MDHS

Inspiring Health

Annual Report

2015-2016

Contents

Report of Operations

Mission

Our vision will be achieved by:

1. ***Promoting health***
2. ***Providing optimal services***
3. ***Developing our workforce***
4. ***Collaborating through partnerships***

Vision

Healthy Community

We value

Genuine

Being consistently honest, trustworthy and accountable

Respect

This is reflected in our behaviors, attitudes and words, always being fair honest and caring to those we work with and come in contact with

Excellence

Only the best by us will do, by achieving the highest standards of service and care

Accountability

We consistently do what we say we are going to do by supporting and holding each other to account

Togetherness

Working together to support common values and vision for shared goals

Report of Operations

Establishment of the Health Service

Maryborough District Health Service (MDHS) was established 21 years ago in 1993 under the *Health Services Act1988.*

MDHS is one of the most dynamic small rural health services in Victoria, providing innovative, integrated and comprehensive health care to a diverse community.

The burden of Disease study in 2001 was undertaken by the Department of Health as part of a global Burden of disease study. It provides comprehensive information on health issues and risk factors in communities across Victoria. The study has identified a higher percentage of people diagnosed with chronic health issues in our community.

MDHS has three campuses Maryborough, Dunolly and Avoca.

The strong clinical and social links that have been developed and nurtured between the three campuses ensure that the community is cared for by trained staff who are committed to high standards of person centred care.

Responsible Ministers

Responsible Ministers for the reporting period 1 July 2015 – 30 June 2016:

The Honourable Jill Hennessy MLA
Minster for Health (4 December 2014 to 30 June 2016)

Martin Foley MLA
Minister for Mental Health (4 December 2014 to 30 June 2016)
Minister for Housing, Disability and Ageing (4 December 2014 to 30 June 2016)

Jenny Mikakos MLC
Minister for Families and Children (4 December 2014 to 30 June 2016)

Annual Report

The Annual Report is a legal document prepared in accordance with the Health Services Annual Reporting Guidelines for 2015-16 under the *Financial Management Act 1994*.

The Annual Report 2015-16 includes the Report of Operations and the Financial Report. Appendices report on the five year statistical information and Part B and Part C of the Statement of Priorities.

Report of Operations

Range of Services and Programs

Located in Maryborough are acute beds, Urgent Care Centre, Diagnostic services and community Services with Allied Health and Community Health. The Dunolly site also includes four acute beds alongside the Nursing home. Community programs are delivered throughout the region managed by MDHS. Aged Care services are delivered at all three campuses along with Planned Activity Groups at Maryborough and Dunolly. Programs and services are continually monitored and reviewed to ensure they meet expectations and reflect the health care needs of the changing community demographics.

	Avoca	Dunolly	Maryborough
Inpatient Beds	0	4	28
Residential High Care Beds	19	15	43
Residential Low Care Beds	10	4	0
Respite Beds	1	0	0
Urgent Care Trolleys	0	0	4
Haemodialysis Chairs	0	0	6
Day Surgery Trolleys	0	0	4
Day Surgery Chairs	0	0	6
Transition Care Beds	MDHS provides 2 inpatient TCP beds based at either Dunolly or Maryborough and 2 community based places = total of 4 Transition Care beds		

Acute Care
Acute Medical & Surgical Care - adult and paediatric
Allied Health support for Inpatient Care e.g. Physiotherapy, Occupational Therapy, Social Work, Dietician, Pharmacy, Infection Control
Central Sterilising Supply Department (CSSD)
Dialysis
Drug and Alcohol Detoxification
Maternity Services
Palliative Care - Merrin Suite
Operating Theatre - same day and overnight surgery
- General Surgery
- Urology
- Orthopaedic
- Gynaecology
- Dental
- Ear, Nose and Throat

Post Acute Care (PAC)
Pre-Admission Clinic
Urgent Care Centre (UCC)

Aged Care
Residential
- Maryborough Nursing Home
- Dunolly Nursing Home
- Avoca Nursing Home & Hostel

Respite Care
Transition Care Program (TCP)

Community Services
Alcohol and Other Drugs
Best Start
Chronic Disease Management
Community Development
Community Health Nursing
Dental Service
Diabetes Educator
Dietetics
District Nursing
Exercise Physiology
Generalist Counselling
Health Promotion
Hospital Admission Risk Program (HARP)
Housing
Mental Health Services *(provided by Bendigo Health)*
Needle Syringe Program
Occupational Therapy
Palliative Care
Physiotherapy
Planned Activity Group (PAG)
Smiles 4 Miles
Social Work
Speech Pathology
Service Coordination (central intake)

