

COHUNA DISTRICT HOSPITAL
61st ANNUAL REPORT
AND
COHUNA COMMUNITY NURSING HOME
27th ANNUAL REPORT

Murray Valley Highway

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ANNUAL REPORT STATEMENT

The Cohuna District Hospital Annual Report 2013 will be presented for adoption at the Annual General Meeting to be held at Cohuna. The following report is a legal document prepared in accordance with the Financial Management Act 1994 and the Health Services Annual Reporting Guidelines for 2012-2013.

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Audited Financial Statements 2012/13 are enclosed as a separate document.

RELEVANT MINISTER

The relevant Minister during the reporting period were the Hon. David Davis, MP, Minister for Health and Ageing Victoria from 1 July 2012 to 30 June 2013. This report is prepared for the Minister and, through him, the Parliament of Victoria, and the community.

OBJECTIVES, FUNCTIONS, POWERS AND DUTIES OF COHUNA DISTRICT HOSPITAL AND COHUNA COMMUNITY NURSING HOME INC

Cohuna District Hospital is a public Agency established under the Health Services Act 1988. It is authorised to provide public health and ancillary services as authorised under the Act, and operate Residential Care Services under the Aged Care Act 1997.

The Board of Management consists of persons appointed by the Minister for Health under the Act who are empowered to provide strategic direction for the organisation. Whilst the board provides directions for the Agency and determines what must be done, the responsibility for determining how services are delivered is invested in the Chief Executive Officer.

KEY FINANCIAL AND SERVICE PERFORMANCE REPORTING

Our Mission

The Cohuna District Hospital exists to provide quality health care which meets the needs of our community in a safe and friendly environment.

Our Vision

The Cohuna District Hospital aims to promote the health and wellbeing of the Cohuna and District community through the provision of flexible and integrated acute, aged care, community and support services, in an environment of continuing quality improvement.

Our Values

We will respect the individual needs of clients by offering personalised service including emotional, social and physical support.

We will encourage innovative practice and attempt to achieve excellence in all service areas through continuous quality improvements.

We will provide a positive and satisfying work environment and encourage vigilance to health and safety.

We will keep abreast of changes in health services delivery and review services to ensure they continue to meet the needs of our local community.

SERVICE PROFILE

The Cohuna District Hospital provides four main core services:

- Acute Care facility, providing medical, surgical and obstetric services;
- Nursing Home;
- Community District Nursing service; and
- Adult Day Activity Support Service (ADASS).

The Cohuna District Hospital was established as a public hospital in 1952. The Hospital provides care for residents of Cohuna and the surrounding catchment area. In 1983, an appeal raised funds for a nursing home. A nursing home wing was built adjacent to the hospital and opened in 1985.

The service also provides community and home based services such as district nursing, day care and meals on wheels in conjunction with the Shire of Gannawarra. Community health programs are provided by the Northern District Community Health Service.

The Transition Care Program (TCP) is in its second year of operation. This program provides care and restorative services for a short term period for people who have been in hospital. This is a valuable addition to our range of services.

NATURE AND RANGE OF SERVICES

Accident & Emergency	District Nursing
Meals on Wheels	Physiotherapy
Acute Psychiatry	ENT & Oncology
Obstetrics	Radiology
Adult Day Activity Service	General Medicine
Orthopedic Surgery	Renal Dialysis
Aids & Equipment	General Surgery
Paediatrics	Perinatal Care
Coronary Care	Gynecology
Pathology	Respite Care
Dental Surgery	Intensive Care
Residential Aged Care	
Transition Care Program	

Registered Beds

16 Acute
16 Residential Aged Care

STRATEGIC PRIORITIES

The Victorian Government's priorities and policy directions are outlined in the *Victorian Health Priorities Framework 2012-2022*.

In 2012-13 Cohuna District Health Service will contribute to the achievement of these priorities by:

	Priority	Action	Deliverable	Outcome
1.	Developing a system that is responsive to people's needs	In partnership with other providers within the local area apply existing service capability frameworks to maximise the use of available resources across the local area.	Model of Care in Maternity Services reviewed arising from a Kerang & Cohuna District Hospital Review.	Report Finalised
		Explore opportunities to develop strategies that support greater service responsiveness for diverse populations.	Enhanced renal dialysis through commissioning a new and expanded 3 chair facility.	Unit opened with 2 chairs initially in October 2012
			Enhanced residential aged care through building nursing home extensions that increase lounge and activity areas for clients and families.	Completed November 2012
			Enhanced personalised care through building purpose designed relatives & patient quiet room.	Completed January 2013
2.	Improving every Victorian's health status and experiences	Consider new models of care and more coordinated services to respond to the specific needs of people with priority clinical conditions.	Board consultation with the Department of Health, Staff and the Community Consultation Forum regarding the Service Plan (Stage 1): <i>environmental and service profile analysis</i> .	Completed September 2012
		Collaborate with key partners such as members of local PCP, the newly formed Medicare Locals, community health services and Aboriginal health service providers to support local implementation of	Stage 2 of the Service Plan. <i>synthesis, analysis, draft service configuration, community and stakeholder consultation</i> .	\$30,000 grant advised by Dept of Health (April 2013). Program to be determined.

		relevant components of the Victorian Health and Wellbeing Plan 2011-2015.		
			Diabetic Management Plan developed in accordance with State planning frameworks.	Diabetes Management Plan and Policy Completed May 2013
			Aboriginal Health Plan to be developed.	Completed March 2013
			Aboriginal Health education implemented into the intranet.	Completed April 2013. Links added to CDH website and acute desktop.
3.	Expanding service, workforce and system capacity	Develop collaborative approaches to deliver professional education, training and support.	Human Resource Management Plan developed based on the completed external culture review.	Completed November 2012
			Training and staff development strategy for middle management to up-skill.	Hotel Services staff access to e3learning. Five senior staff have completed a VHIA Nurse Leadership Development Program (June 2013).
			On line learning for staff implemented.	Organisational wide online e-learning program introduced for all staff by December 2012.
4.	Increasing the system's financial sustainability and productivity	Develop and support alternative arrangements that drive greater financial productivity and sustainability through more efficient purchasing of non-clinical services.	Evaluation of contracts for linen, bulk gas and energy supplies.	Completed February 2013
			Theatre costing review by external auditors for the internal audit committee.	Completed September 2012
		Identify opportunities for efficiency and better value service delivery.	Evaluation of meals on wheels service resulting from recent successful tender with Gannawarra Shire.	Completed February 2013

			Working group formed to evaluate the effectiveness of rostering, leave and employment practices across CDH.	Payroll Working Group convened in January 2013 reporting to the Finance Committee.
5.	Implementing continuous improvements and innovation	Development and implement strategies that better support patient flow and the quality and safety of hospital services.	Formal evaluation of the Transition Care program.	Completed April 2013
			Gap analysis against the National Safety and Quality Health Service Standards.	Report completed September 2012
			Strategy for enhanced residential aged care assessments and waiting list management in collaboration with area stakeholders.	Completed April 2013 Residential Aged Care Working Party formed.
6.	Increasing accountability & transparency	Implement systems that support streamlined approaches to clinical governance at all levels of the organisation.	Progress with strategies identified from the four dimensions of quality arising from the <i>Governing Quality: Residential Aged Care Review</i> .	Under the oversight of the Quality Improvement Committee.
			Board exploration of improved clinical governance processes, training & monitoring.	Clinical Governance Policy approved by Board March 2013
			Information Technology Working Group formed to develop a planned, considered approach to ICT.	Working group officially formed April 2012
		Trial, implement and evaluate strategies that use ICT as an enabler of better patient care.	Evaluation of acquired medical video conferencing to optimise its use for both clinical education opportunities and medical consultations.	In use. Evaluation tool in development.

PERFORMANCE PRIORITIES

Financial Performance

Key performance indicator	Target
Operating result	
Annual operating result (\$m)	\$0.02m
Cash management	
Creditors	< 60 days
Debtors	< 60 days

Service Performance

Key performance indicator	Target
Quality and safety	
Health service accreditation	Full compliance To October 2016
Residential aged care accreditation	Full compliance To October 2015
Cleaning standards	Full compliance 96%
Submission of data to VICNISS ⁽¹⁾	Full compliance
Hospital acquired infection surveillance	No outliers
Hand Hygiene(rate)	91
SAB rate per occupied bed days ⁽²⁾	No Infections
Victorian Patient Satisfaction Monitor: (OCI) ⁽³⁾	91
Consumer Participation Indicator ⁽⁴⁾	89 at June 2012
People Matter Survey	Full compliance 2013
Maternity	
Percentage of women with prearranged postnatal home care	100%
Percentage of eligible newborns screened for hearing deficit before one month of age	100% Booked for test

⁽¹⁾ VICNISS is the Victorian Hospital Acquired Infection Surveillance System.

⁽²⁾ SAB is Staphylococcus aureus bacteraemia

⁽³⁾ The target for the Victorian Patient Satisfaction Monitor is the Overall Care Index (OCI) which comprises six categories

⁽⁴⁾ The Consumer Participation Indicator is a category of the Victorian Patient Satisfaction Monitor

ACTIVITY AND FUNDING

Funding Type	Activity	Budget (\$'000)
Small Rural Acute		\$4,552
Small Rural Residential Care		\$462
Small Rural HACC	\$7,877	\$239
Total Funding		\$5,253

BOARD OF MANAGEMENT & CEO REPORT OF OPERATIONS



On behalf of the Board of Management of the Cohuna District Hospital and the Cohuna Community Nursing Home Inc. it is our pleasure to present the 61st Annual Report for the year ending 30th June 2013. The Annual Report should be read in conjunction with 2012-2013 Quality of Care Report to gain a broader overview of the achievements and activities of the health service over the reporting period.

Governance and Management

Four members re-nominated onto the Board and the Minister for Health confirmed their appointments for a further 3 year term until 30th June 2016. We are very pleased to retain the experience and ongoing commitment of the following members of our Board.

- Cameron Hodge
- Bernice Mackenzie
- Ron Nicholls; and
- Della McGraw

Kim Hore decided not to stand for reappointment after 5 years on the Board and we sincerely record our appreciation for her time and contribution to CDH. We welcome two new Board members: Mandy Hutchinson and Kate Roberts and look forward to their contribution to the governance and continuous improvement of the health service.

In August 2012 Lois Drummond was appointed President for a third term, Cameron Hodge as Vice President and Treasurer, and Bernice Mackenzie as Junior Vice President. Board Executive rotations are an important succession planning tool within the Board. We record our appreciation to all Board members for their ongoing commitment to CDH.

The Board records its appreciation to Lois for leadership and commitment as Board Chair and her representation at numerous health forums and advocacy role over the three year term. The position of President will change in August 2013.

Board members and the CEO continue to actively participate in forums organized by the Department of Health and the Victorian Healthcare Association. During the year an experienced consultant was engaged to conduct a workshop on clinical governance, well attended by Board members from both the Cohuna District Hospital and the Cohuna Retirement Village. The results of this review have provided a basis for a more targeted and comprehensive clinical governance program throughout the health service. This will be our strong focus moving into the new financial year.

The Community Consultative Forum has held two further meetings this year and is proving to be a valuable resource to the Board as it establishes itself and becomes more familiar with the health services plans and services delivery. The forum aims to fulfill the goals of consumer involvement in governance, partnership in service planning, service measurement and evaluation.

Strategic and Service Planning

The Department of Health provided a grant last financial year of \$20,000 to undertake a *Needs Analysis and Service Plan*. An experienced health planner completed the first stage, involving an environmental and service profile analysis.

The main tasks completed in stage one were:

- Analyse the population/demography and morbidity of CDH's service catchment;
- Review relevant background material including the CDH strategic plan;
- Analyse the service profile of CDH.

Some of the key advices provided to the Board in the issues paper were:

- The National Health Reform will lead to changes in funding arrangements;
- There will be significant changes associated with aged care reforms;
- The State *Rural and Regional Health Plan 2012-2022* provides a key policy framework for planning purposes;
- The health service forms part of a network of service providers to the local catchment. It is essential to work collaboratively in future planning and review to models of care.

Some of the key findings provided to the Board in the issues paper were:

- Since 2006 the primary catchment population has decreased by 21%, but the ageing population does offset this and creates a net impact of marginal growth in demand;
- The primary catchment population accounts for 71% of admissions and the secondary catchment 20%, illustrating the hospital is performing a strong local provider role;
- The surgery rate has declined however three-quarters of surgical cases come from the local catchment and the remaining from Kerang and Swan Hill;
- Urgent Care Services (A&E) have grown 10%, in an increasing trend, and CDH often handles urgent presentations placing demands on our small health facility.
- The residential aged care facility has consistently run at close to full occupancy and at a high level of complexity in resident mix, but incurs an unavoidable recurring deficit;
- Population health risk factors need to be considered in future services delivery.

We are pleased to have received a further grant of \$30,000 from the Department to complete the final stage of the service plan in the latter part of 2013. There will be extensive stakeholder consultations during this process and consultation with our local communities.

The main tasks of stage two will be to:

- Consider the expected role and strategic positioning of CDH and a clear direction for each clinical area into the future;
- Consider the balance of services required against the capacity to deliver and

- Consider the business and funding implications of the future service direction on clinical and corporate services.

Continuous Improvement

In August 2012 the Aged Care Standards and Accreditation Agency conducted a re-accreditation audit over two days of our 16 bed nursing home. We were successful in re-accreditation of all 44 standards for a further three year term from 27 October 2012 to 27 October 2015. The home satisfied the agency that it has an effective continuous improvement program covering all facets of operations and client care. The Board records its congratulations to Nurse Unit Manager Anne Harrison and her staff for this excellent result. The agencies comprehensive report provided the Board with insight and reassurance of the care provided to our residents and close ties with connecting families.

In September 2012 the Australian Council on Healthcare Standards undertook an organisation wide survey of our health facility and awarded full accreditation status. Subject to continuous evaluation and quality improvement this status will remain until 28th November 2016. CDH met the standards against all criteria and its own self assessment was upgraded by the surveyors to an “extensive achievement” against 12 criteria. The Board of Management is very proud of this achievement as it demonstrates a maturing and comprehensive practice of continuous improvement across the health service.

The areas with this higher rating are summarized below:

- Assessment of consumer/patient needs;
- Evaluation of clinical care and communication to patients and carers;
- Infection control systems;
- Falls management program;
- Patient and consumer participation in planning and evaluation of services delivery;
- The continuous improvement system and commitment to improved outcomes;
- Integrated organisation-wide risk management framework;
- Management of health care incidents;
- Workforce planning;

- Promotion of better health and wellbeing;
- Strategic and operational planning and development and
- Safety management systems.

We record our sincere appreciation to Jill Moore, Quality Manager, Managers and Staff across all disciplines for their individual and team contribution to this outstanding level of achievement. The report from Council also provides the governing body with key information that assists the Board and staff in its continuous pursuit of improved practices.

The health service is committed to quality patient care and this is monitored through various avenues including the Victorian Patient Satisfaction Monitor. We were pleased to obtain an overall care index (OCI) of 91 in the latest hospital comparative survey report. This was the highest in our hospital category within rural Victoria.

Plant and Equipment and Infrastructure

The past year has lead to further significant investment in plant and equipment and infrastructure upgrades. The hospital redevelopment program is largely completed and with furnishings and equipment has totalled in excess of \$650,000. The community sources of funding made up \$600,000 of this project funding, a testament to the level of support the health service enjoys. The project has provided many functional and aesthetic improvements within both the hospital and the nursing home.

Under the Department of Health's *2011-12 Rural Support Fund* the Board was very pleased to be advised of a state grant of \$320,000 to upgrade/extend the kitchen facility and medical storage area. This grant should fully cover the project costs and tenders will be called towards the end of the financial year. This work will compliment the recent redevelopment and bring the entire health facility into a well presented, safe and functional environment for patients, residents, visitors and staff.

Key community groups and the ladies auxiliary have again provided essential support in raising

funds for the benefit of the health service. Some of these include:

- \$48,000 operating theatre table jointly funded by Bridge to Bridge (Lions Club) and Murray to Moyne cycle group.
- \$59,745 Pentax Colonoscope funded by Bingo monies.
- \$10,110 Nursing Home window furnishings funded by Ladies Auxiliary.
- \$26,000 Miele Theatre therma disinfectant (dishwasher), \$10,000 funded by Ladies Auxiliary.

The Department of Health has kindly provided the following grants for equipment:

- Medical equipment replacement \$32,800
- Engineering Infrastructure \$14,000
- Nursing Home equipment \$20,000
- Home & Community Care (HACC) \$20,000
- Resident assessment equipment \$ 8,000

Community

The Cohuna Hospital Ladies Auxiliary, Murray to Moyne Bike Group, Cohuna Bridge to Bridge (Lions Club), Cohuna Bus Committee and the Bingo Group continue to devote a great deal of time and effort into raising funds for the hospital and nursing home. They are also great ambassadors for the health service. A number of trusts and individuals also provide financial support on a regular basis and we sincerely record our thanks.

Finances

As mentioned last year, our state grants are largely historically based and adjusted annually. The Accident & Emergency (A&E) Department continues to be very busy particularly when on call (weekend) for Kerang and Barham. Ambulance transfers of patients to larger hospital centres remain a significant aspect of our A&E activities. The past financial year has seen ambulance costs escalate to well in excess of \$100,000, more than double its historic cost levels. Inter-hospital transfers are subject to a statewide review and involve a number of complexities, however the Board is concerned the escalation in costs to Cohuna Hospital may

impinge on service level capacity if unabated. Patient transport costs and the recurrent operating deficit associated with the nursing home are financial issues identified by the governing body within the risk management framework.

