GOULBURN VALLEY

HEALTH

annual report

GOULBURN VALLEY HEALTH

2012/13

GOULBURN VALLEY HEALTH

ANNUAL REPORT 2013

Vision

Working together to achieve healthier communities.

Mission

In collaboration with the community, Goulburn Valley Health will continually strive to improve the quality of integrated services that achieve the best possible individual and community health outcomes.

Values

COMPASSION:
We are caring and considerate in our dealings with others

RESPECT:
We consider the beliefs, dignity and rights of others

INTEGRITY:
We act ethically, openly, honestly and fairly

COLLABORATION:
We communicate with and listen to our staff and community

EXCELLENCE:
We strive for improvement by being innovative, professional and giving our all

Contents

GV Health Priorities

Strategic Plan 2010-2013

The current GV Health strategic plan priorities are:

GV Health will provide safe, appropriate and effective services by:

1. exploring creative ways to deliver services
2. strengthening partnerships
3. ensuring service delivery achieves quality outcomes and cost effectiveness
4. ensuring person-centred care
5. ensuring clinician involvement in clinical governance
6. enhancing regional self sufficiency in the range of services provided

GV Health will have an effective workforce by:

1. increasing the self sufficiency of the workforce
2. expanding the skills and diversity of the workforce
3. developing innovative, flexible and create workforce practices, skills and opportunities
4. sustaining a caring and competent workforce

GV Health will communicate effectively by:

1. engaging effectively with consumers, staff and other key stakeholders
2. organisational culture supports open communication and a systems approach to learning and knowledge sharing
3. fostering interdepartmental and interdisciplinary communication to improve clinical and non-clinical outcomes

GV Health will develop leadership capacity by:

1. providing ongoing opportunities for future leaders to be involved in leadership development in governance, management and education
2. developing GV Health's role in health governance and service delivery across the region
3. recognising GV Health's achievements

GV Health will develop and improve facilities by:

1. progressing funding for capital redevelopments
2. maintaining and improving the capital infrastructure to meet organisational requirements
3. implementing integrated information management and technology systems
4. ensuring environmental considerations are incorporated into all future planning

Introduction

In accordance with the *Financial Management Act 1994*, I am pleased to present the Report of Operations for Goulburn Valley Health for the year ended 30 June 2013.

Peter Ryan
Chair – Board Of Directors
28 August 2013

Annual Reporting

Goulburn Valley Health reports on its annual performance in two separate documents. This Annual Financial and Performance Report fulfils the statutory reporting requirements to Government by way of an Annual Report and the Quality of Care Report reports on quality, risk management and performance improvement matters. Both documents are presented to the Annual General Meeting and then distributed to the community.

Relevant Minister

The responsible Ministers during the reporting period were:

- The Honourable David Davis, MLC, Minister for Health and Ageing
- The Honourable Mary Wooldridge, MLA, Minister for Mental Health

GV Health Chair & CEO Report

> we continue to provide clinically appropriate services that are also cost effective and sustainable in the future.

Reflecting on the last year, significant changes have taken place that will affect the future direction of GV Health.

We finished the year in line with the financial result that was anticipated and managed to meet or exceed key service targets.

The 2010-2013 strategic plan has reached completion and a new, fresh strategic direction will be established for 2013/14 and beyond.

Important changes took place at the senior management and Board level during the last year; including the resignation of Ms Kerryn Healy as chief executive officer in March 2013. Having worked at GV Health for almost 15 years, Kerryn made a considerable contribution to the growth and development of GV Health.

We thank Mr Andrew Stripp for taking the reigns as interim CEO from March to June 2013.

We farewelled Mr Noel Maughan, who has served as Board Chair for the past two years and who has served on the Board since 2007. Noel's dedication to improvements at GV Health has been instrumental in creating the organisation that we have today.

There have been many highlights during the year which demonstrate our achievements, including:

Improved accountability and transparency

A new organisational structure came into effect this year, helping to streamline clinical governance throughout the organisation. Amongst other changes, the new structure created a new level of executive management, comprising:

- Donna Sherringham, executive director clinical services
- Leigh Rhode, executive director community and integrated care
- Bill Morfis, executive director planning and resources

Improved financial sustainability

- The Health Information Service coding team and medical team have developed a partnership approach to improving clinical documentation and reviewing coder queries. This liaison is providing benefits in terms of better information, more accurate data and coding optimisation, which is reflected in the funding outcomes.

Greater responsiveness for diverse populations

- GV Health has always maintained a strong working relationship with Primary Care Connect. During the last year, GV Health and Primary Care Connect explored the possible formation of a more formal alliance. It was ultimately decided that the relationship should remain informal.

Expanded capacity

- Works were completed this year to refurbish the Allied Health Wing in Shepparton to provide additional therapy and office space and the more efficient and safe handling and storage of therapy equipment.
- Construction began to expand the Mary Coram rehabilitation unit by eight beds, enabling the treatment of more patients requiring rehabilitation services and geriatric evaluation and management. The expanded facility is expected to be opened in October 2013.
- headspace Shepparton opened in June 2013, improving access to mental health services for young people in the community.

Mr Dale Fraser
Chief Executive Officer

Mr Peter Ryan
Chair - Board of Directors

The Elsie Jones Education Centre was expanded to provide students with a place to meet with their teachers and peers.

As a result of having expanded facilities, GV Health has been able to increase placement days to 17,307 across all disciplines this year; an increase of 2,333 placement days within two years.

Improved health experiences

- GV Health embraced end-of-life care planning to enable patients to pre-plan and record their end-of-life wishes before it's too late. This has resulted in improved patient-centred care, patient autonomy, dignity, informed consent and prevention of suffering.

Staff achievements

- In 2012, Mary Coram Nurse Jean McDonald was acknowledged for 40 years of dedicated service to GV Health. This outstanding milestone was celebrated at the annual Long Service Awards event.
- Dr Mark Harris was recognised by the Rural Workforce Agency Victoria at the 2012 Victorian Rural Doctors Awards for his outstanding contribution to rural medicine.
- Dr Tunde Ibrahim published a paper this year on routine blood cultures in the management of community acquired pneumonia and whether they are necessary.
- The Oncology unit has been participating in a number of research projects, including CHALLENGE CO21 and GVH 14/12 Clinical Risk Factors – Febrile Neutropenia Risk Assessments for patients receiving chemotherapy.

Looking to the future:

During the next year, we will continue to review the various services we provide to ensure we continue to provide clinically appropriate services that are also cost effective and sustainable into the future. There is more we can do in preventative and primary healthcare, working with GPs and community health services, to provide new and different models of care in the local community.

Patient safety, accountability and inclusiveness will remain as key priorities for the health service in the coming year as we encourage the community to become more active participants in decisions about their healthcare.

The organisation will continue to embrace change, and actively seek opportunities for service improvements to make the organisation a safer and more compassionate health service. We would like to take this opportunity to thank our Board members, staff, support organisations and importantly our volunteers for all that they do to ensure that users of our health service continue to receive the highest standards of healthcare.

Mr Dale Fraser
Chief Executive Officer

Mr Peter Ryan
Chair – Board of Directors

Left: GV Health has been allocated extra funding to treat more surgical patients at home.

Right: The maternity department was reinvigorated, due to the recruitment of three new obstetricians/ gynaecologists.

Executive Director Reports

Executive Director Clinical Services

Work has begun in preparation for the roll out of the new National Standards. This will be a significant body of work for the entire organisation over the next year and is vital to the maintenance of accreditation.

- Work is being conducted to improve the flow of patients through GV Health to help reduce the length of stay required and to help free up bed days. Some of the strategies embraced include improving discharge planning by more accurately predicting the date of discharge from admission, preparing for the discharge in advance and referring to other services earlier.
- I am pleased to confirm that GV Health has had no 24 hour stays in the Emergency Department since February 2013. This indicates that patients are being moved efficiently from ED to the appropriate clinical area to continue the care commenced in ED. It also allows the ED to have improved capacity to treat incoming emergency patients in a timely manner.
- GV Health has been successful in meeting the 2012/13 contestable WIES targets. This means that GV Health has been allocated extra funding to treat more surgical patients at home, which in turn reduces the waiting time for many patients.

  Following on from this success, GV Health has applied for more contestable WIES for 2013/14; to enable the treatment of more patients at home, within shorter time frames
- GV Health has been successful in its bid to conduct 70 extra scopes over a four month period. Scopes are an important diagnostic tool for particular diseases. If a scope identifies a disease, treatment plans can begin faster and therefore better outcomes may be expected for patients.

Chief Medical Officer

The most significant achievement of the year has been the general investment in teaching, training and engaging people in teamwork to enhance patient safety. Work also continues on streamlining the principles of person-centred, safe care at GV Health.

The maternity department was reinvigorated, due to the recruitment of three new obstetricians/gynaecologists. The three new specialists have helped form a cohesive specialist team, able to provide the depth of expertise required for the region. As a result, GV Health has been able to establish advanced laparoscopic and pelvic floor surgeries for women who would otherwise have to travel to Melbourne for these operations.

Emergency care training programs were conducted this year to help ensure the maternity team is ready to manage any critical maternity emergency.

Clinical safety principles and best practice professional standards have been reshaped and refreshed in every major clinical division through regular incident reviews, root cause analyses, case analyses and education (in collaboration with the divisions of Quality and Nursing).

There have been many new recruits this year, who are making a significant difference to the care that can be provided at GV Health.

- A Paediatric Cardiologist was recruited this year and the Clinical Director of Paediatrics was replaced. Team escalation and critical paediatric care pathways for patient care were established and paediatric equipment was updated.
- An additional Intensivist was recruited to help manage the Intensive Care Unit and a new Divisional Clinical Director was recruited for Intensive Care to further enhance good clinical governance of the service.
- A one-stop-shop diabetes management clinic was established for pregnant women with diabetes. A new endocrinologist was recruited to help manage services for diabetic patients. Other staff involved in establishing this important service include, obstetricians, midwives, maternity staff, nursing leadership and lead physicians.

Left: A new digital imaging system was installed in the dental clinic.

Right: Catering provided to patients, residents and staff is prepared and served safely.

Executive Director Community and Integrated Care

The demand for community based care continues grow to meet the needs of our growing and ageing population. We need to ensure our workforce is well equipped and skilled to deliver that care.

- GV Health has been able to maintain a Hospital in the Home substitution rate that is ranked second in comparison to all other Victorian health services. GV Health is moving beyond providing care only in the bricks and mortar hospital setting to providing more home care services. Advances in diagnostic and treatment techniques, medications and equipment mean that some conditions may actually be better managed at home.
- The Allied Health and Ambulatory Care departments at the GV Health Shepparton campus were refurbished last year to improve patient and staff safety. Patient therapy equipment is now easier to manage and store safely and therapy spaces have been improved, which means staff are able to treat patients more efficiently.
- Community Interlink expanded the number of Early Childhood Intervention Services provided to children with development delays and their families. The service provides therapy services, such as occupational therapy and speech therapy aimed at increasing a child's potential for learning.
- The GV Health Dental Service continues to be a preferred employer for new dental and dental therapist graduates. There were 60 applicants for four positions in the 2013 annual intake of new graduates.
- GV Health continues to coordinate outreach dental services to aged care facilities within the region on a monthly rotating basis. Planning is underway to further extend this outreach via development of a mobile dental van to enable easier access for clients throughout the region.
- A new digital imaging system was installed in the dental clinic. This will provide faster dental x-rays that can be immediately stored in the patient electronic dental records.

Executive Director Planning and Planning Resources

A number of systems were upgraded this year to make sure that GV Health can accurately monitor and plan for the future. Additionally, a number of audits and surveys were conducted to better understand the patient experience , clinical practice and patient outcomes and how they could be improved.

- Riskman Q, an electronic system to record and manage quality improvement activities, was implemented, which will help GV Health to plan and enhance its quality improvement activities.
- A new food management system was purchased an implemented to provide accurate data in relation to all patient meal requirements, budget control, stock control and menu planning
- To help monitor and improve patient satisfaction with the experience at GV Health, various surveys were conducted during the year.

  The Patient Experience Tracker (PET) initiative was used to survey patients in 'real time' which will enable earlier intervention, if required, and will help improve the quality of the patient experience.
- To support the implementation of the National Standards, Audit Angels (hand-held devices) were used to efficiently collect and transmit clinical and environmental data for analysis.
- GV Health staff were trained on the Australian Charter of Healthcare Rights in Victoria to generate awareness and to encourage staff to incorporate the principles into their work practices.
- Legislative compliance was achieved with cleaning standards in both external and internal audits, ensuring that GV Health provides a clean and safe environment for patients, residents, volunteers and staff.
- Full compliance was achieved with the external audit of all components of food safety program, ensuring that catering provided to patients, residents and staff is prepared and served safely.
- A trial commenced of C70 clinical waste bins to improve segregation of waste and eliminate needle stick injuries.

About GV Health

Established under the *Health Services Act 1988*, GV Health is the major regional health provider for the Goulburn Valley. GV Health serves a catchment area of more than 150,000 people and employs more than 2,000 staff members.

The objectives, functions, powers and duties of GV Health are described in the Operational Practices and By-laws of the organisation.

GV Health is a multi-campus facility providing a broad range of hospital and community services through the Department of Health Hume Region. Campuses include:

- The Shepparton Campus, located at Graham Street, Shepparton has 266 beds providing acute medical, surgical, obstetrics, paediatrics, rehabilitation, psychiatric, and intensive-coronary care. A number of non-admitted acute/sub acute services operate from this campus including Emergency, Outpatients, HARP – Disease Management, Sub Acute Ambulatory Care as well as a number of Community programs including Community Allied Health, Dental, Diabetes Education, Post Acute Care, Rural Health Team, Continence, Rural Withdrawal Service.
- The Tatura campus, campus includes eight acute beds at the Tatura Hospital and 15 nursing home beds at Parkvilla Aged Care.
- The Rushworth campus maintains 12 acute and 10 nursing home beds at the Waranga Memorial Hospital. The Waranga Aged Care Hostel is located on a separate site and has 32 resident places. The Waranga Medical Centre is located at 10 High St, Rushworth.
- Una House, located in Corio Street, Shepparton, is the base for Community Interlink and District Nursing.
- The Centre for Older Persons Health in Knight Street, Shepparton is the base for the Aged Care Assessment Program Service, GEM in the Home, Transition Care and the Psychogeriatric Assessment and Treatment Team.
- The Centre Against Sexual Assault (CASA) is located centrally in Shepparton.
- The Primary Mental Health and Early Intervention Team is located in Knight Street, Shepparton.
- Community programs also operate from outreach offices in Seymour, Cobram, Benalla and Wodonga.
- Community Mental Health Services operate from GV Health's Shepparton campus and offices located in Seymour.
- The New Dookie Road campus houses the Transition Care, Restorative Care and GEM in the Home programs.
- GV Health also provides administrative assistance to Yea and District Memorial Hospital, and the Nathalia District Hospital.

Our Services

The range of services provided by GV Health is described across nine clinical streams:

Allied Health Departments:
Social Work, Speech Pathology, Nutrition & Dietetics, Occupational Therapy, Physiotherapy, Podiatry and Audiology

Child and Adolescent

- Child & Adolescent Unit
- Community Paediatric Services

Clinical Support and Corporate Services:

Clinical streams are supported by a range of organisation-wide services including:

Professional Library, Quality Improvement and Risk Management Unit, Finance Services, Business & Performance Unit, Clinical Business Unit, Supply Services, Human Resources, Payroll Services,

Occupational Health & Safety, Security Services, Information Technology Services, Post-Graduate Nurse Training, Aboriginal Liaison Services, Health Information Services, Communications, Hotel Services, Engineering Services and Biomedical Engineering Services, Court Liaison Service, Consumer/Carer Consultation.

Community Services

- Aged Care Assessment Service
- Centre Against Sexual Assault
- Regional Continence Service
- Community Interlink
- Community Health
- Rural Health Team
- Diabetes Services
- Home Nursing Service
- Post-Acute Care
- Rural Drug & Alcohol Withdrawal Program
- Community Dental Program

Diagnostic and Other Clinical Services:
Pathology, Medical Imaging, Dental and Pharmacy

Emergency Medicine

- Emergency Department
- Intensive Care Unit

Extended Care

- Geriatric Evaluation and Management (GEM)
- Rehabilitation
- Community Rehabilitation Centre
- GEM In The Home

General Medical

- Medical Unit
- Oncology
- Haemodialysis
- Rheumatology
- Disease Management
- Hospital in The Home (HITH)
- Waranga Memorial Hospital
- Tatura Hospital

Mental Health

- Child and Youth Mental Health
- Adult Mental Health – Inpatient & Community Mental Health Services
- headspace
- Aged Persons Mental Health Service
- Primary Mental Health
- Prevention and Recovery Care (PARC)

Residential Care

- Grutzner House, Shepparton
- Waranga Aged Care Hostel, Rushworth
- Parkvilla Aged Care, Tatura

Surgical Services

- Specialist Consulting Suite
- Pre-admission Clinic
- Day Procedure Unit (DPU)
- Operating Theatres
- Surgical Unit

Women's Health

- Maternity Unit
- Birthing Suite
- Domiciliary Midwifery
- Ante-Natal Outpatient Services
- Ante-Natal Day Stay Unit
- Neonatal Nursery
- Lactation Support Service

Board Members

Board Chair

Mr. Noel Maughan
Board Director Appointed: 2007
Term Expires: 30 June 2013

Committees:
- Finance
- Audit
- Quality
- Remuneration

Vice-Chair

Mr. Peter Ryan
Board Director Appointed: 2011
Term Expires: 30 June 2014

Committees:
- Finance
- Audit
- Quality
- Remuneration

Director

Ms. Barbara Evans
Board Director Appointed: 2012
Term Expires: 30 June 2015

Committees:
- Finance
- Audit

Director

Mr. Bryan Gurry, LLB
Board Director Appointed: 2008
Term Expires: 30 June 2015

Committees:
- Quality
- Primary Care and Population Health

Director

Ms. Roslyn Knaggs, B.Ed, Dip.Ed (Prim)
Board Director Appointed: 2010
Term Expires: 30 June 2014

Committees:
- Quality
- Remuneration
- Consumer Consultative

Director

Mr. Ian McKinnon, TPTC, GDSE(HI), GDSE(Melb Uni)
Board Director Appointed: 2009
Term Expires: 30 June 2015

Committees:
- Quality
- Primary Care and Population Health

Director

Mr. Bill Parsons
Board Director Appointed: 2011
Term Expires: 30 June 2014

Committees:
- Finance
- Audit
- Remuneration

Director

Mr. Rod Schubert
Board Director Appointed: 2012
Term Expires: 30 June 2015

Committees:
- Remuneration

Director

Mr. Barry Smith
Board Director Appointed: 2011
Term Expires: 30 June 2014

Committees:
- Finance
- Audit
- Consumer Consultative
- Primary Care and Population Health

Attendance at board meetings

	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	Attendance
Mr. N. Maughan		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	100%
Ms. B. Evans	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	100%
Mr. B. Gurry		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	A	92%
Ms. R. Knaggs	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	100%
Mr. I. McKinnon	✓	✓	A	✓	✓	✓	✓	✓	✓	A	✓	✓	83%
Mr. W. Parsons		✓	A	✓	✓	✓	✓	✓	A	✓	✓	✓	83%
Mr. P. Ryan		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	100%
Mr. R. Schubert		✓	✓	A	✓	✓	✓	✓	✓	✓	✓	✓	92%
Mr. B. Smith		A	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	92%
Ms. J. Williams (Minister's Delegate)		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	100%

✓= IN ATTENDANCE:
A = Apology

Honorary Solicitors = Felthams Lawyers

Auditors = Auditor-General, Victoria

Banker = Westpac Banking Corporation

Senior Officers

Chief Executive Officer
Ms. Kerryn Healy
B. Bus (Acc), CPA, AFCHSE, CHE, FHFM
(until 8 March 2013)

Mr Andrew Stripp (acting)
BBSc(Hons) MSc
(12 March to 30 June 2013)

The Chief Executive Officer (CEO) is responsible to the Board of Directors for the efficient and effective management of GV Health. Prime responsibilities include the development and implementation of operational and strategic planning, maximising service efficiency and quality improvement, and minimising risk. The CEO is also CEO of the Nathalia District and Yea and District Memorial Hospitals and chairs the GV Health Executive. The CEO also represents GV Health on a number of State committees, chairs the Hume Regional Integrated Cancer Service and the Hume Rural Health Alliance Executive Committee, and is also a member of the Hume Health Partnership.