Corporate and Support Services
Building and Services
Emergency Management
Finance
Fundraising
Health Information Services
Hotel Services
Human Resources Information
Technology Media and Public Relations
Occupational Health & Safety
Quality and Risk Management
Special Projects
Supply

Diagnostic Services
Medical Imaging
Pathology *(contracted through Dorevitch Pathology)*

Medical Services
Medical Appointments and Credentialing
Medical Staff

Professional Development
Research/Projects
Staff Development Unit
Student Management

Report of Operations

Statement of Priorities - Part A

The Statement of Priorities - Part B: Performance Priorities and Part C: Activity and Funding can be found in Appendix A of the attached Financial Report.
Five year statistical information will also appear as an appendix.

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

In 2015-16 Maryborough District Health Service contributed to the achievement of these priorities by:

Domain	Action	Deliverables	Outcome
Patient experience and outcomes	Drive to improve health outcomes through a strong focus on patient- centred care in the planning, delivery and evaluation of services, and the development of new models for putting patients first.	Improved focus on patient-centred care through education revision of bedside handover, Patient/resident handover and implementation of Advanced Care Planning and End of Life Care Pathways.	**Completed** Advanced care planning continues to be rolled out in community and aged care. The steering committee has a continued focus on progressing the project
	Strengthen the response of health services to family violence. This includes implementing interventions, processes and systems to prevent, identify and respond appropriately to family violence at an individual and community level.	Strengthened response from the health service to family violence.	**Achieved** #SayNO2familyviolence sign is visible at the front entrance; posters are displayed around the hospital. Memo distributed to all staff, promoting the supports available across the service.

Report of Operations

Domain	Action	Deliverables	Outcome
	Support the effective delivery of alcohol and other drug treatment services.	Working with all providers of Alcohol and Other Drug (AOD) treatment services in the catchment, we will continue to deliver timely and appropriate services for our community.	**Achieved** All providers of AOD services offered space to deliver service from MDHS sites, with improved access / face: face time for locals
	Implement an organisation-wide approach to advance care planning including a system for identifying, documenting and/or receiving advance care plans in partnership with patients, carers and substitute decision makers so that people's wishes for future care can be activated when medical decisions need to be made	Organisation-wide approach to Advanced Care Planning and End of Life Pathway is implemented. This will include working with medical practices General Practitioners and practice nurses to ensure a consistent approach to Advanced Care Planning and End of Life Care Pathways.	**Achieved** Staff trained to provide advance care planning and end of life care. Document packs developed, to ensure clarity that the process is in place. Consumer engagement completed.
	Develop an organisational policy for the provision of safe, high quality End of Life Care in acute and sub-acute settings, with clear guidance about the role of, and access to, specialist palliative care.	Clear guidelines will be developed to allow GPs and nurses to access specialist treatment where applicable.	**Achieved** GP sessions have been provided along with regular updates at Visiting Medical Officer meetings.
		Ongoing education for GPs and staff.	**Completed**

Report of Operations

Domain	Action	Deliverables	Outcome
Governance, leadership and culture	Demonstrate an organisational commitment to Occupational Health and Safety, including mental health and wellbeing in the workplace. Ensure accessible and affordable support services are available for employees experiencing mental ill health. Work collaboratively with the Department of Health and Human Services and professional bodies to identify and address systemic issues of mental ill health amongst the medical professions.	Increased promotion of Employee Assistance Program services provided by contracted provider Converge and other services such as National Mental Health Program.	**Achieved** Information has been made available to all staff with evidence of uptake and satisfaction in support services.
	Monitor and publically report incidents of occupational violence. Work collaboratively with the Department of Health and Human Services to develop systems to prevent the occurrence of occupational violence.	Implementation of Code Grey and Code Black policy and training across. Education of "train the trainers" in multiple clinical areas to increase capacity across the health service.	**Achieved** Key staff were identified and participated in code grey training. Following this Train the trainer sessions occurred in March.
		Victorian Health Information Management System used to report all occupational violence incidents and reported to the highest level of governance.	**Achieved** VHIMS system is used to report via meetings. Structure has been added to Clinical Governance committee.