A mid-year Commonwealth funding reduction of \$67,000 was reversed and reinstated by the Commonwealth a few months later. As with all Victorian public hospitals CDH did institute risk management strategies to preserve financial stability and the Board approved the closure of the operating theatre for visiting surgical specialists for a two month period. Extra staff took annual leave during this downturn period.

Appreciation

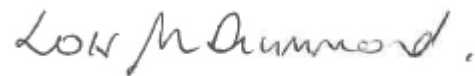
The Board and executive staff have an excellent working relationship with the Department of Health and we appreciate their willingness and availability to provide support and guidance. We record our appreciation to Ann-Maree Connors, Director, Health and Aged Care, Loddon Mallee Region and her staff for their ongoing assistance.

Our staff across the health service, in partnership with our visiting medical staff, continues to demonstrate a commitment of the highest level to ensure CDH continues to provide personalized care to its patients and clients. "Hospitals are people" and while high standards of facilities and equipment are vital, it is the caring nature of our staff that patients, residents and visitors remember the most and for which we receive positive feedback.

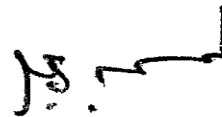
The redevelopment program and accreditation surveys of both the hospital and nursing home has made the past year a much pressured one but with most rewarding outcomes. Our staff has responded to the challenge admirably and professionally. Our ladies auxiliary and volunteer groups continue their vital role in the life of the health service.

Our thanks are extended to local politicians, in particular State Member for Rodney, Paul Weller MLA and the local media for their continued support and interest in Cohuna District Hospital and Cohuna Community Nursing Home. We also acknowledge and thank the Gannawarra Shire and neighboring health services for their cooperation.

The health service will continue to build upon its strengths and face new challenges and opportunities in the year ahead.



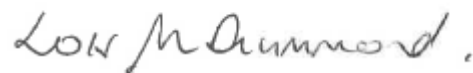
Lois Drummond
CDH Board President



Robert Bulmer
Chief Executive Officer

RESPONSIBLE BODIES DECLARATION

In accordance with the *Financial Management Act 1994*, I am pleased to present the Report of Operations for *Cohuna District Hospital* for the year ending 30 June 2013.



Lois Drummond
Board President

Cohuna, Victoria
30 / 7 / 2013



STRATEGIC PLAN 2011 -2014

Direction 1: Quality Care

The Hospital will provide a high quality service appropriate to our community within a culture of continuous improvement

No.	Goal	Operational Plan Indicator
1	<i>Support the development of primary health care</i>	<ul style="list-style-type: none"> Mapping of existing primary health programs undertaken by CDH or regional partners. Determine priority areas for development and evaluate the effectiveness of current models of care through service planning and regional collaboration. Liaison with the Loddon Mallee Murray Medicare Local through its charter to enhance primary care accessibility across the region.
2	<i>Strengthen Relationships with Health Care Services and Monitor and Develop Clinical Services in Response to Community Need</i>	<ul style="list-style-type: none"> Effectively utilise existing partnerships including Southern Mallee Primary Care Partnership, Northern Districts Community Health and Gannawarra Shire Council to ensure the effective delivery of primary health care programs and transport initiatives. Maintain open and constructive dialogue with the Cohuna Medical Clinic. Explore partnership opportunities with the other health providers within the region.
3	<i>Develop a sustainable midwifery model of care</i>	<ul style="list-style-type: none"> Active participation Loddon Mallee Regional Maternity Planning initiative.
4	<i>Maintain Surgery Provision</i>	<ul style="list-style-type: none"> Identify and implement management processes that will ensure the efficient organisation and management of peri-operative services. Maintain appropriate risk management and clinical governance practices.
5	<i>Respond to the Needs of the Ageing Population in Partnership with Others</i>	<ul style="list-style-type: none"> Develop appropriate models of care for aged care services and mapping of services through service planning.

Direction 2: Work in partnership with the Community

The Hospital will actively engage the community, its businesses and organisations in its quest to provide quality health care.

No.	Goal	Operational Plan Indicator
1	<i>Continue to value and grow our connection with the community</i>	<ul style="list-style-type: none"> • Maintain an effective and active Community Consultative Forum. • Maintain effective communication links through the website, publications and media coverage.
2	<i>Recognise the economic and social value of CDH as a major employer in the Gannawarra Shire</i>	<ul style="list-style-type: none"> • Maintain close association with Kerang District Health and Gannawarra Shire.

Direction 3: Workforce

The Hospital will have a sufficient workforce with appropriate staff skill mixes to provide health care.

No.	Goal	Operational Plan Indicator
1	<i>Workforce planning</i>	<ul style="list-style-type: none"> • Maintain and develop continuous improvement strategies covering HR policies and practices. • Develop strategies for workforce retention and succession planning. • Liaison with Cohuna Medical Clinic concerning General Practitioner recruitment.

Direction 4: Organisational sustainability

The Hospital will develop governance structures and service infrastructure to ensure the capacity to meet future needs.

No.	Goal	Operational Plan Indicator
1	<i>Completion of a Service Plan and Model of Care in collaboration between the Board of Management and the Department of Health</i>	Completion of a Service Plan & Model of Care comprising the following elements: <ul style="list-style-type: none"> • An assessment of the environment within which the health service operates including: geography, demographics, policy and contemporary clinical practice; • A profile of the actual services delivered currently; • The identified gaps and agreed service profile that ought to be delivered; • The identified model of care as to how services are to be delivered; and • The “key enablers” such as workforce and infrastructure that will be required in the future.
2	<i>Strengthen Board Governance</i>	<ul style="list-style-type: none"> • Continue to undertake Board governance training and performance review. • Focus on the development of a more robust clinical governance reporting structure. • Annual review of the CDH three year Strategic Plan. • Governance involvement with the Department of Health’s <i>Statement of Priorities Program (SOP)</i>.
3	<i>Continued focus on quality and accreditation</i>	<ul style="list-style-type: none"> • Achieve accreditation compliance and acceptable accreditation ratings for ACHS, ACSAA and HACC review cycles within an evident continuous improvement program. • Establish a team based approach and accountabilities to ensure compliance with the newly introduced National Safety and Quality Health Service Standards (N.S.Q.H.S).
4	<i>Continued focus on risk management</i>	<ul style="list-style-type: none"> • Maintain a sound integrated and organisational wide risk management program. • Update and implement an annual Occupational Health & Safety program.
5	<i>Maintain financial viability</i>	<ul style="list-style-type: none"> • Work collaboratively with the Department of Health to identify critical elements of the health service’s financial operations through the SOP program. • Utilisation of the Finance and Audit Committees to ensure robust, transparent financial analysis, budgeting and reporting to the governing body.
6	<i>Undertake building upgrade</i>	<ul style="list-style-type: none"> • Successful completion and commissioning of self funded redevelopment areas incorporating dialysis, nursing home, ward improvements, patient’s lounges’ and offices. • Successful completion of food services redevelopment project. • Seek to undertake a “fabric condition” review by Capital Management Branch, Department of Health, following endorsement of the Service Plan.

DIRECTOR OF NURSING REPORT

Our team at the Cohuna District Hospital continues to focus on meeting the needs of our community. They are committed to service delivery and service improvement and without them our goals could not be achieved.

Acute Services

Nursing staff continue to develop a coordinated approach to managing patient care, with the collaboration of Medical and Allied Health staff in the delivery of their services. This year has seen:

- Extensive staff training in all areas to assist with the ongoing demand and changes. Examples of this includes, further dialysis training of staff and up-skilling of all our midwives.
- Five senior nurses have completed a Nurse Leadership Development Program presented by VHIA.
- Upgrading monitoring equipment to the latest standards in our Operating Theatre.
- The purchase of Pentax EPK-i5000 Video Endoscopy Platform and 90i Series of HD + Video Colonoscope for the operating theatre.
- Staff continuing to manage the diverse range of services including Emergency Care, Palliative Care, Midwifery Care along with extensive medical and surgical services.

Building Project

As part of the building project the Hospital now has a relative/patient quiet room which was funded by a generous donation in memory of Doctor Peter Graham.

Nursing Home

Our Aged Care service provides a home like atmosphere for the residents while delivering expert nursing care. The home has been part of our building project, the lounge and dining room have been extended. The NUM/nurses office has been renovated and includes extra document storage space and proper office furniture. The visitor's sitting room has been renovated and furnished. The quality of Residential life is enhanced by the vital role our volunteers play, their time given to our residents is highly valued.

District Nursing

The ongoing provision of outstanding community based services provided by the District Nurses, enabling many people to remain independent in their own homes for longer.

Post Acute Care Program

The Post Acute Care Program provides care and support to those patients recently discharged from Hospital enabling them to recover in their own homes with professional support.

Transition Care Program

This program was first used in December 2011 and provides transitional care for clients from one level of care to another. E.g. rehabilitation to home, hospital to home or residential care.

Adult Day Activity Support Service (ADASS)

ADASS continues to provide recreational and therapeutic support services to those people who continue to reside at home and to residents of our local residential aged care services. The people who volunteer their support, help as bus drivers, with outings, providing entertainment or at the centre, is gratefully acknowledged.

Hotel Services

The high standard of catering and cleaning procedures is maintained by the effort and dedication of the Domestic and Food Services staff.

The Food Safety Audit was passed in June with no recommendations and the Cleaning Audits also passed showing the commitment and dedication of the staff in maintaining the standards.

The cleanliness of the Hospital is important to successfully have an infection free environment and our cleaning staff play an important role in maintaining these standards.

Staff Education

Maintaining our staff skills for the provision of high quality health care services to our consumers is of extreme importance. Our health service has provided additional elearning programs for staff to access.

Graduate Nurses

We continue to support our graduate nurse program and this year have been part of our new project Northern Rivers Collaborative Nurse Program. This project involves Echuca Regional Health, Boort District Health, Rochester & Elmore District Health and Cohuna District Hospital and has been very successful.

Clinical Risk Management

Clinical risk management is a strategic approach to patient care where systems are in place to provide an environment whereby risk to patients and staff is minimized.

Quality Activities

Patient satisfaction surveys, quality projects and internal audits are conducted and reported through committees to the Board of Management. We continually try to improve our services to reflect best practice.

Acknowledgements

I would like to thank the Board of Management for their commitment and support at all times. Thanks and appreciation also goes to our Visiting Medical Officer's for the work

performed and for their ongoing dedication and enthusiasm. We also appreciate the work performed by our visiting Specialists and to all staff who provide such outstanding care to our patients, residents and clients.

I would also like to thank our management team and all the staff for their commitment and dedication to providing the best care for our patients and residents. We farewelled Rhonda Bibby and Marion Richardson this year who have been a part of our team for over forty years.

I extend a big thank you to our community partners and volunteers and to our Ladies Auxiliary for their continued commitment and excellent work. We could not achieve our goals without them.



Anne Graham
CDH Director of Nursing

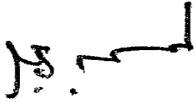
SERVICE ACTIVITY

	2012/13	2011/12	2010/11	2009/10
Hospital				
In patients Treated	1,325	1,431	1,543	1,501
Inpatient Bed Days	3,569	3,519	4,281	4,144
Transition Care Bed Days	203	166		
Average Length of Stay (Days)	2.69	2.54	2.89	2.84
Births	57	47	61	44
Operations – minor	160	155	162	154
Operations – major	56	53	79	61
ADASS Attendances	1,561	1,559	1,604	1,477
District Nurse	1,780	1,937	1,578	2,028
Accident & Emergency				
Attendances	3,112	3,570	3,303	2,982
Dialysis Sessions	313	338	361	443
Meals on Wheels	9,392	9,691	9,767	9,339
Nursing Home				
Residents	28	22	24	22
Resident Bed Days	5,406	5,820	5,784	5,745
% Occupancy	93%	99%	99%	98%
Average Length of Stay (Days)	193	264	241	261

ATTESTATIONS

ATTESTATION ON DATA INTEGRITY

I, Robert J Bulmer certify that the Cohuna District Hospital has put in place appropriate internal controls and processes to ensure that reported data reasonably reflects actual performance. The Cohuna District Hospital has critically reviewed these controls and processes during the year.

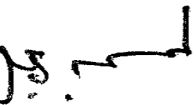


Robert J Bulmer
Accountable Officer

Cohuna, Victoria
30 / 7 / 2013

ATTESTATION FOR COMPLIANCE WITH THE MINISTERIAL STANDING DIRECTION 4.5.5.1 - INSURANCE

I, Robert J Bulmer certify that the Cohuna District Hospital has complied with Ministerial Direction 4.5.5.1 – Insurance.

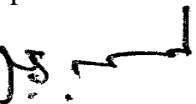


Robert J Bulmer
Accountable Officer

Cohuna, Victoria
30 / 7 / 2013

ATTESTATION FOR COMPLIANCE WITH AUSTRALIAN/NEW ZEALAND RISK MANAGEMENT STANDARD

I, Robert J Bulmer certify that the Cohuna District Hospital has risk management processes in place consistent with the *AS/NZS ISO 31000:2009 (or an equivalent designated standard)* and an internal control system is in place that enables the executive to understand, manage and satisfactorily control risk exposures. The *Audit Committee* verifies this assurance and that the risk profile of the Cohuna District Hospital has been critically reviewed within the last 12 months.



Robert J Bulmer
Accountable Officer

Cohuna, Victoria
30 / 7 / 2013

COMMUNITY SUPPORT

The Board of Management would like to acknowledge the valuable donations received from the following donors for the year ended June 2013.

General Donations

Alfred & Jean Dickson Foundation
 B & C Kervin
 B. A. Mawson
 Bev Miller
 Cohuna Community Nursing Home Foundation
 Cohuna Five Hundred Club
 Cohuna Hospital Golf Day
 Cohuna Ladies Hospital Auxiliary
 Cohuna Lions Club
 Commonwealth Bank
 Corale Jones
 CP & AM Hodge
 Donald & Mary Allen
 Dorothy Alexander
 F Armstrong
 F & M Harrower
 Frank Hird
 Gunbower Uniting Ladies
 John & Bev Brown
 K & J & E Vanlier
 Kate Donat & Clarke Fehring
 Keith & Heather Foreman
 Kevin & Gay Hancock
 Leitchville Senior Citizens Club
 Norma Bruns
 Norma Ryan
 PM & EG Lowe
 Rhonda Richards
 Scott Foreman
 The Late DS Kerr
 The Late Kenneth Patterson
 The Late Molly Coates
 The Late William Hancock
 Toby & Rene Harrower
 'Touch of Pink' Breast Cancer Event
 Una Supermarket Community Royalties
 Program
 Val Dehne

Murray to Moyne Donations

A & CM Kingma
 Archards Irrigation
 CR & LM Bowman
 Cohuna Murray to Moyne
 Bike Riders
 D Dorrity-Mitchell
 DW & ML Hornsby
 G & D Smith
 G & H Hall
 GJ & KL Wilson
 GR & LM Drummond
 J Bowman
 J Toll
 J & B Kincaid
 J & D Rowlands
 J & N Smith
 J & S Archibald
 LG & LM Learmonth
 PT & JJ Behrens
 Pyramid Hill College
 R & L Haig
 RC & PA Whitlock
 R & S Gundry
 S Millar
 S & M Henty
 TA & B Mackenzie

COHUNA HOSPITAL LADIES AUXILIARY REPORT

1st March 2012 to 28th February 2013

It is my pleasure to present the Cohuna District Hospital Ladies' Auxiliary Annual President's Report for 2012. We have again experienced a very successful year with fundraising events which have totalled \$10,277.56.

We commenced the year with a special raffle in March. This comprised of a night's accommodation in Melbourne with \$500.00 spending money. In May, our Auxiliary members and the wider community provided many goods and baking to stock our Mothers' Day stall. This was well patronised by the Cohuna community. During August, we also provided supper and trophies for the Cohuna Indoor Bowling Club's Tournament. Proceeds from this night also boosted our fundraising for the year.

Our main event for 2012 was our Oaks Day function conducted at the Golf Club. Approximately 90 ladies attended and helped us celebrate the 60th Anniversary of the original formation of the Auxiliary. The display material from past years posted by Bev Brown, the anniversary cake made and decorated by Marg Henery, and the recalling of past events and fund raising provisions for the hospital by Val Farrant provided an insight into the values and purposes of the Auxiliary over many years. Funds from the 2012 Oaks Day were dedicated to refurbishing the drapes and blinds in the Birthing Suite.

The Christmas Stocking Raffle again proved to be very popular with everyone and was won by Gwen Taylor, one of our Auxiliary members. In January, we also assisted with the Community run Bingo which supports the Hospital. Thank you to the members for their ongoing support for this service.

The Auxiliary were also fortunate to receive goods from the Saunders estate. These were sold and funds yielded will be used to supply further facilities for our Hospital. Funds forwarded to the Hospital during the past year have included \$10,000.00 towards the theatre washer. The residents of the Nursing Home also enjoyed a 'Fish 'n Chip' and a 'Football Pie Day' from proceeds raised by the Auxiliary.

Rob Bulmer CEO, Anne Graham DON, and Liz Lake have kept us informed about the alterations and extensions to the Hospital and Nursing Home. They have indicated that we can contribute further funds to complete these facilities in the near future. At present we are waiting for a quote to cover the costs of the curtains and blinds for various sections of the Nursing Home.

