staff had been undertaking in preparation for accreditation. The work has continued to ensure we provide the highest quality care for our patients which will result in optimised health outcomes.

A highlight I would like to mention is the installation of flags at both Bacchus Marsh and Melton sites. The raising of the flags were celebrated during Harmony Day and NAIDOC Week, and a Welcome to Country and Smoking Ceremony was held to mark the importance of raising the Aboriginal, Torres Strait and Australian flags.

Our 2019-2024 Strategic Plan is now complete. The process sought to capture a broad cross section of views, thoughts and needs on health services within our communities. There were more than 38 consultation sessions with staff, community and key stakeholders within the Bacchus Marsh and Melton communities. We received over 500 responses to our online survey, and additional pop-up sessions held. The outcome is a comprehensive plan that sets our goals and how we will achieve them over the next 5 years.

I look forward to working on the refurbishment of our Grant Lodge Aged Care facility over the next 12 months, and progressing with the expansion of services within our theatres.

I would like to thank our amazing volunteers, consumers and the Bacchus Marsh Hospital's Ladies Auxiliary for their ongoing support. Finally, the success of 2018-19 would not have been possible without the dedication from Djerriwarrh Health Services staff.



A handwritten signature in black ink, appearing to read 'Belinda Scott'.

Belinda Scott
Chief Executive

About us

Djerriwarrh Health Services covers a diverse population of 163,900 people, employing in excess of 700 staff making Djerriwarrh Health Services one of the larger employers in the area. The catchment includes Bacchus Marsh and surrounding region, Melton and Caroline Springs, incorporating local government areas (LGA) belonging to the City of Melton and Moorabool Shire.

We provide a comprehensive range of general and specialist services across key medical and healthcare disciplines including acute care, sub-acute care, residential aged care services, community nursing, allied health services and dental.

Our Service was incorporated under the *Health Services Act 1988 Part 3* on 1 April 1998 by the Governor-in-Council, acting on the recommendation of the Minister for Health made after receiving advice from the Secretary of the Department of Human Services, under Section 64A of the Health Services Act 49/1988, and acting under Section 65 of the Act.)

For the period 1 July 2018 to 30 June 2019 Djerriwarrh Health Services was accountable, through its Administrator Dr John Ballard, to The Hon. Jill Hennessy, Minister for Health and Minister for Ambulance Services from 01/07/2018 - 29/11/2018 and The Hon. Jenny Mikakos, Minister for Health and Minister for Ambulance Services 29/11/2018 - 30/06/2019. The Administrator, Dr John Ballard was appointed to the Health Service in October 2016 and his term expires 30 June 2020.

Copies of the 2018/19 Annual Report, the Quality Account and the Djerriwarrh Health Services Strategic Plan 2019-2025 are available online at www.djhs.org.au.



SERVICES

Hospital

- Acute Medical
- Acute Surgical
- Alcohol & Drug Detoxification Unit
- Maternity
- Palliative Care
- Post-Acute Care
- Pre-Admission Clinic
- Theatre Services
- Urgent Care

Allied Health and Community Health

- Adult Counselling
- Aboriginal Health
- Adolescent, Young Adult & Family Counselling
- Alcohol & Other Drug Services
- Audiology Clinic (Connect Hearing)
- Breast Cancer Support
- Community Nursing
- Community Palliative Care
- Continence Service
- Day Rehabilitation
- Dementia Support Nurse
- Diabetes Education
- Dietetics
- Family Violence Prevention Counselling
- Financial Counselling
- Friendly Visiting Program
- General Counselling
- Health Coach
- Healthy Mothers Healthy Babies Program
- Hospital Admission Risk Program (HARP)
- Hospital In The Home (HITH)
- Infant Settling & Feeding Clinic (Tweddle)
- Live Free Breathe Free Smoking Cessation Clinic
- Lymphoedema Service
- Mortgage Wellbeing Service
- Needle & Syringe Exchange Program
- Occupational Therapy
- Paediatric Program including
- Autism and Developmental Delay Assessments
- Palliative Care
- Physiotherapy
- Podiatry
- Psychology
- Refugee Health
- Social Worker
- Speech Pathology

Specialist Outpatient

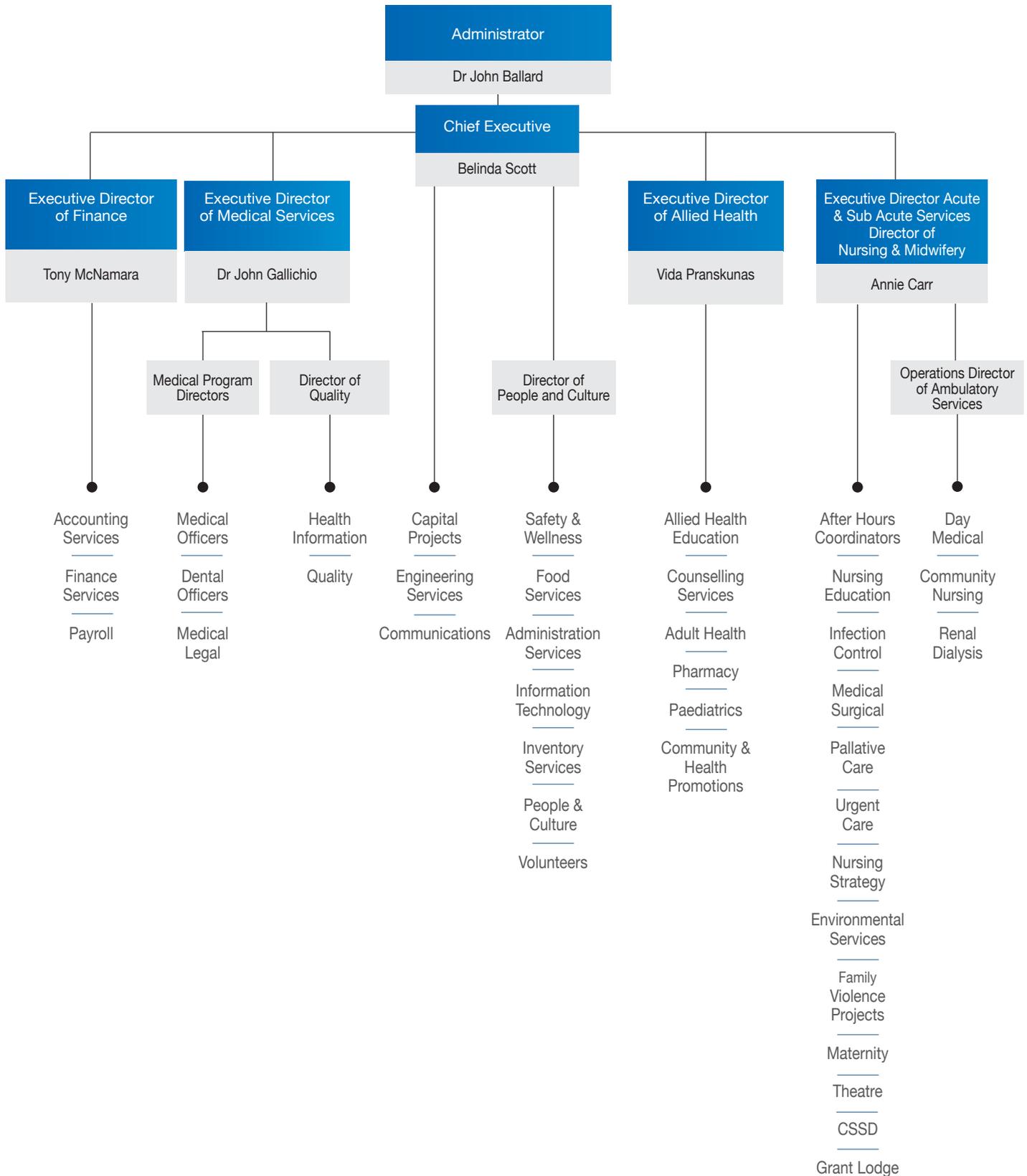
- Cardiology
- Childbirth Education Classes
- Day Medical
- Dental
- Dermatology
- Endocrinology
- Diabetes Education
- General Medicine
- Nephrology
- Gynaecology
- Obstetrics
- Orthopaedic Surgery
- Paediatrics
- Respiratory Medicine

Residential Aged Care

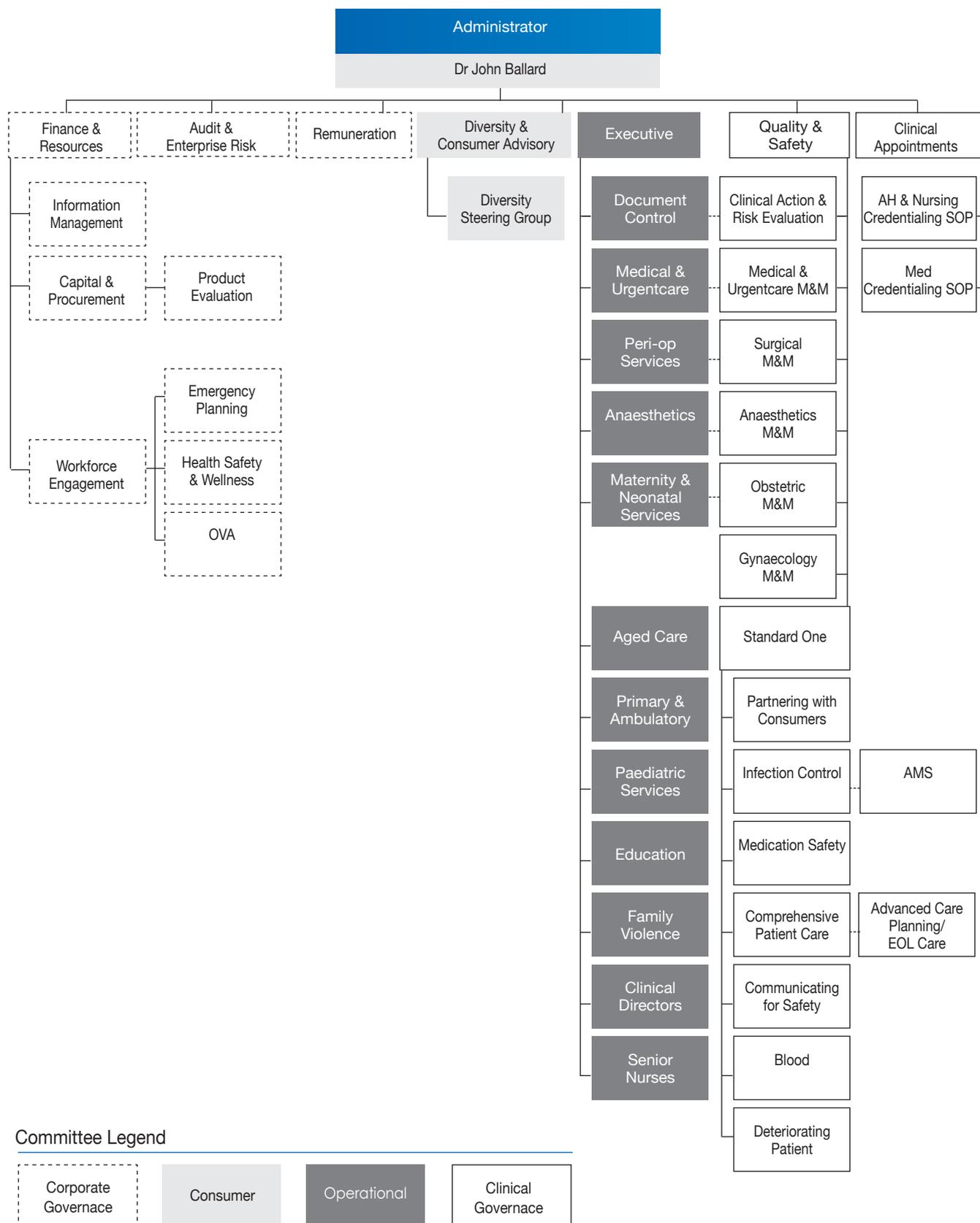
- Grant Lodge

Structures

ORGANISATIONAL STRUCTURE AT 30 JUNE 2019



GOVERNANCE STRUCTURE AT 30 JUNE 2019



Statement of Priorities

IN 2018-19 DJERRIWARRH HEALTH SERVICES (DJHS) WILL CONTRIBUTE TO THE ACHIEVEMENT OF THE GOVERNMENT'S COMMITMENTS BY:

Goals	Strategies	Health Service Deliverables	Outcome
<p>Better Health</p> <p>A system geared to prevention as much as treatment</p> <p>Everyone understands their own health and risks</p> <p>Illness is detected and managed early</p> <p>Healthy neighbourhoods and communities encourage healthy lifestyles</p>	<p>Better Health</p> <p>Reduce statewide risks</p> <p>Build healthy neighbourhoods</p> <p>Help people to stay healthy</p> <p>Target health gaps neighbourhoods</p>	<p>Review and enhance health outcomes programs for the community including the Boorai Dreaming language development program for Aboriginal children and supported Autism programs.</p>	<p>The Djerriwarrh Health Services Health Promotion team along with the Executive have delivered the following against this goal:</p> <ul style="list-style-type: none"> • Pop-up Services Hub – linking community members into local services and providing information about referral pathways. • ‘Dream Big’ Festival. • Linking Rockbank, that included an art exhibition. • Community Garden - building community capacity and social connectedness. A section of the community garden has been dedicated to the Koori Kids playgroup. • ‘Women Making it Happen’ - sports, arts and community leadership programs. • Djerriwarrh Festival – part of Women Making it Happen. • 16 Days of Activism - including ‘Walk With Her’ events.
		<p>Promote urgent care centres in Bacchus Marsh and Melton to support access to care locally and act as an emergency department diversion strategy for larger neighbouring hospitals.</p>	<p>Djerriwarrh Health Services operates Urgent Care Centres in Melton and Bacchus Marsh.</p> <p>In 17/18, the Urgent Care Centres treated 16,568 presentations, of which 25% were children.</p> <p>In 18/19 the Urgent Care Centres treated 20,424 presentations, of which 33% were children.</p> <p>There has been active engagement of local health providers, Ambulance Victoria and the community about the services available at the Health Service.</p>
		<p>Strengthen the Hospitals response to Family Violence implementation.</p> <p>Key priorities will be to:</p> <ul style="list-style-type: none"> • Work with local service providers to ensure our processes work seamlessly with theirs to support families; • Provide education for all frontline staff on how to risk assess, appropriately discuss and refer, patients and clients who present with family violence concerns; <p>Demonstrate a strong public stance on family violence prevention.</p>	<p>Djerriwarrh Health Services appointed a Family Violence Project lead and has completed a number of activities this year under the goal of illness is detected and managed early.</p> <p>The Health Service undertook resource mapping and undertook education activities for staff and community. There were a number of expos held in collaboration with Western Health to promote where to gain assistance for family violence, elder abuse and child safe programs.</p> <p>Djerriwarrh Health Services has taken the lead in implementing the Multi Agency Risk Assessment and Management Framework (MARAM) given the provision of specialist family violence services we offer.</p> <p>The Health Service developed procedures and forms for Family Violence Information Sharing (FVISS) and Child Safety Information Sharing (CSIS). We have recently commenced sharing information with other Information Sharing Entities (ISEs) and Risk Assessment Entities (RAEs).</p> <p>There has been staff education about MARAM and Information Sharing through the Strengthening Hospital Responses to Family Violence (SHRFV). The uptake of training has been 80% of managers, 35% of clinical staff and 5% of non-clinical staff have received SHRFV training.</p> <p>Djerriwarrh Health Services partners with Western Health for the provision of specialist SHRFV training in the areas of elder abuse, child safety and manager training. We will share our MARAM, FVISS and CSISS procedures, policies and forms with Western Health over the coming months as they also become a prescribed organisation.</p>

Goals	Strategies	Health Service Deliverables	Outcome
<p>Better Access</p> <p>Care is always there when people need it</p> <p>More access to care in the home and community</p> <p>People are connected to the full range of care and support they need</p> <p>There is equal access to care</p>	<p>Better Access</p> <p>Plan and invest</p> <p>Unlock innovation</p> <p>Provide easier access</p> <p>Ensure fair access</p> <p>Improve</p>	<p>Improve access to chronic disease self-management and peer support services to achieve better client health outcomes.</p>	<p>Djerriwarrh Health Services provides therapy programs and support groups specifically for cancer, stroke, carers, dementia and Parkinson's disease through our Community Health and Allied Health funding streams.</p> <p>Djerriwarrh Health Services also provides chronic disease self management groups, rehabilitation groups (cardiac and pulmonary) and exercise groups for patients living with diabetes. We also offer gentle exercise for older adults, Fit for Life, tai chi, upper limb, memory and cognition programs.</p>
		<p>Implement the integrated client journey system at Melton Health and Community Services.</p>	<p>Djerriwarrh Health Services is the lead tenant for the Melton Health & Community Services Hub. The hub provides a 'one-stop' shop for vulnerable clients. As part of the collaborative model, an integrated client queuing system has been developed and commenced operation in March 2019. The next step is to develop a single page screening tool and referral pathways for use by the service partners.</p>
		<p>Implement Special Care Nursery to provide Level 2 neonatal services and reduce transfer of babies and increase return of local babies to the community.</p>	<p>Djerriwarrh Health Services identified the need for a local Level 3 Special Care Nursery to reduce the separation of mothers and babies in the first 48 hours of life. 86% of all babies transferred in 2018/19 could have been avoided if the Level 3 Special Care Nursery was in operation.</p> <p>A multi-disciplinary team collaborated to develop the model of care, supporting procedures and procurement of the equipment required for the Special Care Nursery. Staff upskilling was undertaken through clinical placements with Werribee Mercy & Northern Health.</p> <p>The Special Care Nursery opened on 15 July 2019.</p>
		<p>Improve access to care through strengthening of partnerships to connect the community to care.</p>	<p>Djerriwarrh Health Services has improved access to outpatient services through dedicated review of Specialist Clinics and opening of new clinics with long waitlists. Specialist Clinics performance data has been impacted as patients have been treated in turn off the waitlist resulting in a reduction in KPI's for routine appointments.</p> <p>The appointment of the Clinical Director of Surgery has been a positive step for the Health Service.</p> <p>There has been increased local newspaper articles and social media posts to promote the range services offered and good news stories from the Health Service.</p>

STATEMENT OF PRIORITIES

Goals	Strategies	Health Service Deliverables	Outcome
<p>Better Care</p> <p>Target zero avoidable harm</p> <p>Healthcare that focusses on outcomes</p> <p>Patients and carers are active partners in care</p> <p>Care fits together around people's needs</p>	<p>Better Care</p> <p>Put quality first</p> <p>Join up care</p> <p>Partner with patients</p> <p>Strengthen the workforce</p> <p>Embed evidence</p> <p>Ensure equal care</p>	<p>Participate in the Grampians Regional Clinical Governance audit to determine clinical governance gaps and work together to implement actions to reduce these.</p>	<p>Djerriwarrh Health Services has continued to evolve our governance structures and are leaders in the Grampians region. The Regional Clinical Governance review undertaken by all health services in Grampians region identified that we could strengthen our preparation for the appointment of a Board (work inherent to our policy and development an renewal), participate in Grampians region consumer induction training and HR Managers forums.</p> <p>A Clinical Governance representative from DHHS visited Djerriwarrh Health Services in January 2019. DHHS was highly impressed with the work that had been completed over the last six months.</p>
		<p>Expand external participants in health service review activities through peer review and actively participate in benchmarking activities.</p>	<p>Djerriwarrh Health Services have expanded the participation in benchmarking activities in 2018/19. The new work includes Better Care Victoria project, Safer Care Victoria Project, subscription to Womens Healthcare Australia and ACHS Clinical Indicators program.</p>

STATEMENT OF PRIORITIES

Goals	Strategies	Health Service Deliverables	Outcome
Specific 2018-19 priorities (mandatory)	Disability Action Plans Draft disability action plans are completed in 2018-19.	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.	The Disability Action Plan was delivered as part of the Djerriwarrh Health Services Diversity Committee workplan on 30 June 2019 has completed.
	Volunteer Engagement Ensure that the health service executives have appropriate measures to engage and recognise volunteers.	Recognise volunteers through service awards at annual celebration.	Djerriwarrh Health Services have undertaken a review of the volunteer services with a transition of the Volunteer Coordinator to the People & Culture directorate.
		Expand the volunteer base from the Melton community through a range of engagement activities to be implemented at the new Melton Health and Community Services facility.	There has been active recruitment in the local newspapers seeking to engage volunteers from Melton and surrounds. Djerriwarrh Health Services celebrated and recognised the valuable service of our volunteers in May 2019, celebrations coincided with Volunteer Week. We also had a volunteer short listed in the Victorian Health Ministers Volunteer Awards.
	Bullying and Harassment Actively promote positive workplace behaviours and encourage reporting. Utilise staff surveys, incident reporting data, outcomes of investigations and claims to regularly monitor and identify risks related to bullying and harassment, in particular include as a regular item in Board and Executive meetings. Appropriately investigate all reports of bullying and harassment and ensure there is a feedback mechanism to staff involved and the broader health service staff.	Identify bullying and harassment through People Matters Survey and individual unit cultural surveys.	Djerriwarrh Health Services has recruited a Workforce Partner - Organisational Development, to support cultural improvement. In addition to this partner, a Workplace Health & Wellbeing Coordinator was appointed to support OH&S representatives. There has been significant work in this area during 2018/19 with multiple education campaigns undertaken on Bullying & Harassment in the workplace. Djerriwarrh Health Services also appointed a new Employee Assistance Program provider in January 2019, with a launch for all staff. The new service offers a wide range of supportive programs including Manager Assist, Work Ready Service, Financial Counselling, Legal Assistance in addition to the Employee Counselling Services.
		Strengthen systems and processes for managing incidents of bullying and harassment.	Djerriwarrh Health Services has strengthened the systems and processes for managing bullying & harassment by reviewing the People & Culture Procedure Manual and uploading onto PROMPT (online document management system), Managers undertaking training in managing employee behaviour and implementing a consistent approach to performance outcomes for employees.
		Practice and promote zero tolerance to bullying and harassment.	
		Deliver the 10 point Violence and Prevention plan for health services which includes staff education and training programs.	Djerriwarrh Health Services has progressed well against the 10 point Violence and Prevention Plan. The Occupational Violence and Aggression committee is addressing the 10 point Action Plan along with three other key pieces of legislative change in relation to Occupational Violence and Aggression through AMNF & staff consultation.

STATEMENT OF PRIORITIES

Goals	Strategies	Health Service Deliverables	Outcome
Specific 2018-19 priorities (mandatory) continued	Occupational Violence Ensure all staff who have contact with patients and visitors have undertaken core occupational violence training, annually. Ensure the department's occupational violence and aggression training principles are implemented.	Deliver training to all frontline training staff for occupational violence and aggression prevention principles.	Djerriwarrh Health Services has strengthened its training for frontline staff in the management of clinical aggression. The organisation has rolled out Management of Clinical Aggression training (MoCA) to high risk areas and is progressing with other areas in 2019/20.
		Improve staff and patient safety through upgrade of mobile duress system.	<p>Currently, the OVA committee is working on contextualising the Borset Violence Checklist, an OVA screening risk assessment tool, currently used at Western Health. The use of this tool can assess a patient's behaviour and predict the likelihood to escalate to physical or verbal aggression. With this in place, clinicians can predict the onset of patient aggression and activate processes to keep themselves and others safe while still delivering the gold standard of care provided at Djerriwarrh Health Services.</p> <p>A security risk assessment was conducted with independent risk assessors from SNP Security in December 2018 for DHHS. This was presented to the Executive team, where each identified risk was reviewed and a plan was put into place to address each risk. Throughout 2019, the Safety & Wellness Coordinators have been collaborating with staff in addressing each risk. This work will continue in 2019/20.</p> <p>A Nurse duress system has commenced with implementation by ASCOM. Expected completion August 2019.</p>

STATEMENT OF PRIORITIES

Goals	Strategies	Health Service Deliverables	Outcome
Specific 2018-19 priorities (mandatory) continued	Environmental Sustainability Actively contribute to the development of the Victorian Government's policy to be net zero carbon by 2050 and improve environmental sustainability by identifying and implementing projects, including workforce education, to reduce material environmental impacts with particular consideration of procurement and waste management, and publicly reporting environmental performance data, including measureable targets related to reduction of clinical, sharps and landfill waste, water and energy use and improved recycling.	Enhance the environmental sustainability plan of Djerriwarrh Health Services to align with the state government policy.	Djerriwarrh Health Services has reviewed the DHHS Environmental Sustainability Strategy 2018/19 - 2022/23 and will undertake a review of the Djerriwarrh Health Services Environmental Plan to ensure there is alignment to the priorities. The implementation of the organisation wide waste management system is near completion. These strategies will continue into 2019/20 with the development of a Environmental Sustainability Committee, development of a work plan and staff education and capability building. Data is being reported so that benchmarking can be undertaken and reported at the Environmental Sustainability Committee.
		Implement a recycling waste management system across the organisation.	
		Benchmark reporting through the Department of Health and Human Services electronic data management system for waste.	
	LGBTI Develop and promulgate service level policies and protocols, in partnership with LGBTI communities, to avoid discrimination against LGBTI patients, ensure appropriate data collection, and actively promote rights to free expression of gender and sexuality in healthcare settings.	Initiate a project to achieve Rainbow Tick accreditation by: <ul style="list-style-type: none"> • Appointing a project officer • Undertaking gap analysis • Preparing policies and procedures to support LGBTI services. 	Djerriwarrh Health Services has appointed a Rainbow Tick Project Officer, and progressed the Rainbow Tick Accreditation activities in 2019/20. There have been a number of key procedures, processes and educational activities held to support the Rainbow Tick accreditation process. The staff celebrated IDAHOBIT Day in May 2019 and used the celebration to promote personal safety for the LGBTI community.

Volunteers

Our Volunteers are acknowledged for the outstanding work and support they provide Djerriwarrh Health Services without the help from our Volunteers, it would be a difficult task for our health service to provide the assistance to the community we currently offer.

Volunteers help in many areas, which include Meals on Wheels, Melton Health, Melton Health & Community Services, Grant Lodge, Consumer Transport, Friendly Visiting Service, Bacchus Marsh Hospital Ladies Auxiliary, Palliative Care and Hospital Kiosk.