Executive Director
Community & Integrated Care
Ms. Leigh Rhode
RPN, B.HlthSc (Nursing), Grad Dip Bus Studs (Health)

The Director of Community and Integrated Care has responsibility for Allied Health, Dental Services and a wide range of ambulatory care and community health services, including health promotion. With a special interest in population health planning and service coordination, Leigh supports a range of partnership initiatives with health services across the Goulburn Valley and Hume region. Responsibilities include provision of executive support to GV Health's Primary Care and Population Health Advisory Committee, Aboriginal Health Task Force and Cultural Diversity Committee.

Executive Director
Clinical Services
Donna Sherringham
RN, Dip App Sci, Bach Nursing, Master Health Administration, FACSHM

The Executive Director Clinical Services manages the clinical operations of GV Health, including medical, surgical, critical care, women's and children's, mental health, pathology, pharmacy, radiology at all campuses. This role provides strategic and operational direction and support to the clinicians to provide high quality care.

Executive Director Planning & Resources
Bill Morfis
BHA (UNSW), MCom(UNSW), CPA

The Executive Director Planning and Resources is responsible for the financial management and reporting requirements of the Board of Directors, managers and external bodies, including the Department of Health. This role also has operational responsibility for the majority of corporate support services provided to the support the organisation, Quality and Risk, Human Resources, Information and Technology Services, Health Information Systems, Biomedical Engineering, capital projects, informatics and innovation.

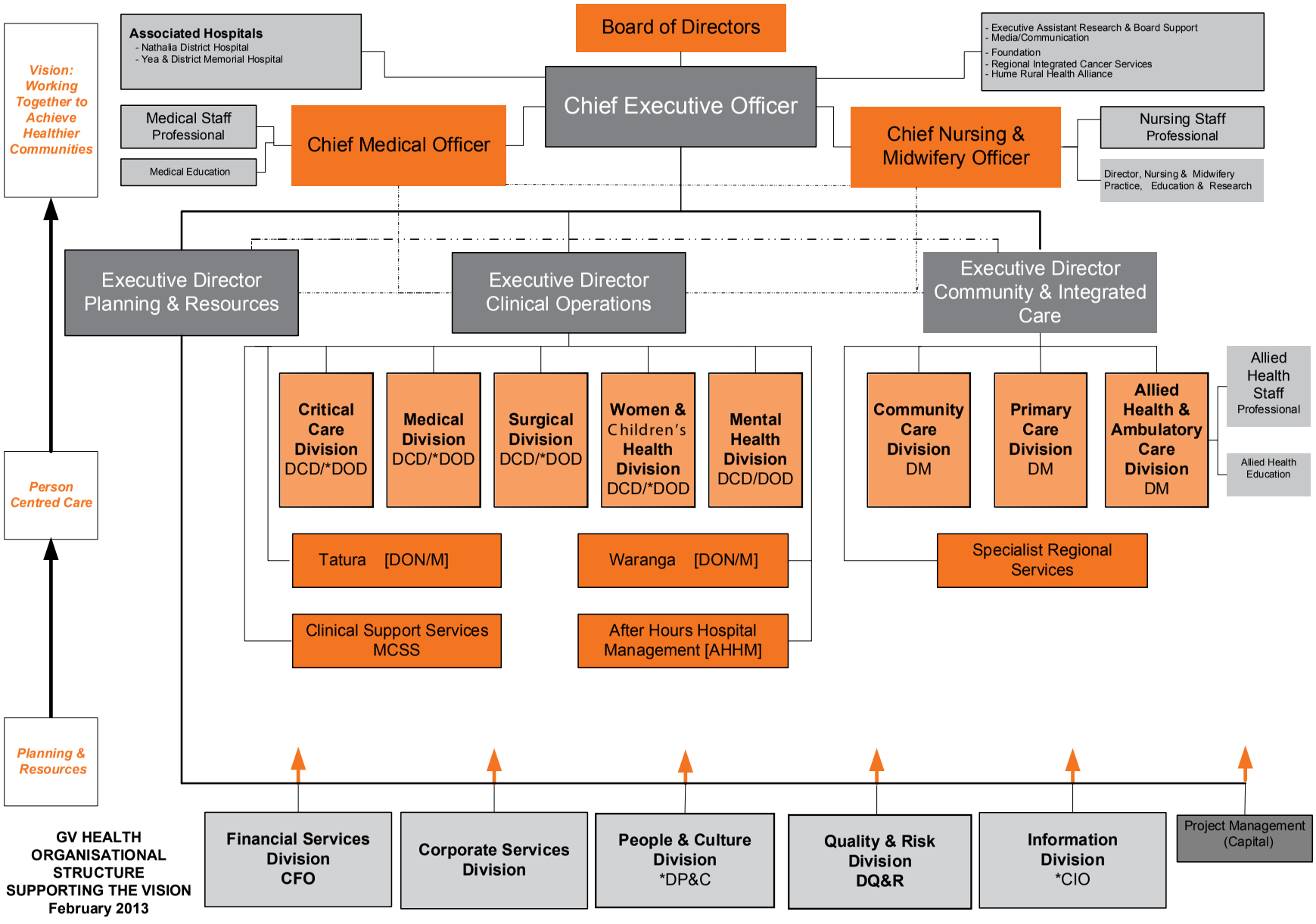
Chief Medical Officer
Dr. Vasudha Iyengar
MBBS, FRANZCOG, FRCOG

The Chief Medical Officer has professional responsibility for visiting medical officers, staff specialists and hospital medical officers across all clinical streams and is directly responsible for the general medical, surgical, and emergency medicine clinical streams. Vasudha also has clinical responsibility for pathology and medical imaging, and operational responsibility for pharmacy services. The Chief Medical Officer also undertakes medical recruiting and credentialing, resource management, and strategic planning in conjunction with other members of the executive.

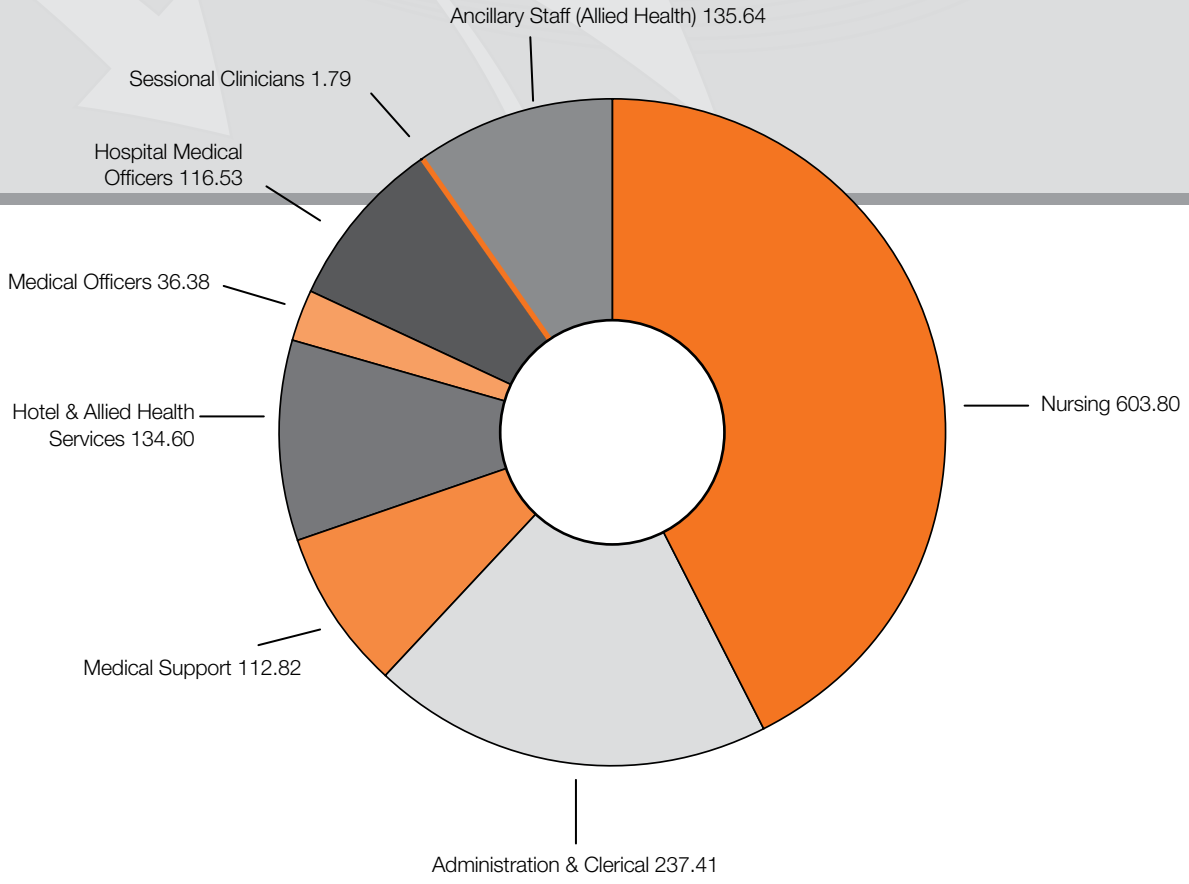
Chief Nursing & Midwifery Officer
Ms. Wendy Lewis
RN, RM, MHA, Bach App Sc. (Adv Nursing), ICC, Neo & Paed ICC, FRCNA

The Chief Nursing Officer has professional responsibility for nursing across all Clinical Streams and executive responsibility for Acute Nursing in Shepparton and the Tatura and Waranga campuses. Major responsibilities include Clinical Leadership and Standards of Practice, Nursing Credentialing, Resource Management, Service and Strategic Planning, Clinical Risk Management, and Quality Improvement.

GV Health Organisational Structure
Operational Reporting Lines



Workforce Data



At 30 June 2013, GV Health had 2,076 employees; or 1,414.97 full-time equivalent employees.

In addition, more than 310 volunteers support Goulburn Valley Health, some of whom are involved in the eight GV Health auxiliaries.

GV Health is committed to applying merit and equity principles when appointing staff. The selection processes ensure that applicants are assessed and evaluated fairly and equitably on the basis of the key selection criteria and other accountabilities without discrimination.

All GV Health staff are required to abide by the Code of Conduct, which is based on the Code of Conduct for Victorian Public Sector employees.

Labour Category	June Current Month FTE	June YTD FTE
Nursing	603.80	603.41
Administration & Clerical	273.41	271.56
Medical Support	112.82	117.43
Hotel & Allied Health Services	134.60	138.83
Medical Officers	36.38	34.39
Hospital Medical Officers	116.53	114.65
Sessional Clinicians	1.79	1.73
Ancillary Staff (Allied Health)	135.64	130.04
Total	**1,414.97**	**1,412.03**

Statutory Requirements

Occupational Health and Safety

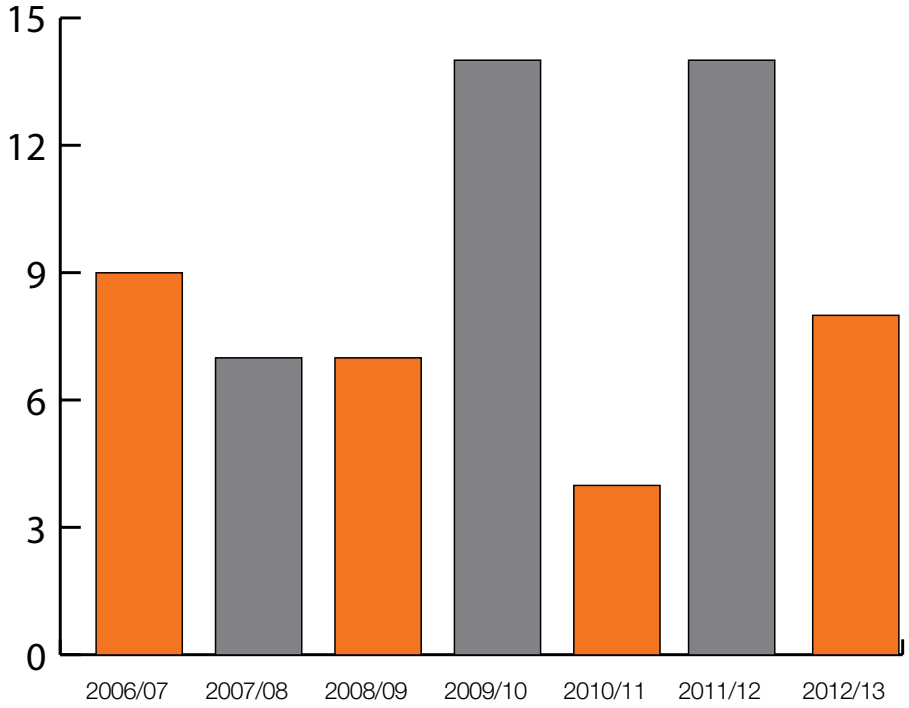
A strong safety culture exists throughout GV Health.

GV Health monitors safety through management systems to ensure the safety and well being of consumers, patients, residents, staff, visitors and contractors.

All safety matters are reported and monitored through the Occupational Health and Safety (OH&S) Committee, which reports to the Executive and Board of Directors.

Accurate and comprehensive reports are generated by the OH&S department to enable monitoring of GV Health's performance at an organisational, site and departmental level.

GV Health Standard Workcover Claims



Compliance with Building Act

GV Health complied fully with the building and maintenance provisions of the *Building Act 1993* – Guidelines, issued by the Minister for Finance for publicly owned buildings.

Occupancy permits and certificates of final inspection

- GV Health Occupancy Permits and Certificates of Final Inspection are all current.
- A permit of occupancy was issued this year for the student facilities built as an extension to the Elsie Jones Education Centre and for the extension to student accommodation located at 18 Monash St, Shepparton.

Essential safety measures

Goulburn Valley Health buildings constructed after 1994 have been designed to conform to *The Building Act 1993* and its regulations, as well as to meet other statutory regulations that relate to health and safety matters. All have been issued with Occupancy Permits.

Buildings constructed prior to July 1994 were not subject to issue of Occupancy Permits. However, irrespective of the age of each building, Goulburn Valley Health is obliged to maintain essential safety measures, so far as is practicable, in accordance with the *Building Regulations 2006.*

Compliance involves ensuring that all essential safety measures covered by the Regulations are being maintained to fulfil their purpose. It also involves keeping records of maintenance checks, completing an Annual Essential Safety Measures Report, and retaining records and reports on the premises for inspection by the Municipal Building Surveyor or the Chief Fire Officer on request.

Essential Safety Measures Reports are prepared annually for properties owned by Goulburn Valley Health to confirm that all of the essential safety services are operating at the required level of performance.

Fire Audit Compliance

The below buildings were re-audited during 2012/13 by Lake Young and Associates to ensure ongoing compliance.

- GV Health, Graham Street, Shepparton
- Tatura Hospital and Parkvilla Aged Care, Park St, Tatura
- Waranga Memorial Hospital and Nursing Home, Coyle St, Rushworth
- Waranga Aged Care Hostel, High St, Rushworth

Building Works

A variety of changes have taken place this year with regard to building and building works, including the:

- building of the ROMUA room as a training space for doctors
- renovation of The Hub, Graham St campus to accommodate the clinical governance team
- re-location of the electro-diagnostic unit to the old oncology area
- extension of the Mary Coram rehabilitation unit to add eight geriatric evaluation and management beds and patient therapy space.
- securing of property for the headspace program at 129 High St, Shepparton.
- installation of acoustic barriers around the engineering plant.
- renovation of the Allied Health wing to streamline services.
- upgrade to the Fairley Wing lift door mechanisms.
- extension of the Elsie Jones Education Centre to add improved student facilities.
- replacement of the carpet at the Tatura Hospital and Parkvilla Aged Care.
- extension of student accommodation at 18 Monash Street, Shepparton.

Building works proposed for next year include:

- renovation of the palliative care room in the Medical Ward at Graham St, Shepparton.
- Upgrade to the x-ray equipment in the emergency department.

Consultancies

In 2012/13, GV Health engaged two consultancies where the total fees payable to the consultants were less than $10,000, with a total expenditure of $18,132.

GV Health engaged five consultancies where the total fees payable to the consultants were more than $10,000.

Consultancies paid more than $10,000 - Year Ended 30th June 2013

Consultant	Purpose of Consultancy	Start Date	End Date	Total approved project fee (excl GST)	Expenditure 2012-2013 (excl GST)	Future expenditure (excl GST)
Stephen Saunders and Associates Ltd.	Medical Services Review	Jul-12	Mar-13	133,270	133,270	-
RADNO Pty Ltd	Parent Infant Unit	Jul-12	Feb-13	16,624	16,624	-
Julie Green Consulting	Development of Stategic Framework	Jul-12	Oct-12	46,126	46,126	-
Health Outcomes International	Grutzner House Review	Jul-12	Nov-12	30,000	30,000	-
Phillipa Milne & Associates Pty Ltd	Regional Cancer Services IT Consultancy	Jan-13	Jun-13	37,429	37,429	-

Freedom of Information Requests

GV Health is an agency subject to the *Freedom of Information Act (Victoria) 1982*. A total of 690 formal requests for information were received by GV Health under the *Act* during 2012/13.

The GV Health Freedom of Information/Medico-Legal Officer, is under the Clinical Services Division at GV Health.

A legislated fee of $25.10 per application is charged and an excess charge of $20 is applicable as a search fee.

Competitive Neutrality

GV Health complied with all the government policies regarding competitive neutrality.

Victorian Industry Participation Policy Act 2003

GV Health abides by the principles of the *Victorian Industry Participation Policy*. In 2012/13, there was one project under the Victorian Industry Participation Policy above the threshold of $1 million; that was, the expansion of the sub-acute facilities at the Mary Coram Rehabilitation and GEM Unit.

Environmental Sustainability Report

The Goulburn Valley Health Environmental Management Plan was endorsed by the Board of Directors in July 2013. The environmental policy acknowledges that providing "compassionate care" not only applies to patients but also to the natural environment and surrounding communities.

Goulburn Valley Health sees improving the environmental sustainability of its operations, planning processes and procedural development as a core organisational goal. The introduction and maintenance of an effective environmental management strategy will help address potential adverse environmental impacts resulting from GV Health activities and assess the organisation's environmental performance.

Goulburn Valley Health will monitor its environmental performance and communicate progress in achieving environmental management targets through reports distributed to stakeholders and the broader community.

This is the first report using the new methodology recommended by the Department of Health. As such, it may not be directly comparable to similar figures in previous annual reports.

Energy Consumption

Energy and natural gas consumption has remained steady.

Initiatives implemented include:

- Improved time clocks and optimised starts for air conditioners.
- Negotiated change in energy supplier and reduced CO2 emissions and costs.
- Fitted motion sensors in most areas so lights turn off when not being used.

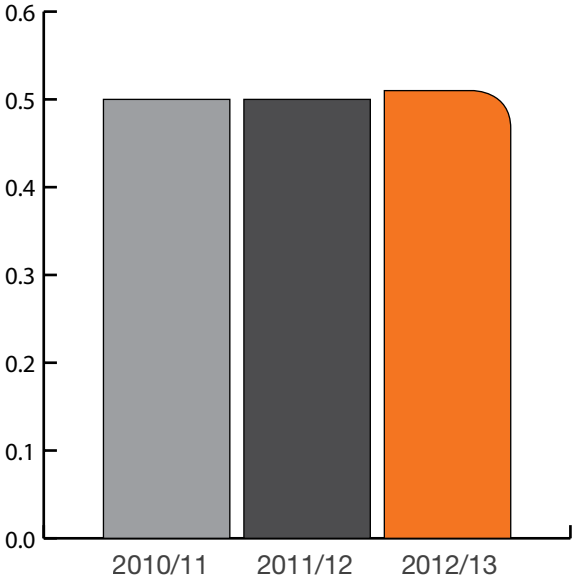
These initiatives have not resulted in any reduction in energy use due to the commencement of operating the chillers 24/7 to maintain temperature control in theatre.

Future:

Develop targets to reduce energy consumption and greenhouse gas emissions.

Investigate potential for localised renewable energy generation at facilities (co-generation, solar collectors, wind power).