We are indebted to the local community and business houses for their ongoing support and their generous donations throughout the year.

In conclusion, I would like to acknowledge all Auxiliary members for their assistance, encouragement and support during my year as president. A special thank you to Marion Payne, Secretary and Margaret Henery, Treasurer, for capably handling their particular roles during 2012.

Sandra Hancock (President)

Ladies Auxiliary Executive for 2013	
President	Sandra Hancock
Secretary	Marion Payne
Treasurer	Margaret Henry

BOARD OF MANAGEMENT



Lois Drummond
Sessional Teacher
Commencement Date: 01.11.2005
Current Term Expiry: 30.06.2014
Committees:
 Board Executive, Finance, House,
 Audit, Medical Appointments,
 Quality Improvement
Attendance Rate: 82%



Graeme Smith
Self Employed Business Owner
Commencement Date: 01.08.1984
Current Term Expiry: 30.06.2015
Committees:
 Finance
Attendance Rate: 91%



Cameron Hodge
Self Employed Owner Farmer
Commencement Date: 01.07.2008
Current Term Expiry: 30.06.2016
Committees:
 Board Executive, Finance, Audit,
 Medical Appointments
Attendance Rate: 64%



Ron Nicholls
Retired Broker
Commencement Date: 01.11.2005
Current Term Expiry: 30.06.2016
Committees:
 Finance, House
Attendance Rate: 82%



Geoff Hall
Business/Marketing
Commencement Date: 01.11.1994
Current Term Expiry: 30.06.2015
Committees:
 Board Executive, Audit, Finance
Attendance Rate: 82%



Lorraine Learmonth
Councilor of Gannawarra Shire
Commencement Date: 01.02.2010
Current Term Expiry: 30.06.2015
Committees:
 Finance, House, Quality
 Improvement
Attendance: 82%



Ron Stanton
Insurance Owner
Commencement Date: 01.01.2000
Current Term Expiry: 30.06.2014
Committees:
 Board Executive, Finance
Attendance Rate: 64%



Bernice Mackenzie
Business Manager
Commencement Date: 01.07.2008
Current Term Expiry: 30.06.2016
Committees:
 Board Executive, Finance, House
Attendance Rate: 64%



George Payne
Retired Engineer
Commencement Date: 01.03.1999
Current Term Expiry: 30.06.2014
Committees:
 Audit, Finance, House, Medical
 Appointments, Quality
 Improvement
Attendance Rate: 100%



Kim Hore
Relief Secondary School Teacher
Commencement Date: 01.11.2008
Current Term Expiry: 30.06.2013
Committees:
 House, Finance
Attendance Rate: 64%



Della McGraw
Retired Self Employed
Commencement Date: 01.11.2004
Current Term Expiry: 30.06.2016
Committees:
 Medical Appointments, Finance,
 House, Quality Improvement
Attendance Rate: 91%

Board Sub-Committees

• *Board Executive*

The purpose of the Board Executive is to act on behalf of the Board in between Board meetings and make decisions where required. The Committee does not have the Board's power of delegation. All policy related decisions must be referred to the next Board meeting. Membership includes the Board President, Junior and Senior Vice President, the Treasurer and the Chief Executive Officer or his/her nominee. Not less than three members constitutes a quorum and the Committee will only meet when required.

• *Finance Committee*

The Finance Committee assists the Board to fulfil its duties relating to the financial management of the Hospital and regularly advises the Board about the financial position of the Hospital and major projects. It reviews the annual operating and capital budgets and makes recommendations on financial policy. The Committee meets monthly.

• *Audit Committee*

The purpose of the Audit Committee is to ensure the integrity of financial reports and review the Hospital's process for monitoring compliance with laws, regulation, internal standards, policies, best practice guidelines and expectations of relevant authorities, patients, employees and the community. The audit committee is also responsible for reviewing the Hospital's internal control and risk management system. The Committee meets quarterly with representation from internal auditors Accounting & Audit Solutions Bendigo in attendance. There are three independent members.

• *House Committee*

The role of the House Committee is to provide the Board with appropriate, timely information and recommendations to ensure the Hospital's physical resources and hotel services, (Catering and Domestic Services), are appropriately managed. The Committee meets quarterly.

• *Executive Working Group*

The Executive Working Groups' role is to co-ordinate, facilitate, develop and review Hospital processes and policies. The Committee will meet at least ten times per year.

• *Occupational Health & Safety, Equipment & Environment Committee*

The role of the Occupational Health & Safety, Equipment & Environment Committee is to provide and maintain, so far as is practicable, a working environment that is safe and without risks to health for staff, patients, residents and visitors. The Committee shall consist of an equal number of Management and Employee representatives and shall meet monthly except for the month of January.

• *Department Heads & Quality Improvement Committee*

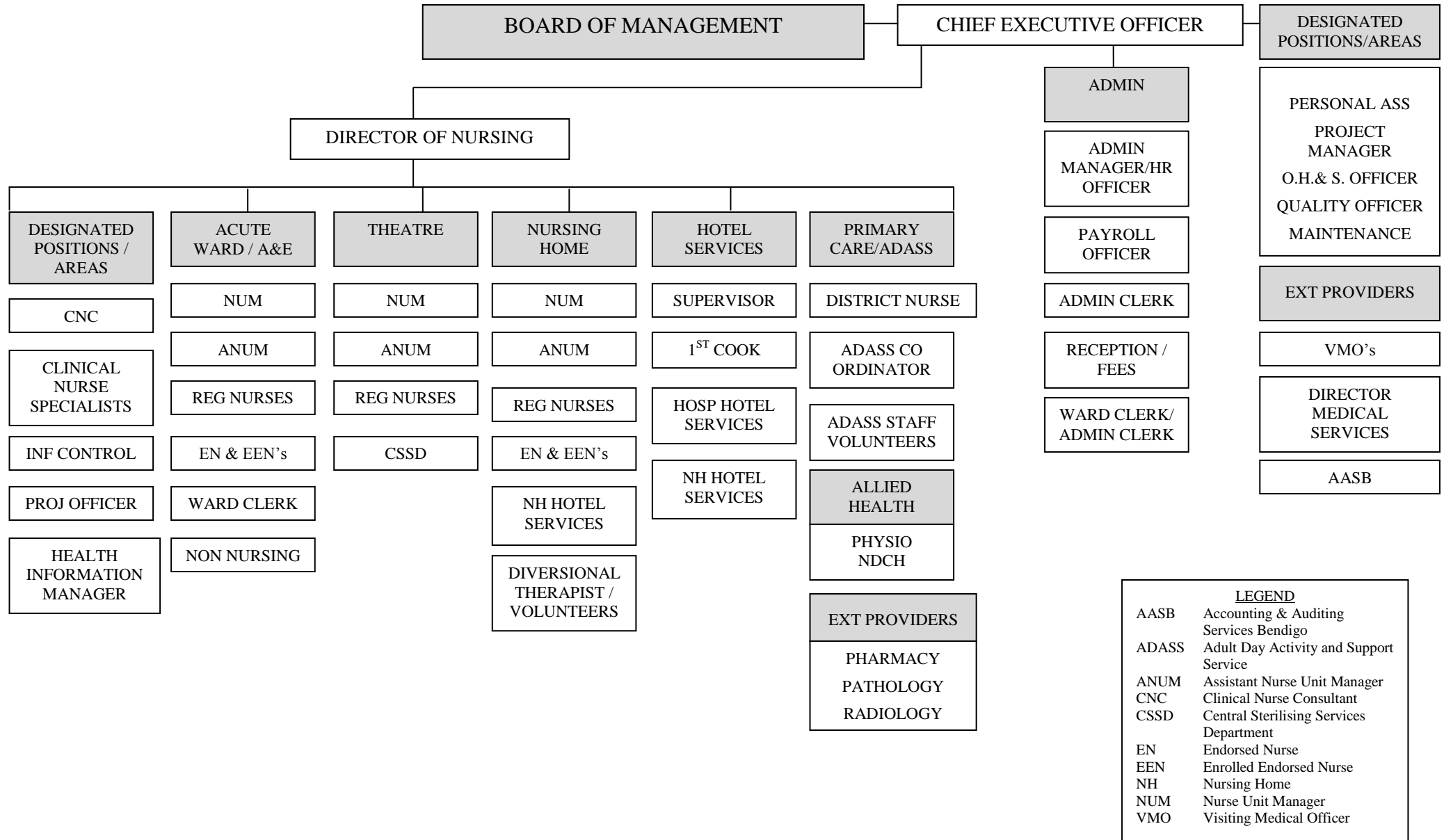
The role of the Department Heads & Quality Improvement Committee is to:

- ❖ promote communication between departments, staff members and Board of Management
- ❖ promote a culture of continuous quality improvement throughout the Hospital, whereby evaluation of service quality, customer satisfaction and efficiency is routinely performed, in pursuit of best practice levels of care and service delivery
- ❖ to co-ordinate all corporate and support continuous quality activities
- ❖ provide an opportunity for department heads to be involved in the Hospital's policies and decision making processes

• *Community Consultation Forum*

The role of the Community Consultation Forum is to enhance and strengthen partnerships between the health service and the local communities. Establishment of the Community Consultation Forum (CCF) represents a commitment to effective community consultation. Membership of the Forums has been sought from Cohuna, Leitchville, Mead, Gannawarra and Gunbower with strong community networks, which are familiar with CDH and are interested in contributing to the overall management and direction of the health service. Meetings of the forum are held at least twice per year.

ORGANISATIONAL STRUCTURE



STAFF & KEY PERSONNEL 2012/2013

Chief Executive Officer	Mr. R.J. Bulmer, MBA, BHA, FACHSM.
Director of Nursing	Mrs. A.E. Graham, R.N Div 1, R.M, B.A.N
Clinical Nurse Consultant	Mrs. E. Lake, R.N, R.M
Charge Nurse Hospital	Mrs. J. Gordon, R.N, R.M
Charge Nurse Nursing Home	Mrs. A. Harrison, R.N
Charge Nurse Theatre	Mrs. K. Storm, R.N
District Nurse	Mrs. P. Lake, R.N
Infection Control	Ms. J. Searles, R.N
Risk Project Manager	Mr. R. Penny, BHA, Grad Dip IR, MCom, FACHSM, FAIM
O H & S Manager	Mrs. S. Gundry
Quality Manager	Mrs. J. Moore R.N, R.M
Health Information Manager	Ms. J. Webster (Echuca Regional Health Service)
Administration	Mrs Sarah McKinley (Administration Manager/HR Officer) Miss Linda Hooper Miss Helen Cramer Mrs Caren Coates Miss Caitlin Taylor-Irvin Mrs Cara van der Zande
Diversional Therapy	Mrs Jacinta Coyle
Maintenance	Mr Bruce Bird Mr Graeme Tooley (Relieves)
A.D.A.S.S.	Mrs Wendy Pegus Mrs Judith Toll Mrs Edna Toma Mrs Lorraine Taylor Mr Leigh Turvey
Radiology	Mrs. K. Bradley (Bendigo Radiology)
Visiting Medical Officers	Dr. P.G. Barker, M.B, B.S, Dip RACOG, FRACGP Dr. C. Bottcher, M.B, B.S, FRACGP, Dr. M. Bashour, M.D, (Aleppo 1976) Dr. D. Andrew, M.B, B.S, (Melbourne 1968) Dr. A.S.J. Sheaar, M.D, (Iran 1995) Dr. A. Mehrvarz, M.D, (Iran 2005) Dr. N. Rana, M.B, B.S, (Bangladesh 2006)
Visiting Dental Officer	Dr. G. Gin, B.D. Sc. (Melb.) L.D.S.
Visiting Specialist Consultants	Mr. H. D. Williams M.B, B.S, FRACS Mr. G. Dennerstein, M.B, B.S, FRANZCOG, FRACOG Mr. P. Moore, M.B, B.S, FRACS Mr. S. Tellambura, M.B, B.S, FRACS (to March 2013)
Consultant Medical Director	Dr. P. Francis, M.B, B.S, (Melb 1960)

STAFF**REGISTERED NURSE**

Anne Alden
 Hayley Bell
 Jem Boyd
 Jennifer Brereton
 Jenny Carlin
 Melanie Church
 Glenda Crichton
 Paul Donat
 Sheree Edge
 Julie Ferguson
 Wendy Fletcher
 Deanne Ford
 Tanna Francis-Staite
 Janette Gordon
 Anne Harrison
 Leonie Holderhead
 Sarah Hughes
 Rachel Jenkinson
 Wendy Keath
 Helen Keely
 Kerry Kennedy
 Deanna Lahn-Opie
 Elizabeth Lake
 Phyllis Lake
 Sally McCahon
 Nathan McGann
 Karen Millsom-Ryan
 Jill Moore
 Angela Nuss
 Sharyn O'Brien
 Sharon Pearson

Marion Richardson
 Judith Searles
 Brooke Southern
 Heather Spence
 Karyn Storm
 Julie-Anne Taylor
 Kellie Taylor
 Betty Thompson
 Cheryl Tierny
 Christine Trevena
 Kaye Tuohey
 Ebony Van Dongen
 Narelle Weekley

ENROLLED NURSE

Cherrie Aitken
 Greta Donat
 Margaret Donehue
 Robyn Gladman
 Noelene Hawken
 Corale Jones
 Judy Martin
 Julie McGlone
 Isobel McKnight
 Lesley Roberts

ENDORSED ENROLLED NURSE

Sherryn Bond
 Narelle Dehne
 Debbie Dingwall
 Clifford Dwyer

Susan Holt
 Andrea Hore
 Wendy McInnes
 Daniella Mathers
 Helen Morris
 Debra Munzel
 Shaan Myers
 Janette Thompson

DOMESTIC

Delise Borden
 Christine Dehne
 Gabriel Dunne
 Robyn Dye
 Anne Evans
 Nicole Fitzpatrick
 Michelle Gladman
 Erika Gramms
 Kaye Holmes
 Shannon Ketterer
 Jan Lambert
 Nanette Leeder
 Mandy Lyons
 Bev Miller
 Cherie Overend
 Jeanette Robinson
 Maxine Rush
 Charmaine Ryan
 Nesta Simmons
 Teena Verhey
 Amber Walkington
 Zoe Webb
 Lauren Williams

WORKFORCE STATISTICS

Labour Category	JUNE		JUNE	
	Current Month FTE		YTD FTE	
	2013	2012	2013	2012
Admin/SMTCP/Quality	9.88	11.17	10.32	10.67
Nursing	40.99	40.07	40.45	39.89
Domestic/Maint/ADASS	14.51	15.05	14.95	15.65
	65.38	66.29	65.72	66.21

The Health Service has policies and employment practices complying with applicable laws and standards and promotes a culture of fair and ethical behavior.

STATUTORY REPORTING REQUIREMENTS

Under Section 8(1)(c) of the Annual Reporting (Contributed Income Sector) Regulations 1988 - the Hospital is required to disclose certain information in relation to the background, activities and performance in this Annual Report.

Health Services Act

The function of the Cohuna District Hospital is regulated by the Health Services Act 1988. The purpose of this Act is to make provision for the development of health services in Victoria, for the continuation of hospitals, nursing homes and other health care agencies.

Fees and Charges

The Hospital charges fees in accordance with directives issued by the Department of Health and the Commonwealth Department of Health and Ageing.

Freedom of Information

In accordance with the Freedom of Information Act 1982, the Chief Executive Officer has been appointed as Freedom of Information Officer and requests for information are to be processed in accordance with the legislation. During 2012/2013 there were 16 formal requests processed.

Competitive Neutrality

The Cohuna District Hospital is committed to the objectives of the National Competition Policy and as a Government funded agency we have complied with the business activities required under this policy.

Pecuniary Interests

Members of the Board of Management and Senior Management are required to lodge declarations of pecuniary interest. The By-laws state any member of the Board who has a direct or indirect material financial interest in any matter brought before the Board for discussion shall disclose that interest forthwith to the other Board members and shall not be present during discussion on the matter or entitled to vote on the matter.

Publications

Cohuna District Hospital produces the following publications dealing with functions and activities of the Hospital and are available by contacting the Chief Executive Officer.

Annual Report	Patient Information Package
By-Laws	Strategic Plan
Quality of Care Report	Statement of Priorities
Needs Analysis and Service Plan – Stage 1	

Complaints

In accordance with the Health Services Act 1988, the Hospital is required to deal with any official complaint. The Director of Nursing is the appointed officer. During 2012/2013 there was four formal complaint processed.

Occupational Health, Safety & Environment

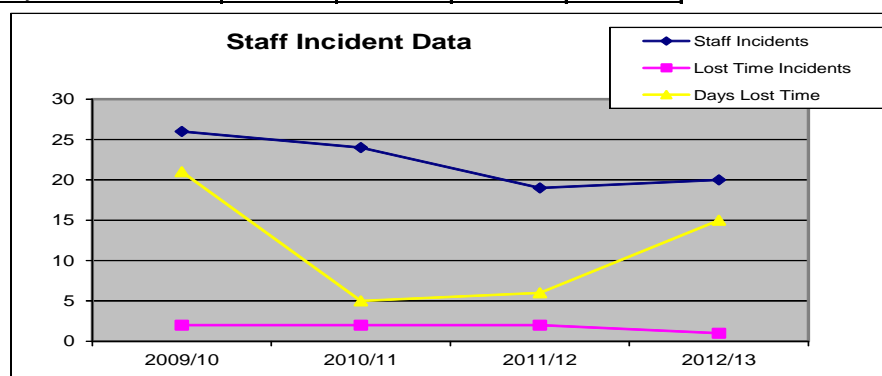
The Cohuna District Hospital is committed to providing a safe environment for staff, clients, contractors and visitors. The Hospital has an active Occupational Health and Safety, Equipment and Environment Committee which meets monthly and monitors the OH&S system to ensure compliance with the Occupational Health and Safety Act 2004 (Vic).