Mr Gregory Adams	Mr Brent Delahey	Mr Keith Gundry	Mr Emmett Lee
Ms Margaret Amery	Mrs Barbara Di Collalto	Mrs Dorothy Hatcher	Mrs Wendy Lesko
Mrs Barbara Atkin	Mrs Joyce Dick	Mrs Glenda Hateley	Mrs Jillian Lidgett
Mrs Susan Bakunowicz	Mr Vernon Dick	Mrs Bernadette Hayter	Mrs Bernice Light
Mrs Gillian Barker	Mrs Valerie Dickson	Mr Andrew Heal	Mrs Heather Linsdell
Mr Anthony Barker	Mrs Mary Diele	Mrs Nanette Hein	Mrs Janette Lowe
Miss Anastasia Bazzano	Mrs Sunita Ditcham	Mrs Lynette Hennessy	Mr Peter Lowe
Mrs Greta Beale	Ms Naomi Donaldson	Mrs Lynette Hewat	Mrs Helen Lyne
Ms Vivienne Bearne	Ms Celestine Drake	Ms Robyn Hine	Mr Trevor Lyne
Mrs Alexandra Bebenek	Miss Melissa Dryden	Miss Debra Hine	Mrs Robyn Mackenzie
Mrs Prue Beech	Ms Lili Eggleston	Miss Jillian Hogan	Ms Michelle Males
Mrs Anne Bennett	Mrs Karena Esnouf	Mrs Kaye Holland	Ms Amy Mangion
Mrs Ann Birch	Mrs Stephenie Evans	Mrs Athena Holmes	Mrs Thelma Manly
Mrs Iris Blythe	Mrs Janice Farmelo	Mr Terry Hooper	Ms Wendy Mannix
Mr Peter Blythe	Mrs Sandra Ferella	Mrs Lynne Hopewell	Mrs Beverly McCourt
Ms Hania Bout	Mrs Marilyn Fernandez	Mr Greg Hose	Ms Amy McDonald
Mrs Linda Bracksley	Mrs Gwenda Ferry	Mrs Margaret Hose	Ms Carol McGrath
Mrs Pamela Broad	Mrs Christine Fraser	Mr Damiene House	Mrs Janice McGuinness
Ms Robyn Brooks	Mrs Anne Gatt	Mrs Maryanne Hucker	Ms Cornelia McLaughlin
Mrs Joan Brown	Mrs Katherine Geurts	Miss Lily Huinck	Miss Jacquelyn Melvin
Mrs Marlene Burvill	Mr Lawrence Geyer	Ms Elizabeth Jansink	Mrs Cathryn Merry
Mrs Kay Butler	Mr David Gibbs	Ms Lesley Jenner	Mr Grant Migani
Mrs Barbara - Anne Caisley	Mr Christopher Giles	Mr Lance Jennison	Ms Lynette Mikunda
Mrs Nola Camilleri	Mrs Wendy Ginnane	Mrs Judy Jenz	Mr David Millar
Mrs Jean Carboon	Ms Robyn Goodman	Ms Julie Johnson	Mrs Robyn Millar
Mr Norman Carboon	Miss Tamara Gourley	Mr Wayne Johnson	Mrs Susan Miller
Mr Colm Carragher	Miss Stavroula Gouros	Mr Donald Johnson	Ms Lee-Anne Miller
Mrs Elizabeth Charge	Mr Gino Governi	Ms Nicole Kearns	Mrs Bertha Missen
Mrs Cheryl Cleggett	Mrs Agnes Governi	Mr John Keddy	Mrs Sharon Moore
Mr Lindsay Collins	Ms Julie Grace	Mrs Loretta Kelly	Mrs Beryl Morgan
Mrs Dorothea Cook	Mr John Graham	Ms Sabrina Kelly	Mrs Margaret Murdoch
Ms Pamela Course	Mrs Deborah Grech	Mrs Cheryl King	Mrs Karin Murer
Ms Heather Crouch	Ms Marica Grech	Mrs Eileen Knight	Mrs Betty Nelson
Mrs Glenys Currie	Miss Caitlin Green	Miss Natasha Korbust	Mr Raymond Newland
Mr Elton Cutajar	Ms Marilyn Gregg	Dr Kate Laing	Mrs Sheryl Newton
Mrs Elizabeth Davie	Miss Angela Grigg	Mrs Rachel Laurie	Mrs Noreen Nisbet
Miss Wendy Deacon	Miss Kirsten Grigg	Ms Joanne Layton	Ms Brianna O'Connor
Mrs Mary Delahey	Dr James Grimes	Mrs Betty Le Sueur	Mrs Robyn O'Keefe

Ms Carolyn Olthof
Mrs Kathryn Orchard
Mrs Pauline Pace
Mrs Wendy Parkes
Mrs Jennifer Partridge
Mr Stephen Peat
Mrs Marie Perry
Ms Jennifer Petersen
Ms Nola Pettett
Mrs Helen Pike
Mrs Deanna Portlen
Mr Joshua Powell
Mrs June Prout
Miss Chantel Pusetic
Miss Victoria Ragg
Mrs Nola Roberts
Mrs Lynette Robinson
Mrs Gayle Rodda
Ms Pamela Roginson
Mrs Winsome Rose
Mrs Carolyn Rowan
Mrs Doreen Salt
Mrs Nola Scicchitano
Mrs Vivienne Sheldon
Ms Dianne Simboro
Mrs Deborah Slattery
Miss Merryn Smith
Miss Jennifer Smith

Ms Bethany Somers
Miss Enya-Louise Somers
Miss Eunice Soriano
Mrs Yvonne Spargo
Mrs Rosa Stainer
Ms Lynette Stenecker
Mrs Melita Stephenson
Mrs Shirley Stephenson
Mrs Gayle Stevens
Mr Anthony Stevens
Mrs Nancy Stewart
Mrs Lorraine Stewart
Mr Graeme Stewart
Mr Ronald Stickland
Mrs Alicia Sultana
Ms Natalie Suwart
Ms Lorraine Swain
Mrs Elizabeth Swan
Ms Lorraine Symons
Mrs Glenda Tanner
Ms Pamela Thorne
Mrs Maureen Thorpe
Mrs Sarah Tollis
Mrs Alice Trask
Mrs June Trask
Ms Norma Trotter
Mrs Rosemary Van Alkemade
Miss Elya Vanhinnisdael

Mr Hernan Vinco
Ms Jennifer Wade
Ms Diana Wade
Mrs Teresa Walters
Mrs Kathleen Warwick
Mrs Helga Weiss
Ms Denise Werner
Mrs Joan Wesley
Mr Keith Wesley
Mrs Jean Weybury
Mrs Lucille Wheelahan
Mrs Janice White
Mr Anna Williamson
Mr John Wilson
Mr Terrence Wilson
Mr Stuart Wood
Mrs Denise Woodman
Mrs Robyn Youl
Mr Barry Youl
Mrs Lynette Young
Mrs Thelma Young

Retired

Mr Pieter Jongkryg
Mr Philip LeFlay
Ms Roberta Lewis
Ms Sandra Martin
Mrs Donna May

Mrs Dianne McAuliffe
Ms Francie Muccignat
Ms Lacey Mugavin
Mrs Evelyn Mugavin
Mr Pereira
Mrs Debra Pickering
Mr Colin Prout
Mr Peter Rattray
Mrs Jeanette Rattray
Mr David Robertson
Mr Terrence Schultz
Mrs Isabella Sciberras
Mrs Agnes Seex
Miss Victoria Seex
Ms Penney Smithers
Mrs Audrey Stanaway
Mrs Olive Tait
Ms Margaret Thompson
Mr Andrew Travis
Mrs Vicki Tudball
Mr Robert Whitefi eld
Mrs Catherine Williams
Mr Derek Williamson



Corporate Governance

BOARD COMMITTEES

Audit & Enterprise Risk Committee

This committee assists the board by providing assurance in the key areas of statutory accounts, internal control, legislative compliance and oversight of the activities of risk management, internal and external audit.

Clinical Appointments Committee

This committee advises and recommends to the Board the appointment or reappointment of applicants to the Visiting Medical Officer and staff specialist positions at Djerriwarrh Health Services, including the scope of their clinical privileges.

Finance & Resources Committee

This committee advises the Board on matters relating to financial strategies, priorities, financial performance, including viability and sustainability, and the effective use of resources and assets.

Diversity & Consumer Advisory Committee

This committee provides a consumer perspective on community issues, and patient experience and relating to both quality and safety.

This committee is informed by consumer and community needs including, but not limited to, the needs of consumers from culturally and linguistically diverse backgrounds, Aboriginal and Torres Strait Islander communities, and people with disabilities.

Quality & Safety Committee

This Committee monitors the quality and safety of health services that are provided to patients, care recipients and clients. This committee provides assurance to the Board that robust clinical governance mechanisms are in place and effective throughout the organisation.

Remuneration (REM)

This committee reviews the remuneration of the Chief Executive and Executive Directors in line with the Government.

OCCUPATIONAL HEALTH AND SAFETY

Occupational Health and Safety at Djerriwarrh Health Services is focused on the safest possible workplace ensuring all our staff are supported and can stay well, acknowledging the linkage between personal health and safety in the workplace. The goal is to prevent injury through education, training and risk identification, or if someone is injured, assisting their recovery and return to work.

The Health, Safety & Wellness Committee has broad operational representation from across the organisation and meets monthly to review prevention activities, promote health and wellbeing, and review incidents to develop strategies to improve the environment.

In 2018-19, 338 Occupational Health and Safety related incidents were recorded. Of these reported incidents, there were 90.86 reported hazards/incidents for 2018-2019 per 100 full-time equivalent (FTE) staff members and 2.15 Lost Time claims for 2018-2019 per 100 FTE. During 2018-19 there were fourteen new WorkCover claims compared to eight in 2017-18.

Reporting is encouraged via education to support improvements and monitor progress. Of the incidents reported 98.8% were rated as no injury or minimal injury with no additional care required, 1.2% were rated as injury requiring an increased level of care, and there were no incidents whereby a severe injury was recorded.

Training and practice is a key aspect of maintaining a safe environment. Djerriwarrh Health Services has a scheduled plan for practicing emergency evacuations, fire drills and managing emergency situations.

Mandatory education for all employees covers:

- Manual Handling
- Hand Hygiene
- Bullying & Harassment
- Emergency Procedure Training
- Module 1 – Introduction to Culturally Competent Care
- Module 2 – Culturally Competent Communication
- Preventing & Managing Occupational Violence & Aggression
- Social Media

The valuable feedback received from consumers has led to significant improvements in both the physical environment and the way services are provided, contributing to a safer health service.

Occupational violence statistics	2018-2019
WorkCover accepted claims with an occupational violence cause per 100 FTE	3.72
Number of accepted WorkCover claims with lost time injury with an occupational violence cause per 1,000,000 hours worked.	1.46
Number of occupational violence incidents reported	116
Number of occupational violence incidents reported per 100 FTE	31.18
Percentage of occupational violence incidents resulting in a staff injury, illness or condition	0.86%

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 – an event or circumstance that could have resulted in, or did result in, harm to an employee. Incidents of all severity rating must be included. Code Grey reporting is not included, however, if an incident occurs during the course of a planned or unplanned Code Grey, the incident must be included.

Accepted Workcover claims – Accepted Workcover claims that were lodged in 2018-19.

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.

FTE figures required in the above table should be calculated consistent with the Workforce information FTE calculation.

DISCLOSURE REQUIRED UNDER LEGISLATION

Freedom of Information

Djerriwarrh Health Services is an agency subject to the *Freedom of Information Act (Victoria) 1982*. As required under the Act, Djerriwarrh Health Services has nominated the Chief Executive as the Freedom of Information Officer.

During 2018–19, 127 Freedom of Information requests were processed.

Building Act 1993

Djerriwarrh Health Services complies with the provisions of the *Building Act 1993* which encompasses the Building Code of Australia and Standards for Publicly Owned Buildings November 1994.

Protected Disclosure

Djerriwarrh Health Services is an agency subject to the *Protected Disclosure Act 2012* which enables people to make disclosures about improper conduct within the public sector without fear of reprisal.

The Act aims to ensure openness and accountability by encouraging people to make disclosures and protecting them when they do.

There were no disclosures in 2018-19.

Statement of Merit and Equity

Djerriwarrh Health Services ensures a fair and transparent process for recruitment, selection, transfer and promotion of staff. It bases its employment selection on merit and complies with the relevant legislation. Policies and procedures are in place to ensure staff are treated fairly, respected and provided with avenues for grievance and complaint processes.

Competitive Neutrality

It is Government policy that the costing policies of publicly funded organisations should reflect any competitive advantage available to the private sector. Djerriwarrh Health Services complies with the National Competition Policy and has met the requirements of the Competitive Neutrality Policy Victoria.

Carers Recognition

Djerriwarrh Health Services is fully compliant with the *Carers Recognition Act 2012*. This Act formally

recognises and values the role of carers and the importance of care relationships in the community. The Act states principles about the significance of care relationships and specifies obligations for State Government agencies, local councils and other organisations that interact with people in care relationships.

Djerriwarrh Health Services has:

- Taken all practicable measures to comply with its obligations under the Act
- Promoted the principles of the Act to people in care relationships receiving our services and also to the broader community
- Provided carer support and counselling

Environmental Performance

Djerriwarrh Health Services is dedicated to ensuring it minimises its carbon footprint where possible. The recent increase in the size of Djerriwarrh Health Services sites has presented challenges to reduce, waste, water and energy as Djerriwarrh Health Services provides increased services to its communities.

Gas

Natural gas has seen an increase in usage, this increase is largely due to the installation of the Theatre Complex to the Bacchus Marsh site. The large quantities of fresh air required to maintain adequate pressures to the Operating Theatres, requires tempering with the use of gas fired boilers

Electricity

Djerriwarrh Health Services has seen a large increase in the use of electricity. This increase has been incurred with the installation of the Melton Health & Community Services Building and the Theatre Redevelopment Project.

Water

Although water usage has seen an increase across the organisation, it has increased proportionally with the increase in staff. The increase in staff is largely due to the opening of the Melton Health and Community Services site.

Clinical Waste

Djerriwarrh Health Services has seen a decline in clinical waste through the auditing of clinical waste and staff training, this has led to an increase the products that can be added to both recycled and general waste.

	2018/19	2017/18	2016/17
Gas (GJ)	4421	3605	5196
Electricity (GJ)	8566	7804	7963
CO2 (Tonnes)	2774	2527	2597
Water (KL)	22,286	18,318	22,603
Clinical Waste (Kg)	15,882	22,919	25,640
Comingled Recycling (Kg)	10,834	17,698	14,593
General Waste (Kg)	62,400	62,400	62,400

ADDITIONAL INFORMATION AVAILABLE ON REQUEST

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.

OTHER RELEVANT REPORTING DIRECTIVES

Local Jobs Act 2003

In 2018-19 there were no contracts requiring disclosure under the Local Jobs First Policy.

Safe Patient Care

Djerriwarrh Health Services complies with the *Safe Patient Care Act 2015* in relation to Nurse to Patient and Midwife to Patient ratios. The Health Service has no matters to report in relation to its obligations under section 40 of the *Safe Patient Care Act 2015*.

Industrial Relations

Djerriwarrh Health Services endeavours to maintain a good relationship with industrial relations bodies by being open and transparent. There was no time lost in 2018–19 due to industrial disputes.

Privacy

Djerriwarrh Health Services is committed to the protection of privacy of information for all patients, residents, clients and staff.

Statement of Fees and Charging Rates

Djerriwarrh Health Services charges fees in accordance with the Victorian Department of Health and Human Services directives issued under Regulation 8 of the Hospital and Charities (Fees) Regulations 1986, as amended.