Report of Operations

Domain	Action	Deliverables	Outcome
	Promote a positive workplace culture and implement strategies to prevent bullying and harassment in the workplace. Monitor trends of complaints of bullying and harassment and identify and address organisational units exhibiting poor workplace culture and morale.	Implement the Studer Group principles to deliver improved satisfaction, staff communication and reduced bullying and harassment.	**Achieved** Good 2 Great program and training sessions with Department Heads and Executive has occurred.
	Implement strategies to support health service workers to respond to the needs of people affected by crystal methamphetamine (ice).	Maryborough District Health Service undertook a community wide forum in June 2015 to inform the community of the impact of ice. We will continue to work with our staff and partners to inform and support our staff on the incidence and impact in our community.	**Completed** Continues strong engagement within key programs across the Goldfields for the issue of ice and other illicit substances.
Safety and quality	Ensure management plans are in place to prevent, detect and contain Carbapenem Resistant Enterobacteriaceae as outlined in Hospital Circular 02/15 (issued 16 June 2015).	Policy developed in line with departmental guidelines and implemented across the organisation.	**Achieved** Plans developed. Policy developed in line with Regional approach.
	Implement effective antimicrobial stewardship practices and increase awareness of antimicrobial resistance, its implications and actions to combat it, through effective communication, education, and training.	Facilitate an education session from Alfred Infectious Diseases team with VMO group on antimicrobial management.	**Completed** The VMO forum, ongoing review and reporting of antimicrobial management reported.
	Provide information and support about prevention, risk factors and early detection and management of diseases by employing a prevention and	Continue to pursue a Smoke Free Workplace across all campuses including continuing implementation of the smoking cessation committee work.	**Achieved** Stop before the Op flyer with supporting paperwork distributed to surgeons.

Report of Operations

Domain	Action	Deliverables	Outcome
	detection approach similar to the "Supporting patients to be smoke free: by implementing the State Wide Victorian Health Service ABCD model.	Implement the ABCD principals to improve the outcomes of our patients by identifying risk factors, offering brief intervention to detect and manage diseases and communicate at discharge to assess status of disease and action taken.	**Achieved** Inpatient system has been implemented in line with ABCD principals.
Financial sustainability	Improve cash management processes to ensure that financial obligations are met as they are due.	Utilise expert resource (external accountants) to assist with the facilitation of improved cash management.	**Achieved** External accountants engaged to assist with supporting cash management processes. MDHS has improved the quick asset ratio again through 2015-2016.
	Identify opportunities for efficiency and better value service delivery.	Investigate aligning delivery of stores and associated processes with larger regional health service.	**Achieved** Stores management outsourced to Bendigo Health.
Access	Implement integrated care approaches across health and community support services to improve access and responses for disadvantaged Victorians.	Continuation of the screening of pre-school children as part of the Smiles for Miles program to ensure vulnerable families are offered timely dental care.	**Achieved** Screening, oral health and dietary talks are occurring at Preschools and Primary schools.
		Pursue additional resources to implement a screening program using telehealth within residential care facilities to improve access to dental services for residents.	**Partially** Resourcing of telehealth systems within the residential aged care facilities has commenced.

Report of Operations

Domain	Action	Deliverables	Outcome
	Progress partnerships with other health services to ensure patients can access treatments as close to where they live when it is safe and effective to do so, making the most efficient use of available resources across the system.	Partner in Regional Patient Flow Access Network to facilitate timely transfer of local patients back to Maryborough District Health Service from Ballarat Health Service, increasing capacity for Ballarat Health Service and improved satisfaction for local residents.	**Achieved** Continuing to participate in patient flow collaboration with strengthening of interactions between health services
	Participate in the state-wide mental health acute bed visibility web-based tool. Develop Tele-health service models to facilitate the delivery of high quality and equitable specialist services to patients across regional Victoria.	Model developed enabling Urgent Care Centre clinical staff to contact on call Visiting Medical Officers and enable review remotely via telehealth platform. This promotes a more sustainable after hour's model for Visiting Medical Officers and effective service for Maryborough community.	**Achieved** System embedded for remote access connectivity.

Year in Review

President's Report

The Board of Management (BOM) at Maryborough District Health Service (MDHS) consists of eight community members, with a breadth of professional skills and interests and a demonstrated commitment to the health and wellbeing of our community.

The role of the BOM is to work within the framework of the Health Services Act including:

- Establishing policies for governance;
- Establish reporting frameworks for sound governance models both clinically and at the corporate level;
- Providing strategic direction of the organisation;
- Delegating the operational day-to-day management of the Health Service to the Chief Executive.

The BOM is appointed and accountable to the Minister of Health. The key focus of the Board includes:

- Ensuring effective and efficient management of the Health Service;
- The Provision of high quality care and service delivery;
- Meeting the needs of the community;
- Meeting financial and non-financial performance targets;
- Engaging with the communities linked to Maryborough District Health Service including Avoca, Dunolly and Maryborough;
- Empowering staff to deliver quality service and be satisfied and safe within the workplace.