Achievements:

- Continued low cost workcover claims history reflected in the declining cost of Workcover Premiums over the previous four financial years.
- Work Health checks again offered to staff and a total of 57 staff participating in the program.
- Occupational Health and Safety Compliance Plan for 2013-2016 developed and approved.
- Trial Training day conducted to provide several staff sessions on Emergency Management, Fire and Evacuation, Elder Abuse, Basic Life Support and No Lift. A total of 79 staff participated in this day.
- Fire Safety Re-Audit conducted by ARUP in 2012. A total of 18 recommendations of which 10 have been fully addressed.
- Development of Flood Emergency Management Plan.
- Victorian Public Healthcare Services Waste Reporting Tool implemented with improved collection and reporting of waste data.

Staff Incident Data:

	2009/10	2010/11	2011/12	2012/13
Staff Incidents	26	24	19	20
Lost Time Incidents	2	2	2	1
Days Lost Time	21	5	6	15

**Consultants Engaged***Details of individual consultancies*

Consultant	Purpose of Consultant	Start Date	End Date	Total approved project fee (excluding GST)	Expenditure 2011-12 (excluding GST)	Future expenditure (excluding GST)
VHIA	Administrative Services and Human Resources Management Review	01/07/12	30/06/13	17,433	17,433	NIL

In 2012-13, Cohuna District Hospital engaged three other consultants where the total fees payable to these consultants were less than \$10,000, with a total expenditure of \$5,938.

Industrial Relations

Industrial Relations within the Health Service have been harmonious and no time was lost due to industrial action.

Overseas Visits

No overseas visits have been undertaken on behalf of the Hospital by either members of the Board or any paid member of staff.

Equal Employment Opportunity

The Public Authorities (Equal Employment Opportunity) Act 1990 requires health services to provide equal employment opportunity, regardless of status (i.e. sex, marital status, disability, religion or race). The Hospital supports the principles embodied in the legislation and recognises that initiatives to eliminate discrimination and promote equal employment opportunity, in the health field, is dependent on commitment from management.

It is Hospital policy to provide equality in employment for all employed people or those seeking employment. Every person must be given a fair and equitable chance to compete for appointment, promotion and to pursue their career as effectively as others.

Building & Maintenance Compliance

Cohuna District Hospital complies with the Building Act 1993 under the guidelines for publicly owned buildings issued by the Minister for Finance 1994 in all redevelopment and maintenance issues.

Victorian Industry Participation Policy Disclosure

Cohuna District Hospital let no contracts of \$1 million or over in 2012/2013 and therefore no VIPP disclosure is required.

Summary of Major Changes or Factors, which have affected the Achievement of the Operational Objectives for the Year.

There were no major changes or factors, which affected the achievement of the Hospital's operational objectives during 2012/13.

Research Activities

There were no research activities undertaken by the Hospital during 2012/2013.

Disclosure of ex-gratia payment

There were no ex-gratia payments made to or by the Hospital during 2012/2013.

Subsequent Events

There have been no events subsequent to balance date affecting the operations of the Hospital.

Significant Changes in Financial Position

There were no significant changes in financial position during 2012/2013.

Other Information

Other relevant information in relation to the financial year is retained by the accountable officer and made available to the relevant Minister, Member of Parliament and the Public on request.

COMPLIANCE DISCLOSURE INDEX

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

Legislation Requirement	Page Reference
Ministerial Directions	
Report of Operations	
Charter and purpose	
FRD 22C Manner of establishment and the relevant Ministers	2-3
FRD 22C Objectives, functions, powers and duties	2
FRD 22C Nature and range of services provided	3
Management and structure	
FRD 22C Organisational structure	22
Financial and other information	
FRD 10 Disclosure index	28-30
FRD 11 Disclosure of ex-gratia payments	AFS & 27
FRD 15B Executive officer disclosures	AFS
FRD 21B Responsible person and executive officer disclosures	AFS
FRD 22C Application and operation of <i>Freedom of Information Act 1982</i>	25
FRD 22C Compliance with building and maintenance provisions of <i>Building Act 1993</i>	27
FRD 22C Details of consultancies over \$10,000	26
FRD 22C Details of consultancies under \$10,000	26
FRD 22C Major changes or factors affecting performance	27
FRD 22C Occupational health and safety	25
FRD 22C Operational and budgetary objectives and performance against objectives	27
FRD 22C Significant changes in financial position during the year	AFS & 27
FRD 22C Statement of availability of other information	27
FRD 22C Statement on National Competition Policy	25
FRD 22C Subsequent events	27
FRD 22C Summary of the financial results for the year	AFS
FRD 22C Workforce Data Disclosures including a statement on the application of employment and conduct principles	26
FRD 25A Victorian Industry Participation Policy disclosures	27
SD 4.2(j) Sign off requirements	11
SD 3.4.13 Attestation on Data Integrity	17
SD 4.5.5.1 Attestation on Data Insurance	17
SD 4.5.5 Attestation on Compliance with Australian/New Zealand Risk Management Standard	17

Legislation	Requirement	Page Reference
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Financial Statements

Financial statements required under Part 7 of the Financial Management Act 1994

SD 4.2(a)	Statement of Changes in Equity	AFS
SD 4.2(b)	Operating Statement	AFS
SD 4.2(b)	Balance Sheet	AFS
SD 4.2(b)	Cash Flow Statement	AFS

Other requirements under Standing Directions 4.2

SD 4.2(a)	Compliance with Australian accounting standards and other authoritative pronouncements	AFS
SD 4.2(c)	Accountable officer's declaration	AFS
SD 4.2(c)	Compliance with Ministerial Directions	AFS
SD 4.2(d)	Rounding of amounts	AFS

Legislation

Freedom of Information Act 1982	25
Victorian Industry Participation Policy Act 2003	27
Building Act 1993	27
Financial Management Act 1994	11

AFS = Audited Financial Statements

ADDITIONAL INFORMATION (FRD 22C APPENDIX)

In compliance with the requirements of FRD 22C *Standard Disclosures in the Report of Operations*, details in respect of the items listed below have been retained by Cohuna District Hospital and are available to the relevant Ministers, Members of Parliament and the public on request (subject to the freedom of information requirements, if applicable):

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

ACKNOWLEDGMENTS

Auditors:

Auditor General Victoria
Richmond, Sinnott & Delahunty Chartered Accountants

Accountants:

Accounting & Audit Solutions Bendigo (AASB)

Banker:

ANZ Bank
Bendigo Bank
Westpac Bank

Honorary Solicitor:

Embleton & Associates (Cohuna)

Life Governors:

Mr Ken Mawson, Mr Alan Fry, Mr Eric Bruce Lunghusen, Mr Graeme Hill, Mrs Val Rowlands, Mr Graeme Smith, Mr Graham Munzel, Dr. Peter Barker, Mrs Roma Dye and Mr Alan Rickey.

Internal Auditor

Accounting & Audit Solutions Bendigo (AASB)

Audit Committee

Community Representation

Bryan Main

Blake Pitson

Sue Woods

Board of Management

Lois Drummond

Cameron Hodge

George Payne

Geoff Hall

Ron Stanton

Auditors - AASB

David Pell

Tim Tuena/Brad Dowsey

YOUR BEQUEST TO THE COHUNA DISTRICT HOSPITAL

A bequest in your will to the Cohuna District Hospital is a positive gesture of acknowledgement for the future.

It is a guarantee that a nominated part of your estate will directly benefit the future health needs of the district.

If you choose to make a Bequest to the Cohuna District Hospital it is important that you contact your Solicitor to enable your act of generosity to be properly incorporated into your existing will.

It is also possible to bequeath assets other than cash, such as property. You may also nominate the area or types of use for your bequest i.e. surgical, midwifery, equipment etc.

A bequest to the Cohuna District Hospital is an expression of your gratitude and a guarantee of a perpetual memory in a most worthy dedicated local institution.

Thank you on behalf of the Cohuna District Community.



2012/2013
FINANCIAL STATEMENTS

Appendix 1
Financial Overview

COHUNA DISTRICT HOSPITAL


**BOARD MEMBER'S, ACCOUNTABLE OFFICER'S AND
CHIEF FINANCE & ACCOUNTING OFFICER'S DECLARATION**

We certify that the attached financial statements for Cohuna District Hospital and the Consolidated Entity have been prepared in accordance with Standing Direction 4.2 of the Financial Management Act 1994, *applicable Financial Reporting Directions, Australian Accounting Standards, including Interpretations* and other mandatory professional reporting requirements.

We further state that, in our opinion, the information set out in the Comprehensive Operating Statement, Balance Sheet, Statement of Changes in Equity, Cash Flow Statement, and accompanying notes forming part of the financial statements, presents fairly the financial transactions during the year ended 30 June 2013 and financial position of Cohuna District Hospital and the Consolidated Entity 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.



Lois Drummond
Board Member

Cohuna

22nd August 2013



Robert Bulmer
Chief Executive Officer/
Chief Finance & Accounting Officer

Cohuna

22nd August 2013



Victorian Auditor-General's Office

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INDEPENDENT AUDITOR'S REPORT

To the Board Members, Cohuna District Hospital

The Financial Report

The accompanying financial report for the year ended 30 June 2013 of Cohuna District Hospital 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 financial report includes the consolidated financial statements of the economic entity, comprising Cohuna District Hospital and the entities it controlled at the year's end as disclosed in note 24 to the financial statements.

The Board Members' Responsibility for the Financial Report

The Board Members of Cohuna District Hospital are responsible for the preparation and the 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 judgment, 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 Cohuna District Hospital and the consolidated 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.

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 Cohuna District Hospital and the economic entity as at 30 June 2013 and of their financial performance and 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 Cohuna District Hospital for the year ended 30 June 2013 included both in Cohuna District Hospital's annual report and on the website. The Board Members of Cohuna District Hospital are responsible for the integrity of Cohuna District Hospital's website. I have not been engaged to report on the integrity of Cohuna District Hospital'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.

MELBOURNE
23 August 2013


for John Doyle
Auditor-General

**COHUNA DISTRICT HOSPITAL
COMPREHENSIVE OPERATING STATEMENT
FOR THE FINANCIAL YEAR ENDED 30 JUNE 2013**

	Note	Parent Entity 2013 \$	Parent Entity 2012 \$	Consolidated 2013 \$	Consolidated 2012 \$
Revenue from Operating Activities	2	6,259,177	5,737,219	7,925,694	7,419,822
Revenue from Non-Operating Activities	2	56,533	63,718	63,018	63,718
Employee Expenses	3	(3,849,074)	(3,683,732)	(5,475,337)	(5,265,108)
Non Salary Labour Costs	3	(408,190)	(419,178)	(408,190)	(419,178)
Supplies and Consumables	3	(541,151)	(502,226)	(601,516)	(564,964)
Other Expenses	3	(1,373,791)	(1,086,823)	(1,550,948)	(1,279,422)
Net Result Before Capital and Specific Items		143,504	108,978	(47,279)	(45,132)
Capital Purpose Income	2	503,972	513,526	792,972	642,379
Depreciation	4	(472,315)	(466,201)	(611,619)	(606,251)
NET RESULT FOR THE YEAR		175,161	156,303	134,074	(9,004)
COMPREHENSIVE RESULT		175,161	156,303	134,074	(9,004)

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

**COHUNA DISTRICT HOSPITAL
BALANCE SHEET
AS AT 30 JUNE 2013**

	Note	Parent Entity 2013 \$	Parent Entity 2012 \$	Consolidated 2013 \$	Consolidated 2012 \$
Current Assets					
Cash and Cash Equivalents	5	594,935	777,530	606,401	794,311
Receivables	6	1,239,564	885,700	440,066	319,927
Investments and Other Financial Assets	7	750,427	737,888	906,294	893,645
Inventories	8	139,531	119,306	139,531	119,306
Other Assets	9	14,877	9,667	18,308	11,177
Total Current Assets		2,739,334	2,530,091	2,110,600	2,138,366
Non-Current Assets					
Receivables	6	139,645	78,279	309,287	221,621
Property, Plant and Equipment	10	4,679,543	4,714,542	5,587,096	5,494,210
Total Non-Current Assets		4,819,188	4,792,821	5,896,383	5,715,831
TOTAL ASSETS		7,558,522	7,322,912	8,006,983	7,854,197
Current Liabilities					
Payables	11	320,585	235,060	331,570	238,521
Provisions	12	1,230,955	1,138,775	1,613,355	1,576,934
Other Liabilities	14	35,563	128,921	47,029	145,702
Total Current Liabilities		1,587,103	1,502,756	1,991,954	1,961,157
Non-Current Liabilities					
Provisions	12	77,390	101,288	114,026	126,111
Total Non-Current Liabilities		77,390	101,288	114,026	126,111
TOTAL LIABILITIES		1,664,493	1,604,044	2,105,980	2,087,268
NET ASSETS		5,894,029	5,718,868	5,901,003	5,766,929
EQUITY					
Property, Plant and Equipment Revaluation Surplus	15a	3,136,773	3,136,773	3,879,579	3,879,579
Contributed Capital	15b	2,688,390	2,688,390	2,688,390	2,688,390
Accumulated Surpluses/(Deficits)	15c	68,866	(106,295)	(666,966)	(801,040)
TOTAL EQUITY		5,894,029	5,718,868	5,901,003	5,766,929
Commitments	18				
Contingent Assets and Contingent Liabilities	19				

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

**COHUNA DISTRICT HOSPITAL
STATEMENT OF CHANGES IN EQUITY
FOR THE FINANCIAL YEAR ENDED 30 JUNE 2013**

Consolidated		Property, Plant and Equipment Revaluation Surplus	Contributions by Owners	Accumulated Surpluses/ (Deficits)	Total
	Note	\$	\$	\$	\$
Balance at 1 July 2011		3,879,579	2,688,390	(792,036)	5,775,933
Net result for the year		0	0	(9,004)	(9,004)
Balance at 30 June 2012		3,879,579	2,688,390	(801,040)	5,766,929
Net result for the year		0	0	134,074	134,074
Balance at 30 June 2013		3,879,579	2,688,390	(666,966)	5,901,003

Parent		Property, Plant & Equipment Revaluation Surplus	Contributions by Owners	Accumulated Surpluses/ (Deficits)	Total
	Note	\$	\$	\$	\$
Balance at 1 July 2011		3,136,773	2,688,390	(262,598)	5,562,565
Net result for the year		0	0	156,303	156,303
Balance at 30 June 2012		3,136,773	2,688,390	(106,295)	5,718,868
Net result for the year		0	0	175,161	175,161
Balance at 30 June 2013		3,136,773	2,688,390	68,866	5,894,029

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

**COHUNA DISTRICT HOSPITAL
CASH FLOW STATEMENT
FOR THE FINANCIAL YEAR ENDED 30 JUNE 2013**

	Note	Parent Entity 2013 \$	Parent Entity 2012 \$	Consolidated 2013 \$	Consolidated 2012 \$
		Inflows / (Outflows)	Inflows / (Outflows)	Inflows / (Outflows)	Inflows / (Outflows)
CASH FLOWS FROM OPERATING ACTIVITIES					
Operating Grants from Government		5,273,409	4,868,570	6,653,609	6,291,922
Patient and Resident Fees Received		523,865	465,018	834,201	769,329
GST (Paid to)/received from ATO		(8,634)	(8,348)	(8,634)	(8,348)
Interest Received		58,257	77,729	63,624	86,288
Other Receipts		163,127	224,642	206,071	225,154
Total Receipts		6,010,024	5,627,611	7,748,871	7,364,345
Employee Expenses Paid		(3,780,792)	(3,599,639)	(5,451,001)	(5,091,673)
Non Salary Labour Costs		(408,190)	(419,178)	(408,190)	(419,178)
Payments for Supplies and Consumables		(550,793)	(513,876)	(621,741)	(558,171)
Other Payments		(1,153,912)	(983,741)	(1,322,918)	(1,191,162)
Total Payments		(5,893,687)	(5,516,434)	(7,803,850)	(7,260,184)
Cash Generated from Operations		116,337	111,177	(54,979)	104,161
Capital Grants from Government		369,720	214,279	369,720	264,279
Capital Donations and Bequests Received		89,784	289,899	314,084	289,899
NET CASH INFLOW / (OUTFLOW) FROM OPERATING ACTIVITIES	16	575,841	615,355	628,825	658,339
CASH FLOWS FROM INVESTING ACTIVITIES					
Payments for Non-Financial Assets		(461,412)	(436,092)	(728,601)	(526,728)
Proceeds from Sale of Non-Financial Assets		27,649	9,348	27,649	9,348
Purchase of Investments		(12,539)	(14,818)	(12,649)	(15,000)
Cash (Provided to)/Received from Related Entities		(214,315)	(47,834)	0	0
NET CASH OUTFLOW FROM INVESTING ACTIVITIES		(660,617)	(489,396)	(713,601)	(532,380)
NET INCREASE / (DECREASE) IN CASH AND CASH EQUIVALENTS HELD		(84,776)	125,959	(84,776)	125,959
CASH AND CASH EQUIVALENTS AT BEGINNING OF YEAR		538,992	413,033	538,992	413,033
CASH AND CASH EQUIVALENTS AT END OF YEAR	5	454,216	538,992	454,216	538,992

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 Cohuna District Hospital 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 Australian Accounting Standards (AASs), which include interpretations issued by the Australian Accounting Standards Board (AASB). They are presented in a manner consistent with the requirements of AASB 101 *Presentation of Financial Statements*.