Energy (Gj) Per Patient Treated



Normalised Energy Consumption per unit of floor space (GJ/m2)

2010/11 2.39 > 2011/12 2.37 > 2012/13 2.31

Energy Consumption

Total energy consumption by energy type (GJ)

Electricity

2010/11	2011/12	2012/13
30,399	31,265	30,760

Natural gas and LPG

2010/11	2011/12	2012/13
41,446	40,912	41,004

Diesel

2010/11	2011/12	2012/13
0.08	0.08	0.10

Total

2010/11	2011/12	2012/13
71,845.27	72,176.93	71,764.14

Greenhouse Gas Emissions

Greenhouse Gas Emissions

Total greenhouse gas emissions (tonnes CO2e)

Scope 1 (= lpg+gas+diesel)

2010/11	2011/12	2012/13
872.01	821.47	843.76

Scope 2 (= energy+cogeneration)

2010/11	2011/12	2012/13
13,189.31	13,476.91	13,297.98

Total

2010/11	2011/12	2012/13
14,061.32	14,298.38	14,141.74

Emissions per unit of floor space (kgCO2e/m2)

2010/11	2011/12	2012/13
468.71	468.80	456.19

C02e (kgs) Per Presentation

2010/11	2011/12	2012/13
98.52	98.91	100.35

Environmental Sustainability Report *continued*

Water

IInitiatives implemented include using water from the dental sterilizer to pipe into a header tank for use in toilet flushing in Allied Health and part of the administration area in the Hub.

Flow restrictors have been installed on all taps, which has decreased the water flow from 18L/min to 10L/min

Future:

- Encourage maintenance reporting and reduce lead time on rectification.
- Introduce "turn off and report leaks" stickers to water stations.

Normalised water consumption

Water per unit of floor space (kL/m2)

2010/11	2011/12	2012/13
2.41	2.64	2.58

Total water consumption by type (kL)

Potable Water

2010/11	2011/12	2012/13
70,882	79,000	78,200

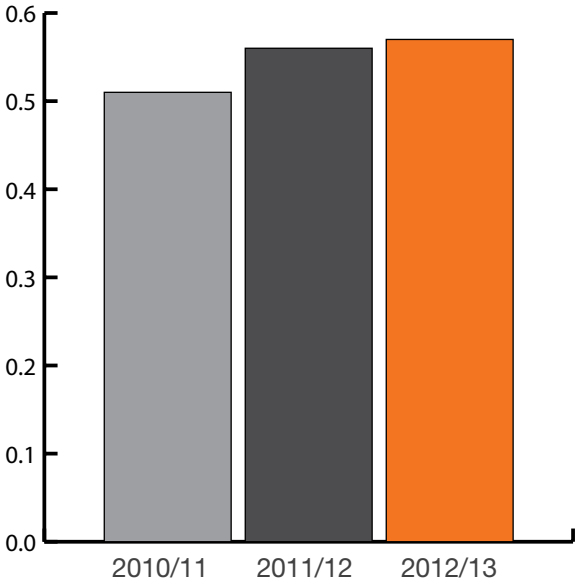
Re-used/recycled water

2010/11	2011/12	2012/13
1,500	1,650	1,700

Total

2010/11	2011/12	2012/13
72,382	80,650	79,900

Water (kL) Per Patient Treated



Water re-use and recycling

Reuse / recycling rate (percentage)

2010/11	2011/12	2012/13
2.07%	2.05%	2.13%

Waste

Overall the volume of waste generated has increased, however the mix of waste types have improved with recycling increasing and clinical waste reducing.

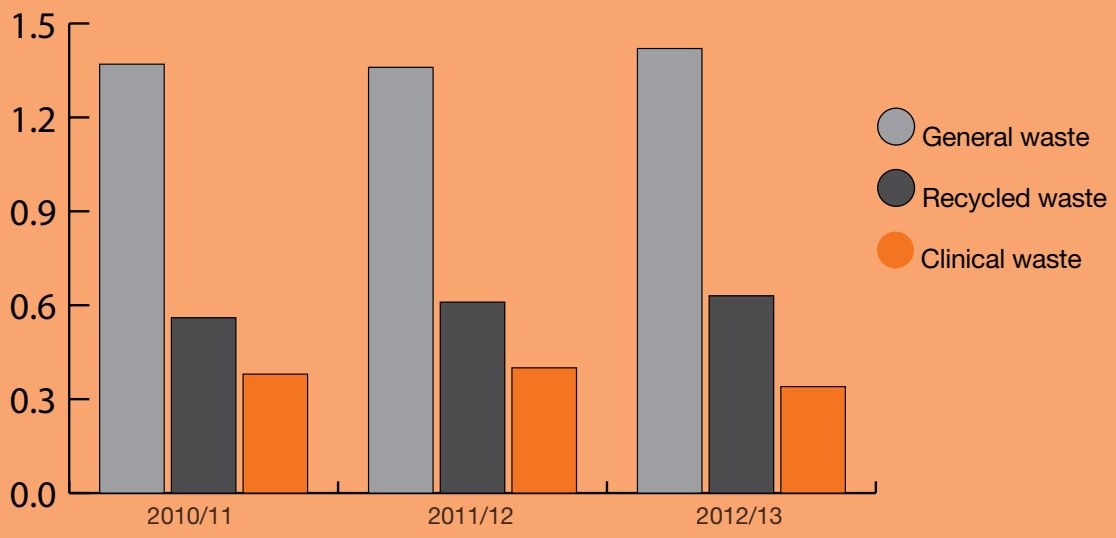
Initiatives implemented include:

- New co-mingle bins have been placed in offices allowing for separation of recycle and general waste.
- Recycle bins are set up in the dining room for collection of mobile telephones and batteries.

Future:

- Review procurement policies and procedures to require suppliers to use returnable/re-usable cartons instead of cardboard boxes.
- Re-use incoming cartons for outgoing goods or for storage internally.

Waste (Tonnes) Per Patient Treated



Total waste generation by type (tonnes)

General Waste

2010/11	2011/12	2012/13
195.84	196.38	200.10

Recycled waste

2010/11	2011/12	2012/13
80.24	88.55	89.06

Clinical waste

2010/11	2011/12	2012/13
54.629	57.365	48.067

Total

2010/11	2011/12	2012/13
330.709	342.295	337.23

Waste recycling

Waste recycling rate (percentage)

2010/11	2011/12	2012/13
24.26%	25.87%	26.41%

Fleet

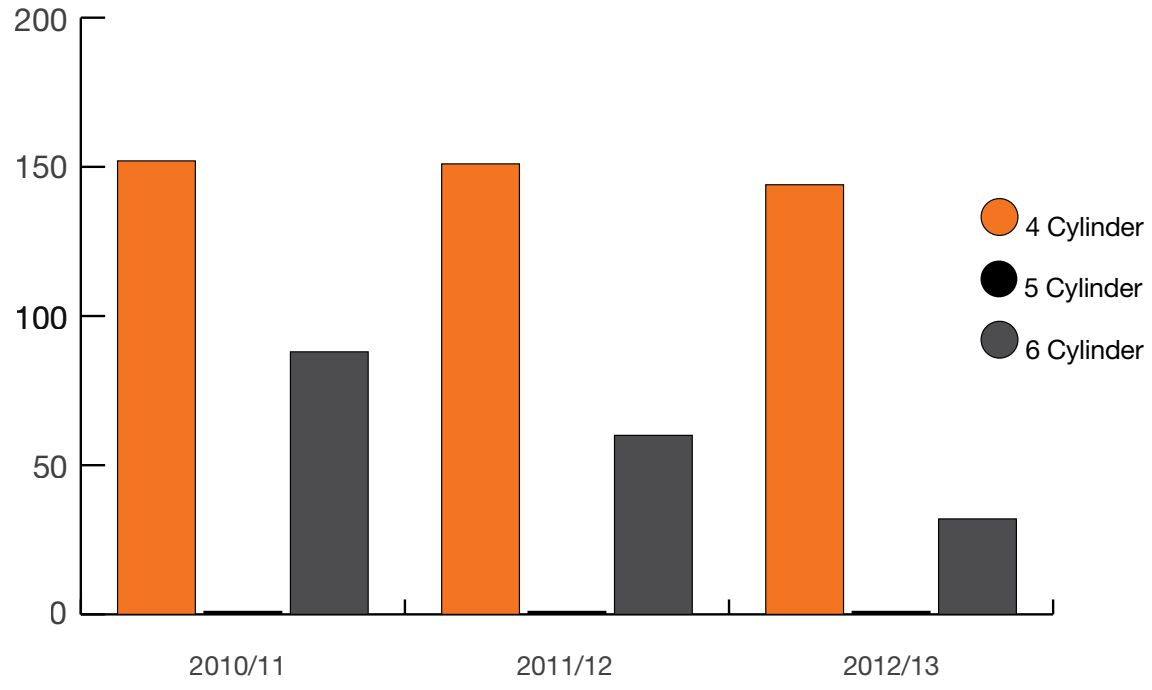
The percentage of 4 cylinder fleet vehicles has increased by 15%, along with the percentage of diesel vehicles increasing by 5.5%.

Initiatives implemented included a new electronic pool car system resulting in a more even distribution of time used and kms travelled by each vehicle.

Future:

- Increase the percentage of 4 cylinder and diesel vehicles which will improve our gas emission rates.

Fleet cylinder type



Fleet

Kms travelled

2010/11	2011/12	2012/13
3,637,105	3,820,855	3,628,988

Greenhouse gas emissions

2010/11	2011/12	2012/13
872.01	821.47	843.76

Greenhouse gas emissions/100kms travelled

2010/11	2011/12	2012/13
0.240	0.215	0.233

Number of Vehicles

Diesel

2010/11	2011/12	2012/13
31	38	34

LPG

2010/11	2011/12	2012/13
11	3	1

Unleaded

2010/11	2011/12	2012/13
199	171	142

Financial & Service Performance Reporting

Part A - Statement of Priorities 2012/13

Priority	Action	Deliverables	Achievements
Developing a system that is responsive to people's needs	Explore opportunities to develop strategies that support greater service responsiveness for diverse populations	Participate in Hume Region Closing the Health Gap Cultural Competence and Client Journey projects.	GV Health is represented on the Hume Region Closing the Health Gap Steering Committee as well as Client Journey, Cultural Competence and Young Women's Health Work Groups. As part of the Client Journey initiative, GV Health is piloting the role of an Aboriginal Health Transition Officer based in the Emergency Department.
		Develop a home and community care (HACC) diversity plan to address the needs of key target groups.	A Home and Community Care Diversity Plan has been developed. A report on the first year of the three-year plan demonstrated that progress had been made on five or six priorities identified in the plan.
	Explore opportunities to develop strategies that support greater service responsiveness for diverse populations	Participate in the Victorian pilot relating to standards being developed by the World Health Organisation (WHO) – Health Promoting Hospitals Task Force on Migrant Friendly and Culturally Competent Health Care.	GV Health was one of 5 Victorian Health Services participating in consultation and pilot testing of the draft Migrant Friendly and Culturally Competent Health Care Standards.
		Investigate the viability and functionality of establishing a Primary Care facility in Shepparton for co-location of primary care and community services.	Alternative locations for a Primary Care facility to enable co-location of services were investigated and a suitable site identified. An Agreement to Lease and Lease for a property at 121-136 Corio Street is currently being finalised.
		Continue development of SACS specialist services, in keeping with GV Health's responsibilities as a level 4 provider within the sub-acute capability framework.	Chronic Pain and CDAMS clinics have been established and VPRS expanded further. A Movement Disorder Nurse position has been established in partnership with Parkinson's Victoria and the Shepparton Parkinson's Support Group to support development of Movement Disorder clinical services.
	In partnership with other local providers, apply existing service capability frameworks to maximise the use of available resources across the catchment.	Develop and maintain clinical pathways that improve access to all available mental health beds for appropriate out-of-area patients when in best interest of the consumer and carer(s).	A strong partnership has been developed with Northern Health to allow in-patient access to their mental health beds for clients residing on the south side of the Great Divide. This has extended to sharing Consultant and Registrar rosters and having protocols in place for Northern Health MHS to handover clients to the GVAMHS community team when the client is ready for discharge.

Priority	Action	Deliverables	Achievements
Improving every Victorian's health status and experiences	Collaborate with key partners such as members of local Primary Care Partnership, the newly formed Medicare locals, community health services and Aboriginal health services to support local implementation of relevant components of the Victorian Health and Wellbeing Plan 2011-2015.	Establish joint population health planning approach with the Goulburn Valley Medicare Local.	GV Health's Primary Care and Population Health Advisory Committee has established a workgroup with input from GV Medicare Local and GV PCP to investigate development of a Population Health Knowledge Exchange to support integrated approaches to population health planning.
		Work in partnership with Goulburn Valley Primary Care Partnership (PCP) to implement healthy eating and mental health and wellbeing Integrated Health Promotion (IHP) priorities.	GV Health has participated in regional and sub-regional health promotion planning forums and is a partner in integrated health promotion plans for healthy eating and mental health and wellbeing.
	Consider new models of care and more coordinated services to respond to the specific needs of people with priority clinical conditions.	Demonstrated evidence of consumer experience influencing care.	Establishment of Movement Disorder Nurse position and introduction of Patient Experience Tracker by Quality Unit. Consumer and Carer Consultants are actively engaged with staff recruitment interviews, meet regularly with senior management to discuss service delivery issues and report quarterly to the Clinical Governance Committee meeting.
		Establish and develop opportunities for chemotherapy clinical trials engagement.	Established and participating in trials that meet GV Oncology department patient group.
		Develop an integrated multidisciplinary model of care for patients with cancer.	Multidisciplinary team established and will be fortnightly. Participants' include surgery, pathology, radiology and Radiation Oncologist
		Implementation of a multidisciplinary system approach to managing acute stroke patient care.	GV Health's Stroke Improvement team has established Clinical Practice Guidelines for stroke thrombolysis, and multi-disciplinary acute stroke care.
		Implement "End-of-life care" as part of the care planning pathway.	Advance Care Planning working party established; Respecting Patient Choices facilitator training completed for key staff and training commenced.
Expanding services, workforce and system capacity	Identify opportunities to address workforce gaps by optimising workforce capability and capacity and exploring alternative workforce models.	Evaluate and further develop allied health assistant and team assistant models.	Team assistant roles are now established in Ambulatory Aged Care and Health Independence Program streams. GV Health's Allied Health Assistant model was highlighted as a case study in the Department of Health's publication "Supervision and Delegation Framework for Allied Health Assistants". 2012 Rural Allied Health Team participated in a DoH workforce development project – Growing your AHA workforce.

Priority	Action	Deliverables	Achievements
		Establish a medical workforce strategy plan.	Post Graduate Medical College Victoria medical accreditation achieved and workforce recruitment achieved.
		Establish a headspace facility in Shepparton in 2013 improving access to Child and Adolescent Mental Health Services (CAMHS) for younger client groups.	headspace Shepparton opened in March 2013 with a high level of youth and community engagement. Clinical staff includes a part-time Psychiatrist, Psychiatric Registrar, General Practitioner and a multidisciplinary team of allied health, nursing, community development and youth intake officers.
		Develop more responsive model of service delivery of mental health services to Shepparton's youth.	Implement a new expanded child and youth mental health service responding to 0–25 years of age. This has include advanced training for staff in infant mental health, developing new models of care and building close relationships between CYMHS and Adult programs. GVAMHS has been actively involved with developing a proposal for a local model of a Mother-Baby/Parent-Child unit in Shepparton.
		Improve mental health service access and options to the Goulburn Valley Area Mental Health Service (GVAMHS) catchment area.	Extensive community development has been implemented this year in the South Mitchell shire area of GVAMHS catchment which has engaged with Local Government, DEECD, and local and visiting health services to focus on the youth mental health needs of these communities.
Increasing the system's financial sustainability and productivity	Identify opportunities for efficiency and better value service delivery.	Implement the recommendations from the recent Financial & Service review.	The items raised in the review have been actioned or a plan has been put in place for their completion.
		Complete the trial of clinical costing for allied health in the inpatient setting (ABC project).	Trial of the Activity Bar Coding data collection system for allied health disciplines in the in-patient setting has been successfully completed, with the final evaluation report to be completed by end of August 2013.
		Demonstrate compliance to the national non admitted patient minimum dataset.	Project completed to ensure data remediation and 100% compliance to the national non admitted patient minimum dataset. A compliance grant was also received in June 2013 to support the process.
	Examine and reduce variation in administrative and corporate overheads.	Review current overhead costs and explore options to reduce corporate overheads.	Reduction in costs and FTE noted and improvements evident in areas such as Information Technology, Fleet, Human Resources and Hotel Services.

Priority	Action	Deliverables	Achievements
Implementing continuous improvements and innovation	Develop and implement improvement strategies that better support patient flow and the quality and safety of hospital services.	Develop and implement quality initiative to progress the Australia Council of Healthcare Standards (ACHS) consultancy review recommendations undertaken against the new national standards.	2012/13 Quality Improvement plan completed and implemented. ACHS consultancy review was undertaken in Feb. 2013. Recommendations from the review were incorporated within related standards and the Quality Improvement Action Plans.
Increasing accountability and transparency	Implement systems that support streamlined approaches to clinical governance at all levels of the organisation.	Complete the implementation of the clinical governance structure adjusted for the recent changes in the organisation structure.	New positions were outlined in GV Health's revised governance structure in early 2013. Executive Committee now incorporates clinical governance responsibilities. A Clinical Outcomes Review Committee has been established.
		Establish a reporting system to support clinical governance which will include clinical and quality parameters that monitor clinical outcomes.	Monthly Divisional Quality and Risk Reports are distributed to all Clinical Governance Committees. Quarterly Clinical Governance reports are tabled at Executive and the board level Quality Committee. Quality Boards are in all clinical area which display relevant Quality & Risk information to front line staff.
Improving utilisation of e-health and communications technology	Trial, implement and evaluate strategies that use ICT as an enabler of better patient care.	Embed the use of mobile technology with an evaluation of trials in Rural Health Team and Transition Care Program.	As per progress below.
		Evaluate mobile technology trials undertaken in the Rural Health Team and Transition Care Program. Determine ongoing use of mobile technology in these services.	Trials completed, with evaluation indicating the need to use larger screens and improve device performance to enable more effective use and up-take of the technology. Use of larger screens to be trialled as per above.
	Maximise the use of health ICT infrastructure to better connect a broad range of health care and other health – related workforces.	Pilot secure offsite clinician access to support clinical decision making and care. Provision of geriatrician services to Seymour Health via video conferencing.	Equipment secured to provide geriatric services to Nagambie Bush Nursing Hospital. Equipment purchase for Nagambie and Seymour Health supported through the TCP program to enable geriatrician access for this client group.
		Enhance communication between Shepparton and Seymour MHS using video conferencing.	Assessment of current V/C system and future options completed and funding sought through MH, D&R Division. Use of computer to computer video conference established with local GP and Psychiatrist based in Shepparton with high level success.