In my first year as President I have been overwhelmed with community support for the health service. In September with Premier Andrews we were able to finalise the Cancer Care project along with launching the Wellness Centre. I'm sure everyone who attended this day will agree it was a terrific event and a fitting celebration.

Recently we enjoyed the celebration of the 160th anniversary for the health service. This two day celebration included the launch of our new innovative health program, the Health in Motion van. The annual golf day was also a terrific celebration for the health service.

On behalf of the Board I thank everyone involved with these events and to those who volunteer across all of our service. I was overwhelmed at our volunteer's morning tea by the sheer numbers but also the years of service from our volunteers. It was quite inspirational.

This year we have continued on our journey of improved governance systems across the organisation. As a board we must at all times ensure the optimum delivery of service while maintaining a viable business model.

The community can be assured that as a board with the introduction of our new governance systems, with the establishment of the quality unit, and with a management team driven on clinical service delivery of the highest standard, that overall we are a recognised high performing health service. As President of the BOM I have great confidence in the systems we have established and the services we provide.

We have continued to focus on community engagement. Indeed we now have consultative forums with Avoca, Dunolly and Maryborough. We are now involving consumers for the first time on clinical meetings and again this insight is invaluable.

MDHS continues to enjoy strong partnerships which at all levels bring terrific outcomes. The numbers of partnerships are too great to list, but every partnership has the key objective of meeting the community's needs.

Year in Review

This year we are farewelling some long term Board Members who have given us enormous service. They are Lynn Symonds, Fiona Lindsay, Ray Hannan who has been a terrific treasurer, and Bernie Ward.

Bernie was the inaugural chair of the Clinical Governance Committee and we thank her for her leadership in this space.

We are extremely fortunate to have a well-credentialed, outstanding management team right across the organisation. Their engagement and team approach is driving the organisation forward with a commitment to on-going improvement. Terry Welch our CEO is an inspirational leader whose vision and drive is reflective in the high performing health service MDHS is today. We thank Terry and the entire staff team at MDHS for their service and commitment.

The corporate performance of the organisation has been outstanding with a strong fiscal result recorded along with the service delivery expectations being met. We are trying as much as possible to aim for even higher service delivery models next year.

In conclusion, I would like to acknowledge that this has been another remarkable year for MDHS and I look forward to sharing our ongoing achievements with the community as they arise.

Peter McAllister
President, Board of Management

Year in Review

Chief Executive's Report

It gives me great pleasure to provide my Chief Executive Officer report on behalf of the staff at MDHS.

The past year has been a year where we have continued to focus on service improvement and refinement.

A highlight of the year has been the establishment of community consultative forums in Avoca, Dunolly and Maryborough. To be able to meet and talk directly with the communities has provided a terrific insight into the community's needs and vies for the health service. To have such strong engagement is critical to ensure alignment with the health service and communities needs and priorities. I thank all community members for their commitment and collegiality at the meetings and for giving up their time to be with us for these meetings.

Throughout the year we have appreciated feedback from people who have used our service. There has been positive feedback on how we can improve and suggestions of how we can improve. We welcome such feedback and I hope this continues into the future as we want to continue to learn and improve.

We have enjoyed continued strong service delivery and business performance across all areas of our Health Service. We have strengthened our governance systems for all aspects of our business. The establishment of the Obstetric Services, Urgent Care and Surgical Services governance committees are terrific advancements. These are multidisciplinary meetings providing a robust platform for clinical service management of these specific programs.

For the year we have met all major targets of activity and achieved a strong fiscal result which is a credit to the team and the Board of Management. As with all businesses we remain highly vigilant to our finances and ensure we are prudent with every resource we have.

As staff members we have thoroughly enjoyed celebrating our successes where appropriate with the community. The opening of the Wellness Centre and the 160th celebrations with the Premier of Victoria being with us were terrific highlights. Internally we have celebrated terrific results in cleaning and catering standards, and have celebrated the continued accreditation across all areas of our business.

I am very fortunate to be working with the highly dynamic Board of Management. They have embraced our journey, and provided the support and inspiration to enable us as a health service to achieve so much. I thank the current Board members who donate their time on a voluntary basis to govern our organisation, for their commitment, support and preparedness to challenge the team as we strive for our strategic goals.

I also want to acknowledge the Department of Health and Human Services both at the central and regional office (Loddon Mallee). The support and leadership of the regional team to Maryborough is greatly appreciated.

I thank my colleagues and all staff who make MDHS the vibrant, focused and enjoyable place to work.