The financial statements also comply with relevant Financial Reporting Directions (FRDs) issued by the Department of Treasury 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 AAS's.

The annual financial statements were authorised for issue by the Board of Cohuna District Hospital on:
22nd August, 2013.

(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 revalued amount being their fair value at the date of the revaluation less any subsequent accumulated depreciation and subsequent losses. Revaluations are made and are reassessed with sufficient regularity to ensure that the carrying amounts do not materially differ from their fair values;
- Derivative financial instruments, managed investment schemes, certain debt securities, and investment properties after initial recognition, which are measured at fair value with changes reflected in the comprehensive operating statement (fair value through profit and loss);
- 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); and
- The fair value of assets other than land is generally based on their depreciated replacement value.

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

(b) Basis of accounting preparation and measurement (Continued)

In the application of AASs management is required to make judgements, 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. Judgements 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));
- superannuation expense (refer to Note 1(g)); and
- 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 includes all the controlled activities of Cohuna District Hospital.

Its principal address is:
King George Street
Cohuna, Victoria 3568

A description of the nature of Cohuna District Hospital'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

Cohuna District Hospital's overall objective is to provide quality health care and support services that meets the needs of their community in a safe and friendly environment for all clients and staff, as well as improve the quality of life for all Victorians.

Cohuna District Hospital is predominately funded by accrual based grant funding for the provision of outputs.

(d) Principles of Consolidation

In accordance with AASB 127 *Consolidated and Separate Financial Statements*, the consolidated financial statements of Cohuna District Hospital incorporates the assets and liabilities of all entities controlled by Cohuna District Hospital as at 30 June 2013, and their income and expenses for that part of the reporting period in which control existed. Control exists when Cohuna District Hospital has the power to govern the financial and operating policies of a Health Service so as to obtain benefits from its activities. In assessing control, potential voting rights that presently are exercisable are taken into account. The consolidated financial statements include the audited financial statements of the controlled entities listed in note 24.

Where control of an entity is obtained during the financial period, its results are included in the comprehensive operating statement from the date on which control commenced. Where control ceases during a financial period, the entity's results are included for that part of the period in which control existed. Where dissimilar accounting policies are adopted by entities and their effect is considered material, adjustments are made to ensure consistent policies are adopted in these financial statements.

Bodies consolidated into Cohuna District Hospital reporting entity include:
Cohuna Community Nursing Home Inc.

Intersegment Transactions

Transactions between segments within Cohuna District Hospital have been eliminated to reflect the extent of Cohuna District Hospital's operations as a group.

Associates and joint ventures

Associates and joint ventures are accounted for in accordance with the policy outlined in Note 1(j) Financial Assets.

(d) Principles of Consolidation (Continued)

Jointly controlled assets or operations

Interest in jointly controlled assets or operations are not consolidated by Cohuna District Hospital, but are accounted for in accordance with the policy outlined in Note 1(j) Financial Assets.

Fund Accounting

The Cohuna District Hospital operates on a fund accounting basis and maintains three funds: Operating, Specific Purpose and Capital Funds. Cohuna District Hospital'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 include 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 the Health Service's own activities or local initiatives and/or the Commonwealth.

Comprehensive operating statement

The comprehensive operating statement includes the subtotal entitled 'Net Result Before Capital and Specific Items' to enhance the understanding of the financial performance of Cohuna District Hospital. 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 a 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 and Specific Items' is used by the management of Cohuna District Hospital, 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 and 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;
- * Specific income/expense, comprises the following items, where material:
 - * Voluntary departure packages
 - * Write-down of inventories
 - * Non-current asset revaluation increments/decrements
 - * Non-current assets lost or found
 - * Forgiveness of loans
 - * Reversals of provisions
 - * Voluntary changes in accounting policies (which are not required by an accounting standard
 - * or other authoritative pronouncement of the Australian Accounting Standards Board);
- * Impairment of financial and non-financial assets, includes all impairment losses (and reversal of previous impairment losses), which have been recognised in accordance with note 1 (j);
- * Depreciation as described in note 1 (g);
- * Assets provided or received free of charge, as described in note 1 (f); and
- * Expenditure using capital purpose income, comprises expenditure which either falls below the asset capitalisation threshold, or doesn't 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.

(e) **Scope and presentation of financial statements (Continued)**

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 the 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 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*.

For the cash flow statement presentation purposes, cash and cash equivalents includes bank overdrafts, which are included as current borrowings in the balance sheet.

Rounding

All amounts shown in the financial statements are expressed to the nearest \$1 unless otherwise stated.

Minor discrepancies in tables between totals and sum of components are due to rounding.

Comparative Information

There have been no changes to comparative information which require additional disclosure.

(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 Cohuna District Hospital 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.

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 provision of meals to external users is recognised at the time the invoices are raised.

(f) **Income from transactions (Continued)**

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 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 and the services would have been purchased if not donated.

(g) **Expense recognition**

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

Cost of goods sold

Cost 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.

Defined contribution superannuation plans

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

Defined benefit superannuation plans

The amount charged to the comprehensive operating statement in respect of defined benefit superannuation plans represents the contributions made by the Health Service to the superannuation plans in respect of the services of current Health Service staff during reporting period. Superannuation contributions are made to the plans based on the relevant rules of each plan, and are based upon actuarial advice.

Employees of the Cohuna District Hospital are entitled to receive superannuation benefits and Cohuna District Hospital contributes to both the defined benefit and defined contribution plans. The defined benefit plans provide benefits based on years based on years of service and final average salary.

The name and details of the major employee superannuation funds and contributions made by Cohuna District Hospital are disclosed in Note 13: Superannuation.

Depreciation

All infrastructure assets, buildings, plant and equipment and other non-financial physical assets that have finite useful lives are depreciated (i.e. excludes land assets held for sale, and investment properties). Depreciation 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.

(g) Expense recognition (Continued)
Depreciation (Continued)

Intangible produced assets with finite lives are depreciated as an expense from transactions on a systematic basis over the asset's useful life. 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		
- Structure Shell Building Fabric	45 to 60 years	45 to 60 years
- Site Engineering Services and Central Plant	20 to 30 years	20 to 30 years
Central Plant		
- Fit Out	20 to 30 years	20 to 30 years
- Trunk Reticulated Building Systems	30 to 40 years	30 to 40 years
Plant and Equipment	3 to 7 years	3 to 7 years
Medical Equipment	7 to 10 years	7 to 10 years
Computers and Communication	3 years	3 years
Furniture and Fittings	13 years	13 years
Motor Vehicles	10 years	10 years

Please note: the estimated useful lives, residual values and depreciation method are reviewed at the end of each annual reporting period, and adjustments made where appropriate.

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

Intangible produced assets with finite lives are depreciated as an expense from transactions on a systematic basis over the asset's useful life.

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 service 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 expenses when distributed.

Bad and Doubtful Debts

Refer to note 1 (j) *Impairment of financial assets*.

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 measure 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:

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.

(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 Cohuna District Hospital'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, loans and receivables are measured at amortised cost using the effective interest method, less any impairment.

Loans and receivables category includes cash and deposits (refer to Note 1(j)), term deposits with maturity greater than three months, trade receivables, loans and other receivables, but not statutory receivables.

Available-for-sale financial assets

Available-for-sale financial instrument assets are those designated as available-for-sale or not classified in any other category of financial instrument asset. Such assets are initially recognised at fair value. Subsequent to initial recognition, gains and losses arising from changes in fair value are recognised in 'other comprehensive income' until the investment is disposed of or is determined to be impaired, at which time the cumulative gain or loss previously recognised in equity is included in net result for the period.

Fair value is determined in the manner described in Note 17.

(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.

For cash flow statement presentation purposes, cash and cash equivalents include bank overdrafts, which are included as liabilities on the balance sheet.

Receivables

Receivables consist of:

- Contractual receivables, which includes of mainly debtors in relation to goods and services, loans to third parties, accrued investment income, and finance lease receivables; and
- Statutory receivables, which includes predominantly amounts owing from the Victorian Government and Goods and Services Tax ("GST") input tax credits recoverable.

(j) Assets (Continued)
Receivables (Continued)

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.

Receivables are recognised initially at fair value and subsequently measured at amortised cost, using the effective interest rate method, less any accumulated impairment.

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 debt is recognised when there is objective evidence that an impairment loss has occurred. Bad debts are written off when identified.

Investments and other financial assets

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

Investments are classified in the following categories:

- Financial assets at fair value through profit or loss;
- Held-to-maturity;
- Loans and receivables; and
- Available-for-sale financial assets.

The Cohuna District Hospital classifies its other financial assets between current and non-current assets based on the purpose for which the assets were acquired. Management determines the classification of its other financial assets at initial recognition.

Cohuna District Hospital assesses at each balance sheet date whether a financial asset or group of financial assets is impaired.

All financial assets, except those measured at fair value through profit and loss are subject to annual review for impairment.

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 includes land held for sale and excludes depreciable assets.

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

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

The basis used in assessing loss of service potential for inventories held for distribution include current replacement cost and technical or functional obsolescence. Technical obsolescence occurs when an item still functions for some or all 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.

(j) **Assets (Continued)**

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 restriction 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 depreciated replacement cost because of the short lives of the assets concerned.

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 the 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 Cohuna District Hospital's non-current physical assets were assessed to determine whether revaluation of the non-current physical assets was required. This assessment did not identify any significant movements that would require a revaluation.

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) - 'other comprehensive income'.

(j) Assets (Continued)

Impairment of Non-Financial Assets

Goodwill and intangible assets with indefinite lives (and intangible assets not yet available for use) are tested annually for impairment (as described below) and whenever there is an indication that the asset may be impaired.

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

- inventories;
- financial assets;
- investment properties that are measured at fair value;
- non-current physical assets held for sale; and
- 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 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.

Investments in jointly controlled assets and operations

In respect of any interest in jointly controlled assets, Cohuna District Hospital recognises in the financial statements:

- its share of jointly controlled assets;
- any liabilities that it had incurred;
- its share of liabilities incurred jointly by the joint venture;
- any income earned from the selling or using of its share of the output from the joint venture; and
- any expenses incurred in relation to being an investor in the joint venture.

For jointly controlled operations Cohuna District Hospital recognises:

- the assets that it controls;
- the liabilities that it incurs;
- expenses that it incurs; and
- the share of income that it earns from selling outputs of the joint venture.

Derecognition of financial assets

A financial asset (or, where applicable, a part of a financial asset or part of a group of similar financial assets) is derecognised when:

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

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

(j) Assets (Continued)

Impairment of financial assets

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

Receivables are assessed for bad and doubtful debts on a regular basis. Bad debts considered as written off and allowances for doubtful receivables are expensed. Bad debts written off by mutual consent and the allowance for doubtful debts are classified as 'other comprehensive income' in the net result.

The amount of the allowance is the difference between the financial asset's carrying amount and the present value of estimated future cash flows, discounted at the effective interest rate.

Where the fair value of an investment in an equity instrument at balance date has reduced by 20 percent or more than its cost price or where its fair value has been less than its cost price for a period of 12 or more months, the financial asset is treated as impaired.

In order to determine an appropriate fair value as at 30 June 2013 for its portfolio of financial assets, Cohuna District Hospital obtained a valuation based on the best available advice using an estimated market value through a reputable financial institution.

This value was compared against valuation methodologies provided by the issuer as at 30 June 2013. These methodologies were critiqued and considered to be consistent with standard market valuation techniques.

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

Net Gain/(Loss) on Financial Instruments

Net Gain/(Loss) on financial instruments includes:

- realised and unrealised gains and losses from revaluations of financial instruments that are designated at fair value through profit or loss or loss or held-for-trading;
- Impairment and reversal of impairment for financial instruments at amortised cost; and
- disposals of financial assets and derecognition of financial liabilities.

Revaluations of Financial Instruments at Fair Value

The revaluation gain/(loss) on financial instruments at fair value excludes dividends or interest earned on financial assets.

(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 provision 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.

(k) **Liabilities (Continued)**

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 the Health Service are not expected to be settled within 12 months are recognised in the provision for employee benefits as current liabilities, 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 Cohuna District Hospital does not expect to settle the liability within 12 months because it will not have the unconditional right to defer the settlement of the entitlement should an employee take leave within 12 months.

The components of this current LSL liability are measured at:

- present value - component that Cohuna District Hospital does not expect to settle within 12 months; and
- nominal value - component that Cohuna District Hospital 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, superannuation are recognised separately from the provision for employee benefits.

Superannuation Liabilities

Cohuna District Hospital 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 obligations as they fall due.

(l) **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.

Transfers of net assets arising from administrative restructurings are treated as contributions by owners. Transfers of net liabilities arising from administrative restructures are to go through the comprehensive operating statement.

Property, plant and equipment revaluation surplus

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

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.

(m) **Commitments**

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 goods and services tax ("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.

(n) **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.

(o) **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 it is recognised as part of the cost of acquisition of the asset or as part of the expense.

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

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

(p) **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. Cohuna District Hospital has not and does not intend to adopt these standards early.

(p) AASs issued that are not yet effective (Continued)

Standard / Interpretation	Summary	Applicable for reporting periods beginning on	Impact on Health Service's Annual Statements
AASB 9 <i>Financial Instruments</i>	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 <i>Financial Instruments: Recognition and Measurement</i> (AASB 139 <i>Financial Instruments: Recognition and Measurement</i>).	1 January 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 <i>Consolidated Financial Statements</i>	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 <i>Consolidated Financial Statements - Australian Implementation Guidance for Not-for-Profit Entities</i> 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 January 2014	Not-for-profit entities are not permitted to apply this Standard prior to the mandatory application date. <i>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.</i>
AASB 11 <i>Joint Arrangements</i>	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 January 2014	Not-for-profit entities are not permitted to apply this Standard prior to the mandatory application date. <i>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.</i>

(p) AASBs issued that are not yet effective (Continued)

Standard / Interpretation	Summary	Applicable for reporting periods beginning on	Impact on Health Service's Annual Statements
AASB 12 <i>Disclosure of Interests in Other Entities</i>	This Standard requires disclosure of information that enables users of financial statements to evaluate the nature of, and risks associated with, interests in other entities and the effects of those interests on the financial statements. This Standard replaces the disclosure requirements in AASB 127 <i>Separate Financial Statements</i> and AASB 131 <i>Interests in Joint Ventures</i> . The exposure draft ED 238 proposes to add some implementation guidance to AASB 12, explaining and illustrating the definition of a 'structured entity' from a not-for-profit perspective.	1 January 2014	Not-for-profit entities are not permitted to apply this Standard prior to the mandatory application date. <i>Impacts on the level and nature of the disclosures will be assessed based on the eventual implications arising from AASB 10, AASB 11 and AASB 128 Investments in Associates and Joint Ventures.</i>
AASB 13 <i>Fair Value Measurement</i>	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 Australian accounting standards. 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 January 2013	Disclosure of fair value measurements using unobservable inputs are relatively detailed compared to disclosure for fair value measurements using observable inputs. Consequently, the Standard may increase the disclosures required for assets measured using depreciated replacement cost.
AASB 127 <i>Separate Financial Statements</i>	This revised Standard prescribes the accounting and disclosure requirements for investments in subsidiaries, joint ventures and associates when an entity prepares separate financial statements.	1 January 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 127 in a not-for-profit context. As such, the impact will be assessed after the AASB's deliberation.
AASB 128 <i>Investments in Associates and Joint Ventures</i>	This revised Standard sets out the requirements for the application of the equity method when accounting for investments in associates and joint ventures.	1 January 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, the impact will be assessed after the AASB's deliberation.

(p) AASBs issued that are not yet effective (Continued)

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 reference changes that are expected 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 2011-4 *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 2011-8 *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.*
- 2013-3 *Amendments to AASB 136 - Recoverable Amount Disclosures for Non-Financial Assets.*

(q) Category Groups

Cohuna District Hospital 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.