Part B - Performance Priorities

Financial performance

Operating Result	Target	2012-13 actuals
Annual Operating result ($m)	Health Service specific	1078

WIES activity performance	Target	2012-13 actuals
Percentage of WIES (public and private) performance to target	100	100.3%
Cash management	**Target**	**2012-13 actuals**
Creditors	<60 days	20
Debtors	<60 days	44

Access performance

Emergency Care	Target	2012-13 actuals
Percentage of operating time on hospital bypass	3	N/A
Percentage of ambulance transfers within 40 minutes	90	89%
NEAT – Percentage of emergency presentations to physically leave the emergency department for admissions to hospital, be referred to another hospital for treatment, or be discharged within four hours (July – December 2012)	70	65%
NEAT – Percentage of emergency presentations to physically leave the emergency department for admissions to hospital, be referred to another hospital for treatment, or be discharged within four hours (January – June 2013)	75	69%
Number of patients with length of stay in the emergency department greater than 24 hours	0	52
Percentage of Triage Category 1 emergency patients seen immediately	100%	100%
Percentage of Triage Category 1 to 5 emergency patients seen within clinically recommended times	80%	73%

Elective Surgery	Target	2012-13 actuals
Percentage of Urgency Category 1 elective patients treated within 30 days	100%	100%
NEST – Percentage of Urgency Category 2 elective surgery patients treated within 90 days (July – December 2012)	75	64.8%
NEST – Percentage of Urgency Category 2 elective surgery patients treated within 90 days (January – June 2013)	80	68.5%
NEST – Percentage of Urgency Category 3 elective surgery patients treated within 365 days (July – December 2012)	93	83.1%
NEST – Percentage of Urgency Category 3 elective surgery patients treated within 365 days (January – June 2013)	94.5	86.5%
Number of patients on the elective surgery waiting list	1020	818
Number of Hospital Initiated Postponements per 100 scheduled admissions	8.0	8.0%

Service Performance

Elective Surgery	Target	2012-13 actuals
Number of patients admitted from the elective surgery waiting list - quarter 1	870	910
Number of patients admitted from the elective surgery waiting list - quarter 2	820	757
Number of patients admitted from the elective surgery waiting list - quarter 3	786	673
Number of patients admitted from the elective surgery waiting list - quarter 4	820	897

Critical Care	Target	2012-13 actuals
Number of days operating below agreed Adult ICU minimum operating capacity	0	8
Number of days operating below agreed Paediatric ICU minimum operating capacity	0	N/A
Number of days operating below agreed Neonatal ICU minimum operating capacity	0	N/A

Quality and Safety	Target	2012-13 actuals
Health service accreditation	Full compliance	Full compliance
Residential aged care accreditation	Full compliance	Full compliance
Cleaning standards	Full compliance	Full compliance
Submission of data to VICNISS	Full compliance	Full compliance
Hospital acquired infection surveillance	No outliers	No outliers
Hand Hygiene (rate)	70	>70%
SAB rate per occupied bed days	2/10,000	Quarter 1 - 0.5 Quarter 2 – 0.5 Quarter 3 – 1.0 Quarter 4 – Not available
Victorian Patient Satisfaction Monitor (OCI)	73	77
Consumer Participation Indicator	75	78
People Matter Survey	Full compliance	Full compliance

Maternity	Target	2012-13 actuals
Percentage of women with prearranged postnatal home care	100	100

Mental Health	Target	2012-13 actuals
28 day readmission rate - percentage	14	14.3%
Post-discharge follow-up rate - percentage	75	81%
Seclusion rate per 1,000 occupied bed days	<20/1,000	13.5

Part C: Activity and Funding

Funding type Acute Admitted	2012-13 ActivityAchievement
WIES Public	13,447
WIES Private	2,235
Total PPWIES (Public and Private)	15,682
WIES Renal	449
WIES DVA	450
WIES TAC	105
WIES TOTAL	16,688
Subacute Admitted	
CRAFT Public	223
CRAFT Private	63
Rehab L2 Public	558
Rehab L2 Private	126
Rehab L2 DVA	485
GEM Public	4,092
GEM Private	1,608
GEM DVA	450
Palliative Care Public	449
Palliative Care Private	86
Palliative Care DVA	37
Subacute non-admitted	
Transition Care - Bed days	10,288
Transition Care – Home day	13,495
Aged Care	
Aged Care Assessment Service	1,837
Residential Aged Care	26,486
Mental Health and Drug Services	
Mental Health Inpatient	5,686
Primary Health	
Community Health / Primary Care Programs	11,780

Goulburn Valley Health

Summary of Financial Results

For the Year Ended 30 June 2013

	2013 $'000	2012 $'000	2011 $'000	2010 $'000	2009 $'000
Total Revenue	206,609	194,209	185,564	170,268	157,868
Total Expenses	210,585	203,174	194,019	178,215	161,045
Net Result for the Year (Incl. Capital and Specific Items)	(3,976)	(8,965)	(8,455)	(7,947)	(3,177)
Total Assets	117,893	120,071	123,202	130,795	140,894
Total Liabilities	49,790	47,992	42,158	41,296	43,448
Net Assets	68,103	72,079	81,044	89,499	97,446
Property, Plant & Equipment Revaluation Surplus	46,346	46,346	46,346	46,346	46,346
General Purpose Surplus	18,526	18,538	18,753	17,962	16,892
Restricted Purpose Surplus	5,363	5,392	5,324	5,256	5,256
Contributed Capital	46,821	46,821	46,821	46,821	46,821
(Accumulated Deficits)	(48,953)	(45,018)	(36,200)	(26,886)	(17,869)
Total Equity	68,103	72,079	81,044	89,499	97,446

Revenue Indicators

	Average Days to Collect		
	2012/13	2011/12	2010/11
Private Inpatients	57.69	64.07	88.25
Transport Accident Commission	189.08	304.35	398.15
Victorian Workcover Authority	169.28	121.09	127.41
All Other Patient Fees	193.03	148.55	167.32
Residential Aged Care (Exl. Commonwealth Benefits)	10.52	2.79	8.05

Debtors Outstanding 30th June 2013	Under 30 Days	31-60 Days	61-90 Days	Over 90 Days	Total 30/06/2013	Total 30/06/2012	Total 30/06/2011
Private Inpatients	382,390	107,958	44,153	267,522	802,022	470,394	681,647
Transport Accident Commission	103,839	29,316	11,990	72,646	217,791	61,674	164,759
Victorian Workcover Authority	109,383	30,881	12,630	76,525	229,419	227,971	198,249
All Other Patient Fees	98,827	27,901	11,411	69,140	207,280	385,709	299,084
Residential Aged Care (Exl. Commonwealth Benefits)	14,233	(6,945)	35,162	-	42,449	(2,203)	20,322
	369,076	**154,706**	**53,688**	**382,175**	**1,143,545**	**1,143,545**	**1,364,061**

Additional Information

In compliance with the requirements of the Standing Directions of the Minister for Finance, details in respect of the items listed below have been retained by GV Health and are available to the relevant Minister, Members of Parliament and the public on request.

a. Declarations of pecuniary interests have been completed.

b. Details of shares held by senior officers as nominee or held beneficially.

c. Details of publications produced by the Department about the activities of the Health Service and where they can be obtained.

d. Details of changes in prices, fees, charges, rates and levies charged by the Health Service.

e. Details of any major external reviews carried out on the Health Service.

f. 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.

g. Details of overseas visits undertaken including a summary of the objectives and outcomes of each visit.

h. Details of major promotional, public relations and marketing activities undertaken to develop community awareness of GV Health and its services.

i. Details of assessments and measures undertaken to improve occupational health and safety of GV Health employees.

j. General statement on industrial relations within GV Health and details of time lost through industrial accidents and disputes.

k. A list of major committees sponsored by GV Health, the purpose of each committee and the extent to which the purposes have been achieved.

l. Details of all consultancies and contractors, including consultants/contractors engaged, services provided and expenditure committed for each engagement.

Attestation of Data Integrity

I, Dale Fraser, certify that Goulburn Valley Health has put in place appropriate internal controls and processes to ensure that reported data reasonably reflects actual performance. Goulburn Valley Health has critically reviewed these controls and processes during the year.

Dale Fraser
Chief Executive Officer
28 August 2013

Attestation for compliance with the Ministerial Standing Direction 4.5.5.1 - Insurance

I, Dale Fraser, certify that GV Health has complied with Ministerial Direction 4.5.5.1 - Insurance.

Dale Fraser
Chief Executive Officer
28 August 2013

Attestation of Compliance With Australian/New Zealand Risk Management Standard

I, Dale Fraser, certify that Goulburn Valley Health has risk management processes in place consistent with the Australian/New Zealand Risk Management Standard and an internal control system is in place that enables the executives to understand, manage and satisfactorily control risk exposures. The audit committee verifies this assurance and that the risk profile of Goulburn Valley Health has been critically reviewed within the last 12 months.

Dale Fraser
Chief Executive Officer
28 August 2013

Disclosure Index

The annual report of the GV Health 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.

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GOULBURN VALLEY HEALTH

ANNUAL FINANCIAL REPORT 2012/13

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Significant Changes in Financial Position

Our Cash and Cash Equivalent balance increased during the year with the recoupment of an investment previously written down to a nil balance. The recoupment received was $976k. Provisions for non-current employee-related benefits have increased significantly during the financial year. The major cause of this increase was long service leave liability. The increase in long service leave liability has also increased the non-current receivables amount as we take up a debtor with the Department of Health for movements in the liability greater than funding. Equity has decreased during the year by the entity result for 2012/13 of $3.976m deficit, which compares to the $8.965m deficit recorded during 2011/12.

Operational & Budgetary Objectives & Factors Affecting Performance

As a public health service, GV Health is required to negotiate a Statement of Priorities with the Department of Health each year. This document is a key accountability agreement between GV Health and the Minister for Health. It recognises that resources are limited and that the allocation of these scarce resources needs to be prioritised. The Statement incorporates both system-wide priorities set by Government and locally generated agency-specific priorities.

The Board budgeted for a $1.0m surplus in financial position before capital items and depreciation for the 2012/13 year.

The final result for the year was a surplus of $1.08m before capital items and depreciation. This represents an improvement over last year's result by $2.29m.

Both this organisation and the Department of Health focus on the result before capital and depreciation, as depreciation is not a funded item. Funding for capital redevelopment and major equipment purchases are sourced from the Department of Health; such funding is allocated according to need and after consideration of a supporting submission.

Events subsequent to balance date

There have been no events subsequent to balance date that will have a significant effect on the operations of the health service in subsequent years.

VAGO
Victorian Auditor-General's Office

Level 24, 35 Collins Street
Melbourne VIC 3000
Telephone 61 3 8601 7000
Facsimile 61 3 8601 7010
Email comments@audit.vic.gov.au
Website www.audit.vic.gov.au

INDEPENDENT AUDITOR'S REPORT

To the Board Members, Goulburn Valley Health

The Financial Report

The accompanying financial report for the year ended 30 June 2013 of Goulburn Valley Health which comprises the comprehensive operating statement, balance sheet, statement of changes in equity, cash flow statement, notes comprising a summary of significant accounting policies and other explanatory information, and the Board Member's, Accountable Officer's and Chief Finance and Accounting Officer's declaration has been audited.

The Board Members' Responsibility for the Financial Report

The Board Members of Goulburn Valley Health are responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards, and the financial reporting requirements of the *Financial Management Act 1994*, and for such internal control as the Board Members determine is necessary to enable the preparation and fair presentation of the financial report that is free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

As required by the *Audit Act 1994*, my responsibility is to express an opinion on the financial report based on the audit, which has been conducted in accordance with Australian Auditing Standards. Those standards require compliance with relevant ethical requirements relating to audit engagements and that the audit be planned and performed to obtain reasonable assurance about whether the financial report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The audit procedures selected depend on judgement, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, consideration is given to the internal control relevant to the entity's preparation and fair presentation of the financial report 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 entity's internal control. An audit also includes evaluating the appropriateness of the accounting policies used and the reasonableness of accounting estimates made by the Board Members, as well as evaluating the overall presentation of the financial report.

I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my audit opinion.

Auditing in the Public Interest

Independent Auditor's Report (continued)

Independence

The Auditor-General's independence is established by the *Constitution Act 1975*. The Auditor-General is not subject to direction by any person about the way in which his powers and responsibilities are to be exercised. In conducting the audit, the Auditor-General, his staff and delegates complied with all applicable independence requirements of the Australian accounting profession.

Opinion

In my opinion, the financial report presents fairly, in all material respects, the financial position of Goulburn Valley Health as at 30 June 2013 and of its financial performance and its cash flows for the year then ended in accordance with applicable Australian Accounting Standards, and the financial reporting requirements of the *Financial Management Act 1994*.

Matters Relating to the Electronic Publication of the Audited Financial Report

This auditor's report relates to the financial report of Goulburn Valley Health for the year ended 30 June 2013 included both in Goulburn Valley Health's annual report and on the website. The Board Members of Goulburn Valley Health are responsible for the integrity of Goulburn Valley Health's website. I have not been engaged to report on the integrity of Goulburn Valley Health's website. The auditor's report refers only to the subject matter described above. It does not provide an opinion on any other information which may have been hyperlinked to/from these statements. If users of the financial report are concerned with the inherent risks arising from publication on a website, they are advised to refer to the hard copy of the audited financial report to confirm the information contained in the website version of the financial report.

for John Doyle
Auditor-General

MELBOURNE
28 August 2013

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Auditing in the Public Interest

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

The attached financial statements for Goulburn Valley Health have been prepared in accordance with Standing Direction 4.2 of the *Financial Management Act 1994*, applicable *Financial Reporting* Directions, Australian Accounting Standards, Australian Accounting 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 2013 and the financial position of Goulburn Valley Health at 30 June 2013.

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 this day.

Peter Ryan
Board Chair

Shepparton
28 August 2013

Dale Fraser
Accountable Officer

Shepparton
28 August 2013

Shaun Eldridge
Chief Finance &
Accounting Officer

Shepparton
28 August 2013

Goulburn Valley Health
Comprehensive Operating Statement
For the Financial Year Ended 30 June 2013

	Note	Total 2013 $'000	Total 2012 $'000
Revenue From Operating Activities	2	200,677	192,066
Revenue From Non-Operating Activities	2	615	844
Employee Expenses	3	(133,888)	(130,709)
Non-Salary Labour Costs	3	(9,908)	(9,836)
Supplies and Consumables	3	(29,816)	(28,053)
Other Expenses	3	(26,602)	(25,521)
Net Result Before Capital & Specific Items		**1,078**	**(1,209)**
Capital Purpose Income	2	5,317	1,299
Depreciation and Amortisation	4	(9,411)	(8,988)
Finance Costs	5	(28)	(22)
Expenditure Using Capital Purpose Income	3	(855)	(45)
Share Adjustments in Joint Venture	3	(77)	-
Net Result For The Year		**(3,976)**	**(8,965)**
Comprehensive Result		**(3,976)**	**(8,965)**

This statement should be read in conjunction with the accompanying notes

Goulburn Valley Health
Balance Sheet
As At 30 June 2013

	Note	Total 2013 $'000	Total 2012 $'000
Current Assets			
Cash & Cash Equivalents	**6**	10,964	9,259
Receivables	**7**	5,179	5,054
Inventories	**8**	1,880	1,993
Other Assets	**9**	778	843
Total Current Assets		**18,801**	**17,149**
Non-Current Assets			
Receivables	**7**	5,284	3,780
Property, Plant & Equipment	**10**	93,808	99,142
Total Non-Current Assets		**99,092**	**102,922**
TOTAL ASSETS		**117,893**	**120,071**
Current Liabilities			
Payables	**11**	9,585	8,622
Provisions	**12**	27,322	27,057
Other Current Liabilities	**14**	4,962	5,906
Total Current Liabilities		**41,869**	**41,585**
Non-Current Liabilities			
Provisions	**12**	7,921	6,407
Total Non-Current Liabilities		**7,921**	**6,407**
TOTAL LIABILITIES		**49,790**	**47,992**
NET ASSETS		**68,103**	**72,079**
EQUITY			
Property, Plant and Equipment Revaluation Surplus	**15a**	46,346	46,346
General Purpose Surplus	**15a**	18,526	18,538
Restricted Specific Purpose Surplus	**15a**	5,363	5,392
Contributed Capital	**15b**	46,821	46,821
Accumulated Deficits	**15c**	(48,953)	(45,018)
TOTAL EQUITY		**68,103**	**72,079**
Contingent Assets and Contingent Liabilities	**21**		
Commitments	**18**		

This statement should be read in conjunction with the accompanying notes

Goulburn Valley Health

Statement of Changes in Equity

For the Financial Year Ended 30 June 2013

	Note	Property, Plant & Equipment Revaluation Surplus $'000	General Purpose Surplus $'000	Restricted Specific Purpose Surplus $'000	Contributions by Owners $'000	Accumulated Surpluses/ (Deficits) $'000	Total $'000
Balance at 1 July 2011		**46,346**	**18,753**	**5,324**	**46,821**	**(36,200)**	**81,044**
Net Result for the Year		-	-	-	-	(8,965)	(8,965)
Transfer to Accumulated Surplus	**15(a), (c)**	-	(215)	68	-	147	-
Balance at 30 June 2012		**46,346**	**18,538**	**5,392**	**46,821**	**(45,018)**	**72,079**
Net Result for the Year		-	-	-	-	(3,976)	(3,976)
Transfer to Accumulated Surplus	**15(a), (c)**	-	(12)	(29)	-	41	-
Balance at 30 June 2013		**46,346**	**18,526**	**5,363**	**46,821**	**(48,953)**	**68,103**

This Statement should be read in conjunction with the accompanying notes

Goulburn Valley Health
Cash Flow Statement
For the Financial Year Ended 30 June 2013

	Note	Total 2013 $'000	Total 2012 $'000
Cash Flows from Operating Activities			
Operating Grants from Government		169,143	161,467
Patient and Resident Fees Received		7,183	6,792
Diagnostic Patient Fees Received		9,347	9,612
Private Practice Fees Received		2,583	1,800
Donations Received		173	140
Interest Received		629	857
Other Receipts		12,586	11,037
GST Received from ATO		4,963	4,976
Total Receipts		**206,607**	**196,681**
Employee Expenses Paid		(132,117)	(124,417)
Non-Salary Labour Costs		(9,909)	(9,837)
Payments for Supplies, Consumables and Services		(62,020)	(59,398)
Total Payments		**(204,046)**	**(193,652)**
Cash Generated from Operations		**2,561**	**3,029**
Capital Grants from Government		4,016	1,138
Capital Donations Received		68	-
Expenditure Using Capital Purpose Income		(855)	(45)
Impaired Investment Recoveries Received		976	-
Net Cash Inflow from Operating Activities	**16**	**6,766**	**4,122**
Cash Flows from Investing Activities			
Payments for Non-Financial Assets		(4,426)	(4,292)
Proceeds from Sale of Non-Financial Assets		309	373
Net Cash Inflow/(Outflow) from Investing Activities		**(4,117)**	**(3,919)**
Net Increase/(Decrease) in Cash and Cash Equivalents Held		**2,649**	**203**
Cash & Cash Equivalents at Beginning of Financial Year		3,353	3,150
Cash & Cash Equivalents at End of Financial Year	**6**	**6,002**	**3,353**

This statement should be read in conjunction with the accompanying notes

NOTE 1: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

These annual financial statements represent the audited general purpose financial statements for Goulburn Valley Health for the period ending 30 June 2013. The purpose of the report is to provide users with information about the 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 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 and Finance, and relevant Standing Directions (SDs) authorised by the Minister for Finance.

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

The annual financial statements were authorised for issue by the Board of Goulburn Valley Health on 28th August 2013.

Going Concern

Goulburn Valley Health does not meet the criteria required to be considered as a going concern in accordance with the Australian Accounting Standard AASB 101. However the Department of Health will provide adequate cash flow support to enable the Health Service to meet its current and future operational obligations as and when they fall due for a period up to September 2014, should this be required.

b. 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 2013, and the comparative information presented in these financial statements for the year ended 30 June 2012.

The going concern basis was used to prepare the financial statements.

These financial statements are presented in Australian dollars, the functional and presentation currency of the Health Service.

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.

The financial statements are prepared in accordance with the historical cost convention, except for:

- Non-current physical assets, which subsequent to acquisition, are measured at a revaluation amount being their fair value at the date of the revaluation less any subsequent accumulated depreciation and subsequent losses. Revaluations are made and are re-assessed with sufficient regularity to ensure that the carrying amounts do not materially differ from their fair values;
- Available-for-sale investments, which are measured at fair value with movements reflected in equity until the asset is derecognised (i.e. other comprehensive income – items that may be reclassified subsequent to net result).

Historical cost is based on the fair values of the consideration given in exchange for assets.

In the application of AASs, management is required to make judgments, estimates and assumptions about carrying values of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on professional judgements derived from historical experience and various other factors that are believed to be reasonable under the circumstances. Actual results may differ from these estimates.

The estimates and underlying assumptions are reviewed on an ongoing basis. 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. Judgments and assumptions made by management in the application of AASs 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 1(j);
- Actuarial assumptions for employee benefit provisions based on likely tenure of existing staff, patterns of leave claims, future salary movements and future discount rates (refer to Note 1(k)).

c. Reporting entity

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

Graham Street
Shepparton
Victoria 3630

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

Objectives and funding

Goulburn Valley Health's overall objective is to work together to achieve healthier communities as well as improve the quality of life to Victorians.

Goulburn Valley Health is predominantly funded by accrual based grant funding for the provision of outputs.

d. Principles of consolidation

Intersegment Transactions

Transactions between segments within Goulburn Valley Health have been eliminated to reflect the extent of its operations as a group.

Jointly controlled assets or operations

Interests in jointly controlled assets or operations are not consolidated by Goulburn Valley Health, but are accounted for in accordance with the policy outlined in Note 1(j) Assets.

e. Scope and presentation of financial statements

Fund Accounting

Goulburn Valley Health operates on a fund accounting basis and maintains three funds: Operating, Specific Purpose and Capital Funds. Goulburn Valley Health's Capital and Specific Purpose Funds include unspent capital donations and receipts from fundraising activities conducted solely in respect of these funds.

Services Supported By Health Services Agreement and Services Supported By Hospital and Community Initiatives

Activities classified as *Services Supported by Health Services Agreement* (HSA) are substantially funded by the Department of Health and includes Residential Aged Care Services (RACS) and are also funded from other sources such as the Commonwealth, patients and residents, while *Services Supported by Hospital and Community Initiatives* (H&CI) are funded by Goulburn Valley Health's own activities or local initiatives and/or the Commonwealth.

Residential Aged Care Service

Goulburn Valley Health's Residential Aged Care Service operations are an integral part of the entity and shares its resources. The results of the two operations have been segregated based on actual revenue earned and expenditure incurred by each operation in Note 2a and 3a to the financial statements.