Financial Indicators

The Djerriwarrh Health Services Operating Result for the 2018-19 financial year was a surplus of \$0.191 million. Whilst hospital inpatient activity tracked below funded activity levels, this end of year position was achieved with the support of the Department of Health and Human Services.

The organisation's asset base has increased \$26.208 million due to the completion of our major infrastructure projects, the Melton Health and Community Services and the new operating theatres at Bacchus Marsh, and also mandated land and building asset revaluations in this financial year. The related capital funding revenue and expenditure has seen a \$14.662 million decrease in the 2018-19 Net Result (the Operating result plus capital purpose income and expenditure).

	2019 \$'000	2018 \$'000	2017 \$'000	2016 \$'000	2015 \$'000
Total Revenue	77,267	85,339	71,428	66,794	57,329
Total Expenses	75,023	68,862	66,132	64,636	57,955
Other operating flows included in the Net result	(359)	70	578	(551)	(103)
Net Result for the Year	1,885	16,547	5,876	1,607	(729)
*Operating Result	191	47	500	144	(37)
Total Assets	98,281	72,073	52,039	45,294	42,183
Total Liabilities	19,110	18,248	16,767	16,613	15,109
Total Equity	79,171	53,825	35,272	28,681	27,074

* The Operating result is the result for which the Health Service is monitored in its Statement of Priorities, also referred to as the Net result before capital and specific items.

	2019 \$'000	2018 \$'000	2017 \$'000	2016 \$'000	2015 \$'000
Net operating results*	191	47	500	144	(37)
Capital and specific items					
Capital purpose income	5,786	19,279	7,445	4,711	1,760
Specific income	-	-	-	-	-
Assets provided free of charge	-	-	-	-	-
Assets received free of charge	(114)	-	2	-	-
Expenditure for capital purpose	(3,619)	(86)	(82)	(259)	(12)
Depreciation and amortisation	-	(2,763)	(2,567)	(2,438)	(2,337)
Impairment of non-financial assets	-	-	-	-	-
Finance costs (other)	-	-	-	-	-
Net result from transactions	2,244	16,477	5,289	2,158	(626)

* The Net operating result is the result which the health service is monitored against in its Statement of Priorities.

UNADJUSTED CURRENT ASSET RATIO	18-19 \$'000	17-18 \$'000	16-17 \$'000	15-16 \$'000	14-15 \$'000
Current Assets	8,718	14,931	11,701	9,535	8,221
Current Liabilities	17,229	16,553	14,937	14,383	13,147
Current Asset Ratio	0.51	0.90	0.78	0.66	0.63

DETAILS OF ICT EXPENDITURE

The total ICT expenditure incurred during 2018-19 is \$4.995 million (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 expenditure (excluding GST) (a)+(b)	Operational expenditure (excluding GST) (a)	Capital expenditure (excluding GST) (b)
\$2.316m	\$2.679m	\$0.0m	\$2.679m

WORKFORCE DATA

The table below shows the Full time equivalent (FTE) employee numbers as at 30 June 2018 and 30 June 2019. The FTE figures exclude overtime. These figures do not include contracted staff (e.g. Agency Staff, Fee For Service Medical Officers) who are not regarded as an employee for this purpose.

Labour Category	JUNE Current Month FTE		JUNE YTD FTE		JUNE Head Count	
	2018	2019	2018	2019	2018	2019
Grand Total	428.19	430.85	422.90	422.48	599	601
Nursing	181.25	174.28	181.73	173.75	260	261
Administration and Clerical	91.42	93.39	78.93	91.58	115	114
Medical Support	21.41	19.85	21.95	20.01	28	24
Hotel and Allied Services	55.08	60.45	61.19	58.78	81	84
Medical Officers	3.23	2.76	2.65	2.96	5	5
Hospital Medical Officers	7.72	6.94	7.38	7.04	11	11
Sessional Clinicians	8.42	9.41	8.22	8.65	18	20
Ancillary Staff (Allied Health)	59.66	63.77	60.85	59.71	81	82

CONSULTANCIES

In 2018-19 there were four consultancies where total fees payable were \$10,000 or greater.

Total expenditure incurred during 2018-19 in relation to these consultancies was \$150,954 (excl GST).

In 2018-19 there were twelve consultancies where total fees payable were less than \$10,000.

The expenditure incurred during 2018-19 in relation to these consultancies is \$45,673 (excl GST)

Individual consultancies (\$10,000 or greater)

Consultant	Purpose of Consultancy	Start Date	End Date	Total approved project fee (excl GST)	Expenditure 2018-19 (excl GST)	Future expenditure (excl GST)
PORTER NOVELLI AUSTRALIA PTY LTD	Communications	1/07/2018	30/06/2019	82,031	82,031	\$37,000
COHEALTH LTD	Koolin Balit	1/07/2018	30/06/2019	27,273	27,273	\$0
MADEMLIS ANGIE MARIE	Accreditation	1/07/2018	30/06/2019	13,600	13,600	\$0
MCPHEE ANDREWARTHA PTY LTD	Organisational Development & EAP provider	1/07/2018	30/06/2019	28,050	28,050	\$0

EVENTS SUBSEQUENT TO BALANCE DATE

There has been no event subsequent to balance date that may have a significant effect on the operations of the entity in subsequent years.

Key performance

Djerriwarrh Health Services works to improve access, and equity of access, to our specialist clinics services with priority given to patients with an urgent clinical need.

New specialists have been appointed and additional clinics commenced in the high demand areas of endocrinology, respiratory medicine and gynaecology to ensure patients are treated equitably within clinically appropriate timeframes. In 2018-19 the health service met all but one of the key performance indicators that measure our Organisational culture. The results from the People Matter survey will be used to inform the 2019-20 People Plan which will be a collaborative and co-designed approach for the organisation to address areas of improvement.

TIMELY ACCESS TO CARE

Specialist clinics	Target	Actual
Percentage of urgent patients referred by a GP or external specialist who attended a first appointment within 30 days	100%	81.8%
Percentage of routine patients referred by GP or external specialist who attended a first appointment within 365 days	90%	88.4%

STRONG GOVERNANCE, LEADERSHIP AND CULTURE

Key performance indicator	Target	Actual
Organisational culture		
People matter survey - percentage of staff with an overall positive response to safety and culture questions	80%	86%
People matter survey - percentage of staff with a positive response to the question, "I'm encouraged by my colleagues to report any patient safety concerns I may have"	80%	95%
People matter survey - percentage of staff with a positive response to the question, "Patient care errors are handled appropriately in my work area"	80%	89%
People matter survey - percentage of staff with positive response to the question, "My suggestions about patient safety would be acted upon if I expressed them to my manager"	80%	87%
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 errors of others"	80%	81%
People matter survey - percentage of staff with a positive response to the question, "Management is driving us to be a safety-centred organisation"	80%	88%
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%	77%
People matter survey - percentage of staff with a positive response to the question, "Trainees in my discipline are adequately supervised"	80%	82%
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%	86%

The health service delivered exceptional results across all performance domains for high quality and safe care this year. Notably, Djerriwarrh Health Services achieved accreditation against the National Safety and Quality Health Services Standards and compliance with the Commonwealth's Aged Care Accreditation Standards.

The health service achieved an unfavourable result against the Victorian Healthcare Experience Survey - Patient perception of cleanliness measure in quarter 3. This is likely the result of ageing infrastructure in the medical surgical ward and higher than other quarter participation in the survey from this patient group.

HIGH QUALITY AND SAFE CARE

Key performance indicator	Target	Actual
Accreditation		
Accreditation against the National Safety and Quality Health Services Standards	Accredited	Achieved
Compliance with the Commonwealth's Aged Care Accreditation Standards	Accredited	Achieved
Infection prevention and control		
Compliance with the Hand Hygiene Australia program	80%	89%
Percentage of healthcare workers immunised for influenza	80%	83%
Patient experience		
Victorian Healthcare Experience Survey - data submission	Full compliance	Achieved
Victorian Healthcare Experience Survey - positive patient experience - Quarter 1	95% Positive experience	96.1%
Victorian Healthcare Experience Survey - positive patient experience - Quarter 2	95% Positive experience	97.3%
Victorian Healthcare Experience Survey - positive patient experience - Quarter 3	95% Positive experience	95.8%
Victorian Healthcare Experience Survey - discharge care - Quarter 1	75% Positive experience	89.4%
Victorian Healthcare Experience Survey - discharge care - Quarter 2	75% Positive experience	86.4%
Victorian Healthcare Experience Survey - discharge care - Quarter 3	75% Positive experience	81.2%
Victorian Healthcare Experience Survey - patient perception of cleanliness - Quarter 1	70%	76.2%
Victorian Healthcare Experience Survey - patient perception of cleanliness - Quarter 2	70%	72.4%
Victorian Healthcare Experience Survey - patient perception of cleanliness - Quarter 3	70%	61.8%
Adverse events		
Sentinel events – root cause analysis (RCA) reporting	All RCA reports submitted within 30 business days	Achieved
Maternity and newborn		
Rate of singleton term infants without birth anomalies with APGAR score <7 to 5 minutes	≤1.4%	0.8%
Rate of severe foetal growth restriction (FGR) in singleton pregnancy undelivered by 40 weeks	≤28.6%	27.8%

We achieved an Operating Surplus of \$0.191 million against a break-even target due to the timing difference of program funding and service delivery for community outreach programs that continue into 2019-20.

The Average number of days to paying trade creditors has improved as we continue to imbed efficiencies in our corporate processes. Hospital inpatient activity was below target and performance was further impacted by service interruptions from the Bacchus Marsh operating theatres redevelopment.

Financial sustainability continues to be a focus for the organisation. Forecast number of days available cash, was impacted by the timing of payments late in the year. The Forecast Net result was unfavourable due to the significant increase to our asset base and related depreciation expenditure.

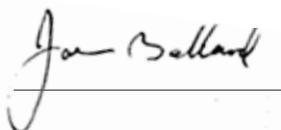
EFFECTIVE FINANCIAL MANAGEMENT

Key performance indicator	Target	Actual
Finance		
Operating result (\$m)	0.00	0.19
Average number of days to paying Trade creditors	60 days	70 days
Average number of days to receiving Patient fee debtors	60 days	33 days
Public & Private WIES activity performance to target	100%	77%
Adjusted current asset ratio	0.7 or 3% improvement from health service base target	0.65
Forecast number of days a health service can maintain its operations with unrestricted available cash (based on end of year forecast)	14 days	13 days
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	21 days
Measures the accuracy of forecasting the Net result from transactions (NRFT) for the current financial year ending 30 June.	Variance ≤ \$250,000	-\$360,000

Funding type	Activity Achievement
Acute Admitted	
WIES Public	4,065
WIES Private	94
WIES DVA	22
WIES TAC	1
Acute Non-Admitted	
Specialist Clinics	14,070
Specialist Clinics - DVA	4,152
Subacute & Non-Acute Admitted	
Subacute WIES - Palliative Care Public	43
Subacute WIES - Palliative Care Private	0
Subacute WIES - DVA	0
Subacute Non-Admitted	
Health Independence Program - Public	8,656
Aged Care	
Residential Aged Care	10,070
HACC	12,489
Primary Health	
Community Health / Primary Care Programs	17,037
Community Health Other	1,130
Other	
Health Workforce	15

RESPONSIBLE BODIES DECLARATION

In accordance with the *Financial Management Act 1994*, I am pleased to present the Report of Operations for Djerriwarrh Health Services for the year ending 30 June 2019.



Dr John Ballard

Administrator, Bacchus Marsh, 5 September 2019

ATTESTATION ON DATA INTEGRITY

I, Belinda Scott, certify that Djerriwarrh Health Services has put in place appropriate internal controls and processes to ensure that reported data accurately reflects actual performance.

Djerriwarrh Health Services has critically reviewed these controls and processes during the year.



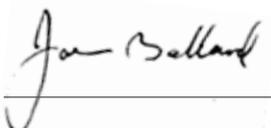
Belinda Scott

Chief Executive, Bacchus Marsh, 5 September 2019

FINANCIAL MANAGEMENT COMPLIANCE ATTESTATION

I Dr John Ballard, on behalf of the Responsible Body, certify that Djerriwarrh Health Services has complied with the applicable Standing Directions 2018 under the *Financial Management Act 1994* and Instructions except for the following Material Compliance Deficiencies:

Direction SD 4.2.3 Asset Management Accountability Deficiencies exist in Allocating Asset Management Responsibility and Asset Management System Performance. In 2018-19 Djerriwarrh Health Services will continue to address these deficiencies through the Capital and Procurement Committee.



Dr John Ballard

Administrator, Bacchus Marsh, 5 September 2019

COMPLIANCE WITH HEALTH PURCHASING VICTORIA (HPV) HEALTH PURCHASING POLICIES

I, Belinda Scott, certify that Djerriwarrh Health Services 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.



Belinda Scott

Chief Executive, Bacchus Marsh, 5 September 2019

CONFLICT OF INTEREST

I, Belinda Scott, certify that Djerriwarrh Health Services 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 Djerriwarrh Health Services 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.



Belinda Scott

Chief Executive, Bacchus Marsh, 5 September 2019

INTEGRITY, FRAUD AND CORRUPTION

I Belinda Scott certify that Djerriwarrh Health Services has put in place appropriate internal controls and processes to ensure that Integrity, fraud and corruption risks have been reviewed and addressed at Djerriwarrh Health Services during the year.