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 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 hospital's 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, Kooris liaison officers, immunisation and screening services, Drug 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

	Parent						Consolidated					
	HSA	H&CI	H&CI	TOTAL	TOTAL		HSA	H&CI	H&CI	TOTAL	TOTAL	
	2013	2012	2013	2012	2012		2013	2012	2012	2013	2012	
	\$	\$	\$	\$	\$		\$	\$	\$	\$	\$	
Revenue from Operating Activities												
Government Grants	4,627,089	4,696,230	0	0	4,627,089	4,696,230	5,122,339	5,152,126	0	0	5,122,339	5,152,126
- Department of Health	0	0	0	0	0	0	876,915	967,456	0	0	876,915	967,456
- Commonwealth Government	66,844	0	0	0	66,844	0	66,844	0	0	0	66,844	0
- Residential Aged Care Subsidy	332,868	222,772	0	0	332,868	222,772	332,868	222,772	0	0	332,868	222,772
- Health Network Funding Adjustment												
State Government - Other	62,507	34,693	0	0	62,507	34,693	62,507	34,693	0	0	62,507	34,693
Transitional Care Program	97,131	22,375	0	0	97,131	22,375	97,131	22,375	0	0	97,131	22,375
- State												
- Commonwealth												
Total Government Grants	5,185,439	4,976,070	0	0	5,185,439	4,976,070	6,558,604	6,399,422	0	0	6,558,604	6,399,422
Indirect Contributions by Department of Health												
- Insurance	117,714	10,646	0	0	117,714	10,646	117,714	10,646	0	0	117,714	10,646
- Long Service Leave	61,366	9,907	0	0	61,366	9,907	87,666	14,153	0	0	87,666	14,153
Total Indirect Contributions by Department of Health	179,080	20,553	0	0	179,080	20,553	205,380	24,799	0	0	205,380	24,799
Patient and Resident Fees												
- Patient and Resident Fees (refer note 2b)	558,926	417,386	0	0	558,926	417,386	558,926	417,386	0	0	558,926	417,386
- Residential Aged Care (refer note 2b)	0	0	0	0	0	0	245,636	245,986	0	0	245,636	245,986
Total Patient and Resident Fees	558,926	417,386	0	0	558,926	417,386	804,562	663,372	0	0	804,562	663,372
Commercial Activities and Specified Purposes Funds												
Catering	0	0	85,415	89,360	85,415	89,360	0	0	85,415	89,360	85,415	89,360
Property Income	0	0	12,929	9,099	12,929	9,099	0	0	12,929	9,099	12,929	9,099
Interest Income	0	0	0	12,733	0	12,733	0	0	0	21,240	0	21,240
Other	0	0	10,588	43,620	10,588	43,620	0	0	10,588	43,620	10,588	43,620
Total Commercial Activities and Specified Purposes Funds	0	0	108,932	154,812	108,932	154,812	0	0	108,932	163,319	108,932	163,319
Loddon Mallee Rural Health Alliance												
Other Revenue from Operating Activities	106,864	97,326	0	0	106,864	97,326	106,864	97,326	0	0	106,864	97,326
Sub-Total Revenue from Operating Activities	6,150,245	5,582,407	108,932	154,812	6,259,177	5,737,219	7,816,762	7,255,503	108,932	163,319	7,925,694	7,419,822
Revenue from Non-Operating Activities												
Interest and Dividends	56,533	63,718	0	0	56,533	63,718	63,018	63,718	0	0	63,018	63,718
Sub-Total Revenue from Non-Operating Activities	56,533	63,718	0	0	56,533	63,718	63,018	63,718	0	0	63,018	63,718
Revenue from Capital Purpose Income												
State Government Capital Grants	369,720	214,279	0	0	369,720	214,279	369,720	264,279	0	0	369,720	264,279
- Targeted Capital Works and Equipment	44,162	0	0	0	44,162	0	44,162	0	0	0	44,162	0
- Loddon Mallee Rural Health Alliance	0	0	0	0	0	0	64,700	78,853	0	0	64,700	78,853
Residential Accommodation Payments (refer note 2b)	0	0	306	9,348	306	9,348	0	0	306	9,348	306	9,348
Net Gain/(Loss) on Disposal of Non-Financial Assets (refer note 2c)	0	0	89,784	289,899	89,784	289,899	0	0	314,084	289,899	314,084	289,899
Donations and Bequests	413,882	214,279	90,090	299,247	503,972	513,526	478,582	343,132	314,390	299,247	792,972	642,379
Sub-Total Revenue from Capital Purpose Income	6,620,660	5,860,404	199,022	454,059	6,819,682	6,314,463	8,358,362	7,663,353	423,322	462,566	8,781,694	8,125,919
Total Revenue (refer note 2a)												

Indirect contributions by Department of Health: Department of Health makes certain payments on behalf of the Hospital. 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
(Based on the consolidated view of note 2)

	Admitted Patients 2013 \$	Residential Aged Care 2013 \$	Aged Care 2013 \$	Other 2013 \$	TOTAL 2013 \$
Revenue from Services Supported by Health Services Agreement					
Government Grants	4,897,141	1,373,965	287,498	0	6,558,604
Indirect Contributions by Department of Health	170,313	26,300	8,767	0	205,380
Patient and Resident Fees (refer note 2b)	511,327	245,636	47,599	0	804,562
Interest and Dividends	47,761	13,913	1,344	0	63,018
Loddon Mallee Rural Health Alliance	106,864	0	0	0	106,864
Other Revenue from Operating Activities	118,792	22,417	143	0	141,352
Capital Purpose Income (refer note 2)	413,882	64,700	0	0	478,582
Sub-Total Revenue from Services Supported by Health Services Agreement	<u>6,266,080</u>	<u>1,746,931</u>	<u>345,351</u>	<u>0</u>	<u>8,358,362</u>
Revenue from Services Supported by Hospital and Community Initiatives					
Interest and Dividends	0	0	0	0	0
Catering	0	0	0	85,415	85,415
Property Income	0	0	0	12,929	12,929
Other	0	0	0	10,588	10,588
Other Activities					
Capital Purpose Income (refer note 2)	0	0	0	314,390	314,390
Sub-Total Revenue from Services Supported by Hospital and Community Initiatives	<u>0</u>	<u>0</u>	<u>0</u>	<u>423,322</u>	<u>423,322</u>
TOTAL REVENUE	<u>6,266,080</u>	<u>1,746,931</u>	<u>345,351</u>	<u>423,322</u>	<u>8,781,684</u>

Indirect Contributions by Department of Health

Department of Health makes certain payments on behalf of the Hospital. 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
(Based on the consolidated view of note 2)

	Admitted Patients 2012 \$	Residential Aged Care 2012 \$	Aged Care 2012 \$	Other 2012 \$	TOTAL 2012 \$
Revenue from Services Supported by Health Services Agreement					
Government Grants	4,713,437	1,423,352	262,633	0	6,399,422
Indirect Contributions by Department of Health	19,138	4,246	1,415	0	24,799
Patient and Resident Fees (refer note 2b)	374,478	245,986	42,908	0	663,372
Interest and Dividends	48,292	14,067	1,359	0	63,718
Loddon Mallee Rural Health Alliance	97,326	0	0	0	97,326
Other Revenue from Operating Activities	70,941	513	130	0	71,584
Capital Purpose Income (refer note 2)	264,279	78,853	0	0	343,132
Sub-Total Revenue from Services Supported by Health Services Agreement	5,587,891	1,767,017	308,445	0	7,663,353
Revenue from Services Supported by Hospital and Community Initiatives					
Interest and Dividends	0	0	0	21,240	21,240
Catering	0	0	0	89,360	89,360
Property Income	0	0	0	9,099	9,099
Other	0	0	0	43,620	43,620
Other Activities					
Capital Purpose Income (refer note 2)	0	0	0	299,247	299,247
Sub-Total Revenue from Services Supported by Hospital and Community Initiatives	0	0	0	462,566	462,566
TOTAL REVENUE	5,587,891	1,767,017	308,445	462,566	8,125,919

Indirect Contributions by Department of Health

Department of Health makes certain payments on behalf of the Hospital. 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

Patient and Resident Fees	Parent Entity 2013 \$	Parent Entity 2012 \$	Consol'd 2013 \$	Consol'd 2012 \$
Acute				
- Inpatients (*)	511,327	374,478	511,327	374,478
Residential Aged Care				
- Resident Daily Care Fees	0	0	245,636	245,986
Aged Care				
- District Nursing	37,065	32,640	37,065	32,640
- Day Care	10,534	10,268	10,534	10,268
TOTAL PATIENT AND RESIDENT FEES	558,926	417,386	804,562	663,372
Capital Purpose Income:				
Residential Accommodation Payments (**)	0	0	64,700	78,853
TOTAL CAPITAL PURPOSE INCOME	0	0	64,700	78,853

(*) Compensable payments (such as TAC, WIES and DVA throughput) are excluded.

(**) This includes accommodation charges, interest earned on accommodation bonds and retention amount.

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

	Parent Entity 2013 \$	Parent Entity 2012 \$	Consol'd 2013 \$	Consol'd 2012 \$
Proceeds from Disposal of Non Current Assets				
- Land and Buildings	27,649	0	27,649	0
- Motor Vehicles	0	0	0	0
- Plant	0	9,348	0	9,348
Total Proceeds from Disposal of Non-Current Assets	27,649	9,348	27,649	9,348
Less: Written Down Value of Non-Current Assets Disposed				
- Land and Buildings	(27,343)	0	(27,343)	0
- Motor Vehicles	0	0	0	0
- Plant	0	0	0	0
Total Written Down Value of Non-Current Assets Disposed	(27,343)	0	(27,343)	0
NET GAINS/(LOSSES) ON DISPOSAL OF NON-FINANCIAL ASSETS	306	9,348	306	9,348

Note 3: EXPENSES	Parent						Consolidated					
	HSA	HSA	H&CI	H&CI	TOTAL	TOTAL	HSA	HSA	H&CI	H&CI	TOTAL	TOTAL
	2013	2012	2013	2012	2012	2013	2013	2012	2012	2013	2012	2012
Employee Expenses												
Salaries and Wages	3,184,208	3,092,323	144,698	157,247	3,249,570	3,249,570	4,611,607	4,492,825	144,698	157,247	4,756,305	4,650,072
Work Cover Premium	28,826	27,453	1,855	2,070	30,681	29,523	42,279	40,106	1,855	2,070	44,134	42,176
Long Service Leave	142,949	72,555	1,514	2,894	144,463	75,449	194,802	110,669	1,514	2,894	196,316	113,563
Superannuation	336,187	319,876	8,837	9,314	345,024	329,190	489,745	449,983	8,837	9,314	478,582	459,297
Total Employee Expenses	3,692,170	3,512,207	156,904	171,525	3,663,732	3,649,074	5,318,433	5,093,583	156,904	171,525	5,475,337	5,265,108
Non Salary Labour Costs												
Fee for Visiting Medical Officers	408,190	419,178	0	0	419,178	419,178	408,190	419,178	0	0	408,190	419,178
Total Non Salary Labour Costs	408,190	419,178	0	0	419,178	419,178	408,190	419,178	0	0	408,190	419,178
Supplies and Consumables												
Drug Supplies	87,727	90,283	0	0	90,283	90,283	87,727	90,283	0	0	87,727	90,283
Medical, Surgical Supplies and Prosthesis	162,566	188,445	0	0	188,445	188,445	177,432	203,468	0	0	177,432	203,468
Pathology Supplies	27,486	31,370	0	0	31,370	31,370	27,486	31,370	0	0	27,486	31,370
Special Services	132,395	63,090	0	0	63,090	63,090	136,213	68,241	0	0	136,213	68,241
Food Supplies	106,841	103,108	24,136	25,930	129,038	130,977	148,522	145,672	24,136	25,930	172,658	171,602
Total Supplies and Consumables	517,015	476,296	24,136	25,930	502,226	541,151	577,380	539,034	24,136	25,930	601,516	564,964
Other Expenses from Continuing Operations												
Domestic Services and Supplies	116,420	120,164	0	146	120,310	116,420	155,027	164,060	0	146	155,027	164,206
Fuel, Light, Power and Water	70,295	56,954	3,000	3,516	60,470	73,295	105,022	82,838	3,000	3,516	108,022	86,354
Insurance costs funded by the Department of Health	123,747	10,646	0	0	10,646	123,747	123,747	10,646	0	0	123,747	10,646
Motor Vehicle Expenses	10,416	8,257	22,360	13,891	22,148	32,776	10,416	9,494	22,360	13,891	32,776	23,385
Repairs and Maintenance	152,025	110,865	522	5,148	116,013	152,547	159,015	141,656	522	5,148	159,537	146,804
Patient Transport	114,069	65,106	0	0	65,106	114,069	114,069	65,106	0	0	114,069	65,106
Loddon Mallee Rural Health Alliance	193,684	167,725	0	0	167,725	193,684	193,684	167,725	0	0	193,684	167,725
Administrative Expenses	343,651	370,689	196,759	134,950	505,639	540,410	430,192	458,023	196,759	134,950	626,951	592,973
Audit Fees	13,700	13,150	0	0	13,150	13,700	16,650	15,950	0	0	16,650	15,950
- VAGO - Audit of Financial Statements	13,143	5,616	0	0	5,616	13,143	20,485	6,273	0	0	20,485	6,273
- Other	1,151,150	929,172	222,641	157,651	1,086,823	1,373,791	1,328,307	1,121,771	222,641	157,651	1,550,948	1,279,422
Total Other Expenses from Continuing Operations												
Expenditure using Capital Purpose Income												
Loddon Mallee Rural Health Alliance	0	0	0	0	0	0	0	0	0	0	0	0
Total Expenditure using Capital Purpose Income												
Depreciation	472,315	466,201	0	0	466,201	472,315	611,619	606,251	0	0	611,619	606,251
TOTAL EXPENSES	6,240,840	5,803,054	403,681	355,106	6,158,160	6,644,521	8,243,929	7,779,817	403,681	355,106	8,647,610	8,134,923

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

Note 3a: ANALYSIS OF EXPENSE BY SOURCE (Based on the consolidated view of Note 3)	Admitted Patients	Residential Aged Care	Aged Care	Other	TOTAL
	\$	\$	\$	\$	\$
Services Supported by Health Service Agreement					
Employee Expenses	3,427,598	1,626,211	264,624	0	5,318,433
Non Salary Labour Costs	408,190	0	0	0	408,190
Supplies and Consumables	515,769	60,364	1,247	0	577,380
Other Expenses	1,104,266	177,157	46,884	0	1,328,307
Sub-Total Expenses from Services Supported by Health Services Agreement	5,455,823	1,863,732	312,755	0	7,632,310
Services Supported by Hospital and Community Initiatives					
Employee Expenses	0	0	0	156,904	156,904
Supplies and Consumables	0	0	0	24,136	24,136
Other Expenses	0	0	0	222,641	222,641
Sub-Total Expense from Services Supported by Hospital and Community Initiatives	0	0	0	403,681	403,681
Depreciation (refer note 4)	0	0	0	611,619	611,619
Sub-total Expenditure from Services supported by Health Services Agreement and by Hospital and Community Initiatives	0	0	0	611,619	611,619
TOTAL EXPENSES	5,455,823	1,863,732	312,755	1,015,300	8,647,610

Note 3a: ANALYSIS OF EXPENSE BY SOURCE (Based on the consolidated view of Note 3)	Admitted Patients 2012	Residential Aged Care 2012	Aged Care 2012	Other 2012	TOTAL 2012
Services Supported by Health Service Agreement					
Employee Expenses	3,257,498	1,581,376	254,709	0	5,093,583
Non Salary Labour Costs	419,178	0	0	0	419,178
Supplies and Consumables	474,330	62,738	1,966	0	539,034
Other Expenses	879,942	192,600	49,229	0	1,121,771
Sub-Total Expenses from Services Supported by Health Services Agreement	5,030,948	1,836,714	305,904	0	7,173,566
Services Supported by Hospital and Community Initiatives					
Employee Expenses	0	0	0	171,525	171,525
Supplies and Consumables	0	0	0	25,930	25,930
Other Expenses	0	0	0	157,651	157,651
Sub-Total Expense from Services Supported by Hospital and Community Initiatives	0	0	0	355,106	355,106
Expenditure using Capital Purpose Income					
Loddon Mallee Rural Health Alliance	0	0	0	0	0
Total Expenditure using Capital Purpose Income	0	0	0	0	0
Depreciation (refer note 4)	0	0	0	606,251	606,251
Sub-total Expenditure from Services supported by Health Services Agreement and by Hospital and Community Initiatives	0	0	0	606,251	606,251
TOTAL EXPENSES	5,030,948	1,836,714	305,904	961,357	8,134,923

NOTE 3b: ANALYSIS OF EXPENSES BY INTERNAL AND RESTRICTED SPECIFIC PURPOSE FUNDS FOR SERVICES SUPPORTED BY HOSPITAL AND COMMUNITY INITIATIVES

	Parent Entity 2013 \$	Parent Entity 2012 \$	Consol'd 2013 \$	Consol'd 2012 \$
Provision of Meals	73,233	81,257	73,233	81,257
SMTCP and GNETS	330,448	273,849	330,448	273,849
TOTAL	403,681	355,106	403,681	355,106

The Southern Mallee Transport Connections Partnership's (SMTCP) role is to better coordinate existing transport services and/or to develop innovative transport solutions for the sub-region.

The Gannawarra Non-Emergency Transport Service (GNETS) provides door-to-door long distance transport for people living in the Gannawarra Shire and surrounding areas, so that they may attend medical appointments in regional and city areas.

NOTE 4: DEPRECIATION

	Parent Entity 2013 \$	Parent Entity 2012 \$	Consol'd 2013 \$	Consol'd 2012 \$
Depreciation				
Buildings	336,035	334,336	460,735	457,596
Plant and Equipment				
- Plant	36,729	30,494	41,835	35,949
- Medical Equipment	59,185	58,878	59,331	58,804
- Motor Vehicles	12,480	12,354	12,480	12,354
- Furniture and Fittings	24,368	25,154	33,720	36,563
Loddon Mallee Rural Health Alliance	3,518	4,985	3,518	4,985
TOTAL DEPRECIATION	472,315	466,201	611,619	606,251

NOTE 5: 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.