Goulburn Valley Health's Residential Aged Care does not have a separate Committee of Management and is substantially funded from Commonwealth bed-day subsidies.

Comprehensive operating statement

The comprehensive operating statement includes the subtotal entitled 'net result before capital & specific items' to enhance the understanding of the financial performance of Goulburn Valley Health. This subtotal reports the result excluding items such as capital grants, assets received or provided free of charge, depreciation, expenditure using capital purpose income and items of an unusual nature and amount such as specific income and expenses. The exclusion of these items is made to enhance matching of income and expenses so as to facilitate the comparability and consistency of results between years and Victorian Public Health Services. The 'net result before capital & specific items' is used by the management of Goulburn

Valley Health, the Department of Health and the Victorian Government to measure the ongoing operating performance of Health Services.

Capital and specific items, which are excluded from this sub-total, comprise:

- Capital purpose income, which comprises all tied grants, donations and bequests received for the purpose of acquiring non-current assets, such as capital works or plant and equipment. It also includes donations of plant and equipment (refer Note 1 (f)). Consequently the recognition of revenue as capital purpose income is based on the intention of the provider of the revenue at the time the revenue is provided.
- Impairment of financial and non-financial assets, includes all impairment losses (and reversal of previous impairment losses), which have been recognised in accordance with Notes 1(j);
- Depreciation and amortisation, as described in Note 1 (g);
- Finance costs which comprises interest payments payable on the refund of accommodation bonds for residents who have departed the entity's Residential Aged Care Facilities.
- Expenditure using capital purpose income, comprises expenditure which either falls below the asset capitalisation threshold or does not meet asset recognition criteria and therefore does not result in the recognition of an asset in the balance sheet, where funding for that expenditure is from capital purpose income.

Balance sheet

Assets and liabilities are categorised either as current or non-current (non-current being those assets or liabilities expected to be recovered/ settled more than 12 months after reporting period), are disclosed in the notes where relevant.

Statement of changes in equity

The statement of changes in equity presents reconciliations of each non-owner and owner changes in equity from opening balance at the beginning of the reporting period to the closing balance at the end of the reporting period. It also shows separately changes due to amounts recognised in the comprehensive result and amounts recognised in other comprehensive income.

Cash flow statement

Cash flows are classified according to whether or not they arise from operating activities, investing activities, or financing activities. This classification is consistent with requirements under AASB 107 *Statement of Cash Flows.*

Rounding

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.

f. Income from transactions

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 Goulburn Valley Health and the income can be reliably measured. 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 the Health Service gains control of the underlying assets irrespective of whether conditions are imposed on the Health Service's use of the contributions.

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.

Indirect Contributions from the Department of Health

- Insurance is recognised as revenue following advice from the Department of Health.
- Long Service Leave (LSL) – Revenue is recognised upon finalisation of movements in LSL liability in line with the arrangements set out in the Metropolitan Health and Aged Care Services Division Hospital Circular 05/2013 (update for 2012-13).

Patient and Resident Fees

Patient fees are recognised as revenue at the time invoices are raised.

Private Practice Fees

Private practice fees are recognised as revenue at the time invoices are raised.

Revenue from commercial activities

Revenue from commercial activities such as commercial laboratory medicine is recognised at the time invoices are raised.

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.

Sale of investments

The gain/loss on the sale of investments is recognised when the investment is realised.

Fair value of assets and services received free of charge or for nominal consideration

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

g. Expense recognition

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

Cost of goods sold

Costs of goods sold are recognised when the sale of an item occurs by transferring the cost or value of the item/s from inventories.

Employee expenses

Employee expenses include:

- Wages and salaries;
- Annual leave;
- Sick leave;
- Long service leave; and
- Superannuation expenses, which are reported differently depending upon whether employees are members of defined benefit or defined contribution plans. Refer Note 13.

Depreciation

All infrastructure assets, buildings, plant and equipment and other non-financial physical assets that have finite useful lives are depreciated. Depreciation begins when the asset is available for use, which is when it is in the location and condition necessary for it to be capable of operating in a manner intended by management.

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. Estimates of the remaining useful lives and depreciation method for all assets are reviewed at least annually, and adjustments made where appropriate. This depreciation charge is not funded by the Department of Health. Assets with a cost in excess of $1,000 are capitalised and depreciation has been provided on depreciable assets so as to allocate their cost or valuation over their estimated useful lives.

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

	2013	2012
Buildings	30 to 40 Years	30 to 40 Years
Plant & Equipment	10 Years	10 Years
Medical Equipment	5 to 8 Years	5 to 8 Years
Computers & Communications	3 Years	3 Years
Furniture & Fittings	5 Years	5 Years
Motor Vehicles	7 Years	7 Years

Finance costs

Finance costs are recognised as expenses in the period in which they are incurred.

Finance costs include:

- Interest on the refund of Residential Aged Care accommodation bonds.

Grants and other transfers

Grants and other transfers to third parties (other than contribution to owners) are recognised as an expense in the reporting period in which they are paid or payable. They include transactions such as: grants, subsidies and personal benefit payments made in cash to individuals.

Other operating expenses

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

Supplies and consumables

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

Fair value of assets, services and resources provided free of charge or for nominal consideration

Contributions of resources provided free of charge or for nominal consideration are recognised at their fair value when the transferee obtains control over them, irrespective of whether restrictions or conditions are imposed over the use of the contributions, unless received from another agency as a consequence of a restructuring of administrative arrangements. In the latter case, such a transfer will be recognised at its carrying value.

Contributions in the form of services are only recognised when a fair value can be reliably determined and the services would have been purchased if not donated.

h. Other comprehensive income

Other comprehensive income measures the change in volume or value of assets or liabilities that do not result from transactions.

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-current physical assets

Refer to Note 1(j) *Revaluations of non-financial physical assets.*

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 determined after deducting from the proceeds the carrying value of the asset at that time.

Net gain/(loss) on financial instruments

Net gain/(loss) on financial instruments includes:

Realised and unrealised gains and losses from revaluations of financial instruments at fair value;

Impairment and reversal of impairment for financial instruments at amortised cost (refer to Note 1 (j)); and

Disposals of financial assets and derecognition of financial liabilities

Revaluations of financial instrument at fair value

Refer to Note 1 (i) *Financial instruments.*

Other gains/(losses) from other comprehensive income

Other gains/(losses) include:

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

Transfer of amounts from the reserves to accumulated surplus or net result due to disposal or derecognition or reclassification.

i. Financial instruments

Financial instruments arise out of contractual agreements that give rise to a financial asset of one Health Service and a financial liability or equity instrument of another Health Service. Due to the nature of Goulburn Valley Health's 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*. For example, statutory receivables arising from taxes, fines and penalties do not meet the definition of financial instruments as they do not arise under contract.

Where relevant, for note disclosure purposes, a distinction is made between those financial assets and financial liabilities that meet the definition of financial instruments in accordance with AASB 132 and those that do not.

The following refers to financial instruments unless otherwise stated.

Categories of non-derivative financial instruments

Loans and Receivables

Loans and receivables are financial instrument assets with fixed and determinable payments that are not quoted on an active market. These assets are initially recognised at fair value plus any directly attributable transaction costs. Subsequent to initial measurement, receivables are measured at amortised cost using the effective interest method, less any impairment.

Loans and receivables category includes trade receivables and other receivables, but not statutory receivables.

Financial liabilities at amortised cost

Financial instrument liabilities 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.

Financial instrument liabilities measured at amortised cost include all of the Health Service's contractual payables, deposits held and advances received.

j. Assets

Cash and Cash Equivalents

Cash and cash equivalents 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.

Receivables

Receivables consist of:

- contractual receivables, which includes mainly debtors in relation to goods and services and accrued investment income and
- statutory receivables, which includes predominantly amounts owing from the Victorian Government and Goods and Services Tax ("GST") input tax credits recoverable.

Receivables that are contractual are classified as financial instruments and categorised as loans and receivables. Statutory receivables are recognised and measured similarly to contractual receivables (except for impairment), but are not classified as financial instruments because they do not arise from a contract.

Trade debtors are carried at nominal amounts due and are due for settlement within 30 days from the date of recognition. Collectability of debts is reviewed on an ongoing basis, and debts which are known to be uncollectible are written off. A provision for doubtful debts is recognised when there is objective evidence that the debts may not be collected and bad debts are written off when identified.

Inventories

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

Inventories held for distribution are measured at cost, adjusted for any loss of service potential.

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

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

Cost for inventory is measured on the basis of weighted average cost.

Property, plant and equipment

All non-current physical assets 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.

Crown land is measured at fair value with regard to the property's highest and best use after due consideration is made for any legal or constructive restrictions imposed on the asset, public announcements or commitments made in relation to the intended use of the asset. Theoretical opportunities that may be available in relation to the asset(s) are not taken into account until it is virtually certain that any restrictions will no longer apply.

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

Plant, equipment and vehicles are recognised initially at cost and subsequently measured at fair value less accumulated depreciation and impairment. Depreciated historical cost is generally a reasonable proxy for fair value because of the short lives of the assets concerned.

Leasehold improvements

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 103D *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 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.

In accordance with FRD 103D, Goulburn Valley Health's non-current physical assets were assessed to determine whether revaluation of the non-current physical assets was required and did not identify any significant movement that would require a re-valuation.

Prepayments

Other non-financial assets include prepayments which represent payments in advance of receipt of goods or services or that part of expenditure made in one accounting period covering a term extending beyond that period.

Disposal of non-financial assets

Any gain or loss on the sale of non-financial assets is recognised in the comprehensive operating statement. Refer to Note 1(h) – 'comprehensive income'.

Impairment of non-financial assets

All non-financial assets are assessed annually for indications of impairment, except for:

- inventories;
- assets arising from construction contracts.

If there is an indication of impairment, the assets concerned are tested as to whether their carrying value exceeds their possible recoverable amount. Where an asset's carrying value exceeds its recoverable amount, the difference is written-off as an expense except to the extent that the write-down can be debited to an asset revaluation surplus amount applicable to that same class of asset.

If there is an indication that there has been a change in the estimate of an asset's recoverable amount since the last impairment loss was recognised, the carrying amount shall be increased to its recoverable amount. This reversal of the impairment loss occurs only to the extent that the asset's carrying amount does not exceed the carrying amount that would have been determined, net of depreciation or amortisation, if no impairment loss had been recognised in prior years.

It is deemed that, in the event of the loss or destruction of an asset, the future economic benefits arising from the use of the asset will be replaced unless a specific decision to the contrary has been made.The recoverable amount for most assets is measured at the higher of depreciated replacement cost and fair value less costs to sell. Recoverable amount for assets held primarily to generate net cash inflows is measured at the higher of the present value of future cash flows expected to be obtained from the asset and fair value less costs to sell.

k. Liabilities

Payables

Payables consist of:

- contractual payables which consist predominantly of accounts payable representing liabilities for goods and services provided to the Health Service prior to the end of the financial year that are unpaid, and arise when the health Service becomes obliged to make future payments in respect of the purchase of those goods and services. The normal credit terms for accounts payable are usually Nett 30 days.
- statutory payables, such as goods and services tax and fringe benefits tax payables.

Contractual payables are classified as financial instruments and are initially recognised at fair value, and then subsequently carried at amortised cost. Statutory payables 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 contract.

Provisions

Provisions are recognised when the Health Service 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. Where a provision is measured using the cash flows estimated to settle the present obligation, its carrying amount is the present value of those cash flows, using a discount rate that reflects the time value of money and risks specific to the provision.

When some or all of the economic benefits required to settle a provision are expected to be received from a third party, the receivable is recognised as an asset if it is virtually certain that recovery will be received and the amount of the receivable can be measured reliably.

Employee benefits

This provision arises for benefits accruing to employees in respect of wages and salaries, annual leave and long service leave for services rendered to the reporting date.

Wages and salaries, annual leave, sick leave and accrued days off

Liabilities for wages and salaries, including non-monetary benefits, annual leave, accumulating sick leave and accrued days off which are expected to be settled within 12 months of the reporting date are recognised in the provision for employee benefits in respect of employee's services up to the reporting date, and are classified as current liabilities and measured at their nominal values.

Those liabilities that are not expected to be settled within 12 months are also recognised in the provision for employee benefits as current liabilities, but are measured at present value of the amounts expected to be paid when the liabilities are settled using the remuneration rate expected to apply at the time of settlement.

Long service leave

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

Current liability – unconditional LSL

(representing 10 or more years of continuous service) is disclosed in the notes to the financial statements as a current liability even where the Goulburn Valley Health 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.

The components of this current LSL liability are measured at:

- present value – component that Goulburn Valley Health does not expect to settle within 12 months; and
- nominal value – component that Goulburn Valley Health expects to settle within 12 months.

Non-current liability – conditional LSL
(representing less than 10 years of continuous service) is disclosed as a non-current liability.There is an unconditional right to defer the settlement of the entitlement until the employee has completed the requisite years of service. Conditional LSL is required to be measured at present value.

Consideration is given to expected future wage and salary levels, experience of employee departures and periods of service. Expected future payments are discounted using interest rates of Commonwealth Government guaranteed securities in Australia.

Termination benefits

Termination benefits are payable when employment is terminated before the normal retirement date or when an employee accepts voluntary redundancy in exchange for these benefits.

Liabilities for termination benefits are recognised when a detailed plan for the termination has been developed and a valid expectation has been raised with those employees affected that the terminations will be carried out. The liabilities for termination benefits are recognised in other creditors unless the amount or timing of the payments is uncertain, in which case they are recognised as a provision.

On-costs

Employee benefit on-costs, such as payroll tax, workers compensation and superannuation are recognised together with provisions for employee benefits.

Superannuation liabilities

Goulburn Valley Health 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.

l. Leases

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

Leases of property, plant and equipment are classified as finance leases whenever the terms of the lease transfer substantially all the risks and rewards of ownership to the lessee.All other leases are classified as operating leases.

Finance leases

The Health Service does not hold any finance lease arrangements with other parties.

Operating leases

Entity as a Lessee

Operating lease payments, including any contingent rentals, are recognised as an expense in the comprehensive operating statement on a straight line basis over the lease term, except where another systematic basis is more representative of the time pattern of the benefits derived from the use of the leased asset. The leased asset is not recognised in the balance sheet.

Lease Incentives

All incentives for the agreement of a new or renewed operating lease are recognised as an integral part of the net consideration agreed for the use of the leased asset, irrespective of the incentive's nature or form or the timing of payments.

In the event that lease incentives are received by the lessee to enter into operating leases, such incentives are recognised as a liability.The aggregate benefits of incentives are recognised as a reduction of rental expense on a straight-line basis, except where another systematic basis is more representative of the time pattern in which economic benefits from the leased asset is diminished.

Leasehold Improvements

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

m. Equity

Contributed capital

Consistent with Australian Accounting Interpretation 1038 *Contributions by Owners Made to Wholly-Owned Public Sector Entities* and FRD 119 *Contributions by Owners*, appropriations for additions to the net asset base have been designated as contributed capital. Other transfers that are in the nature of contributions or distributions that have been designated as contributed capital are also treated as contributed capital.

Property, plant & equipment revaluation surplus

The asset revaluation surplus is used to record increments and decrements on the revaluation of non-current physical assets.

General purpose surplus

These are accumulated funds of surplus revenue over expenditure from fund raising activities and community support programs.

Specific restricted purpose surplus

A specific restricted purpose surplus is established where the Health Service has possession or title to the funds but has no discretion to amend or vary the restriction and/or condition underlying the funds received.

n. Commitments for Expenditure

Commitments for future expenditure include operating and capital commitments arising from contracts. These commitments are disclosed by way of a Note (refer to Note 18) 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.

o. Contingent assets and contingent liabilities

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

p. 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 taxation authority. In this case, the GST payable is recognised as part of the cost of acquisition of the asset or as part of the expense.

Receivables and payables are stated inclusive of the amount of GST receivable or payable. The net amount of GST recoverable from, or payable to, the taxation authority 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 taxation authority, are presented as an operating cash flow.

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

q. AASs issued that are not yet effective

Certain new Australian accounting standards have been published that are not mandatory for the 30 June 2013 reporting period. DTF assesses the impact of all these new standards and advises the Health Service of their applicability and early adoption where applicable.

As at 30 June 2013, the following standards and interpretations had been issued by the AASB but were not yet effective.They become effective for the first financial statements for reporting periods commencing after the stated operative dates as detailed in the table below. Goulburn Valley Health has not and does not intend to adopt these standards early.

AASs issued that are not yet effective (continued)

Standard/ Interpretation	***Summary***	***Applicable for annual reporting periods beginning on***	***Impact on public sector entity financial statements***
AASB 9 *Financial instruments*	This standard simplifies requirements for the classification and measurement of financial assets resulting from Phase 1 of the IASB's project to replace IAS 39 *Financial Instruments: Recognition and Measurement* (AASB 139 *Financial Instruments: Recognition and Measurement)*.	1 Jan 2015	Subject to AASB's further modifications to AASB 9, together with the anticipated changes resulting from the staged projects on impairments and hedge accounting, details of impacts will be assessed.
AASB 10 *Consolidated Financial Statements*	This Standard forms the basis for determining which entities should be consolidated into an entity's financial statements. AASB 10 defines 'control' as requiring exposure or rights to variable returns and the ability to affect those returns through power over an investee, which may broaden the concept of control for public sector entities. The AASB has issued an exposure draft ED 238 *Consolidated Financial Statements – Australian Implementation Guidance for Not-for-Profit Entities* that explains and illustrates how the principles in the Standard apply from the perspective of not-for-profit entities in the private and public sectors.	1 Jan 2014	*Not-for-profit entities are not permitted to apply this Standard prior to the mandatory application date.* Subject to AASB's final deliberations on ED 238 and any modifications made to AASB 10 for not-for-profit entities, the entity will need to re-assess the nature of its relationships with other entities, including those that are currently not consolidated.
AASB 11 *Joint Arrangements*	This Standard deals with the concept of joint control, and sets out a new principles-based approach for determining the type of joint arrangement that exists and the corresponding accounting treatment. The new categories of joint arrangements under AASB 11 are more aligned to the actual rights and obligations of the parties to the arrangement.	1 Jan 2014	Not-for-profit entities are not permitted to apply this Standard prior to the mandatory application date. Subject to AASB's final deliberations and any modifications made to AASB 11 for not-for-profit entities, the entity will need to assess the nature of arrangements with other entities in determining whether a joint arrangement exists in light of AASB 11.
AASB 13 *Fair Value Measurement*	This Standard outlines the requirements for measuring the fair value of assets and liabilities and replaces the existing fair value definition and guidance in other AASs. AASB 13 includes a 'fair value hierarchy' which ranks the valuation technique inputs into three levels using unadjusted quoted prices in active markets for identical assets or liabilities; other observable inputs; and unobservable inputs.	1 Jan 2013	Disclosure for fair value measurements using unobservable inputs are relatively onerous compared to disclosure for fair value measurements using observable inputs. Consequently, the Standard may increase the disclosures for public sector entities that have assets measured using depreciated replacement cost.

AASs issued that are not yet effective (continued)

Standard/ Interpretation	***Summary***	***Applicable for annual reporting periods beginning on***	***Impact on public sector entity financial statements***
AASB 119 *Employee Benefits*	In this revised Standard for defined benefit superannuation plans, there is a change to the methodology in the calculation of superannuation expenses, in particular there is now a change in the split between superannuation interest expense (classified as transactions) and actuarial gains and losses (classified as 'Other economic flows – other movements in equity') reported on the comprehensive operating statement.	1 Jan 2013	Not-for-profit entities are not permitted to apply this Standard prior to the mandatory application date. While the total superannuation expense is unchanged, the revised methodology is expected to have a negative impact on the net result from transactions of the general government sector and for those few Victorian public sector entities that report superannuation defined benefit plans.
AASB 128 *Investments in Associates and Joint Ventures*	This revised Standard sets out the requirements for the application of the equity method when accounting for investments in associates and joint ventures.	1 Jan 2014	Not-for-profit entities are not permitted to apply this Standard prior to the mandatory application date. The AASB is assessing the applicability of principles in AASB 128 in a not-for-profit context. As such, impact will be assessed after the AASB's deliberation.
AASB 1053 *Application of Tiers of Australian Accounting Standards*	This Standard establishes a differential financial reporting framework consisting of two tiers of reporting requirements for preparing general purpose financial statements.	1 Jan 2013	The Victorian Government is currently considering the impacts of Reduced Disclosure Requirements (RDRs) for certain public sector entities and has not decided if RDRs will be implemented in the Victorian public sector.
AASB 1055 *Budgetary Reporting*	AASB 1055 extends the scope of budgetary reporting that is currently applicable for the whole of government and general government sector (GGS) to NFP entities withing the GGS, provided that these entities present separate budget to the parliament.	1 July 2014	This Standard is not applicable as no budget disclosure is required.