Belinda Scott

Chief Executive, Bacchus Marsh, 5 September 2019

Disclosure index

The Annual Report of Djerriwarrh Health Services 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	8
FRD 22H	Purpose, functions, powers and duties	4, 20
FRD 22H	Nature and range of services provided	9
FRD 22H	Activities, programs and achievements for the reporting period	12 -17
FRD 22H	Significant changes in key initiatives and expectations for the future	12 -17
Management and structure		
FRD 22H	Organisational structure	11
FRD 22H	Workforce data/ employment and conduct principles	20, 26
FRD 22H	Occupational Health and Safety	20-21
Financial information		
FRD 22H	Summary of the financial results for the year	25-26
FRD 22H	Significant changes in financial position during the year	25
FRD 22H	Operational and budgetary objectives and performance against objectives	28-30
FRD 22H	Subsequent events	27
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FRD 22H	Details of consultancies over \$10,000	27
FRD 22H	Disclosure of ICT expenditure	26
Legislation		
FRD 22H	Application and operation of <i>Freedom of Information Act 1982</i>	22
FRD 22H	Compliance with building and maintenance provisions of <i>Building Act 1993</i>	22
FRD 22H	Application and operation of <i>Protected Disclosure 2012</i>	22
FRD 22H	Statement on National Competition Policy	22
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FRD 22H	Summary of the entity's environmental performance	22-23
FRD 22H	Additional information available on request	23

Legislation	Requirement	Page Reference
Other relevant reporting directives		
FRD 25D	Local Jobs First Act disclosures	24
SD 5.1.4	Financial Management Compliance attestation	31
SD 5.2.3	Declaration in report of operations	31
Attestations		
Attestation on Data Integrity		31
Attestation on managing Conflicts of Interest		31
Attestation on Integrity, fraud and corruption		31
Other reporting requirements		
• Reporting of outcomes from Statement of Priorities 2018–19		12-17
• Occupational Violence reporting		20-21
• Reporting of compliance Health Purchasing Victoria policy		31
• Reporting obligations under the <i>Safe Patient Care Act 2015</i>		24
• Reporting of compliance regarding Car Parking Fees (if applicable)		N/A

Financial Statements

Djerriwarrh Health Services

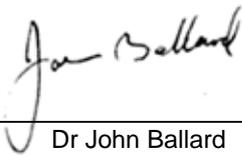
Administrator's, Accountable Officer's and Chief Finance & Accounting Officer's declaration

The attached financial statements for *Djerriwarrh Health Services* 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, 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 *Djerriwarrh Health Services* 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 5 September 2019



Dr John Ballard
ADMINISTRATOR



Belinda Scott
CHIEF EXECUTIVE



Anthony McNamara
CHIEF FINANCIAL OFFICER

Signed at Djerriwarrh Health Services
Date: 05/09/2019

Signed at Djerriwarrh Health Services
Date: 05/09/2019

Signed at Djerriwarrh Health Services
Date: 05/09/2019

Independent Auditor's Report

To the Administrator of Djerriwarrh Health Services

Opinion	<p>I have audited the financial report of Djerriwarrh Health Services (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• administrator'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>
Administrator's responsibilities for the financial report	<p>The Administrator 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 Administrator 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 Administrator 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 Administrator
- conclude on the appropriateness of the Administrator'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 Administrator 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
10 September 2019

Travis Derricott
as delegate for the Auditor-General of Victoria

Djerriwarrh Health Services
Comprehensive Operating Statement
For the Financial Year Ended 30 June 2019

	Note	2019 \$'000	2018 \$'000
Income from transactions			
Operating Activities	2.1	76,867	84,900
Non-operating Activities	2.1	400	439
Total Income from Transactions		77,267	85,339
Expenses from transactions			
Employee Expenses	3.1	(54,662)	(50,384)
Supplies and Consumables	3.1	(9,146)	(8,580)
Finance costs	3.1	(5)	(8)
Depreciation and Amortisation	4.4	(3,619)	(2,763)
Other Operating Expenses	3.1	(7,591)	(7,127)
Total Expenses from Transactions		(75,023)	(68,862)
Net Result from Transactions – Net Operating Balance		2,244	16,477
Other Economic Flows included in Net Result			
Net Gain/(Loss) on Sale of Non-Financial Assets	3.2	97	56
Other Gain/(Loss) from Other Economic Flows	3.2	(456)	14
Total Other Economic Flows included in Net Result		(359)	70
NET RESULT FOR THE YEAR		1,885	16,547
Other Comprehensive Income			
Items that will not be reclassified to Net Result			
Changes in Property, Plant & Equipment revaluation surplus	4.2b	23,461	2,006
Total Other Comprehensive Income		23,461	2,006
COMPREHENSIVE RESULT FOR THE YEAR		25,346	18,553

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

Djerriwarrh Health Services
Balance Sheet
As at 30 June 2019

	Note	2019 \$'000	2018 \$'000
Current Assets			
Cash and Cash Equivalents	6.2	7,272	6,159
Receivables	5.1	1,073	1,046
Investments and Other Financial Assets	4.1	-	7,324
Inventories		209	220
Other Financial Assets		164	182
Total Current Assets		8,718	14,931
Non-Current Assets			
Receivables	5.1	2,981	2,431
Property, Plant & Equipment	4.2a	85,480	54,585
Intangible Assets	4.3a	1,102	126
Total Non-Current Assets		89,563	57,142
TOTAL ASSETS		98,281	72,073
Current Liabilities			
Payables	5.2	4,292	4,963
Provisions	3.4	10,013	9,036
Other Current Liabilities	5.3	2,924	2,554
Total Current Liabilities		17,229	16,553
Non-Current Liabilities			
Provisions	3.4	1,881	1,695
Total Non-Current Liabilities		1,881	1,695
TOTAL LIABILITIES		19,110	18,248
NET ASSETS		79,171	53,825
EQUITY			
Property, Plant & Equipment Revaluation Surplus	4.2f	40,974	17,513
Restricted Specific Purpose Surplus		768	749
Contributed Capital		7,193	7,193
Accumulated Surpluses		30,236	28,370
TOTAL EQUITY		79,171	53,825

This Statement should be read in conjunction with the accompanying notes

Djerriwarrh Health Services
Statement of Changes in Equity
For the Financial Year Ended 30 June 2019

		Property, Plant & Equipment Revaluation Surplus	Restricted Specific Purpose Surplus	Contributed Capital	Accumulated Surpluses/ (Deficits)	Total
	Note	\$'000	\$'000	\$'000	\$'000	\$'000
Balance at 1 July 2017		15,507	731	7,193	11,841	35,272
Net result for the year		-	-	-	16,547	16,547
Other comprehensive income for the year		2,006	-	-	-	2,006
Transfer from (to) accumulated surpluses		-	18	-	(18)	-
Balance at 30 June 2018		17,513	749	7,193	28,370	53,825
Net result for the year					1,885	1,885
Other comprehensive income for the year	4.2f	23,461	-	-	-	23,461
Transfer from (to) accumulated surpluses	4.2f	-	19	-	(19)	-
Balance at 30 June 2019		40,974	768	7,193	30,236	79,171

This Statement should be read in conjunction with the accompanying notes

Djerriwarrh Health Services
Cash Flow Statement
For the Financial Year Ended 30 June 2019

	Note	2019 \$'000	2018 \$'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Operating Grants from Government		61,398	57,287
Capital Grants from Government		5,591	18,733
Patient and Resident Fees Received		1,514	1,489
Donations and Bequests Received		106	149
GST Received from/(paid to) ATO		2,659	2,471
Interest Received		129	95
Other Capital Receipts		74	74
Other Receipts		7,520	7,511
Receipt for share of Rural Health Alliance		-	38
Total Receipts		78,991	87,847
Employee Expenses Paid		(49,809)	(44,827)
Non Salary Labour Costs		(4,119)	(4,347)
Payments for Supplies & Consumables		(7,675)	(9,287)
Administration Expenses		(4,697)	(4,772)
Payment for share of Rural Health Alliance		(131)	-
Other Payments		(5,201)	(4,690)
Total Payments		(71,632)	(67,923)
NET CASH FLOW FROM / (USED IN) OPERATING ACTIVITIES	8.1	7,359	19,924
CASH FLOWS FROM INVESTING ACTIVITIES			
Purchase of Investments		(10,145)	(26,013)
Purchase of Non-Financial Assets		(14,135)	(17,227)
Proceeds from Disposal of Investments		17,470	25,572
Proceeds from Disposal of Non-Financial Assets		195	107
NET CASH FLOW FROM / (USED IN) INVESTING ACTIVITIES		(6,615)	(17,561)
CASH FLOWS FROM FINANCING ACTIVITIES			
Receipt of Accommodation Deposits		850	785
Repayment of Accommodation Deposits		(481)	(602)
NET CASH FLOW FROM / (USED IN) FINANCING ACTIVITIES		369	183
NET INCREASE/(DECREASE) IN CASH AND CASH EQUIVALENTS HELD		1,113	2,546
CASH AND CASH EQUIVALENTS AT BEGINNING OF YEAR		6,159	3,613
CASH AND CASH EQUIVALENTS AT END OF YEAR	6.1	7,272	6,159

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

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Basis of Presentation

The financial statements are prepared in accordance with Australian Accounting Standards and relevant Financial Reporting Directions (FRDs).

These financial statements are 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 Djerriwarrh Health Services for the period ending 30 June 2019. The report provides users with information about Djerriwarrh Health Services' 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 Australian Accounting Standards (AASs), 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 & Finance, and relevant Standing Directions (SDs) authorised by the Assistant Treasurer.

Djerriwarrh Health Services is a not-for profit entity and therefore applies the additional "Aus" paragraphs applicable to "not-for-profit" Health Services under the AASs.

(b) Reporting Entity

The financial statements include all the controlled activities of Djerriwarrh Health Services.
Its principal address is:

Grant Street
Bacchus Marsh
Victoria 3340

A description of the nature of Djerriwarrh Health Services' 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 set out below 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 the Health Service.

All amounts shown in the financial statements are expressed to the nearest \$1,000 unless otherwise stated. Minor discrepancies in tables between totals and sum of components are due to rounding.

Djerriwarrh Health Services operates on a fund accounting basis and maintains three funds: Operating, Specific Purpose and Capital Funds. Djerriwarrh Health Services Capital and Specific Purpose Funds include unspent capital funding, donations and receipts from fund-raising activities conducted solely in respect of three 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.

Judgments, estimates and assumptions are required to be made about 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 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 if the revision affects only that period or in the period of the revision, and future periods if the revision affects both current and future periods. Judgements and assumptions made by management in the application of AASBs that have significant effects on the financial statements and estimates, with a risk of material adjustments in the subsequent reporting period, relate to:

- the fair value of land, buildings, infrastructure, plant and equipment (refer to Note 4.2); and
- employee benefit provisions based on likely tenure of existing staff, patterns of leave claims, future salary movements and future discount rates (refer to Note 3.4).

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 it 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 Australian Taxation Office (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 an operating cash flow.

Commitments for expenditure 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.

Investments in joint operations

In respect of any interest in joint operations, Djerriwarrh Health Services 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.

Intersegment Transactions

Transactions between segments within the Djerriwarrh Health Services have been eliminated to reflect the extent of the Djerriwarrh Health Services operations as a group.

(e) Equity contributed capital

Consistent with the requirements of AASB 1004 *Contributions* by owner (that is, contributed capital and its repayment) are treated as equity transactions and, therefore, do not form part of the income and expenses of Djerriwarrh Health Services.

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

(f) Comparatives

Where applicable, the comparative figures have been restated to align with the presentation in the current year. Figures have been restated at Notes 2.1, Note 3.1, Note 3.4 and Note 7.1.

Note 2: Funding delivery of our services

Djerriwarrh Health Services overall objective is to help people of our community to better health and well-being, as well as improve the quality of life to Victorians. Djerriwarrh Health Services is predominately funded by accrual based grant funding for the provision of outputs. Djerriwarrh Health Services also receives income from the supply of services.

Structure

2.1 Income from Transactions

Note 2.1: Income from Transactions

	Total 2019 \$'000	Total 2018 \$'000
Government Grants - Operating	65,346	60,182
Government Grants - Capital	5,592	18,943
Other Capital purpose income (including capital donations)	134	285
Patient & Resident Fees	1,414	1,439
Commercial Activities (i)	981	966
Other Revenue from Operating Activities (including non-capital)	3,400	3,085
Total Income from Non-Operating Activities	76,867	84,900
Capital Interest	60	51
Other Interest	170	180
Other Revenue from Non-Operating Activities	170	208
Total Income from Non-Operating activities	400	439
Total Income from Transactions	77,267	85,339

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

Note 2.1: Income from Transactions (continued)

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 Djerriwarrh Health Services 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 Djerriwarrh Health Services gains control of the underlying assets irrespective of whether conditions are imposed on Djerriwarrh Health Services' use of the contributions.

The Department of Health and Human Services makes certain payments on behalf of Djerriwarrh Health Services. 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 the Health Service 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.

Patient and Resident Fees

Patient fees are recognised as revenue on an accrual basis.

Revenue from commercial activities

Revenue from commercial activities such as private practice and other patient activities are recognised on an accrual basis.

Donations and Other Bequests

Donations and bequests are recognised as revenue when received. If donations are for a special 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.

Other Revenue

Other income is recognised as revenue when received. Other revenue from operating activities include recoveries for salaries and wages and external services provided. Other revenue from non-operating activities include rental income.

Note 3: The Cost of delivering our services

This section provides an account of the expenses incurred by the Health Service 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 of services are recorded.

Structure

- 3.1 Expenses from Transactions
- 3.2 Other Economic Flows
- 3.3 Analysis of expenses 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 \$'000	Total 2018 \$'000
Salaries & Wages	38,329	35,933
On-Costs	9,665	8,593
Agency Expenses	2,197	1,404
Fee for Service Medical Officer Expenses	3,574	3,794
Workcover premium	897	660
Total employee Expenses	54,662	50,384
Drug Supplies	2,174	2,154
Medical and Surgical Supplies (including Prostheses)	2,579	2,566
Diagnostic and Radiology Supplies	959	831
Other Supplies and Consumables	3,434	3,029
Total Supplies and Consumables	9,146	8,580
Finance Costs	5	8
Total Finance Costs	5	8
Fuel, Light, Power & Water	658	605
Repairs and Maintenance	847	814
Maintenance Contracts	121	108
Public Private Partnership Operating Expenses		
Medical Indemnity Insurance	1,155	1,272
Other Administrative Expenses	4,696	4,272
Expenditure for Capital Purposes	114	86
Total Other Operating Expenses	7,591	7,157
Depreciation and Amortisation (refer Note 4.4)	3,619	2,763
Total Other Operating Expenses	3,619	2,763
Total Expenses from Transactions	75,023	68,892

Note 3.1: Expenses from Transactions (continued)

Expense Recognition

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, leave entitlements, termination payments);
- On-costs;
- Agency expenses;
- Fee for service medical officer expenses;
- Work cover premiums;

Supplies and consumables

Supplies and consumables –supplies and 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.