	Parent Entity 2013 \$	Parent Entity 2012 \$	Consol'd 2013 \$	Consol'd 2012 \$
Cash on Hand	240	240	240	240
Cash at Bank	489,539	667,673	501,005	684,454
Cash at Loddon Mallee Rural Health Alliance	105,156	109,617	105,156	109,617
TOTAL CASH AND CASH EQUIVALENTS	594,935	777,530	606,401	794,311

Represented by:

Cash for Health Service Operations (as per cash flow statement)	454,216	538,992	454,216	538,992
Cash for Loddon Mallee Rural Health Alliance	105,156	109,617	105,156	109,617
Cash for Monies Held in Trust				
- Cash at Bank	35,563	128,921	47,029	145,702
TOTAL CASH AND CASH EQUIVALENTS	594,935	777,530	606,401	794,311

NOTE 6: RECEIVABLES

	Parent Entity 2013 \$	Parent Entity 2012 \$	Consol'd 2013 \$	Consol'd 2012 \$
CURRENT				
Contractual				
Trade Debtors	169,484	98,003	169,484	98,003
Patient Fees	97,523	62,462	97,523	62,462
Accrued Investment Income	6,042	7,766	7,160	7,766
Accrued Revenue - Other	0	6,740	0	27,268
Loddon Mallee Rural Health Alliance Receivables	55,141	9,695	55,141	9,695
Amounts Owing from Related Parties	800,616	586,301	0	0
	<u>1,128,806</u>	<u>770,967</u>	<u>329,308</u>	<u>205,194</u>
Statutory				
Accrued Revenue - Department of Health	51,480	63,140	51,480	63,140
GST Receivable - Health Service	56,998	48,364	56,998	48,364
GST Receivable - Loddon Mallee Rural Health Alliance	2,280	3,229	2,280	3,229
	<u>110,758</u>	<u>114,733</u>	<u>110,758</u>	<u>114,733</u>
TOTAL CURRENT RECEIVABLES	<u>1,239,564</u>	<u>885,700</u>	<u>440,066</u>	<u>319,927</u>
NON CURRENT				
Statutory				
Long Service Leave - Department of Health	139,645	78,279	309,287	221,621
TOTAL NON-CURRENT RECEIVABLES	<u>139,645</u>	<u>78,279</u>	<u>309,287</u>	<u>221,621</u>
TOTAL RECEIVABLES	<u>1,379,209</u>	<u>963,979</u>	<u>749,353</u>	<u>541,548</u>

(a) Ageing analysis of receivables

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

(b) Nature and extent of risk arising from receivables

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

NOTE 7: OTHER FINANCIAL ASSETS

	Operating Fund		Capital Fund		Parent Entity	Parent Entity	Consol'd	Consol'd
	2013	2012	2013	2012	2013	2012	2013	2012
	\$	\$	\$	\$	\$	\$	\$	\$
CURRENT								
<i>Term Deposit</i>								
Aust. Dollar Term Deposits > 3 Months	722,023	710,073	28,404	27,815	750,427	737,888	906,294	893,645
TOTAL OTHER FINANCIAL ASSETS	<u>722,023</u>	<u>710,073</u>	<u>28,404</u>	<u>27,815</u>	<u>750,427</u>	<u>737,888</u>	<u>906,294</u>	<u>893,645</u>
Represented by:								
Health Service Investments	722,023	710,073	28,404	27,815	750,427	737,888	906,294	893,645
TOTAL OTHER FINANCIAL ASSETS	<u>722,023</u>	<u>710,073</u>	<u>28,404</u>	<u>27,815</u>	<u>750,427</u>	<u>737,888</u>	<u>906,294</u>	<u>893,645</u>

(a) Ageing analysis of other financial assets

Please refer to Note 17(b) for the ageing analysis of other financial assets.

(b) Nature and extent of risk arising from other financial assets

Please refer to Note 17(b) for the nature and extent of credit risk arising from other financial assets.

NOTE 8: INVENTORIES

	Parent Entity 2013 \$	Parent Entity 2012 \$	Consol'd 2013 \$	Consol'd 2012 \$
Pharmaceuticals - at cost	23,487	23,184	23,487	23,184
Catering Supplies - at cost	9,659	6,663	9,659	6,663
Housekeeping Supplies - at cost	4,435	8,917	4,435	8,917
Medical and Surgical Lines - at cost	77,214	65,375	77,214	65,375
Engineering Stores - at cost	16,829	6,993	16,829	6,993
Administration - at cost	7,907	8,174	7,907	8,174
TOTAL INVENTORIES	139,531	119,306	139,531	119,306

NOTE 9: OTHER ASSETS

	Parent Entity 2013 \$	Parent Entity 2012 \$	Consol'd 2013 \$	Consol'd 2012 \$
Health Service Prepayments	9,929	6,079	13,360	7,589
Loddon Mallee Rural Health Alliance Prepayments	4,948	3,588	4,948	3,588
TOTAL OTHER ASSETS	14,877	9,667	18,308	11,177

NOTE 10: PROPERTY, PLANT AND EQUIPMENT

	Parent Entity 2013 \$	Parent Entity 2012 \$	Consol'd 2013 \$	Consol'd 2012 \$
Land				
- Land at Cost	52,000	0	52,000	0
- Land at Fair Value	414,000	414,000	460,000	460,000
Total Land	466,000	414,000	512,000	460,000
Buildings				
- Buildings Under Construction at Cost	22,460	73,720	22,460	153,213
Less Accumulated Depreciation	0	0	0	0
- Buildings at Valuation	4,020,000	4,020,000	4,931,000	4,931,000
Less Accumulated Depreciation	1,283,555	962,666	1,767,336	1,325,501
- Buildings at Cost	891,071	646,527	1,274,171	698,043
Less Accumulated Depreciation	35,833	20,687	45,867	26,966
Total Buildings	3,614,143	3,756,894	4,414,428	4,429,789
Plant and Equipment				
- Loddon Mallee Rural Health Alliance at Fair Value	3,036	3,307	3,036	3,307
- Plant and Equipment at Fair Value	324,873	294,578	374,098	339,813
Less Accumulated Depreciation	132,653	95,924	161,348	119,513
Total Plant and Equipment	195,256	201,961	215,786	223,607
Medical Equipment				
- Medical Equipment at Fair Value	539,695	400,399	544,718	405,422
Less Accumulated Depreciation	273,199	214,310	277,438	218,403
Total Medical Equipment	266,496	186,089	267,280	187,019
Furniture and Fittings				
- Furniture and Fittings at Fair Value	167,110	165,842	246,255	233,878
Less Accumulated Depreciation	85,710	61,342	124,901	91,181
Total Furniture and Fittings	81,400	104,500	121,354	142,697
Motor Vehicles				
- Motor Vehicles at Fair Value	71,338	65,889	71,338	65,889
Less Accumulated Depreciation	15,090	14,791	15,090	14,791
Total Motor Vehicles	56,248	51,098	56,248	51,098
TOTAL PROPERTY, PLANT AND EQUIPMENT	4,679,543	4,714,542	5,587,096	5,494,210

NOTE 10: PROPERTY, PLANT AND EQUIPMENT (Continued)

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

	Land	Under Construction	Buildings	Plant and Equipment	Medical Equipment	Furniture and Fittings	Motor Vehicles	Consol'd
	\$	\$	\$	\$	\$	\$	\$	\$
Balance at 1 July 2011	460,000	14,646	4,553,010	184,247	153,275	143,919	63,452	5,572,549
Additions	0	138,567	181,162	79,110	92,548	35,341	0	526,728
Loddon Mallee Rural Health Alliance	0	0	0	1,184	0	0	0	1,184
Depreciation	0	0	(457,596)	(40,934)	(58,804)	(36,563)	(12,354)	(606,251)
Balance at 1 July 2012	460,000	153,213	4,276,576	223,607	187,019	142,697	51,098	5,494,210
Additions	0	494,877	2,497	34,285	139,592	12,377	44,973	728,601
Transfers	52,000	(625,630)	573,630	0	0	0	0	0
Loddon Mallee Rural Health Alliance	0	0	0	3,247	0	0	0	3,247
Disposals	0	0	0	0	0	0	(27,343)	(27,343)
Depreciation	0	0	(460,735)	(45,353)	(59,331)	(33,720)	(12,480)	(611,619)
Balance at 30 June 2013	512,000	22,460	4,391,968	215,786	267,280	121,354	56,248	5,587,096

Land and buildings carried at valuation

An independent valuation of the Hospital's property was performed by the Valuer-General Victoria to determine the fair value of the land and buildings. The valuation is at fair value based on replacement cost less accumulated depreciation as at the date of the valuation. The effective date of the valuation was 30 June 2009.

Plant and Equipment carried at fair value

A valuation of the Hospital's plant and equipment was undertaken by management to determine the fair value of the plant and equipment. The effective date of the valuation is 30 June 2012.

NOTE 11: PAYABLES

CURRENT

Contractual

	Parent Entity 2013	Parent Entity 2012	Consol'd 2013	Consol'd 2012
	\$	\$	\$	\$
Trade Creditors	208,355	191,520	208,355	191,520
Accrued Audit Fees	13,700	13,150	16,650	15,950
Loddon Mallee Rural Health Alliance Payables	14,733	15,101	14,733	15,101
Accrued Expenses - Other	6,000	15,289	6,000	15,950
	242,788	235,060	245,738	238,521

Statutory

Department of Health	75,310	0	75,310	0
Department of Health and Ageing	0	0	8,035	0
Fringe Benefits Tax Payable	2,487	0	2,487	0
	77,797	0	85,832	0

TOTAL PAYABLES

	320,585	235,060	331,570	238,521
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(a) Maturity analysis of payables

Please refer to Note 17(c) for the ageing analysis of contractual payables.

(b) Nature and extent of risk arising from payables

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

NOTE 12: PROVISIONS

Current Provisions

Employee Benefits (i)

- unconditional and expected to be settled within 12 months (ii)
- unconditional and expected to be settled after 12 months (iii)

Parent Entity 2013	Parent Entity 2012	Consol'd 2013	Consol'd 2012
\$	\$	\$	\$
635,388	568,289	829,958	813,206
479,329	428,708	626,109	613,472
<u>1,114,717</u>	<u>996,997</u>	<u>1,456,067</u>	<u>1,426,678</u>

Provisions related to employee benefit on-costs

- unconditional and expected to be settled within 12 months (ii)
- unconditional and expected to be settled after 12 months (iii)

66,256	80,813	89,654	85,646
49,982	60,965	67,634	64,610
<u>116,238</u>	<u>141,778</u>	<u>157,288</u>	<u>150,256</u>
<u>1,230,955</u>	<u>1,138,775</u>	<u>1,613,355</u>	<u>1,576,934</u>

Total Current Provisions

Non-Current Provisions

Employee Benefits (i)

Provisions related to employee benefit on-costs

Total Non-Current Provisions

70,068	91,704	103,238	114,179
7,322	9,584	10,788	11,932
<u>77,390</u>	<u>101,288</u>	<u>114,026</u>	<u>126,111</u>

Total Provisions

<u>1,308,345</u>	<u>1,240,063</u>	<u>1,727,381</u>	<u>1,703,045</u>
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(a) Employee Benefits and Related On-Costs

Current Employee Benefits and Related On-Costs

Unconditional Long Service Leave Entitlements

Annual Leave Entitlements

Accrued Salaries and Wages

Accrued Days Off

685,077	601,903	909,604	831,576
398,181	370,142	528,981	533,002
135,650	159,117	162,051	203,013
12,047	7,613	12,719	9,343

Non-Current Employee Benefits and Related On-Costs

Conditional Long Service Leave Entitlements (iii)

Total Employee Benefits and Related On-Costs

77,390	101,288	114,026	126,111
<u>1,308,345</u>	<u>1,240,063</u>	<u>1,727,381</u>	<u>1,703,045</u>

(b) Movements in provisions

Movement in Long Service Leave:

Balance at start of year

Provision made during the year

- Revaluations

- Expense Recognising Employee Service

Settlement made during the year

703,191	600,723	957,687	807,860
586	(5,772)	837	(8,246)
143,877	81,221	195,479	121,809
(85,187)	27,019	(130,373)	36,264

Balance at end of year

<u>762,467</u>	<u>703,191</u>	<u>1,023,630</u>	<u>957,687</u>
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Notes:

(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 values.

NOTE 13: SUPERANNUATION

Employees of the Health Service are entitled to receive superannuation benefits and the Health Service contributes to both defined benefit and defined contribution plans. The defined benefit plan(s) 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 terms.

NOTE 13: SUPERANNUATION (Continued)

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 expensed in relation to the major employee superannuation funds and contributions made by the Health Service are as follows:

Fund		Paid Contributions for the year		Outstanding Contributions at Year End	
		2013	2012	2013	2012
		\$	\$	\$	\$
Defined Benefit Plans:	Health Super	37,655	42,384	0	0
Defined Contribution Plans:	Health Super / HESTA / Other	478,582	459,297	0	0
Total		516,237	501,681	0	0

NOTE 14: OTHER LIABILITIES

CURRENT

Monies Held in Trust*
- Patient Monies Held in Trust
Other Monies Held in Trust

Parent Entity 2013 \$	Parent Entity 2012 \$	Consol'd 2013 \$	Consol'd 2012 \$
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0	0	11,466	16,781
35,563	128,921	35,563	128,921

TOTAL CURRENT

35,563	128,921	47,029	145,702
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*** Total Monies Held in Trust**

Represented by the following assets:

Cash Assets (refer to Note 5)

35,563	128,921	47,029	145,702
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TOTAL OTHER LIABILITIES

35,563	128,921	47,029	145,702
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NOTE 15: EQUITY

(a) Reserves

Property, Plant and Equipment Revaluation Surplus ¹

Represented by:

- Land
- Buildings

Parent Entity 2013 \$	Parent Entity 2012 \$	Consol'd 2013 \$	Consol'd 2012 \$
-----------------------------	-----------------------------	------------------------	------------------------

260,442	260,442	267,994	267,994
2,876,331	2,876,331	3,611,585	3,611,585
3,136,773	3,136,773	3,879,579	3,879,579

Balance at the end of the reporting period

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

Total Reserves

3,136,773	3,136,773	3,879,579	3,879,579
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(b) Contributed Capital

Balance at the beginning of the reporting period

2,688,390	2,688,390	2,688,390	2,688,390
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Balance at the end of the reporting period

2,688,390	2,688,390	2,688,390	2,688,390
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(c) Accumulated Surpluses/(Deficits)

Balance at the beginning of the reporting period

(106,295)	(262,598)	(801,040)	(792,036)
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Net Result for the Year

175,161	156,303	134,074	(9,004)
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Balance at the end of the reporting period

68,866	(106,295)	(666,966)	(801,040)
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(d) Total Equity at end of financial year

5,894,029	5,718,868	5,901,003	5,766,929
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NOTE 16: RECONCILIATION OF NET RESULT FOR THE YEAR TO NET CASH FLOWS FROM OPERATING ACTIVITIES

	Parent Entity 2013	Parent Entity 2012	Consol'd 2013	Consol'd 2012
	\$	\$	\$	\$
NET RESULT FOR THE YEAR	175,161	156,303	134,074	(9,004)
Depreciation	468,797	461,216	608,101	601,266
Change in Inventories	(20,225)	6,793	(20,225)	6,793
Net (Gain)/Loss from Sale of Plant and Equipment	(306)	(9,348)	(306)	(9,348)
Share of Net Result from Joint Ventures	(41,493)	(7,967)	(41,493)	(7,967)
Change in Operating Assets and Liabilities				
(Increase)/Decrease in Receivables	(156,418)	(12,647)	(163,308)	(37,368)
(Increase)/Decrease in Prepayments	(3,850)	8,063	(5,771)	10,322
Increase/(Decrease) in Payables	85,893	(71,151)	93,417	(69,790)
Increase/(Decrease) in Provisions	68,282	84,093	24,336	173,435
NET CASH INFLOW/(OUTFLOW) FROM OPERATING ACTIVITIES	575,841	615,355	628,825	658,339

NOTE 17: FINANCIAL INSTRUMENTS

(a) Financial Risk Management Objectives and Policies

The Cohuna District Hospital's principal financial instruments comprise of:

- Cash Assets
- Term Deposits
- Receivables (excluding statutory receivables)
- Payables (excluding statutory receivables)
- 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 Cohuna District Hospital financial risks within the government policy parameters.

Categorisation of financial instruments

	Carrying Amount 2013 \$	Carrying Amount 2012 \$
Financial Assets		
Cash and Cash Equivalents	606,401	794,311
Loans and Receivables	329,308	205,194
Available for Sale	906,294	893,645
Total Financial Assets (i)	1,842,003	1,893,150
Financial Liabilities		
At Amortised Cost	292,767	384,223
Total Financial Liabilities (ii)	292,767	384,223

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

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

NOTE 17: FINANCIAL INSTRUMENTS (Continued)

(a) Financial Risk Management Objectives and Policies (Continued)

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

	Net holding gain/ (loss) 2013 \$	Net holding gain/ (loss) 2012 \$
Financial Assets		
Cash and Cash Equivalents (i)	0	0
Loans and Receivables (i)	0	0
Available for Sale (i)	63,018	84,958
Total Financial Assets	63,018	84,958
Financial Liabilities		
At Amortised Cost (ii)	0	0
Total Financial Liabilities	0	0

(i) For cash and cash equivalents, loans or receivables and available-for-sale financial assets, the net gain or loss is calculated by taking the 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.

(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.

(iii) For financial assets and liabilities that are held-for-trading or designated at fair value through profit or loss, the net gain or loss is calculated by taking the movement in the fair value of the financial asset or liability.

(b) Credit Risk

Credit risk arises from the contractual financial assets of the Health Service, which comprise cash and deposits, non-statutory receivables and available for sale contractual financial assets. 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 Cohuna District Hospital maximum exposure to credit risk without taking account of the value of any collateral obtained.