In addition to the new standards above, the AASB has issued a list of amending standards that are not effective for the 2012-13 reporting period (as listed below). In general, these amending standards include editorial and references changes that are expected to have insignificant impacts on public sector reporting. The two AASB Interpretations in the list below are also not effective for the 2012-13 reporting period and considered to have insignificant impacts on public sector reporting.

AASB 2009-11 *Amendments to Australian Accounting Standards arising from AASB 9.*

AASB 2010-2 *Amendments to Australian Accounting Standards arising from Reduced Disclosure Requirements.*

AASB 2010-7 *Amendments to Australian Accounting Standards arising from AASB 9* (December 2010).

AASB 2010-10 *Further Amendments to Australian Accounting Standards – Removal of Fixed Dates for First-time Adopters.*

AASB 2011-2 *Amendments to Australian Accounting Standards arising from the Trans-Tasman Convergence Project – Reduced Disclosure Requirements.*

AASB 2011-4 *Amendments to Australian Accounting Standards to Remove Individual Key Management Personnel Disclosure Requirements.*

AASB 2011-6 *Amendments to Australian Accounting Standards – Extending Relief from Consolidation, the Equity Method and Proportionate Consolidation – Reduced Disclosure Requirements.*

AASB 2011-7 *Amendments to Australian Accounting Standards arising from the Consolidation and Joint Arrangements Standards.*

AASB 2011-8 *Amendments to Australian Accounting Standards arising from AASB 13.*

AASB 2011-10 *Amendments to Australian Accounting Standards arising from AASB 119* (September 2011).

AASB 2011-11 *Amendments to AASB 119 (September 2011) arising from Reduced Disclosure Requirements.*

AASB 2011-12 *Amendments to Australian Accounting Standards arising from Interpretation 20*

2012-1 *Amendments to Australian Accounting Standards - Fair Value Measurement - Reduced Disclosure Requirements.*

2012-2 *Amendments to Australian Accounting Standards – Disclosures – Offsetting Financial Assets and Financial Liabilities.*

2012-3 *Amendments to Australian Accounting Standards – Offsetting Financial Assets and Financial Liabilities.*

2012-5 *Amendments to Australian Accounting Standards arising from Annual Improvements 2009–2011 Cycle.*

2012-7 *Amendments to Australian Accounting Standards arising from Reduced Disclosure Requirements.*

2012-9 *Amendment to AASB 1048 arising from the Withdrawal of Australian Interpretation 1039.*

2012-10 *Amendments to Australian Accounting Standards – Transition Guidance and Other Amendments.*

2012-11 *Amendments to Australian Accounting Standards – Reduced Disclosure Requirements and Other Amendments.*

2013-1 *Amendments to AASB 1049 – Relocation of Budgetary Reporting Requirements.*

2013-2 *Amendments to AASB 1038 – Regulatory Capital.*

2013-3 *Amendments to AASB 136 – Recoverable Amount Disclosures for Non-Financial Assets.*

AASB Interpretation 20 *Stripping Costs in the Production Phase of a Surface Mine.*

AASB Interpretation 21 *Levies.*

r. Category groups

Goulburn Valley Health has used the following category groups for reporting purposes for the current and previous financial years.

Admitted Patient Services (Admitted Patients) comprises all recurrent health revenue/ expenditure on admitted patient services, where services are delivered in public hospitals, or free standing day hospital facilities, or alcohol and drug treatment units or hospitals specialising in dental services, hearing and ophthalmic aids.

Mental Health Services (Mental Health) comprises all recurrent health revenue/expenditure on specialised mental Health Services (child and adolescent, general and adult, community and forensic) managed or funded by the state or territory health administrations, and includes: Admitted patient services (including forensic mental health), outpatient services, emergency department services (where it is possible to separate emergency department mental health services), community-based services, residential and ambulatory services.

Outpatient Services (Outpatients) comprises all recurrent health revenue/expenditure on public hospital type outpatient services, where services are delivered in public hospital outpatient clinics, or free standing day hospital facilities, or rehabilitation facilities, or alcohol and drug treatment units, or outpatient clinics specialising in ophthalmic aids or palliative care.

Emergency Department Services (EDS) comprises all recurrent health revenue/expenditure on emergency department services that are available free of charge to public patients.

Aged Care comprises revenue/expenditure from Home and Community Care (HACC) programs, Allied Health, Aged Care Assessment and support services.

Primary Health comprises revenue/expenditure for Community Health Services including health promotion and counselling, physiotherapy, speech therapy, podiatry and occupational therapy.

Off Campus, Ambulatory Services (Ambulatory) comprises all recurrent health revenue/expenditure on public hospital type services including palliative care facilities and rehabilitation facilities, as well as services provided under the following agreements: Services that are provided or received by hospitals (or area Health Services) but are delivered/received outside a hospital campus, services which have moved from a hospital to a community setting since June 1998, services which fall within the agreed scope of inclusions under the new system, which have been delivered within hospitals i.e. in rural/remote areas.

Residential Aged Care including Mental Health (RAC incl. Mental Health) referred to in the past as psycho-geriatric residential services, comprises those Commonwealth-licensed residential aged care services in receipt of supplementary funding from DH under the mental health program. It excludes all other residential services funded under the mental health program, such as mental health funded community care units (CCUs) and secure extended care units (SECs).

Other Services excluded from Australian Health Care Agreement (AHCA) (Other) comprises revenue/expenditure for services not separately classified above, including: Public Health Services including laboratory testing, blood borne viruses / sexually transmitted infections clinical services, Koori liaison officers, immunisation and screening services, drugs services including drug withdrawal, counselling and the needle and syringe program, dental health services including general and specialist dental care, school dental services and clinical education, disability services including aids and equipment and flexible support packages to people with a disability, community care programs including sexual assault support, early parenting services, parenting assessment and skills development, and various support services. Health and Community Initiatives also falls in this category group.

NOTE 2: REVENUE

Revenue from Operating Activities	HSA 2013 $'000	HSA 2012 $'000	H&CI 2013 $'000	H&CI 2012 $'000	Total 2013 $'000	Total 2012 $'000
Government Grants						
Department of Health	55,471	140,439	-	-	55,471	140,439
Victorian Health Funding Pool	86,533	-	-	-	86,533	-
Department of Human Services	1,813	1,761	-	-	1,813	1,761
Dental Health Services Victoria	3,004	2,823	-	-	3,004	2,823
State Government - Other	865	567	-	-	865	567
Commonwealth Government:						
Commonwealth Grants - Other	15,033	12,950	-	-	15,033	12,950
Commonwealth Grants - Health Network Funding Adjustment	1,850	-	-	-	1,850	-
Residential Aged Care Subsidy	3,230	3,205	-	-	3,230	3,205
Total Government Grants	**167,799**	**161,745**	**-**	**-**	**167,799**	**161,745**
Indirect Contributions by Department of Health						
Insurance	779	262	-	-	779	262
Long Service Leave	1,497	1,458	-	-	1,497	1,458
Total Indirect Contributions by Department of Health	**2,276**	**1,720**	**-**	**-**	**2,276**	**1,720**
Patient and Resident Fees						
Patient & Resident Fees (Refer Note 2b)	5,815	4,933	-	-	5,815	4,933
Residential Aged Care (Refer Note 2b)	1,231	1,186	-	-	1,231	1,186
Total Patient and Resident Fees	**7,046**	**6,119**	**-**	**-**	**7,046**	**6,119**
Commercial Activities and Specific Purpose Funds						
Private Practice and Other Patient Activity Fees	-	-	2,505	1,808	2,505	1,808
Laboratory Medicine	-	-	5,662	5,995	5,662	5,995
Diagnostic Imaging	-	-	3,994	4,205	3,994	4,205
Cafeteria and Catering	-	-	1,177	1,165	1,177	1,165
Car Park	-	-	512	500	512	500
Regional Services	-	-	1,178	1,650	1,178	1,650
Retail Aids & Equipment Outlet	-	-	430	312	430	312
Special Purpose Funds	-	-	21	16	21	16
Total Commercial Activities and Specific Purpose Funds	**-**	**-**	**15,479**	**15,651**	**15,479**	**15,651**
Donations & Bequests	25	13	147	126	172	139
Recoupment Private Practice - Hospital Facilities	58	60	-	-	58	60
Other Revenue from Operating Activities	7,847	6,632	-	-	7,847	6,632
Total Revenue from Operating Activities	**185,051**	**176,289**	**15,626**	**15,777**	**200,677**	**192,066**

NOTE 2: REVENUE (Continued)

	HSA 2013 $'000	HSA 2012 $'000	H&CI 2013 $'000	H&CI 2012 $'000	Total 2013 $'000	Total 2012 $'000
Revenue from Non-Operating Activities						
Interest	5	8	610	836	615	844
Capital Purpose Income						
State Government Capital Grants:						
Targeted Capital Works and Equipment	-	-	3,490	909	3,490	909
Other Capital Grants	-	-	302	229	302	229
Commonwealth Government Capital Grants	-	-	225	-	225	-
Donations	-	-	68	-	68	-
Assets Received Free of Charge (Refer Note 2d)	-	-	-	6	-	6
Net Gain/(Loss) on Disposal of Non-Financial Assets (Refer Note 2c)	-	-	(4)	(55)	(4)	(55)
Reversal of Impairment Loss on Financial Assets	-	-	976	-	976	-
Residential Accommodation Payments (Refer Note 2b)	-	-	260	210	260	210
Total Capital Purpose Income	**-**	**-**	**5,317**	**1,299**	**5,317**	**1,299**
Total Revenue (Refer Note 2a)	**185,056**	**176,297**	**21,553**	**17,912**	**206,609**	**194,209**

Indirect contributions by Department of Health: Department of Health makes certain payments on behalf of Goulburn Valley Health. These amounts have been brought to account in determining the operating result for the year by recording them as revenue and expenses.

This note relates to revenues above the net result line only, and does not reconcile to comprehensive income.

NOTE 2A: ANALYSIS OF REVENUE BY SOURCE

	Admitted Patients 2013 $'000	Outpatients 2013 $'000	EDS 2013 $'000	Ambulatory 2013 $'000	Mental Health 2013 $'000	RAC Incl. Mental Health 2013 $'000	Aged Care 2013 $'000	Other 2013 $'000	Total 2013 $'000
Revenue from Services Supported by Health Services Agreement									
Government Grants	79,307	8,107	7,878	23,569	18,763	4,783	11,178	14,214	167,799
Indirect Contributions by Department of Health	649	-	-	-	63	4	33	1,527	2,276
Patient and Resident Fees (Refer Note 2b)	3,477	31	313	1,379	5	1,231	270	340	7,046
Recoupment Private Practice - Hospital Facilities	-	58	-	-	-	-	-	-	58
Donations (Non Capital)	-	-	-	-	2	-	-	23	25
Interest	-	-	-	-	-	-	-	5	5
Other Revenue from Operating Activities	561	31	7	140	469	2	21	6,616	7,847
Total Revenue From Services Supported By Health Services Agreement	83,994	8,227	8,198	25,088	19,302	6,020	11,502	22,725	185,056
Revenue from Services Supported by Hospital and Community Initiatives									
Commercial Activities & Specific Purpose Funds	-	-	-	-	-	-	-	15,479	15,479
Donations (Non Capital)	-	-	-	-	-	-	-	147	147
Interest	-	-	-	-	-	-	-	610	610
Capital Purpose Income (Refer Note 2)	-	-	-	-	-	-	-	5,317	5,317
Total Revenue From Services Supported By Hospital and Community Initiatives	-	-	-	-	-	-	-	21,553	21,553
Total Revenue	**83,994**	**8,227**	**8,198**	**25,088**	**19,302**	**6,020**	**11,502**	**44,278**	**206,609**

Indirect contributions by Department of Health: Department of Health makes certain payments on behalf of Goulburn Valley Health. These amounts have been brought to account in determining the operating result for the year by recording them as revenue and expenses.

NOTE 2A: ANALYSIS OF REVENUE BY SOURCE

	Admitted Patients 2012 $'000	Outpatients 2012 $'000	EDS 2012 $'000	Ambulatory 2012 $'000	Mental Health 2012 $'000	RAC Incl. Mental Health 2012 $'000	Aged Care 2012 $'000	Other 2012 $'000	Total 2012 $'000
Revenue from Services Supported by Health Service Agreement									
Government Grants	79,644	7,677	6,364	22,538	18,176	4,726	6,346	16,274	161,745
Indirect Contributions by Department of Health	1,548	-	-	-	83	6	44	39	1,720
Patient and Resident Fees (Refer Note 2b)	3,015	21	204	1,165	11	1,186	282	235	6,119
Recoupment Private Practice - Hospital Facilities	-	60	-	-	-	-	-	-	60
Donations (Non Capital)	-	-	-	6	2	-	-	5	13
Interest	-	-	-	-	-	-	-	8	8
Other Revenue from Operating Activities	501	18	1	138	214	54	17	5,689	6,632
Sub-Total Revenue From Services Supported By Health Service Agreement	84,708	7,776	6,569	23,847	18,486	5,972	6,689	22,250	176,297
Revenue from Services Supported by Hospital and Community Initiatives									
Commercial Activities & Specific Purpose Funds	-	-	-	-	-	-	-	15,651	15,651
Donations	-	-	-	-	-	-	-	126	126
Interest	-	-	-	-	-	-	-	836	836
Capital Purpose Income (Refer Note 2)	-	-	-	-	-	-	-	1,299	1,299
Sub-Total Revenue From Services Supported By Hospital and Community Initiatives	-	-	-	-	-	-	-	17,912	17,912
Total Revenue	**84,708**	**7,776**	**6,569**	**23,847**	**18,486**	**5,972**	**6,689**	**40,162**	**194,209**

Indirect contributions by Department of Health: Department of Health makes certain payments on behalf of Goulburn Valley Health. These amounts have been brought to account in determining the operating result for the year by recording them as revenue and expenses.

NOTE 2B: PATIENT AND RESIDENT FEES RAISED

	Total 2013 $'000	Total 2012 $'000
Patient and Resident Fees		
Acute:		
Inpatients	4,848	4,097
Outpatients	348	228
Residential Aged Care:		
Generic	910	907
Mental Health	321	279
Mental Health	5	11
Other	614	597
Total Patient and Resident Fees	7,046	6,119
Capital Purpose Income:		
Residential Accommodation Payments	260	210

NOTE 2C: NET GAIN/(LOSS) ON DISPOSAL OF NON-FINANCIAL ASSETS

	Total 2013 $'000	Total 2012 $'000
Proceeds from Disposals of Non-Financial Assets		
Plant & Equipment	1	-
Motor Vehicles	340	373
Hume Rural Health Alliance Non-Financial Assets	4	-
Total Proceeds from Disposal	345	373
Written Down Value of Non-Financial Assets Disposed		
Plant & Equipment	2	1
Motor Vehicles	325	377
Computers & Communication	4	1
Medical Equipment	13	49
Hume Rural Health Alliance Non-Financial Assets	5	-
Total Written Down Value of Non-Current Assets Disposed	349	428
Net Gains/(Loss) on Disposal of Non-Financial Assets	(4)	(55)

NOTE 2D: ASSETS RECEIVED FREE OF CHARGE

	Total 2013 $'000	Total 2012 $'000
During the reporting period the fair value of assets received free of charge was as follows:		
Plant & Equipment	-	6

NOTE 3: EXPENSES

	HSA 2013 $'000	HSA 2012 $'000	H&CI 2013 $'000	H&CI 2012 $'000	Total 2013 $'000	Total 2012 $'000
Employee Expenses						
Salaries & Wages	109,199	104,978	9,185	10,823	118,384	115,801
Long Service Leave	4,195	3,833	226	387	4,421	4,220
Superannuation	9,272	8,917	773	900	10,045	9,817
Workcover Premium	577	502	48	51	625	553
Departure Packages	378	309	35	9	413	318
Total Employee Expenses	**123,621**	**118,539**	**10,267**	**12,170**	**133,888**	**130,709**
Non-Salary Labour Costs						
Fees for Visiting Medical Officers	4,450	5,514	2,520	2,135	6,970	7,649
Agency Costs - Nursing	343	688	-	-	343	688
Agency Costs - Other	2,313	1,499	282	-	2,595	1,499
Total Non-Salary Labour Costs	**7,106**	**7,701**	**2,802**	**2,135**	**9,908**	**9,836**
Supplies & Consumables						
Drug Supplies	8,007	7,302	-	16	8,007	7,318
Drug Supplies - S100	1	213	-	-	1	213
Medical, Surgical Supplies and Prosthesis	8,182	8,178	2,443	2,792	10,625	10,970
Food Supplies	1,007	1,107	711	810	1,718	1,917
Patient and Client Services	9,094	7,362	371	273	9,465	7,635
Total Supplies & Consumables	**26,291**	**24,162**	**3,525**	**3,891**	**29,816**	**28,053**
Other Expenses From Continuing Operations						
Transfer Pricing	5,635	7,016	(5,635)	(7,016)	-	-
Insurance Cost Funded by the Department of Health	199	262	-	-	199	262
Administrative Expenses	12,621	12,060	577	654	13,198	12,714
Domestic Services & Supplies	1,627	1,626	188	219	1,815	1,845
Fuel, Light, Power and Water	1,946	1,477	6	5	1,952	1,482
Motor Vehicle Expenses	778	698	102	85	880	783
Repairs and Maintenance	985	1,161	454	467	1,439	1,628
Maintenance Contracts	733	751	607	693	1,340	1,444
Patient Transport	2,034	1,873	-	-	2,034	1,873
Bad & Doubtful Debts	134	60	(3)	107	131	167
Lease Expenses	2,692	2,460	787	725	3,479	3,185
Audit Fees - VAGO Audit of Financial Statements	49	47	-	-	49	47
Audit Fees - Other	85	91	1	-	86	91
Total Other Expenses	**29,518**	**29,582**	**(2,916)**	**(4,061)**	**26,602**	**25,521**
Equipment Purchases using Capital Purpose Income	**-**	**-**	**855**	**45**	**855**	**45**
Finance Cost (Refer Note 5)	**-**	**-**	**28**	**22**	**28**	**22**
Depreciation and Amortisation (Refer Note 4)	**-**	**-**	**9,411**	**8,988**	**9,411**	**8,988**
Share Adjustments in Hume Rural Health Alliance Joint Venture	**-**	**-**	**77**	**-**	**77**	**-**
Total Expenses	**186,536**	**179,984**	**24,049**	**23,190**	**210,585**	**203,174**

NOTE 3A: ANALYSIS OF EXPENSES BY SOURCE

	Admitted Patients 2013 $'000	Outpatients 2013 $'000	EDS 2013 $'000	Ambulatory 2013 $'000	Mental Health 2013 $'000	RAC Incl. Mental Health 2013 $'000	Aged Care 2013 $'000	Other 2013 $'000	Total 2013 $'000
Services Supported By Health Services Agreement									
Employee Expenses	41,191	1,513	9,766	10,856	14,249	5,878	6,345	33,823	123,621
Non-Salary Labour Costs	5,647	105	216	116	643	-	43	336	7,106
Supplies & Consumables	7,334	241	496	4,268	113	231	3,112	10,496	26,291
Other Expenses from Continuing Operations	20,092	2,747	8,957	6,027	5,018	1,825	1,250	(16,398)	29,518
Total Expenses from Services Supported by Health Services Agreement	**74,264**	**4,606**	**19,435**	**21,267**	**20,023**	**7,934**	**10,750**	**28,257**	**186,536**
Services Supported By Hospital & Community Initiatives									
Employee Expenses	-	-	-	-	-	-	-	10,267	10,267
Non-Salary Labour Costs	-	-	-	-	-	-	-	2,802	2,802
Supplies & Consumables	-	-	-	-	-	-	-	3,525	3,525
Other Expenses from Continuing Operations	-	-	-	-	-	-	-	2,719	2,719
Transfer Pricing	-	-	-	-	-	-	-	(5,635)	(5,635)
Total Expenses from Services Supported by Hospital and Community Initiatives	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**13,678**	**13,678**
Expenditure Using Capital Purpose Income									
Equipment Purchases	-	-	-	-	-	-	-	855	855
Interest Expense on Accommodation Bond Refunds	-	-	-	-	-	-	-	28	28
Finance Cost (Refer Note 5)	-	-	-	-	-	-	-	77	77
Depreciation (Refer Note 4)	-	-	-	-	-	-	-	9,411	9,411
Total Expenses from Services Supported by Hospital and Community Initiatives	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**24,049**	**24,049**
Total Expenses	**74,264**	**4,606**	**19,435**	**21,267**	**20,023**	**7,934**	**10,750**	**52,306**	**210,585**