Terry Welch
Chief Executive

Corporate Governance

In accordance with the *Financial Management Act 1994*, I am pleased to present the Report of Operations for Maryborough District Health Service for the year ending 30 June 2016.

Peter McAllister
President, Board of Management
Maryborough District Health Service

31 July 2016

Responsible Bodies Declaration

Board of Management

The Board of Management (BOM) administers Maryborough District Health Service according to established Corporate Governance practices and procedures, which are reviewed regularly. The BOM is responsible for governance and legislative compliance and works within the framework of the *Health Services Act* to establish policies and deliver, within its financial limitations, a strategic direction for the management of Maryborough District Health Service.

Members of the Board of Management are appointed by the Governor-in-Council on the recommendation of the Minister for Health. The usual term of office is three years, with members able to seek re-appointment. Members receive no remuneration for activities associated with the Health Service BOM.

Pecuniary and Conflict of Interest

At the commencement of each Board meeting, members are asked to declare pecuniary and conflict of interest. None were recorded for the year.

Board of Management as at 30 June 2016

President: Peter McAllister
General Manager True Foods
Appointed: 2013
Term of Office: 01.07.13 – 30.06.16

Vice-President: Darren Murrell Cert Tech and Man Operations
Production Assistant
Appointed: 2010
Term of Office: 01.07.13 – 30.06.16

Treasurer: Ray Hannan BAppSc, DipAppChem, DipEd(Sec)
Retired School Principal
Appointed: 2010
Term of Office: 01.07.13 – 30.06.16

Member: Bernadette Ward PhD, GradCertEd, BNsg, MPbulicHlth&TropicalMed, MHlthSci(Public Health Practice)
Senior Research Fellow
Appointed: 2013
Term of Office: 01.07.13 – 30.06.16

Member: Lynette Symons DipComServices (Fin Planning), DipCom Welfare Work
Rural Financial Counsellor
Appointed: 2009
Term of Office: 01.07.12 – 30.06.16

Member: Fiona Lindsay BA(LaTrobe), GradDipSocWork(Melb)
Small Business Owner
Appointed: 2008
Term of Office: 01.07.13 – 30.06.16

Member: Robert Osborne OAM, DipApp Chem,
TTTC Retired Technical Teacher, Civil Celebrant
Appointed: 2008
Term of Office: 01.07.12 – 30.06.16

Member: Kylie Moloney
Principal Lawyer
Appointed: 2015
Term of Office: 01.07.2015-30.6.16

Member Kelly Mason B.Com
General Manager
Appointed: 2015
Term of Office: 01.07.15 – 30.06.16

Corporate Governance

Committees of the Board of Management

Audit

The Audit committee is responsible for the operation of the financial and risk management framework of MDHS, the performance and independence of internal auditors and the effectiveness of management and other systems of internal control. The committee also monitors compliance with laws and regulations and its own code of conduct and code of financial practice. Crowe Horwath has been the appointed Internal Auditor for 2015-2016

Committee Members

- Peter Egan (Independent member)
- Mark Johnston (Independent member)
- Lynette Symons (Chair)
- Ray Hannan
- Kylie Mason

Attendees

- Crowe Horwath (Internal Auditors)
- McLean Delmo Bentleys (VAGO Auditors)
- Chief Executive
- Director of Finance and Corporate Services

Clinical Governance (Quality Audit until September 2015)

The Clinical Governance committee is responsible for ensuring that client services are provided within an organisational wide quality program and culture. This is assured through monitoring, reporting, evaluation and improvement. It ensures that MDHS is compliant with all legal, regulatory and government standards and provides advice on clinical risk management planning processes and progress.

Committee Members

- Fiona Lindsay (Chair)
- Ray Hannan
- Peter McAllister
- Darren Murrell
- Bernadette Ward*

From September 2015, full Board of Management present.

Attendees

- Chief Executive
- Director of Clinical Services - Acute
- Director of Primary and Preventative Health
- Associate Director of Nursing/ Quality & Risk Manager

Medical Credentialing and Privileging

Meets on a regular basis to review registration and scope of practice of all medical staff. Operates credentialing and scope of practice systems in keeping with industry standards.

Committee Members

- Director of Medical Services, Eric Kennelly (Chair)
- Peter McAllister
- Bernadette Ward
- Robert Osborne
- Darren Murrell
- Visiting Medical Officers representatives

Attendees

- Chief Executive
- Director of Clinical Services - Acute
- Associate Director of Nursing/ Quality & Risk Manager

Corporate Governance

Health & Community Collaborative

The Health & Community Collaborative (HCC), comprising of community representatives, advises the BOM on major strategic issues and initiatives relevant to the health of the community. Members participate in broad strategic planning, policy development processes and act as a conduit with the community, all of which contribute to the advancement of MDHS' services in the community.