NOTE 17: FINANCIAL INSTRUMENTS (Continued)
(b) Credit Risk (Continued)

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

	Financial Institutions (AA2 credit rating)	Government agencies (AAA credit rating)	Government agencies (BBB credit rating)	Other	Total
	\$	\$	\$	\$	\$
2013					
Financial Assets					
Cash and Cash Equivalents	606,401	0	0	0	606,401
Receivables (i)	0	0	0	329,308	329,308
Available for Sale	906,294	0	0	0	906,294
Total Financial Assets	1,512,695	0	0	329,308	1,842,003
2012					
Financial Assets					
Cash and Cash Equivalents	794,311	0	0	0	794,311
Receivables (i)	0	0	0	205,194	205,194
Available for Sale	893,645	0	0	0	893,645
Total Financial Assets	1,687,956	0	0	205,194	1,893,150

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

Ageing analysis of financial assets as at 30 June

	Consol'd Carrying Amount	Not Past due and not impaired	Past Due But Not Impaired				Impaired Financial Assets
	\$	\$	Less than 1 Month	1 - 3 Months	3 Months - 1 Year	1 - 5 Years	\$
2013							
Financial Assets							
Cash and Cash Equivalents	606,401	606,401	0	0	0	0	0
Receivables (i)	329,308	285,013	6,050	6,130	32,115	0	0
Available for Sale	906,294	906,294	0	0	0	0	0
Total Financial Assets	1,842,003	1,797,708	6,050	6,130	32,115	0	0
2012							
Financial Assets							
Cash and Cash Equivalents	794,311	794,311	0	0	0	0	0
Receivables (i)	205,194	160,899	6,050	6,130	32,115	0	0
Available for Sale	893,645	893,645	0	0	0	0	0
Total Financial Assets	1,893,150	1,848,855	6,050	6,130	32,115	0	0

(i) Ageing analysis of financial assets excludes statutory financial assets (i.e. GST input tax credit)

Contractual financial assets that are neither past due or impaired

There are no material financial assets which are individually determined to be impaired. Currently Cohuna District Hospital 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 the 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)

(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 Service operates under the Government's fair payments policy of setting 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 Health Service manages its liquidity risk as follows:

- Term Deposits and cash held at financial institutions are managed with variable maturity dates and take into consideration cash flow requirements of the Health Service from month to month.

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

Maturity analysis of financial liabilities as at 30 June

	Consol'd Carrying Amount	Nominal Amount	Maturity Dates			
			Less than 1 Month	1 - 3 Months	3 Months - 1 Year	1 - 5 Years
	\$	\$	\$	\$	\$	\$
2013						
Financial Liabilities						
Payables	245,738	245,738	245,738	0	0	0
Other Financial Liabilities (i)	47,029	47,029	0	0	47,029	0
Total Financial Liabilities	292,767	292,767	245,738	0	47,029	0
2012						
Financial Liabilities						
Payables	238,521	238,521	238,521	0	0	0
Other Financial Liabilities (i)	145,702	145,702	0	0	145,702	0
Total Financial Liabilities	384,223	384,223	238,521	0	145,702	0

(i) Ageing analysis of financial assets excludes statutory financial assets (i.e. GST input tax credit)

(d) Market Risk

Cohuna District Hospital'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 paragraphs below.

Currency Risk

Cohuna District Hospital 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 timeframe between commitment and settlement.

Interest Rate Risk

Exposure to interest rate risks arise primarily through the Cohuna District Hospital's other financial assets. Minimisation of risk is achieved by mainly holding fixed rate or non-interest bearing financial instruments. For financial assets the Health Service mainly holds financial assets 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 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 movements in interest rates on a daily basis.

Other Price Risk

The Health Service is exposed to normal price fluctuations from time to time through market forces. Where adequate notice is provided by suppliers, additional purchases are made for long term goods. Supplier contracts are also in place for major product lines purchased by the Health Service on a monthly basis. These contracts have set price arrangements and are reviewed on a regular basis.

NOTE 17: FINANCIAL INSTRUMENTS (Continued)
(d) Market Risk (Continued)

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

	Weighted Average Effective Interest Rate (%)	Carrying Amount	Interest Rate Exposure		
			Fixed Interest Rate \$'000	Variable Interest Rate \$'000	Non - Interest Bearing \$'000
2013					
Financial Assets					
Cash and Cash Equivalents	2.85	606,401	0	606,161	240
Receivables (i)	0.00	329,308	0	0	329,308
Other Financial Assets	4.20	906,294	906,294	0	0
Total Financial Assets		1,842,003	906,294	606,161	329,548
Financial Liabilities					
Payables (i)	0.00	245,738	0	0	245,738
Other Financial Liabilities	0.00	47,029	0	0	47,029
Total Financial Liabilities		292,767	0	0	292,767
2012					
Financial Assets					
Cash and Cash Equivalents	3.60	794,311	0	794,071	240
Receivables (i)	0.00	205,194	0	0	205,194
Other Financial Assets	5.33	893,645	893,645	0	0
Total Financial Assets		1,893,150	893,645	794,071	205,434
Financial Liabilities					
Payables (i)	0.00	238,521	0	0	238,521
Other Financial Liabilities	0.00	145,702	0	0	145,702
Total Financial Liabilities		384,223	0	0	384,223

(i) The carrying amount must exclude types of statutory financial assets and liabilities (i.e GST input tax credit and GST payable)

Sensitivity Disclosure Analysis

Taking into account past performance, future expectations, economic forecasts, and management's knowledge and experience of the financial markets, Cohuna District Hospital believes the following movements are 'reasonably possible' over the next 12 months (base rates are sourced from the Australia and New Zealand Banking Group Ltd).

- A parallel shift of +1% and -1% in market interest rates (AUD) from year-end rates of 6%; and
- A parallel shift 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 interest bearing financial instrument held by Cohuna District Hospital at year end as presented to key management personnel, if changes in the relevant risk occur.

	Carrying Amount \$	Interest Rate Risk			
		-1% Profit \$	Equity \$	+1% Profit \$	Equity \$
2013					
Financial Assets					
Cash and Cash Equivalents	606,401	(6,064)	(6,064)	6,064	6,064
Receivables	329,308	0	0	0	0
Other Financial Assets	906,294	(9,063)	(9,063)	9,063	9,063
Financial Liabilities					
Payables	245,738	0	0	0	0
Other Financial Liabilities	47,029	0	0	0	0
		(15,127)	(15,127)	15,127	15,127
2012					
Financial Assets					
Cash and Cash Equivalents	794,311	(7,943)	(7,943)	7,943	7,943
Receivables	205,194	0	0	0	0
Other Financial Assets	893,645	(8,936)	(8,936)	8,936	8,936
Financial Liabilities					
Payables	238,521	0	0	0	0
Other Financial Liabilities	145,702	0	0	0	0
		(16,879)	(16,879)	16,879	16,879

NOTE 17: FINANCIAL INSTRUMENTS (Continued)

(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 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 Service considers that the carrying amount of 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

	Total Carrying Amount	Fair Value	Total Carrying Amount	Fair Value
	2013 \$	2013 \$	2012 \$	2012 \$
Financial Assets				
Cash and Cash Equivalents	606,401	606,401	794,311	794,311
Receivables (i)				
- Trade Debtors	329,308	329,308	205,194	205,194
Other Financial Assets				
-Term Deposits	906,294	906,294	893,645	893,645
Total Financial Assets	1,842,003	1,842,003	1,893,150	1,893,150
Financial Liabilities				
Payables	245,738	245,738	238,521	238,521
Other Financial Liabilities (i)	47,029	47,029	145,702	145,702
Total Financial Liabilities	292,767	292,767	384,223	384,223

(i) Ageing analysis of financial assets excludes statutory financial assets (i.e. GST input tax credit)

All financial assets held by Cohuna District Hospital are classified as Level 1.

NOTE 18: COMMITMENTS FOR EXPENDITURE

	Parent Entity 2013	Parent Entity 2012	Consol'd 2013	Consol'd 2012
	\$	\$	\$	\$
Capital Expenditure Commitments				
Payable				
Land and Buildings	297,540	233,828	297,540	495,358
Total Capital Expenditure Commitments	233,828	233,828	495,358	495,358
Land and Buildings*				
Not later than one year	233,828	233,828	495,358	495,358
Total Capital Expenditure Commitments	233,828	233,828	495,358	495,358
Lease commitments				
Commitments in relation to leases contracted for at the reporting date:				
Operating Leases	6,025	0	6,025	0
Total lease commitments	6,025	0	6,025	0
Operating lease - plant and equipment				
Cancellable operating lease for a colour multi-function printer/copier/fax/scanner payable as follows:				
Not later than one year	1,643	0	1,643	0
Later than 1 year and not later than 5 years	4,382	0	4,382	0
	6,025	0	6,025	0

All amounts shown in the commitments note are nominal amounts inclusive of GST.

NOTE 19: CONTINGENT LIABILITIES AND CONTINGENT ASSETS

Cohuna District Hospital has provided a letter of comfort to the Cohuna Community Nursing Home dated 01/08/2013, which details that they will provide adequate cash support to enable the Nursing Home to meet its current and future obligations when they fall due for a period up to September 2014, should it be required.

NOTE 20: OPERATING SEGMENTS

	ACUTE CARE		RACS		OTHER SERVICES		CONSOLIDATED	
	2013	2012	2013	2012	2013	2012	2013	2012
	\$	\$	\$	\$	\$	\$	\$	\$
REVENUE								
External Segment Revenue	6,218,319	5,539,599	1,733,018	1,752,950	767,329	748,412	8,718,666	8,040,961
Total Revenue	6,218,319	5,539,599	1,733,018	1,752,950	767,329	748,412	8,718,666	8,040,961
EXPENSES								
External Segment Expenses	5,455,823	5,030,948	1,863,732	1,836,714	1,328,055	1,267,261	8,647,610	8,134,923
Total Expenses	5,455,823	5,030,948	1,863,732	1,836,714	1,328,055	1,267,261	8,647,610	8,134,923
Net Result from ordinary activities	762,496	508,651	(130,714)	(83,764)	(560,726)	(518,849)	71,056	(93,962)
Interest Income	47,761	48,292	13,913	14,067	1,344	22,599	63,018	84,958
Net Result for Year	810,257	556,943	(116,801)	(69,697)	(559,382)	(496,250)	134,074	(9,004)
OTHER INFORMATION								
Segment Assets	7,558,522	7,322,912	448,461	531,285	0	0	8,006,983	7,854,197
Unallocated Assets	0	0	0	0	0	0	0	0
Total Assets	7,558,522	7,322,912	448,461	531,285	0	0	8,006,983	7,854,197
Segment Liabilities	1,664,493	1,604,044	441,487	483,224	0	0	2,105,980	2,087,268
Unallocated Liabilities	0	0	0	0	0	0	0	0
Total Liabilities	1,664,493	1,604,044	441,487	483,224	0	0	2,105,980	2,087,268
Acquisition of property, plant and equipment	681,311	479,438	47,290	47,290	0	0	728,601	526,728
Depreciation expense	472,315	466,201	139,304	140,050	0	0	611,619	606,251
Non cash expenses other than depreciation	123,747	10,646	0	0	0	0	123,747	10,646

NOTE 20: OPERATING SEGMENTS (Continued)

The major products/services from which the above segments derive revenue are:

Business Segments	Services
Health Services	Acute Hospital services Aged Care services
Residential Aged Care	Nursing Home facilities

Geographical Segment

Cohuna District Hospital operates predominantly in Cohuna, Victoria. More than 90% of revenue, net surplus from ordinary activities and segment assets relate to operations in Cohuna, Victoria.

NOTE 21: JOINTLY CONTROLLED OPERATIONS AND ASSETS

Name of Entity	Principal Activity	Ownership Interest	
		2013 %	2012 %

Loddon Mallee Rural Health Alliance	Information Technology	2.68	2.57
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Cohuna District Hospitals interest in assets employed in the above jointly controlled operations and assets is detailed below
The amounts are included in the financial statements and consolidated financial statements under their respective categories:

	2013 \$	2012 \$
Current Assets		
Cash and Cash Equivalents	105,156	109,617
Receivables	57,421	12,924
Prepayments	4,948	3,588
Total Current Assets	167,525	126,129
Non Current Assets		
Plant and Equipment	3,036	3,307
Total Non Current Assets	3,036	3,307
Total Assets	170,561	129,436
Current Liabilities		
Payables	14,006	13,433
Accrued Expenses	727	1,668
Total Current Liabilities	14,733	15,101

Cohuna District Hospitals interest in revenues and expenses resulting from jointly controlled operations and assets is detailed below:

Revenue from Operating Activities	106,864	97,326
Expenditure	193,684	167,725
Surplus/(Deficit) before Capital and Depreciation	(86,820)	(70,399)
Depreciation	3,518	4,985
Capital Purpose Income	44,162	0
Total	40,644	(4,985)
Current Year Surplus/(Deficit)	(46,176)	(75,384)

Contingent Assets and Contingent Liabilities

There are no known contingent assets or liabilities of the Loddon Mallee Rural Health Alliance

Commitments for Expenditure

There are no known commitments for expenditure of the Loddon Mallee Rural Health Alliance

NOTE 22a: RESPONSIBLE PERSON DISCLOSURES

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

Responsible Ministers:

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

Period
01/07/2012 - 30/06/2013
01/07/2012 - 30/06/2013

Governing Boards

Mr R. J. Stanton
Mr G. J. Hall
Mr G. A. Payne
Mrs D.M. McGraw
Mr G. L. Smith
Mrs L.M. Drummond
Mr R.J Nicholls
Mr C. P. Hodge
Mrs B. MacKenzie
Mrs K.L Hore
Mrs L Learmonth

01/07/2012 - 30/06/2013
01/07/2012 - 30/06/2013
01/07/2012 - 30/06/2013
01/07/2012 - 30/06/2013
01/07/2012 - 30/06/2013
01/07/2012 - 30/06/2013
01/07/2012 - 30/06/2013
01/07/2012 - 30/06/2013
01/07/2012 - 30/06/2013
01/07/2012 - 30/06/2013
01/07/2012 - 30/06/2013
01/07/2012 - 30/06/2013

Accountable Officers

Mr R. J. Bulmer

01/07/2012 - 30/06/2013

Remuneration of Responsible Persons

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

Income Band

\$0 - \$9,999
\$160,000 - \$169,999
Total Numbers

Parent		Conso'd	
2013	2012	2013	2012
No.	No.	No.	No.
11	11	11	11
1	1	1	1
12	12	12	12

Total remuneration received or due and receivable by Responsible Persons from the reporting entity amounted to:

\$167,049	\$162,975	\$167,049	\$162,975
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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

During the year, there were no other transactions with responsible persons or their related parties.

NOTE 22b: EXECUTIVE OFFICER DISCLOSURES

Executive Officer 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.

\$120,000 - \$129,999
\$130,000 - \$139,999
Total
Total Remuneration

Parent				Consolidated			
Total Remuneration		Base Remuneration		Total Remuneration		Base Remuneration	
2013	2012	2013	2012	2013	2012	2013	2012
No.	No.	No.	No.	No.	No.	No.	No.
0	0	1	1	0	0	1	1
1	1	0	0	1	1	0	0
1	1	1	1	1	1	1	1
\$139,133	\$139,133	\$129,935	\$126,766	\$139,133	\$139,133	\$129,935	\$126,766

NOTE 23: REMUNERATION OF AUDITORS

	Parent Entity 2013	Parent Entity 2012	Consol'd 2013	Consol'd 2012
Victorian Auditor-General's Office	\$	\$	\$	\$
Audit or review of financial statement	13,700	13,150	16,650	15,950
Other auditor remuneration	13,143	5,616	20,485	6,273
	<u>13,700</u>	<u>13,150</u>	<u>16,650</u>	<u>15,950</u>

NOTE 24: CONTROLLED ENTITIES

Name of Entity	Country of Incorporation	Equity Holding
Cohuna Community Nursing Home Inc.	Australia	100%

NOTE 25: EVENTS OCCURRING AFTER THE BALANCE SHEET DATE

There are no known events occurring after the balance sheet date that would materially effect the financial result.

NOTE 26: ECONOMIC DEPENDENCY

Cohuna District Hospital is wholly dependent on the continued financial support of the State Government and in particular, the Department of Health.

APPENDIX 1

FINANCIAL OVERVIEW

The following table provides a summary of financial results for the year ended 30 June 2013, compared with the last five financial years.

	2013	2012	2011	2010	2009
	\$	\$	\$	\$	\$
Total Expenses	8,047,610	8,134,923	7,997,731	7,345,237	6,660,407
Total Revenue	8,781,684	8,125,919	7,599,313	6,958,617	6,831,960
Net Result for Period	134,074	(9,004)	(398,418)	(386,620)	171,553
Surplus/(Deficit)					
Operating Result for Period					
Surplus/(Deficit)	(47,279)	(45,132)	(190,126)	72,188	171,223
Total Assets	8,006,983	7,854,197	7,864,227	8,325,617	8,727,801
Total Liabilities	2,105,980	2,087,268	2,088,294	2,151,266	2,166,830
Net Assets	5,901,003	5,766,929	5,775,933	6,174,351	6,560,971
TOTAL EQUITY	5,901,003	5,766,929	5,775,933	6,174,351	6,560,971

Significant Changes in Financial Position during 2012/13

There were no significant changes in financial position during 2012/13.

Cash Management / Liquidity Indicators

Cash management / liquidity	2012-13 Actuals
Creditors (days)	29
Debtors (patient fees) (days)	57