NOTE 3A: ANALYSIS OF EXPENSES BY SOURCE

	Admitted Patients 2012 $'000	Outpatients 2012 $'000	EDS 2012 $'000	Ambulatory 2012 $'000	Mental Health 2012 $'000	RAC Incl. Mental Health 2012 $'000	Aged Care 2012 $'000	Other 2012 $'000	Total 2012 $'000
Services Supported By Health Services Agreement									
Employee Expenses	38,668	1,600	9,463	10,494	13,948	5,679	6,192	32,495	118,539
Non-Salary Labour Costs	6,254	117	108	223	594	20	16	369	7,701
Supplies & Consumables	6,408	487	476	3,768	143	222	2,981	9,675	24,162
Other Expenses from Continuing Operations	19,363	3,299	8,549	6,195	4,898	1,915	1,432	(16,069)	29,582
Total Expenses from Services Supported by Health Services Agreement	**70,693**	**5,503**	**18,596**	**20,680**	**19,583**	**7,836**	**10,621**	**26,472**	**179,984**
Services Supported By Hospital & Community Initiatives									
Employee Expenses	-	-	-	-	-	-	-	12,170	12,170
Non-Salary Labour Costs	-	-	-	-	-	-	-	2,135	2,135
Supplies & Consumables	-	-	-	-	-	-	-	3,891	3,891
Other Expenses from Continuing Operations	-	-	-	-	-	-	-	2,955	2,955
Transfer Pricing	-	-	-	-	-	-	-	(7,016)	(7,016)
Total Expenses from Services Supported by Hospital and Community Initiatives	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**14,135**	**14,135**
Expenditure Using Capital Purpose Income									
Equipment Purchases	-	-	-	-	-	-	-	45	45
Finance Cost (Refer Note 5)	-	-	-	-	-	-	-	22	22
Depreciation (Refer Note 4)	-	-	-	-	-	-	-	8,988	8,988
Total Expenses from Services Supported by Hospital and Community Initiatives	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**23,190**	**23,190**
Total Expenses	**70,693**	**5,503**	**18,596**	**20,680**	**19,583**	**7,836**	**10,621**	**49,662**	**203,174**

NOTE 3B: ANALYSIS OF EXPENSES BY INTERNALLY MANAGED AND RESTRICTED SPECIFIC PURPOSE FUNDS FOR SERVICES SUPPORTED BY HOSPITAL AND COMMUNITY INITIATIVES

	Expenses 2013 $'000	Transfer Pricing 2013 $'000	Total 2013 $'000
2013			
Private Practice and Other Patient Activities	927	1,280	2,207
Laboratory Medicine	8,355	(2,570)	5,785
Diagnostic Imaging	6,617	(3,862)	2,755
Cafeteria and Catering Services	1,193	(13)	1,180
Patient Transport	86	(166)	(80)
Car Park	93	-	93
Regional Services	1,537	(285)	1,252
Retail Aids and Equipment Outlet	376	6	382
	19,184	(5,610)	13,574
Other Activities			
Fundraising & Community Support	45	(25)	20
Restricted Funds Expenditure	84	-	84
Total	**19,313**	**(5,635)**	**13,678**

	Expenses 2012 $'000	Transfer Pricing 2012 $'000	Total 2012 $'000
2012			
Private Practice and Other Patient Activities	1,733	194	1,927
Laboratory Medicine	9,128	(2,806)	6,322
Diagnostic Imaging	6,774	(3,998)	2,776
Cafeteria and Catering Services	1,277	(7)	1,270
Patient Transport	80	(144)	(64)
Car Park	88	-	88
Regional Services	1,798	(235)	1,563
Retail Aids and Equipment Outlet	237	7	244
	21,115	(6,989)	14,126
Other Activities			
Fundraising & Community Support	36	(27)	9
Total	**21,151**	**(7,016)**	**14,135**

NOTE 4: DEPRECIATION

	Total 2013 $'000	Total 2012 $'000
Buildings	6,520	5,968
Plant & Equipment	413	421
Computers & Communications	494	547
Furniture & Fittings	37	43
Motor Vehicles	571	609
Medical Equipment	1,371	1,394
Hume Rural Health Alliance Non-Financial Assets	5	6
Total	**9,411**	**8,988**

NOTE 5: FINANCE COSTS

	Total 2013 $'000	Total 2012 $'000
Interest on Refundable Accommodation Bonds	28	22
Total	28	22

NOTE 6: CASH AND CASH EQUIVALENTS

For the purposes of the Cash Flow Statement, cash assets includes cash on hand and in banks, and short-term deposits which are readily convertible to cash on hand, and are subject to an insignificant risk of change in value, net of outstanding bank overdrafts.

	Total 2013 $'000	Total 2012 $'000
Cash on Hand	43	43
Cash at Bank	3,321	2,616
Short Term Deposits	7,600	6,600
Total Cash and Cash Equivalents	**10,964**	**9,259**
Represented by:		
Total Cash for Health Service Operations (as per Cash Flow Statement)	6,002	3,353
Cash for Monies Held in Trust		
Term Deposits	4,962	5,906
Total Cash and Cash Equivalents	**10,964**	**9,259**

NOTE 7: RECEIVABLES

	Total 2013 $'000	Total 2012 $'000
Current		
Contractual		
Trade Debtors	1,281	1,755
Capital Debtors	37	-
Patient Fees - Health Service Agreement	1,534	1,187
Patient Fees - Hospital & Community Initiatives	797	1,085
Patient Fees - Private Practice	158	193
Accrued Investment Income	51	40
Other Accrued Revenue	667	442
	4,525	**4,702**
Less Allowance for Doubtful Debts		
Trade Debtors	(36)	(19)
Patient Fees - Health Service Agreement	(182)	(76)
Patient Fees - Hospital & Community Initiatives	(66)	(258)
Total Current Contractual Receivables	**4,241**	**4,349**

NOTE 7: RECEIVABLES (Continued)

	Total 2013 $'000	Total 2012 $'000
Statutory		
Dental Health Services Victoria Accrued Grants	389	232
Commonwealth Government Grants	39	27
GST Receivable	510	446
Total Current Statutory Receivables	**938**	**705**
Total Current Receivables	**5,179**	**5,054**
Non Current		
Contractual		
Trade Debtors	116	109
Statutory		
Long Service Leave - Department of Health	5,168	3,671
Total Non-Current Receivables	**5,284**	**3,780**
Total Receivables	**10,463**	**8,834**
Note 7(a): Movement in the Allowance for Doubtful Debts		
Balance at Beginning of Year	354	295
Amounts Written Off During the Year	(198)	(77)
Increase/(Decrease) in Allowance Recognised in Net Result	128	136
Balance at End of Year	**284**	**354**

Note 7(b): Ageing Analysis of Receivables

Please refer to note 17(b) for the ageing analysis of contractual receivables

Note 7(c): Nature and Extent of Risk Arising from Receivables

Please refer to note 17(b) for the nature and extent of risk arising from contractual receivables

NOTE 8 : INVENTORIES

	Total 2013 $'000	Total 2012 $'000
At Cost		
Main Store	466	510
Theatre	601	662
Pathology	147	184
Engineering	45	45
Pharmaceuticals	576	542
Cafeteria Supplies	10	16
Retail Aids and Equipment Outlet	35	34
Total Inventories	**1,880**	**1,993**

NOTE 9: OTHER ASSETS

Current	Total 2013 $'000	Total 2012 $'000
Prepayments	**778**	**843**

NOTE 10: PROPERTY, PLANT & EQUIPMENT

	Total 2013 $'000	Total 2012 $'000
Land		
Land at Valuation	8,351	8,351
Land at Cost	208	184
Total Land	8,559	8,535
Buildings		
Buildings at Valuation	197,468	197,468
Less Accumulated Depreciation	131,033	125,441
Buildings at Cost	10,309	9,000
Less Accumulated Depreciation	1,367	557
Building Leasehold Improvements at Cost	812	456
Less Accumulated Depreciation	123	5
Buildings Under Construction at Cost	**1,286**	**293**
Total Buildings	**77,352**	**81,214**
Plant and Equipment		
Plant & Non-Medical Equipment at Fair Value	2,804	2,650
Less Accumulated Depreciation	1,488	1,076
Motor Vehicles at Fair Value	3,905	3,972
Less Accumulated Depreciation	1,512	1,283
Computers & Communication at Fair Value	2,884	2,494
Less Accumulated Depreciation	2,299	1,839
Furniture & Fittings at Fair Value	284	249
Less Accumulated Depreciation	178	141
Rural Health Alliance - Share of Plant and Equipment at Fair Value	5	14
Total Plant & Equipment	**4,405**	**5,040**
Medical Equipment at Fair Value	9,056	8,679
Less Accumulated Depreciation	5,564	4,326
Total Medical Equipment at Fair Value	**3,492**	**4,353**
Total Property, Plant and Equipment	**93,808**	**99,142**

NOTE 10: PROPERTY, PLANT & EQUIPMENT (Continued)

Reconciliation of the carrying amounts of each class of asset at the beginning and end of the previous and current financial year is set out below.

	Land $'000	Buildings $'000	Plant & Equipment $'000	Medical Equipment $'000	Total $'000
Balance at 1 July 2011	8,516	85,383	5,646	4,716	104,261
Additions	14	1,805	1,396	1,076	4,291
Disposals	-	-	(378)	(50)	(428)
Work in Progress Transferred	5	(6)	-	-	(1)
Assets Received Free of Charge	-	-	-	5	5
Depreciation (Note 4)	-	(5,968)	(1,624)	(1,394)	(8,986)
Balance at 1 July 2012	**8,535**	**81,214**	**5,040**	**4,353**	**99,142**
Additions	24	2,673	1,206	523	4,426
Disposals	-	-	(336)	(13)	(349)
Work in Progress Transferred	-	(15)	15	-	-
Assets Received Free of Charge	-	-	-	-	-
Depreciation (Note 4)	-	(6,520)	(1,520)	(1,371)	(9,411)
Balance at 30 June 2013	**8,559**	**77,352**	**4,405**	**3,492**	**93,808**

Land and buildings carried at valuation
An independent valuation of the Health Service's land and buildings was performed by the Valuer-General Victoria 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 replaced using depreciated replacement cost. The valuation was based on independent assessments. The effective date of valuation was 30th June 2009.

Plant and Equipment carried at fair value
An independent valuation of the Health Service's major medical equipment was performed by the Dominion Group to determine their fair value. An independent valuation was also performed on motor vehicles by the Health Service's fleet manager Webfleet Management Services 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 valuation was 30th June 2010.

NOTE 11: PAYABLES

	Total 2013 $'000	Total 2012 $'000
Current		
Contractual		
Trade Creditors	4,015	4,235
Accrued Expenses	3,012	2,657
Income In Advance - Other	3	13
	7,030	**6,905**
Statutory		
GST Payable	86	87
FBT Payable	29	30
Income In Advance - Department of Health	2,407	1,553
Income In Advance - Commonwealth	33	47
	2,555	**1,717**
TOTAL	**9,585**	**8,622**

(a) Maturity Analysis of Payables

Please refer to Note 17c for ageing analysis of contractual payables

(b) Nature and Extent of Risk arising from Payables

Please refer to Note 17c for the nature and extent of risks arising from contractual payables

NOTE 12: PROVISIONS

	Total 2013 $'000	Total 2012 $'000
Current Provisions		
Employee Benefits (i)		
Unconditional and expected to be settled within 12 months (ii)	13,883	14,693
Unconditional and expected to be settled after 12 months (iii)	11,499	10,670
	25,382	**25,363**
Provisions related to employee benefit on-costs		
Unconditional and expected to be settled within 12 months (ii)	1,586	1,379
Unconditional and expected to be settled after 12 months (iii)	354	315
	1,940	**1,694**
Total Current Provisions	**27,322**	**27,057**
Non-Current Provisions		
Employee Benefits (iii)	7,215	5,867
Provisions related to employee benefit on-costs	706	540
Total Non-Current Provisions	**7,921**	**6,407**
Total Provisions	**35,243**	**33,464**

NOTE 12: PROVISIONS (Continued)

	Total 2013 $'000	Total 2012 $'000
(a) Employee Benefits and Related On-Costs		
Current Employee Benefits and Related On-Costs		
Accrued Salaries & Wages	4,423	5,689
Accrued Days Off	353	345
Annual Leave Entitlements	10,692	10,039
Unconditional Long Service Leave Entitlements	11,854	10,984
Non-Current Employee Benefits and Related On-Costs		
Conditional Long Service Leave Entitlements (iii)	7,921	6,407
Total Employee Benefits and Related on-Costs	**35,243**	**33,464**
(b) Movement in Provisions		
Movement in Long Service Leave:		
Balance at start of year	17,391	14,730
Provision made during the year		
Revaluations	(412)	1,302
Expense recognising employee service	4,834	2,917
Settlement made during the year	(2,038)	(1,558)
Balance at end of year	**19,775**	**17,391**

(i) Provisions for employee benefits consist of amounts for 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 value

NOTE 13: SUPERANNUATION

Employees of the Health Services are entitled to receive superannuation benefits and the Health Services contributes to both defined benefit and defined contribution plans. The defined benefit plan provides benefits based on years of service and final average salary.

The Health Service does not recognise any defined benefit liability in respect of the plan(s) because the entity has no legal or constructive obligation to pay future benefits relating to its employees; its only obligation is to pay superannuation contributions as they fall due. The Department of Treasury and Finance discloses the State's defined benefits liabilities in its disclosure for administered items.

However superannuation contributions paid or payable for the reporting period are included as part of employee benefits in the comprehensive operating statement of the Health Service. The name, details and amounts expense in relation to the major employee superannuation funds and contributions made by the Health Service are as follows:

	Paid Contribution for the Year		Contribution Outstanding at Year End	
	Total 2013 $'000	Total 2012 $'000	Total 2013 $'000	Total 2012 $'000
Defined Benefit Plans:				
First State Super	**395**	**401**	**-**	**-**
Defined Contribution Plans:				
First State Super	**6,574**	**6,438**	**-**	**-**
Hesta Superannuation	**2,925**	**2,599**	**-**	**-**
Other	**158**	**141**	**-**	**-**
Total	**10,052**	**9,579**	**-**	**-**

NOTE 14: OTHER LIABILITIES

	Total 2013 $'000	Total 2012 $'000
Current		
Monies Held in Trust		
Patient Monies Held in Trust	13	25
Employee Trust Funds	23	40
Accommodation Bonds (Refundable Entrance Fees)	2,201	2,896
Government Grants - Hume Region Programs	2,373	2,566
Research Funding	303	364
Community Funds	49	15
Total Other Liabilities	**4,962**	**5,906**
Total Monies Held in Trust		
Represented by the following assets:		
Cash Assets (Refer Note 6)	4,962	5,906
Total	**4,962**	**5,906**

NOTE 15: EQUITY

	Total 2013 $'000	Total 2012 $'000
(a) Surpluses		
Property, Plant and Equipment Revaluation Reserve (1)		
Balance at the Beginning of the Reporting Period	46,346	46,346
Increase in the Value of Land	-	-
Increase in the Value of Buildings	-	-
Balance at the End of the Reporting Period	**46,346**	**46,346**
Represented by:		
Land	5,218	5,218
Buildings	41,128	41,128
Total	**46,346**	**46,346**
General Purpose Surplus		
Balance at the Beginning of the Reporting Period	18,538	18,753
Transfer to and from Accumulated Deficit	(12)	(215)
Balance at the End of the Reporting Period	**18,526**	**18,538**
Restricted Specific Purpose Surplus		
Balance at the Beginning of the Reporting Period	5,392	5,324
Transfer to and from Accumulated Deficit	(29)	68
Balance at the End of the Reporting Period	**5,363**	**5,392**
Total Surpluses	**70,235**	**70,276**

NOTE 15: EQUITY (Continued)

	Total 2013 $'000	Total 2012 $'000
(b) Contributed Capital		
Balance at the Beginning of the Reporting Period	46,821	46,821
Capital Contributions received from Victorian Government	-	-
Balance at the End of the Reporting Period	**46,821**	**46,821**
(c) Accumulated (Deficits)		
Balance at the Beginning of the Reporting Period	(45,018)	(36,200)
Net Result for the Year	(3,976)	(8,965)
Transfers to and from General Surplus	12	215
Transfers to and from Restricted Purpose Surplus	29	(68)
Balance at the End of the Reporting Period	**(48,953)**	**(45,018)**
(d) Total Equity at end of Financial Year	**68,103**	**72,079**

(1) The property, plant and equipment asset revaluation reserve arises on the revaluation of property, plant and equipment.

NOTE 16: RECONCILIATION OF NET RESULT FOR THE YEAR TO NET CASH INFLOWS FROM OPERATING ACTIVITIES

	Total 2013 $'000	Total 2012 $'000
Net Result for the Year	**(3,976)**	**(8,965)**
Depreciation	9,411	8,988
Assets Received Free of Charge	-	(6)
Net (Gain)/Loss from the Sale of Property, Plant & Equipment	4	55
Change in Operating Assets and Liabilities		
Increase/(Decrease) in Payables	961	(339)
Increase/(Decrease) in Other Liabilities	(943)	130
Increase/(Decrease) in Provisions	1,777	6,286
(Increase)/Decrease in Inventory	113	(181)
(Increase)/Decrease in Other Assets	943	(130)
(Increase)/Decrease in Prepayments	68	21
(Increase)/Decrease in Receivables	(1,592)	(1,737)
Net Cash Inflow/Outflow from Operating Activities	**6,766**	**4,122**

NOTE 17: FINANCIAL INSTRUMENTS

17(a) Financial Risk Management Objectives and Policies

Goulburn Valley Health's principal financial instruments comprise of:

- Cash Assets
- Term Deposits
- Receivables (excluding statutory receivables)
- Payables (excluding statutory payables)
- Accommodation Bonds

Details of the significant accounting policies and methods adopted, including the criteria for recognition, the basis of measurement and the basis on which income and expenses are recognised, with respect to each class of financial asset, financial liability and equity instrument are disclosed in Note 1 to the financial statements.

The Health Service's main financial risks include credit risk, liquidity risk and interest rate risk. The Health Service manages these financial risks in accordance with its financial risk management policy.

The Health Service uses different methods to measure and manage the different risks to which it is exposed. Primary responsibility for the identification and management of financial risks rests with the financial risk management committee of the Health Service.

The main purpose in holding financial instruments is to prudentially manage Goulburn Valley Health's financial risks within the government policy parameters.

Categorisation of Financial Instruments

Financial Assets	**Carrying Amount 2013 $'000**	**Carrying Amount 2012 $'000**
Cash and Cash Equivalents	10,964	9,259
Receivables	4,357	4,458
Total Financial Assets (i)	**15,321**	**13,717**
Financial Liabilities		
At Amortised Cost	11,992	12,811
Total Financial Liabilities (ii)	**11,992**	**12,811**

(i) The total amount of financial assets discosed here excludes statutory receivables (i.e. GST input tax credit recoverable)

(ii) The total amount of financial liabilities disclosed here excludes statutory payables (i.e. Taxes Payable)

Net holding gain/(loss) on financial instruments by category

Financial Assets	**Net Holding Gain 2013 $'000**	**Net Holding Gain 2012 $'000**
Cash & Cash Equivalents (i)	261	361
Receivables (i)	-	-
Available for Sale (i)	354	483
Total Financial Assets	**615**	**844**
Financial Liabilities		
At Amortised Cost (ii)	**28**	**22**

(i) For cash and cash equivalents, loans or receivables and available-for-sale finanacial assets, the net gain or loss is calculated by taking the movement in the fair value of the asset, interest revenue, plus or minus foreign exchange gains or losses arising from revaluation of the financial assets, and minus any impairment recognised in the net result; and

(ii) For financial liabilities measured at amortised cost, the net gain or loss is calculated by taking the interest expense, plus or minus foreign exchange gains or losses arising from the revaluation of financial liabilities measured at amortised cost.

NOTE 17: FINANCIAL INSTRUMENTS (Continued)

17(b) Credit Risk

Credit risk arises from the contractual financial assets of the Health Service, which comprise cash and deposits and non-statutory receivables. The Health Service's exposure to credit risk arises from the potential default of a counter party on their contractual obligations resulting in financial loss to the Health Service. Credit risk is measured at fair value and is monitored on a regular basis.