Committee Members

- Fiona Lindsay
- Kylie Moloney
- Community member representatives x6

Attendees

- Chief Executive
- Director of Primary Preventative Health
- Director of Clinical Services - Acute
- Associate Director of Nursing/ Quality & Risk Manager
- PR/Volunteer Coordinator

BOM sub- committees

CancerCare

Historical Archives Committee

Showcase of Innovations & Achievements

Organisational committees

Care Standards

Clinical Forms

Department Heads

Environmental Sustainability

Leadership & Management (previously known as Management Systems)

Maternity Services

Medication & Therapeutics

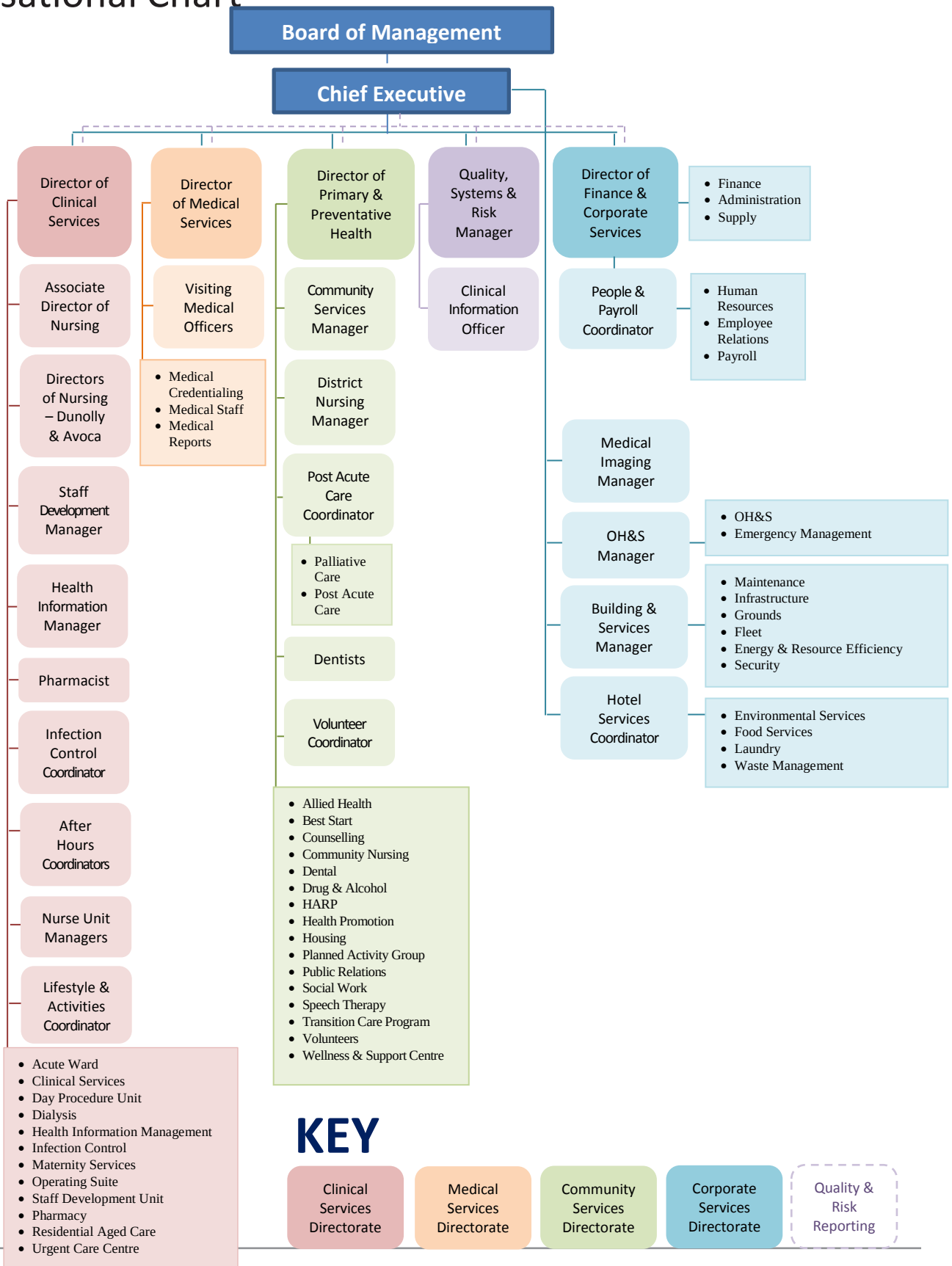
Occupational Health & Safety

Visiting Medical Officers

***Denotes Alternate Member**

Corporate Governance

Organisational Chart



Legislative Compliance

Attestations

Attestation on Data Integrity

I, Terry Welch, certify that the Maryborough District Health Service has put in place appropriate internal controls and processes to ensure that reported data reasonably reflects actual performance. The Maryborough District Health Service has critically reviewed these controls and processes during the year.