Other operating expenses

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

- Fuel, light, power and water
- Repairs and maintenance
- Maintenance contracts
- Medical indemnity insurance
- Other administration expenses (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 Djerriwarrh Health Services. These amounts have been brought to account as grants in determining the operating result for the year by recording them as revenue and also recoding the related expense.

Non-operating expenses

Other non-operating expenses generally represent expenditure for outside the normal operations such as depreciation and amortisation.

Note 3.2: Other economic flows included in net result

	Total 2019 \$'000	Total 2018 \$'000
<i>Net gain/(loss) on sale of non-financial assets</i>		
Net gain on disposal of property plant and equipment	97	56
Total net gain/(loss) on non-financial assets at amortised costs	97	56
<i>Other gains/(loss) arising from other economic flow</i>		
Net gain/(loss) arising from revaluation of long service liability	(456)	14
Total other gains/(losses) from other economic flows	(456)	14
Total other gains/(losses) from economic flows	(359)	70

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 4.2 *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 and is the difference between the proceeds and the carrying amount of the asset at the time.

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

	Expense		Revenue	
	2019 \$'000	2018 \$'000	2019 \$'000	2018 \$'000
Commercial Activities				
Private Practice & Other Patient Activities	932	918	981	966
Total	932	918	981	966

Note 3.4: Employee Benefits in the Balance Sheet

	2019 \$'000	2018 \$'000
CURRENT PROVISIONS		
Employee Benefits		
Accrued Days Off		
- Unconditional and expected to be settled wholly within 12 months	145	166
Annual Leave		
- Unconditional and expected to be settled wholly within 12 months	3,155	3,077
- Unconditional and expected to be settled wholly after 12 months	409	229
Long Service Leave		
- Unconditional and expected to be settled wholly within 12 months	970	927
- Unconditional and expected to be settled wholly after 12 months	4,223	3,632
	8,902	8,031
Provisions related to Employee Benefit On-Costs		
- Unconditional and expected to be settled wholly within 12 months	534	522
- Unconditional and expected to be settled wholly after 12 months	577	483
	1,111	1,005
Total Current Provisions	10,013	9,036
Non-Current Provisions		
Conditional Long Service Leave	1,672	1,507
Provisions related to Employee Benefit On-Costs	209	188
Total Non-Current Provisions	1,881	1,695
Total Provisions	11,894	10,731
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 LSL Entitlements	5,842	5,129
Annual Leave Entitlements	4,007	3,720
Accrued Days Off	164	187
Non-Current Employee Benefits and related on-costs		
Conditional Long Service Leave Entitlements	1,881	1,695
Total Employee Benefits and Related On-Costs	11,894	10,731
(b) Movements in on- cost provisions		
Balance at start of year		
Additional provisions recognised	1,535	
Unwinding of discount and effect of changes in the discount rate	454	
Reduction due to transfer out	(1,091)	
Balance at end of year	898	

Employee Benefit Recognition

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

Provisions

Provisions are recognised when Djerriwarrh Health Services 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 Djerriwarrh Health Services does not have an unconditional right to defer settlement 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 the health service expects to wholly settle within 12 months; or
- Present value – if the health service does not expect to wholly settle within 12 months.

Long Service Leave

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 Djerriwarrh Health Services 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 Djerriwarrh Health Services expects to wholly settle within 12 months.
- Present value – if Djerriwarrh Health Services does not expect to settle wholly 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.

On-Costs related to Employee Expenses

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

Note 3.5: Superannuation

Employees of the Health Service 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.

	Paid Contribution for the Year		Contribution Outstanding at Year End	
	2019 \$'000	2018 \$'000	2019 \$'000	2018 \$'000
Defined benefit plans:(i)				
First State Super	54	63	-	-
Defined contribution plans:				
First State Super	2,199	2,123	54	-
Hesta	1,064	918	-	-
Other	385	443	-	-
Total	3,702	3,547	54	-

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

Defined benefit superannuation plans

The amount charged to the Comprehensive Operating Statement in respect of defined benefit superannuation plans represents the contributions made by the Health Service to the superannuation plans in respect of the services of current Health Service 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. Djerriwarrh Health Services does not recognise any unfunded defined benefit liability in respect of the superannuation 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.

Superannuation contributions paid or payable for the reporting period are included as part of the employee benefits in the Comprehensive Operating Statement.

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

Djerriwarrh Health Services controls infrastructure and other investments that are utilised in fulfilling its objectives and conducting its activities. They represent the key resources that have been entrusted to the Health Service to be utilised for delivery of those outputs.

Structure

- 4.1 Investments and other financial assets
- 4.2 Property, Plant & Equipment
- 4.3 Intangible assets
- 4.4 Depreciation and amortisation

Note 4.1: Investments and other Financial Assets

	Operating Fund		Specific Purpose Fund		Capital Fund		Total	
	2019 \$'000	2018 \$'000	2019 \$'000	2018 \$'000	2019 \$'000	2018 \$'000	2019 \$'000	2018 \$'000
CURRENT								
<i>Loans and Receivables</i>								
Aust. Dollar Term Deposits > 3 months	-	166	-	4,295	-	2,863	-	7,324
Total Current	-	166	-	4,295	-	2,863	-	7,324
TOTAL	-	166	-	4,295	-	2,863	-	7,324
Represented by:								
Health Service Investments	-	166	-	1,741	-	2,863	-	4,770
Accommodation Bonds (Refundable Entrance Fees)	-	-	-	2,554	-	-	-	2,554
TOTAL Investments and Other Financial Assets	-	166	-	4,295	-	2,863	-	7,324

Investments Recognition

Investments are recognised and derecognised on trade date where purchase or sale of an investment is under a contract whose terms require delivery of the investment within the timeframe established by the market concerned, and are initially measured at fair value, net of transaction costs.

Investments are classified as Loans and Receivables.

Djerriwarrh Health Services classifies its other financial assets between current and non-current assets based on the purpose for which the assets were acquired. Management determines the classification of its other financial assets at initial recognition.

Djerriwarrh Health Services' investments must comply with Standing Direction 3.7.2 – Treasury management including central banking.

Impairment of Financial Assets

At the end of each reporting period Djerriwarrh Health Services 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 the Comprehensive Operating Statement, are subject to annual review for impairment.

Note 4.2: Property, Plant & Equipment

Initial Recognition

Property, Plant and Equipment are measured initially at cost and subsequently revalued at fair value less accumulated depreciation and impairment. 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 are transferred at their carrying amount.

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

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.

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 at least 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 valuers 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 in equity 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 derecognition of the relevant asset, except where an asset is transferred via contributed capital.

In accordance with FRD 103H, Djerriwarrh Health Services 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, Djerriwarrh Health Services 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.

In addition, Djerriwarrh Health Service 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 (VGR) is Djerriwarrh Health Services' 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 lower 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.

Note 4.2: Property, Plant & Equipment (continued)

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, Health Services can 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 and non-specialised buildings

Non-specialised land and non-specialised buildings 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 independent valuers Leader Property Practice Valuers (appointed 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 was 30 June 2019.

Specialised land and specialised buildings

The market approach is also used for specialised land and specialised buildings although 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 Djerriwarrh Health Service, 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 the Health Service's specialised land and specialised buildings was performed by Leader Property Practice Valuers appointed by the Valuer-General Victoria. The valuation was performed using the market approach adjusted for CSO, which was applied at a rate of 25%. The effective date of the valuation was 30 June 2019.

Vehicles

The Health Service 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 Djerriwarrh 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 value (depreciated cost).

Note 4.2: Property, Plant & Equipment (continued)

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 4.2: Property, Plant & Equipment (continued)

(a) Gross carrying amount and accumulated depreciation

	2019 \$'000	2018 \$'000
Land		
- Land at Fair Value	10,473	7,235
Total Land	10,473	7,235
Buildings		
- Buildings under Construction at Cost	8,176	20,831
- Buildings at Fair Value	59,360	20,545
Less Acc'd Depreciation	-	-
	59,360	20,545
- Leasehold Improvements at Cost	126	90
Less Acc'd Depreciation	71	69
	55	21
Total Buildings	67,591	41,397
Plant and Equipment		
- Plant and Equipment at Fair Value	8,277	7,297
Less Acc'd Depreciation	5,275	4,842
Total Plant and Equipment	3,002	2,455
Medical Equipment		
- Medical Equipment at Fair Value	5,113	4,713
Less Acc'd Depreciation	3,301	2,909
Total Medical Equipment	1,812	1,804
Computers and Communications		
- Computers and Communications at Fair Value	6,562	4,833
Less Acc'd Depreciation	4,175	3,578
Total Computers and Communications	2,387	1,255
Motor Vehicles		
- Motor Vehicles at Fair Value	630	1,067
Less Acc'd Depreciation	415	628
Total Motor Vehicles	215	439
TOTAL PROPERTY, PLANT & EQUIPMENT	85,480	54,585

Note 4.2: Property, Plant & Equipment (continued)

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

	Land \$'000	Buildings \$'000	Plant & Equipment \$'000	Medical Equipment \$'000	Computers & Comm's \$'000	Motor Vehicles \$'000	Total \$'000
Balance at 1 July 2017	7,235	24,671	2,645	1,937	875	373	37,736
Additions	-	15,937	266	297	707	278	17,485
Disposals	-	-	-	-	-	(51)	(51)
Revaluation Increments	-	2,006	-	-	-	-	2,006
Depreciation (Note 4.4)	-	(1,217)	(456)	(430)	(327)	(161)	(2,591)
Balance at 1 July 2018	7,235	41,397	2,455	1,804	1,255	439	54,585
Additions	-	7,880	980	399	1,728	-	10,987
Disposals	-	-	-	-	-	(98)	(98)
Revaluation Increments	3,238	20,223	-	*	-	-	23,461
Depreciation (Note 4.4)	-	(1,909)	(433)	(391)	(596)	(126)	(3,455)
Balance at 30 June 2019	10,473	67,591	3,002	1,812	2,387	215	85,480

Land and buildings and Leased Assets Carried at Valuation

The Valuer-General Victoria undertook to re-value all of Djerriwarrh Health Services 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.

Note 4.2: Property, Plant & Equipment (continued)

(c) Fair value measurement hierarchy for assets as at 30 June 2019

	Carrying amount as at 30 June 2019 \$'000	Fair value measurement at end of reporting period using:		
		i. Level 1 \$'000	i. Level 2 \$'000	i. Level 3 \$'000
Land at fair value				
Non-specialised land	360	-	360	-
Specialised land	10,113	-	-	10,113
Total of Land at fair value	10,473	-	360	10,113
Buildings at fair value				
Non-specialised buildings	630	-	630	-
Specialised buildings	58,730	-	-	58,730
Total of Buildings at fair value	59,360	-	630	58,730
Buildings under construction	8,176	-	-	8,176
Leasehold Improvements	55	-	-	55
Plant and equipment at fair value	3,002	-	-	3,002
Medical equipment at fair value	1,812	-	-	1,812
Computers and Communications at fair value	2,387	-	-	2,387
Motor Vehicles at fair value	215	-	-	215
	85,480	-	990	84,490

- i. Classified in accordance with the fair value hierarchy.
There have been no transfers between levels during this period.

Note 4.2: Property, Plant & Equipment (continued)

(c) Fair value measurement hierarchy for assets as at 30 June 2018

	Carrying amount as at 30 June 2018 \$'000	Fair value measurement at end of reporting period using:		
		i. Level 1 \$'000	i. Level 2 \$'000	i. Level 3 \$'000
Land at fair value				
Non-specialised land	304	-	304	-
Specialised land	6,931	-	-	6,931
Total of Land at fair value	7,235	-	304	6,931
Buildings at fair value				
Non-specialised buildings	470	-	470	-
Specialised buildings	20,075	-	-	20,075
Total of Buildings at fair value	20,545	-	470	20,075
Buildings under construction	20,831	-	-	20,831
Leasehold Improvements	21	-	-	21
Plant and equipment at fair value	2,455			2,455
Medical equipment at fair value	1,804	-	-	1,804
Computers and Communications at fair value	1,255	-	-	1,255
Motor Vehicles at fair value	439	-	-	439
	54,585	-	774	53,811

Level 2 fair value inputs and directly or indirectly desirable.

- i. Classified in accordance with the fair value hierarchy.
There have been no transfers between levels during this period.