Credit risk associated with the Health Service's contractual financial assets is minimal because the main debtor is the Victorian Government. For debtors other than the Government, it is the Health Service's policy to only deal with entities with high credit ratings of a minimum Triple-B rating and to obtain sufficient collateral or credit enhancements, where appropriate.

In addition, the Health Service does not engage in hedging for its contractual financial assets and mainly obtains contractual financial assets that are on fixed interest, except for cash assets, which are mainly cash at bank. As with the policy for debtors, the Health Service's policy is to only deal with banks with high credit ratings.

Provision of impairment for contractual financial assets is recognised when there is objective evidence that the Health Service will not be able to collect a receivable. Objective evidence includes financial difficulties of the debtor, default payments, debts which are more than 60 days overdue, and changes in debtor credit ratings.

Except as otherwise detailed in the following table, the carrying amount of contractual financial assets recorded in the financial statements, net of any allowances for losses, represents Goulburn Valley Health's maximum exposure to credit risk without taking account of the value of any collateral obtained.

Credit Quality of contractual financial assets that are neither past due nor impaired

2013	Financial Institutions (AAA credit rating) $'000	Other $,000	Total $,000
Financial Assets			
Cash and Cash Equivalents	3,321	7,643	10,964
Receivables:			
Debtors and Patient Fees	-	3,639	3,639
Other Receivables (i)	-	718	718
Total Financial Assets	**3,321**	**12,000**	**15,321**

2012			
Financial Assets			
Cash and Cash Equivalents	2,616	6,643	9,259
Receivables:			
Debtors and Patient Fees	-	3,976	3,976
Other Receivables (i)	-	482	482
Total Financial Assets	**2,616**	**11,101**	**13,717**

(i) The total amounts disclosed here exclude statutory amounts (e.g. amounts owing from Victorian Government and GST input tax credit recoverable)

NOTE 17: FINANCIAL INSTRUMENTS (Continued)

17(b) Credit Risk (continued)

Ageing Analysis of Financial Assets as at 30 June

			Past Due but Not Impaired			
2013	**Carrying Amount $'000**	**Not Past Due and Not Impaired $,000**	**1-3 Months $'000**	**3 Months - 1 Year $'000**	**1-5 Years $'000**	**Impaired Financial Assets**
Financial Assets						
Cash and Cash Equivalents	10,964	10,964	-	-	-	
Receivables:						
Debtors and Patient Fees	3,639	1,694	853	692	116	284
Accrued Revenue	718	718	-	-	-	
Total Financial Assets	**15,321**	**13,376**	**853**	**692**	**116**	**284**
2012						
Financial Assets						
Cash and Cash Equivalents	9,259	9,259	-	-	-	
Receivables:						
Debtors and Patient Fees	3,976	1,869	911	735	109	353
Accrued Revenue	482	482	-	-	-	
Total Financial Assets	**13,717**	**11,610**	**911**	**735**	**109**	**353**

Contractual financial assets that are either past due or impaired

There are no material financial assets which are individually determined to be impaired. Currently Goulburn Valley Health does not hold any collateral as security nor credit enhancements relating to any of its financial assets. There are no financial assets that have had their terms renegotiated so as to prevent them from being past due or impaired, and they are stated at their carrying amounts as indicated. The ageing analysis table above discloses the ageing only of contractual financial assets that are past due but not impaired.

NOTE 17: FINANCIAL INSTRUMENTS (Continued)

17(c) Liquidity Risk

Liquidity risk is the risk that the Health Service would be unable to meet its financial obligations as and when they fall due. The Health Services operates under the Government's fair payments policy of settling financial obligations within 30 days and in the event of a dispute, making payments within 30 days from the date of resolution.

The Health Service's maximum exposure to liquidity risk is the carrying amounts of financial liabilities as disclosed in the face of the balance sheet.

The following table discloses the contractual maturity analysis for Goulburn Valley Health's financial liabilities.

Maturity Analysis of Financial Liabilities as at 30 June

			Maturity Dates		
2013	**Carrying Amount $'000**	**Nominal Amount $,000**	**1-3 Months $'000**	**3 Months - 1 Year $'000**	**1 - 5 Years $'000**
Financial Liabilities					
Payables	7,030	7,030	7,030	-	-
Other Financial Liabilities					
- Accomodation Bonds	2,201	2,201	-	2,201	-
- Other	2,761	2,761	-	2,761	-
Total Financial Liabilities	**11,992**	**11,992**	**7,030**	**4,962**	**-**
2012					
Financial Liabilities					
Payables	6,905	6,905	6,905	-	-
Other Financial Liabilities					
- Accomodation Bonds	2,896	2,896	-	2,896	-
- Other	3,010	3,010	-	3,010	-
Total Financial Liabilities	**12,811**	**12,811**	**6,905**	**5,906**	**-**

NOTE 17: FINANCIAL INSTRUMENTS (Continued)

17(d) Market Risk

Goulburn Valley Health's exposures to market risk are primarily through interest rate risk with only insignificant exposure to foreign currency and other price risks. Objectives, policies and processes used to manage each of these risks are disclosed in the paragraph below.

Currency Risk

Goulburn Valley Health is exposed to insignificant foreign currency risk through its payables relating to purchases of supplies and consumables from overseas. This is because of a limited amount of purchases denominated in foreign currencies and a short time-frame between commitment and settlement.

Interest Rate Risk

Exposure to interest rate risk might arise primarily through Goulburn Valley Health's interest bearing liabilities. Minimisation of risk is achieved by mainly undertaking fixed rate or non-interest bearing financial instruments. For financial liabilities, the health service mainly undertakes financial liabilities with relatively even maturity profiles. Cash flow interest rate risk is the risk that the future cash flows of a financial instrument will fluctuate because of changes in the market interest rates. The Health Service has minimal exposure to cash flow interest rate risks through its cash and deposits, term deposits and bank overdrafts that are at floating rate.
The Health Service manages this risk by mainly undertaking fixed rate or non-interest bearing financial instruments with relatively even maturity profiles, with only insignificant amounts of financial instruments at floating rate. Management has concluded for cash at bank and bank overdraft, as financial assets that can be left at floating rate without necessarily exposing the Health Service to significant bad risk, management monitors movement in interest rates on a daily basis.

Interest Rate Exposure of Financial Assets and Liabilities as at 30 June

			Interest Rate Exposure		
2013	**Weighted Average Effective Interest Rate (%)**	**Carrying Amount $'000**	**Fixed Interest Rate $'000**	**Variable Interest Rate $'000**	**Non Interest Bearing $'000**
Financial Assets					
Cash and Cash Equivalents	3.42%	10,964	7,600	3,321	43
Receivables:					
Patient Fees and Trade Debtors	-	3,639	-	-	3,639
Other Receivables	-	718	-	-	718
Total Financial Assets		**15,321**	**7,600**	**3,321**	**4,400**
Financial Liabilities					
Payables	-	7,030	-	-	7,030
Other Financial Liabilities					
- Accommodation Bonds	-	2,201	-	-	2,201
- Other	-	2,761	-	-	2,761
Total Financial Liabilities		**11,992**	**-**	**-**	**11,992**
2012					
Financial Assets					
Cash and Cash Equivalents	5.04%	9,259	6,600	2,616	43
Receivables:					
Patient Fees and Trade Debtors	-	3,976	-	-	3,976
Other Receivables	-	482	-		482
Total Financial Assets		**13,717**	**6,600**	**2,616**	**4,501**
Financial Liabilities					
Payables	-	6,905	-	-	6,905
Other Financial Liabilities					
- Accommodation Bonds	-	2,896	-	-	2,896
- Other	-	3,010	-	-	3,010
Total Financial Liabilities		**12,811**	**-**	**-**	**12,811**

NOTE 17: FINANCIAL INSTRUMENTS (Continued)

17(d) Market Risk (continued)

Sensitivity Disclosure Analysis

Taking into account past performance, future expectations, economic forecasts, and management's knowledge and experience of the financial markets,Goulburn Valley Health believes the following movements are 'reasonably possible' over the next 12 months (Base rates are sourced from the Reserve Bank of Australia)

- A Shift of +1% and -1% in markets interest rates (AUD) from year-end rates of 3.42%;
- A parallel shirt of +1% and -1% in inflation rate from year-end rates of 2%;

The following table discloses the impact on net operating result and equity for each category of financial instrument held by Goulburn Valley Health at year end as presented to key management personnel, if changes in the relevant risk occur.

		Interest Rate Risk			
		-1%		+1%	
2013	**Carrying Amount $'000**	**Profit $'000**	**Equity $'000**	**Profit $'000**	**Equity $'000**
Financial Assets					
Cash & Cash Equivalents	10,964	(110)	(110)	110	110
Receivables					
- Trade Debtors	3,639	-	-	-	-
- Other Receivables	718	(7)	(7)	7	7
Financial Liabilities					
Payables	7,030	-	-	-	-
Other Financial Liabilities					
- Accomodation Bonds	2,201	-	-	-	-
- Other Financial Liabilities	2,761	-	-	-	-
		(117)	**(117)**	**117**	**117**

2012					
Financial Assets					
Cash & Cash Equivalents	9,259	(93)	(93)	93	93
Receivables					
- Trade Debtors	3,976	-	-	-	-
- Other Receivables	482	(5)	(5)	5	5
Financial Liabilities					
Payables	6,905	-	-	-	-
Other Financial Liabilities					
- Accomodation Bonds	2,896	-	-	-	-
- Other Financial Liabilities	3,010	-	-	-	-
		(98)	**(98)**	**98**	**98**

NOTE 17: FINANCIAL INSTRUMENTS (Continued)

17(e) Fair Value

The fair values and net fair values of financial instrument assets and liabilities are determined as follows:
*Level 1 - the fair value of financial instrument assets and liabilities with standard terms and conditions and traded in active liquid markets are determined with reference to quoted market prices;
* Level 2 - the fair value is determined using inputs other than quoted prices that are observable for the financial asset or liability, either directly or indirectly; and
* Level 3 - the fair value is determined in accordance with generally accepted pricing models based on discounted cash flow analysis using unobservable market inputs.
The Health Services considers that the carrying amount of financial instrument assets and liabilities recorded in the financial statements to be a fair approximation of their fair values, because of the short-term nature of the financial instruments and the expectation that they will be paid in full.

The following table shows that the fair values of most of the contractual financial assets and liabilities are the same as the carrying amounts.

Comparison between carrying amount and fair value

	Carrying Amount 2013 $'000	Fair Value 2013 $'000	Carrying Amount 2012 $'000	Fair Value 2012 $'000
Financial Assets				
Cash and Cash Equivalents	10,964	10,964	9,259	9,259
Receivables:				
Patient Fees and Trade Debtors	3,639	3,639	3,976	3,976
Other Receivables	718	718	482	482
Total Financial Assets	**15,321**	**15,321**	**13,717**	**13,717**
Financial Liabilities				
Payables	7,030	7,030	6,905	6,905
Other Financial Liabilities				
- Accommodation Bonds	2,201	2,201	2,896	2,896
- Other	2,761	2,761	3,010	3,010
Total Financial Liabilities	**11,992**	**11,992**	**12,811**	**12,811**

NOTE 18: COMMITMENTS FOR EXPENDITURE

	Total 2013 $'000	Total 2012 $'000
Capital Expenditure Commitments		
Buildings		
Education Facility Building	-	292
Eight New Sub Acute Beds	895	1,500
X Ray Room - Fixed Digital Project	320	-
Transformer Upgrade	75	-
Clinical Area Upgrade	393	-
Total Building Commitments	**1,683**	**1,792**
Buildings		
Commitments due not later than one year	**1,683**	**1,792**
Lease Commitments		
Operating Lease Commitments		
Major Medical Equipment	308	931
Non-Medical Equipment	864	779
Motor Vehicles	129	189
Total Lease Commitments	**1,301**	**1,899**
Lease Commitments		
Not later than one year	622	1,203
Later than one year and not later than five years	679	696
Total Lease Commitments	**1,301**	**1,899**
Total Commitments for Expenditure (Inclusive of GST)	2,984	3,691
Less GST Recoverable from the Australian Taxation Office	(271)	(336)
Total Commitments for Expenditure (Exclusive of GST)	**2,713**	**3,355**

NOTE 19: JOINTLY CONTROLLED OPERATIONS AND ASSETS

Goulburn Valley Health controls 16.76% share of the Hume Rural Health Alliance, whose principal activity is to provide information systems to Health Service Providers in the Department of Health's Hume region. Interests in assets employed in the above jointly controlled operations is detailed below. The amounts are included in the financial statements under their respective assets categories.

	Ownership Interest	
	2013	**2012**
	16.76%	**18.09%**
	Total 2013 $'000	**Total 2012 $'000**
Current Assets		
Cash and Cash Equivalents	235	274
Receivables	185	297
Other Assets	9	10
Total Current Assets	**429**	**581**
Non-Current Assets		
Plant and Equipment	**5**	**13**
Current Liabilities		
Payables	156	252
Total Liabilities	**156**	**252**
Goulburn Valley Health's interest in revenue and expenses resulting from jointly controlled operations and assets is detailed below		
Revenues		
Operating Revenue	569	380
Non-Operating Revenue	5	8
Total Revenue	**574**	**388**
Expenses		
Non-Salary Labour Costs	319	293
Operating Expenses	668	562
Loss on Sale of Motor Vehicle	1	-
Depreciation	5	6
Expenditure Using Capital Income	-	32
Total Expenses	**993**	**893**

Contingent Liabilities and Capital Commitments

The jointly controlled operation has no known contingent liabilities or capital commitments

NOTE 20A: RESPONSIBLE PERSON RELATED DISCLOSURES

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

	Period	
Responsible Ministers:	**From**	**To**
The Honourable David Davis, MP, Minister for Health and Ageing	1/07/2012	30/06/2013
The Honourable Mary Wooldridge, MLA, Minister for Mental Health	1/07/2012	30/06/2013
Board of Directors		
Mr. N. Maughan*	1/07/2012	30/06/2013
Mr. B. Gurry	1/07/2012	30/06/2013
Mr. I. McKinnon	1/07/2012	30/06/2013
Ms R. Knaggs	1/07/2012	30/06/2013
Mr. W. Parsons	1/07/2012	30/06/2013
Mr. P. Ryan	1/07/2012	30/06/2013
Mr. B. Smith	1/07/2012	30/06/2013
Ms. B. Evans	1/07/2012	30/06/2013
Mr. R. Schubert	1/07/2012	30/06/2013
Board Delegate		
Ms. J Williams	6/07/2012	30/06/2013
Accountable Officer		
Ms. K. M. Healy	1/07/2012	8/03/2013
Mr. A Stripp	9/03/2013	30/06/2013

* Mr. Maughans' term on the Board of Directors finished on the 30th June 2013

Remuneration of Responsible Persons

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

Income Band	**2013 No.**	**2012 No.**
$0,000 - $9,999	1	0
$10,000 - $19,999	8	8
$30,000 - $39,999	0	1
$40,000- $49,999	1	0
$130,000 - $139,999	1	0
$220,000 - $229,999	1	0
$310,000 - $319,999	0	1
Total Numbers	**12**	**10**

	Total 2013 $'000	**Total 2012 $'000**
Total remuneration received or due and receivable by Responsible Persons from the reporting entity amounted to:	**656**	**508**

Amounts relating to Responsible Ministers are reported in the financial statements of the Department of Premier and Cabinet.

Other Transactions of Responsible Persons and their Related Parties

There were no other transactions between responsible persons or their related parties.

NOTE 20B: EXECUTIVE OFFICER DISCLOSURES

Executive Officers' Remuneration

The number of executive officers, other than Ministers and Accountable Officers, and their total remuneration during the reporting period are shown in the first two columns in the table below in their relevant income bands. The base remuneration of executive officers is shown in the third and fourth columns. Base remuneration is exclusive of bonus payments, long service leave payments, redundancy payments and retirement benefits.

During the year, two new Executive Officers were appointed in line with changes to the Clinical and Corporate Governance structures of the organisation, an existing Medical Officer moved into the role of Chief Medical Officer, and one Executive position was vacated and not replaced.

	Total Remuneration		Base Remuneration	
	2013 No.	2012 No.	2013 No.	2012 No.
$140,000 - $149,999	1	1	1	1
$150,000 - $159,999	-	1	-	1
$160,000 - $169,999	-	-	-	2
$170,000 - $179,999	2	2	2	-
$190,000 - $199,999	3	-	3	2
$200,000 - $209,999	2	3	2	1
$500,000 - $509,999	1	-	1	-
Total	**9**	**7**	**9**	**7**
Total Annualised Employee Equivalent	**8**	**7**	**8**	**7**
Total Remuneration $'000	**1,994**	**1,266**	**1,994**	**1,224**

NOTE 21: CONTINGENT ASSETS AND LIABILITIES

There are no known contingent liabilities or assets at the date of this report.

NOTE 22: EX-GRATIA PAYMENTS

There were no ex-gratia payments made by Goulburn Valley Health during the 2012/2013 financial year.

NOTE 23: SEGMENT REPORTING

	Residential Aged Care Services		Other HSA & H&CI Services		Total	
	2013 $'000	2012 $'000	2013 $'000	2012 $'000	Total 2013 $'000	Total 2012 $'000
REVENUE						
External Segment Revenue	**6,019**	**5,971**	**199,975**	**187,394**	**205,994**	**193,365**
EXPENSES						
External Segment Expenses	6,481	6,243	204,104	196,931	210,585	203,174
Intersegment Expenses	1,453	1,591	(1,453)	(1,591)	-	-
Total Expenses	7,934	7,834	202,651	195,340	210,585	203,174
Net Result From Ordinary Activities	(1,915)	(1,863)	(2,676)	(7,946)	(4,591)	(9,809)
Interest Income	-	-	615	844	615	844
Net Result for Year	(1,915)	(1,863)	(2,061)	(7,102)	(3,976)	(8,965)
Other Information						
Segment Assets	-	20	-	-	-	20
Unallocated Assets	-	-	117,893	120,051	117,893	120,051
Total Assets	-	20	117,893	120,051	117,893	120,071
Segment Liabilities	41	-	-	-	41	-
Unallocated Liabilities	-	-	49,749	47,992	49,749	47,992
Total Liabilities	41	-	49,749	47,992	49,790	47,992

The major services from which the above segments derive income are:

- Residential Aged Care Services
- Other HSA & H&CI Services - Acute and Community Services

Pricing between inter-segments is at cost

Goulburn Valley Health operates predominantly in Shepparton, Victoria. More than 90% of revenue, net surplus from ordinary activities and segment assets relate to operations in Shepparton, Victoria.

GOULBURN VALLEY HEALTH

Goulburn Valley Health Shepparton Campus
Graham Street, Shepparton, Victoria, 3630
Ph: (03) 5832 2322
Fax: (03) 5821 1648

Mental Health Campus
Monash Street, Shepparton, Victoria, 3630
Ph: (03) 5832 2111
Fax: (03) 5832 2100

Tatura Campus
Tatura Hospital
Parkvilla Aged Care
64-68 Park Street, Tatura, Victoria, 3616
Ph: (03) 5824 8400
Fax: (03) 5824 8444

Waranga Campus
Waranga Memorial Hospital
Coyle Street, Rushworth, Victoria, 3612
Ph: (03) 5851 8000
Fax: (03) 5856 1916

Waranga Aged Care Hostel
14 High Street Rushworth
Ph: (03) 5851 8050
Fax: (03) 5851 1145

Waranga Medical Centre
10 High Street, Rushworth, Victoria, 3612
Ph: (03) 5851 8400
Fax: (03) 5851 8425

UNA House Campus
Corio Street, Shepparton, Victoria 3630
Ph: (03) 5823 6555
Fax: (03) 5822 2584

Centre Against Sexual Assault Campus
Nixon Street, Shepparton, Victoria, 3630
Ph: (03) 5831 2343
Fax: (03) 5831 1996

Centre for Older Person's Health Campus
91-99 Knight Street, Shepparton, Victoria, 3630
Ph: (03) 5823 6000
Fax: (03) 5831 8500

Ambulatory Aged Care Programs
22 New Dookie Road, Shepparton, Victoria, 3630
Ph: (03) 5832 8100
Fax: (03) 5821 0904

ASSOCIATED HOSPITALS

Nathalia District Hospital
McDonell Street, Nathalia, Victoria, 3638
Ph: (03) 5866 9444
Fax: (03) 5866 2042

Yea & District Memorial Hospital
Station Street, Yea, Victoria, 3717
Ph: (03) 5736 0400
Fax: (03) 5797 2391