Terry Welch
Accountable Officer
Maryborough District Health Service

31 July 2016

Attestation for Compliance the Ministerial Standing Direction 4.5.5 – Risk Management Framework and Processes

I, Peter McAllister, certify that Maryborough District Health Service has complied with Ministerial Direction 4.5.5 – Risk Management Framework and Processes. Maryborough District Health Service Audit Committee has verified this.

Peter McAllister
Accountable Officer
Maryborough District Health Service

31 July 2016

Legislative Compliance

Compliance Information

Building and Maintenance

All building works have been designed in accordance with the Department of Health's Capital Development Guidelines and comply with the *Building Act 1993*, Building Regulations 2006 and Building Code of Australia, relevant at the time of works. All contractors are appropriately qualified. There were no Occupancy Permits issued during the financial year. There were no Building Permits issued during the financial year.

Recognition of Carers

MDHS recognises and values the unique relationship between clients and their carers and operates in an environment responsive to all parties and applies the overarching principles of the *Carer's Recognition Act 2012*.

Competitive Neutrality

All competitive neutrality requirements were met in accordance with Government costing policies for public hospitals.

Complaints

MDHS is committed to providing the best quality health care in the region. We value and encourage feedback from patients, clients and their families as well as visitors to our service. In this way we understand how and where we need to improve the way in which we deliver our programs.

This year we received 120 compliments and 58 formal concerns. All issues were satisfactorily resolved within MDHS.

Consultancies

In 2015-16, Maryborough District Health Service engaged 11 consultants where the total fees payable to the consultant were less than $10,000. The total expenditure incurred during 2015-16 in relation to these consultancies is $ 46,377 (excl GST).

Details of individual consultancies over $10,000:

Consultant	Purpose of consultancy	Start date	End date	Total approved project fee (ex GST)	Expenditure 2015-16 (ex GST)	Future expenditure (ex GST)
StuderGroup	Management training	01/07/15	30/06/16		80,009	$70,000
Oban Consulting	Residential Aged Care Review and Training				44,591	$22,400
The Aligned Group	Cancer Service Plan				17,000	-
Aspex	Strategic Plan			11,250	11,250	-

Declaration of Pecuniary Interest

All necessary declarations have been completed and none reported at Board meetings.

Legislative Compliance

Employment and Conduct Principles

MDHS is an equal opportunity employer and upholds the principles defined in the *Public Administration Act 2004* as to how employees can expect to be treated when applying for jobs, working together, seeking development or resolving disputes. The MDHS Code of Conduct reflects the public sector value of Responsiveness, Integrity, Impartiality, Accountability, Respect, Leadership and Human Rights.

Environmental Impacts

MDHS remains committed to improving our environmental impact and strives to provide health care in an environmentally sound and sustainable manner. Our Environmental Sustainability Committee oversees environmental sustainability initiatives such as the installation of 385 solar panels for the Maryborough site producing 100 kW of power. Following the success of this initiative we will look to roll this out to other sites.

Ex-Gratia Payments

There were no ex-gratia payments during the year.

Fees

Maryborough District Health Service charges fees in accordance with the Commonwealth Department of Health and Aged Care, the Commonwealth Department of Family Services and the Department of Human Services (Vic) directives, issued under Regulation 8 of the Hospital and Charities (Fees) Regulations 1986, as amended.

Financial Management Act 1994

In accordance with the Direction of the Minister for Finance part 9.1.3 (iv), information requirements have been prepared and are available to the relevant Minister, Members of Parliament and the public on request.

Freedom of Information (FOI)

Access to documents and records held by MDHS may be requested under the *Freedom of Information Act 1982*. Members of the public wishing to access documents can apply in writing to the FOI Principal Officer, Debbie Gervasoni at MDHS. This year 31 requests were received.

Hazardous Substances

The number of hazardous substances held on site has been reviewed and minimised, with risk assessments ongoing to ensure effective control of substances remaining in use. There have been no incidents related to hazardous substances or waste management practices for 2015-16. All staff who come into direct contact with hazardous substances undertake training in the management of these substances.