Note 4.2 Property, Plant & Equipment (continued)

(d) Reconciliation of Level 3 fair value

2019	Land \$'000	Buildings \$'000	Plant and Equipment \$'000	Medical Equipment \$'000	Computers & Comm's \$'000	Motor Vehicles \$'000
Balance at 1 July 2018	6,931	40,927	2,455	1,804	1,255	439
Additions/(Disposals)	-	7,880	980	399	1,728	(98)
Gains/(Losses) recognised in Net Result						
- Depreciation	-	(1,882)	(433)	(391)	(596)	(126)
Items recognised in Other Comprehensive Income						
- Revaluation	3,182	20,036	-	-	-	-
Balance at 30 June 2019	10,113	66,961	3,002	1,812	2,387	215

2018	Land \$'000	Buildings \$'000	Plant and Equipment \$'000	Medical Equipment \$'000	Computers & Comm's \$'000	Motor Vehicles \$'000
Balance at 1 July 2017	6,931	24,191	2,645	1,937	875	373
Additions/(Disposals)	-	15,937	266	297	707	227
Gains/(Losses) recognised in Net Result						
- Depreciation	-	(1,165)	(456)	(430)	(327)	(161)
Items recognised in Other Comprehensive Income						
- Revaluation	-	1,964	-	-	-	-
Balance at 30 June 2018	6,931	40,927	2,455	1,804	1,255	439

Note 4.2: Property, Plant & 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	Market approach	CSO adjustments
Non-specialised buildings	Market approach	N/A
Specialised buildings	Depreciated replacement cost approach	Cost per square metre Useful life
Infrastructure	Depreciated replacement cost approach	Cost per square metre Useful life
Plant and equipment	Depreciated replacement cost approach	Cost per square metre Useful life
Vehicles	Market approach Depreciated replacement cost approach	N/A Useful life

Note 4.2: Property, Plant and Equipment (continued)

	2019 \$'000	2018 \$'000
(f) Property, Plant and Equipment Revaluation Surplus		
Balance at the beginning of the reporting period	17,513	15,507
Revaluation Increment		
- Land (refer Note 4.2(b))	3,238	-
- Buildings	20,223	2,006
Balance at the end of the reporting period*	40,974	17,513
*Represented by:		
- Land	7,470	4,232
- Buildings	33,504	13,281
	40,974	17,513

Note 4.3(a): Intangible Assets - Gross carrying amount and accumulated amortisation

	2019 \$'000	2018 \$'000
Other Software	3,843	2,703
Less Acc'd Amortisation	2,741	2,577
Total Intangible Assets	1,102	126

Note 4.3(b): Reconciliation of the carrying amounts of intangible assets at the beginning and end of the previous and current financial year:

	Other Software \$'000	Total \$'000
Balance at 1 July 2017	257	257
Additions	41	41
Amortisation (note 4.4)	(172)	(172)
Balance at 30 June 2018	126	126
Additions	1,140	1,140
Amortisation (note 4.4)	(164)	(164)
Balance at 30 June 2019	1,102	1,102

Intangible Assets

Intangible assets represent identifiable non-monetary assets without physical substance such as patents, trademarks, computer software and development costs (where applicable).

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 the Health Service.

Note 4.4: Depreciation and Amortisation

	2019	2018
	\$'000	\$'000
Depreciation		
Buildings	1,909	1,217
Plant & Equipment	433	456
Medical Equipment	391	430
Computers & Communications	596	327
Motor Vehicles	126	161
Total Depreciation	3,455	2,591
Amortisation		
Intangible Assets	164	172
Total Amortisation	164	172
Total Depreciation & Amortisation	3,619	2,763

Depreciation

All infrastructure assets, buildings, plant and equipment and other non-financial physical assets that have finite useful lives are depreciated (i.e. excludes land assets held for sale, and investment properties). Depreciation is generally calculated on a straight line basis, at a rate that allocates the asset value, less any estimated residual value over its estimated useful life.

Amortisation

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

Intangible assets with finite useful lives are amortised over a 3-year period.

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

	2019	2018
Buildings		
- Structure Shell Building Fabric	7 to 50 years	7 to 50 years
- Site Engineering Services and Central Plant	7 to 40 years	7 to 40 years
Central Plant		
- Fit Out	18 to 30 years	18 to 30 years
- Trunk Reticulated Building Systems	7 to 30 years	7 to 30 years
Plant & Equipment	5 to 10 years	5 to 10 years
Medical Equipment	5 to 10 years	5 to 10 years
Computers and Communication	3 to 10 years	3 to 10 years
Motor Vehicles	5 Years	5 Years
Leasehold improvements	5 to 20 years	5 to 20 years
Intangible Assets	3 Years	3 Years

As part of the buildings valuation, building values are 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 Djerriwarrh Health Services operations.

Structure

- 5.1 Receivables
- 5.2 Payables
- 5.3 Other liabilities

Note 5.1: Receivables

	2019 \$'000	2018 \$'000
CURRENT		
Contractual		
Trade Debtors	218	148
Patient Fees	113	145
Accrued Investment Income	-	19
Accrued Revenue - Other (Sundry)	173	44
Third Party Bonds	10	13
<i>LESS Allowance for Impairment Losses of Contractual Receivables</i>		
- Patient Fees	(43)	(63)
- Trade Debtors	(33)	(8)
	438	298
Statutory		
GST Receivable	284	425
Accrued Revenue – Department of Health	4	-
Accrued Revenue – Dental Health Services Victoria	347	323
	635	748
TOTAL CURRENT RECEIVABLES	1,073	1,046
NON CURRENT		
Statutory		
Long Service Leave – Department of Health and Human Services	2,981	2,431
TOTAL NON-CURRENT RECEIVABLES	2,981	2,431
TOTAL RECEIVABLES	4,054	3,477
(a) Movement in the Allowance for Impairment Losses of Contractual Receivables		
	2019 \$'000	2018 \$'000
Balance at beginning of year	71	38
Amounts written off during the year	(4)	(8)
Increase/(decrease) in allowance recognised in net result	9	41
Balance at end of year	76	71

Note 5.1: Receivables (continued)

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 assets and categorised as financial assets at amortised costs, they are initially recognised at fair value plus any directly attributable transaction costs. Djerriwarrh Health Services holds the contractual receivables with the objective to collect the contractual cash flows and therefore subsequently measure at amortised cost using the effective interest method, less any impairment.
- Statutory receivables, which includes predominantly amounts owing from the Victorian Government and Goods and Services Tax ("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. Djerriwarrh Health Service 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. First time adoption of AASB 9 is not expected to have a significant impact on Djerriwarrh Health Services.

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*.

Djerriwarrh Health Services 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.

Note 5.2: Payables

	2019 \$'000	2018 \$'000
CURRENT		
Contractual		
Trade Creditors	2,298	1,123
Accrued Salaries and Wages	975	825
Accrued Expenses	616	2,756
Superannuation	54	-
Other	67	54
	4,010	4,758
Statutory		
Taxation Payable	5	8
Department of Health and Human Services	277	197
	282	205
TOTAL CURRENT	4,292	4,963
TOTAL PAYABLES	4,292	4,963

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 Djerriwarrh Health Services 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 a 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

	2019 \$'000	2018 \$'000
CURRENT		
Monies Held in Trust*		
- Accommodation Bonds (Refundable Entrance Fees)*	2,924	2,554
Total Current	2,924	2,554
Total Other Liabilities	2,924	2,554
* Total Monies Held in Trust		
Represented by the following assets:		
Investment and other Financial Assets (refer to Note 4.1)	2,924	2,554
TOTAL	2,924	2,554

Note 6: How we finance our operations

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

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 Cash & Cash Equivalent
- 6.2 Commitments for expenditure

Note 6.1: Cash and Cash Equivalents

	2019	2018
	\$'000	\$'000
Cash on Hand	3	3
Cash at Bank	7,269	6,156
Total Cash and Cash Equivalents	7,272	6,159
 Represented by:		
Cash for Health Service Operations	7,041	5,797
Cash for Grampians Rural Health Alliance	231	362
Total Cash and Cash Equivalents	7,272	6,159

Cash and Cash Equivalents

Cash and Cash Equivalents recognised on the Balance Sheet comprise cash on hand and cash at bank, deposits at call and highly liquid investments (with an original maturity 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.

Note 6.2: Commitments for Expenditure

	2019 \$'000	2018 \$'000
Capital Expenditure Commitments		
Less than 1 year	882	8,460
Total Capital Expenditure Commitments	882	8,460
Non- cancellable Operating Lease Commitments		
Less than 1 year	430	251
Longer than 1 year but not longer than 5 years	923	114
5 years or more	-	-
Total	1,353	365
TOTAL COMMITMENTS FOR EXPENDITURE (EXCLUSIVE OF GST)	2,235	8,825

Commitments

Commitments for future expenditure include operating and capital commitments arising from contracts. These commitments are disclosed by way of a note at their nominal value and are inclusive of the GST payable. In addition, where it is considered appropriate and provides additional relevant information to users, the net present values of significant individual projects are stated. These future expenditures cease to be disclosed as commitments once the related liabilities are recognised on the Balance Sheet.

Djerriwarrh Health Services has entered into commercial leases on motor vehicles and property where it is not in the interest of Djerriwarrh Health Services to purchase these assets. These leases have an average life of between 1 and 20 years with renewal terms included in the contracts. Renewals are at the option of Djerriwarrh Health Services. There are no restrictions placed upon the lessee by entering into these leases.

Note 7: Risks, contingencies & valuation uncertainties

Djerriwarrh Health Services is exposed to risk 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 higher level of judgement to be applied, which for the Health Service is related mainly to fair value determination.

Structure

7.1 Financial Instruments

Note 7.1(a): Financial Instruments

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 the Djerriwarrh Health Services 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*.

From 1 July 2018, Djerriwarrh Health Services 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.

Financial assets at amortised cost

Financial assets are measured at amortised cost 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 Djerriwarrh Health Services to collect 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

Djerriwarrh Health Services recognises the following assets in this category:

- Cash and deposits;
- Receivables (excluding statutory receivables);
- Term deposits; and
- Certain debt securities

Categorisation of financial instruments

2019	Financial Assets at Amortised Cost \$'000	Financial Liabilities at Amortised Cost \$'000	Total \$'000
Financial Assets			
Cash and cash equivalents	7,272	-	7,272
Receivables			
- Trade debtors	218	-	218
- Other receivables	220	-	220
Other Financial assets			
- Term Deposit	-	-	-
Total Financial Assets (i)	7,710		7,710
Financial Liabilities			
At Amortised cost			
- Payables			
Other Financial Liabilities	-	4,010	4,010
- Accommodation Bonds	-	2,924	2,924
Total Financial Liabilities (i)	-	6,934	6,934

Note 7.1: Financial Instruments (continued)

2018	Contractual Financial Assets-Loans & Receivables & Cash \$'000	Contractual Financial Liabilities at Amortised Cost \$'000	Total \$'000
Financial Assets			
Cash and cash equivalents	6,159	-	6,159
Receivables			
- Trade debtors	148	-	148
- Other receivables	150	-	150
Other Financial assets	7,324	-	7,324
- Term Deposit			
Total Financial Assets (i)	13,781	-	13,781
At Amortised cost			
- Payables	-	4,758	4,758
Other Financial Liabilities			
- Accommodation Bonds	-	2,554	2,554
Total Financial Liabilities (i)	-	7,312	7,312

(i) The carrying amount excludes statutory receivables (i.e. GST receivable and DHHS receivable) and statutory payables (i.e. Taxation Payable and DHHS payable).

Categories of financial assets previously under AASB 139

Loans and receivables and cash

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 and 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). Djerriwarrh Health Services recognises the following assets in this category:

- Cash and deposits;
- Receivables (excluding statutory receivables);
- Term deposits; and
- Certain debt securities

Financial liabilities at amortised cost

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. Djerriwarrh Health Services recognises the following liability in this category:

- Payables (excluding statutory payables)

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; or
- Djerriwarrh Health Services retains the right to receive cash flows from the asset, but has assumed an obligation to pay them in full without material delay to a third party under a “pass through” arrangement; or
- Djerriwarrh Health Services has transferred its rights to receive cash flows from the asset and either;
 - has transferred substantially all the risks and rewards of the asset; or
 - has neither transferred nor retained substantially all the risks and rewards of the asset, but has transferred control of the asset.

Where Djerriwarrh Health Services has neither transferred nor retained substantially all the risks and rewards or transferred control, the asset is recognised to the extent of Djerriwarrh Health Services continuing involvement in the asset.

Impairment of financial assets

At the end of each reporting period, Djerriwarrh Health Services 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*.

Derecognition of financial liabilities

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

Note 7.1(b): Maturity analysis of Financial Liabilities as at 30 June

The following table discloses the contractual maturity analysis for Djerriwarrh Health Services' financial liabilities.

Note	Carrying Amount	Nominal amount	Maturity Dates			
			Less than 1 Month	1-3 Months	3 months - 1 Year	1-5 Years
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
2019						
Financial Liabilities						
At amortised cost						
Payables	5.2	4,010	-	4,010	-	-
Other Financial Liabilities (i)						
- Accommodation Bonds	5.3	2,924	-	-	2,924	-
Total Financial Liabilities		6,934	-	4,010	-	2,924
2018						
Financial Liabilities						
At amortised cost						
Payables	5.2	4,758	-	4,758	-	-
Other Financial Liabilities (i)						
- Accommodation Bonds	5.3	2,554	-	-	2,554	-
Total Financial Liabilities		7,312	-	4,758	-	2,554

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

Note 7.1 (c) Contractual receivables at amortised cost

	1-Jul-18	Current	Less than 1 month	1-3 Months	3 months - 1 year	1 - 5 years	Total
Expected loss rate		0%	0%	0%	0%	0%	
Gross carrying amount of contractual receivables		-	-	-	-	-	-
Loss allowance		-	-	-	-	-	-
	30-Jun-19	Current	Less than 1 month	1-3 Months	3 months - 1 year	1 - 5 years	Total
Expected loss rate		0%	0%	0%	0%	0%	
Gross carrying amount of contractual receivables		-	-	-	-	-	-
Loss allowance		-	-	-	-	-	-

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

From 1 July 2018, Djerriwarrh Health Services 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 Djerriwarrh Health Services' contractual receivables, statutory receivables and its investment in debt instruments.

Equity instruments are not subject to impairment under AASB 9. Other financial assets mandatorily measured or designated at fair value through net result are not subject to impairment assessment under AASB 9. While cash and cash equivalents are also subject to impairment requirements of AASB 9, the identified impairment loss was immaterial.

Note 8: Other disclosures

This section includes additional material disclosure required by accounting standards or otherwise, for the understanding of the Financial Report.

Structure

- 8.1 Reconciliation of Net Result for the Year to Net Cash Flow from Operating Activities
- 8.2 Responsible persons disclosure
- 8.3 Remuneration of Executive Officers
- 8.4 Related Parties
- 8.5 Remuneration of Auditors
- 8.6 Australian Accounting Standards issued that are not yet effective
- 8.7 Events Occurring after the Balance Sheet Date
- 8.8 Jointly Controlled Operations
- 8.9 Economic Dependency
- 8.10 Glossary of terms and style conventions

Note 8.1: Reconciliation of Net Result for the Year to Net Cash inflow/(outflow) from Operating Activities

	2019	2018
	\$'000	\$'000
Net Result for the Period	1,885	16,547
Non-Cash movements:		
Net Result From Jointly Controlled Operations	53	(107)
Depreciation & Amortisation	3,619	2,763
Allowance for impairment of contractual receivables	(5)	(33)
Movements included in investing and financing activities:		
Net (Gain)/Loss from Disposal of Non-Financial Physical Assets	(97)	(56)
Movements in assets & liabilities:		
Change in Operating Assets & Liabilities		
(Increase)/Decrease in Receivables	(27)	(339)
(Increase)/Decrease in Prepayments	18	23
(Increase)/Decrease in Inventories	11	(13)
Increase/(Decrease) in Payables	369	291
Increase/(Decrease) in Provisions	1,163	666
Increase/(Decrease) in Other Liabilities	370	182
NET CASH INFLOW/(OUTFLOW) FROM OPERATING ACTIVITIES	7,359	19,924

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.

	Period
Responsible Ministers:	
The Honourable Jill Hennessy, Minister for Health and Minister for Ambulance Services	01/07/2018 - 29/11/2018
The Honourable Jenny Mikakos, Minister for Health, Minister for Ambulance Services	29/11/2018 - 30/06/2019
The Honourable Martin Foley, Minister for Mental Health,	01/07/2018 - 30/06/2019
The Honourable Martin Foley Minister for Housing, Disability and Ageing,	01/07/2018 - 29/11/2018
The Honourable Luke Donnellan, Minister of Child Protection, Minister for Disability, Ageing and Carers	29/11/2018 - 30/06/2019
Governing Boards	
Board Administrator	
Dr. J. Ballard	01/07/2018 - 30/06/2019
Accountable Officers	
Mrs. B. Scott (Chief Executive)	01/07/2018 - 30/06/2019

Remuneration of Responsible Persons

The number of Responsible Persons are shown in their relevant income bands:

Income Band	2019 No.	2018 No.
\$0 - \$9,999	1	1
\$90,000 - \$99,999	-	1
\$220,000 - \$229,999	-	1
\$270,000 - \$279,999	1	-
Total Numbers	2	3

	2019 \$'000	2018 \$'000
Total remuneration received or due and receivable by Responsible Persons from the reporting entity amounted to:	276	326

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

Note 8.3: Remuneration of Executives

Executive Officers' Remuneration

The numbers of executive officers, other than Ministers and Accountable Officers, and their total remuneration during the reporting period are shown in the table below. Total annualised employee equivalent provides a measure of fulltime equivalent executive officers over the reporting period.

Remuneration of Executive Officers (including Key Management Personnel disclosed in Note 8.4)	Total remuneration	
	2019 \$'000	2018 \$'000
Short term employee benefits	900	941
Post-employment benefits	61	81
Other long-term benefits	22	23
Total remuneration	983	1,045
Total number of executives (i)	6	6
Total annualised employee equivalent (AEE) (ii)	4.1	4.6

Notes:

- (i) The total number of executive officers includes persons who meet the definition of Key Management Personnel (KMP) of the entity under AASB 124 Related Party Disclosures and are also reported within the related parties note disclosure (Note 8.4).
- (ii) Annualised employee equivalent is based on the time fraction worked over the reporting period.

Remuneration comprises employee benefits in all forms of consideration paid, payable or provided in exchange for services rendered, and is disclosed in the following categories.

Short-term employee benefits include amounts such as wages, salaries, annual leave or sick leave that are usually paid or payable on a regular basis, as well as non-monetary benefits such as allowances and free or subsidised goods or services.

Post-employment benefits include pensions and other retirement benefits paid or payable on a discrete basis when employment has ceased.

Other long-term benefits include long service leave, other long-service benefit or deferred compensation.

Note 8.4: Related parties

The Health Service is a wholly owned and controlled entity of the State of Victoria. Related parties of the Health Service include:

- All key management personnel and their close family members;
- Portfolio Ministers and Cabinet ministers and their close family members; and
- Jointly Controlled Operation – A member of the Victorian Joint Venture 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 Djerriwarrh Health Services and its controlled entities, directly or indirectly.

The Board of Directors and the Executive Directors of Djerriwarrh Health Services are deemed to be KMPs.

Entity	KMPs	Position Title
Djerriwarrh Health Services	John Ballard	Board Administrator
Djerriwarrh Health Services	Belinda Scott	Chief Executive
Djerriwarrh Health Services	Shirley-Anne Carr	Executive Director of Acute & Sub Acute Services
Djerriwarrh Health Services	Vida Pranskunas	Executive Director of Allied Health
Djerriwarrh Health Services	Amelia Beasley	Director of People & Culture (from 20 March 2019)
Djerriwarrh Health Services	Anthony McNamara	Chief Financial Officer (from 1 April 2019)
Djerriwarrh Health Services	Fiona Lukaitis	Director Quality, Safety & Service Improvement (until 6 July 2018)
Djerriwarrh Health Services	Elizabeth Mullins	Director of Medical Services (until 1 Aug 2018)
Djerriwarrh Health Services	James Rubeli	Executive Director of Finance & Corporate Services (until 19 April 2019)

The compensation detailed below is reported in \$'000 and 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	2019 \$'000	2018 \$'000
Short term employee benefits	1,150	1,248
Post-employment benefits	81	101
Other long-term benefits	28	30
Total	1,259	1,379

Significant Transactions with Government Related Entities

Djerriwarrh Health Services received funding from the Department of Health and Human Services of \$61.2m in the financial year (2018: \$69.4m).

Professional medical indemnity insurance and other insurance products are obtained from a Victorian Public Financial Corporation.

The Standing Directions of the Assistant Treasurer require Djerriwarrh Health Services 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 key management personnel 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 the Djerriwarrh Health Services, there were no material related party transactions that involved key management personnel and their close family members. 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 Djerriwarrh Health Services' Board of Directors,

Note 8.5: Remuneration of auditors

	2019 \$'000	2018 \$'000
Victorian Auditor-General's Office		
Audit of Financial Statements	15	14
TOTAL REMUNERATION OF AUDITORS	15	14

Chief Executive Officer and Executive Directors in 2019.

Note 8.6: Australian Accounting Standards 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 Djerriwarrh Health Services 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 effective. They become effective for the first financial statements for reporting periods commencing after the stated operative dates as detailed in the table below. Djerriwarrh Health Services has not and does not intend to adopt these standards early.

Future reporting periods

The table below outlines the accounting standards that have been issued but not effective for 2018-19, which may result in potential impacts on public sector reporting for future reporting periods.

Topic	Key requirements	Effective date	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	The changes in revenue recognition requirements in AASB 15 may result in changes to the timing and amount of revenue recorded in the financial statements. Revenue from grants that are provided under an enforceable agreement that have sufficiently specific obligations, will now be deferred and recognised as the performance obligations attached to the grant are satisfied This effect is not expected to have a significant impact on Djerriwarrh Health Services.
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	AASB 2018-4 provides additional guidance for not-for-profit public sector licenses, which include: <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; • 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 2016-8 <i>Amendments to Australian Accounting Standards – Australian Implementation Guidance for Not-for-Profit Entities</i>	AASB 2016-8 inserts Australian requirements and authoritative implementation guidance for not-for-profit-entities into AASB 9 and AASB 15. 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.	1 Jan 2019	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>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 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	The assessment has indicated that most operating leases, with the exception of short term and low value leases will come on to the balance sheet and will be recognised as right of use assets with a corresponding lease liability. In the operating statement, the operating lease expense will be replaced by depreciation expense of the asset and an interest charge. There will be no change for lessors as the classification of operating and finance leases remains unchanged. This effect is not expected to have a significant impact on Djerriwarrh Health Services.
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 classes of right-of-use assets at cost rather than at fair value and requires disclosure of the adoption. The State 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 making this election, the State considered that the methodology of valuing peppercorn leases was still being developed.

Topic	Key requirements	Effective date	Impact on public sector entity financial statements
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	Grant revenue is currently recognised up front upon receipt of the funds under AASB 1004 <i>Contributions</i> . The timing of revenue recognition for grant agreements that fall under the scope of AASB 1058 may be deferred. For example, revenue from capital grants for the construction of assets will need to be deferred and recognised progressively as the asset is being constructed. The impact on current revenue recognition of the changes is the potential phasing and deferral of revenue recorded in the operating statement. This effect is not expected to have a significant impact on Djerriwarrh Health Services.
AASB 17 <i>Insurance Contracts</i>	The new Australian standard eliminates inconsistencies and weaknesses in existing practices by providing a single principle based framework to account for all types of insurance contracts, including reissuance contract that an insurer holds. It also provides requirements for presentation and disclosure to enhance comparability between entities. This standard currently does not apply to the not-for-profit public sector entities.	1 January 2021	The assessment has indicated that there will be no significant impact for the public sector.
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 the public sector.
AASB 1059 <i>Service Concession Arrangements: Grantor</i>	This standard applies to arrangements that involve an operator providing a public service on behalf of a public sector grantor. It involves the use of a service concession asset and where the operator manages at least some of the public service at its own direction. An arrangement within the scope of this standard typically involves an operator constructing the asset used to provide the public service or upgrading the assets and operating and maintaining the assets for a specified period of time.	1 January 2020 (The State is intending to early adopt AASB 1059 for annual reporting periods beginning on or after 1 January 2019)	For an arrangement to be in scope of AASB 1059 all of the following requirements are to be satisfied: <ul style="list-style-type: none"> • Operator is providing public services using a service concession asset; • Operator manages at 'least some' of public services under its own discretion; • The State controls / regulates: <ul style="list-style-type: none"> – what services are to be provided; – to whom; and – at what price • State controls any significant residual interest in the asset. If the arrangement does not satisfy all the above requirements the recognition will fall under the requirements of another applicable accounting standard.
AASB 2018-5 <i>Amendments to Australian Accounting Standards – Deferral of AASB 1059</i>	This standard defers the mandatory effective date of AASB 1059 from 1 January 2019 to 1 January 2020.	1 January 2020 (The State is intending to early adopt AASB 1059 for annual reporting periods beginning on or after 1 January 2019)	This standard defers the mandatory effective date of AASB 1059 for periods beginning on or after 1 January 2019 to 1 January 2020. As the State has elected to early adopt AASB 1059, the financial impact will be reported in the financial year ending 30 June 2019, rather than the following year.

Note 8.7: Events Occurring after the Balance Sheet Date

There are no events occurring after the Balance Sheet date.

Note 8.8: Jointly Controlled Operations

Name of Entity	Principal Activity	Ownership Interest	
		2019 %	2018 %
Grampians Rural Health Alliance	Information Systems	10.05	10.33

Djerriwarrh Health Services interest in assets employed in the above jointly controlled operations and assets is detailed below. The amounts are included in the financial statements under their respective assets categories:

	2019 \$'000	2018 \$'000
Current Assets		
Cash & Cash Equivalents	231	362
Receivables	23	29
Other Assets	29	18
Total Current Assets	283	409
Non Current Assets		
Property, Plant and Equipment	534	438
Total Non Current Assets	534	438
Total Assets	817	847
Current Liabilities		
Payables	50	34
Employee Benefits and Related On –Costs Provisions	31	23
Total Current Liabilities	81	57
Total Non Current Liabilities	-	-
Total Liabilities	81	57

Djerriwarrh Health Services interest in revenues and expenses resulting from jointly controlled operations and assets is detailed below:

	2019 \$'000	2018 \$'000
Revenues		
Revenue from Operating Activities	624	603
Capital Purpose Income	13	111
Total Revenue	637	714
Expenses		
Employee Expenses	106	112
Non Salary Labour Costs	25	32
Administration Expenses	449	414
Other Expenses From Continuing Operations	114	4
Depreciation and Amortisation	(4)	45
Total Expenses	690	607
Net Result	(53)	107

Note 8.8: Jointly Controlled Operations (continued)

Contingent Liabilities and Capital Commitments

There are no known contingent liabilities or capital commitments held by the jointly controlled operations at balance date.

Note 8.9: Economic Dependency

Djerriwarrh Health Services is wholly dependent on the continued financial support of the State Government and in particular, the Department of Health and Human Services.

The Department of Health and Human Services has provided confirmation that it will continue to provide Djerriwarrh Health Services adequate cash flow support to meet its current and future obligations as and when they fall due for a period up to September 2020. On that basis, the financial statements have been prepared on a going concern basis.

Djerriwarrh Health Services current asset ratio of 0.51 continues to be below an adequate short term position (2018: 0.90). Djerriwarrh Health Services has a working capital deficit of \$8,511,000 (2018: deficit of \$1,622,000)

The Financial Statements have been prepared on a going concern basis. The State Government and the Department of Health and Human Services have confirmed financial support to settle Djerriwarrh Health Services financial obligations when they fall due.

Note 8.10: 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.

Associates

Associates are all entities over which an entity has significant influence but not control, generally accompanying a shareholding and voting rights of between 20 per cent and 50 per cent.

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.

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 favorable 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 unfavorable 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.

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 nature.

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.

Investment properties

Investment properties represent properties held to earn rentals or for capital appreciation or both. Investment properties exclude properties held to meet service delivery objectives of the State of Victoria.

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.

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 startup 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.

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.

Taxation income

Taxation income represents income received from the State's taxpayers and includes:

- payroll tax; land tax; duties levied principally on conveyances and land transfers;
- gambling taxes levied mainly on private lotteries, electronic gaming machines, casino operations and racing;
- insurance duty relating to compulsory third party, life and non-life policies;
- insurance company contributions to fire brigades;
- motor vehicle taxes, including registration fees and duty on registrations and transfers;
- levies (including the environmental levy) on statutory corporations in other sectors of government; and
- other taxes, including landfill levies, license and concession fees.

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:

zero, or rounded to zero

(xxx.x) negative numbers

201x year period

201x-1x year period

Bacchus Marsh & Melton Regional Hospital

29-35 Grant Street,
Bacchus Marsh, 3340

Melton Health & Community Services

195-209 Barries Road,
Melton West, Vic, 3337

Bacchus Marsh Community Health Centre

29-35 Grant Street, (enter from Turner Street)
Bacchus Marsh, 3340

Caroline Springs Community Health Centre

228-232 Caroline Springs Boulevard,
Caroline Springs, 3023

Grant Lodge Residential Aged Care

6 Clarinda Street,
Bacchus Marsh, 3340

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