Occupational Health and Safety

Valuing respect as a core business requirement, staff, visitors and contractors are required to respect themselves and those around them by ensuring they have regard for health and safety.

In line with legislative requirements risks have been identified relating to MDHS' business. A variety of process improvements, mechanical aids and policies and procedures have been implemented to reduce the potential of a staff member or visitor becoming ill or injured at one of the Organisation's campuses.

Utilising the Victorian Health Incident Management System (VHIMS) staff are encouraged to report all incidents and near misses relating to their health and safety whilst at work. Reports from this system are presented to the Occupational Health & Safety Committee and Leadership & Management Committee which in turn report to the BOM.

Legislative Compliance

Protected Disclosure Act 2012

The Protected Disclosure Act enables people to make disclosures about improper conduct within the public sector without fear of reprisal. The Act aims to ensure openness and accountability by encouraging people to make disclosures and protecting them when they do. MDHS complies with the requirements of the Protected Disclosure Act 2012 and did not receive any disclosures in the 2014-15 financial year.

Privacy

MDHS recognises and is committed to the protection of the privacy of patient, resident, client and staff information. The Health Service has in place policies to ensure compliance with the *Health Records Act (Victoria) 2001*, *Privacy Act 2000* and the *Information Privacy Act 2000*. Patients, residents and clients are informed of their rights on first contact with the health service that all health information collected and medical records held in relation to their treatment is respected and confidentially maintained.

Publications

MDHS publishes a range of publications for consumers that is available on request at all campuses. The range includes information on health promotion, Community Services, the Annual and Quality of Care Report.

A community newsletter is distributed twice each year within the Health Service's catchment areas. All publications are available on our website mdhs.vic.gov.au.

Victorian Industry Participation Policy

The *Victorian Industry Participation Policy Act 2003* aims to ensure that local suppliers can participate in procurement and industry assistance activities across Government, wherever they offer the best value for money. MDHS complies with the requirements of this Act.

Workforce Data

Workforce Statistics **Labour Category**	**JUNE Current Month Full-time equivalent**		**JUNE Year to date Full-time equivalent**	
	2015	**2016**	**2015**	**2016**
Nursing	132.31	148.80	140.31	145.96
Administration and Clerical	28.92	29.39	33.96	29.59
Medical Support			-	
Hotel and Allied Services	45.83	50.76	45.64	50.33
Medical Officers	-	-	-	-
Hospital Medical Officers	-	-	-	-
Sessional Clinicians	-	-	-	-
Ancillary Staff (Allied Health)	29.67	33.04	36.16	31.75

Occupational violence statistics	2015-16
Workcover accepted claims with an occupational violence cause per 100 FTE	0
Number of accepted Workcover claims with lost time injury with an occupational violence cause per 1,000,000 hours worked.	0
Number of occupational violence incidents reported	23
Number of occupational violence incidents reported per 100 FTE	9.2
Percentage of occupational violence incidents resulting in a staff injury, illness or condition	8.7%

Definitions

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

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

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

Accepted Workcover claims – Accepted Workcover claims that were lodged in 2015-16.

Lost time – is defined as greater than one day.

Legislative Compliance

Compliance Disclosure Index

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

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Compliance Disclosure Index

Additional information (FRD 22F)

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

(a) A statement of pecuniary interest has been completed;

(b) Details of shares held by senior officers as nominee or held beneficially;

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

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

(e) Details of any major external reviews carried out on the Health Service;

(f) Details of major research and development activities undertaken by the Health Service that are not otherwise covered either in the Report of Operations or in a document that contains the financial statements and Report of Operations;

(g) Details of overseas visits undertaken including a summary of the objectives and outcomes of each visit;

(h) Details of major promotional, public relations and marketing activities undertaken by the Board to develop community awareness of the Board and its services;

(i) Details of assessments and measures undertaken to improve the occupational health and safety of employees;

(j) General statement on industrial relations within the Board and details of time lost through industrial accidents and disputes, which is not otherwise detailed in the Report of Operations;

(k) 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;

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

Glossary

ACHS	Australian Council on Healthcare Standards
ACSAA	Aged Care Standards Accreditation Agency
ATSI	Aboriginal and Torres Strait Islander
BHS	Ballarat Health Services
BOM	Board of Management consisting of community members appointed by the Government in Council
Burden of Disease	DOH's comprehensive information on health issues in communities across Victoria and the underlying risk factors
CALD	Culturally and Linguistically Diverse
CancerCare	MDHS project to enhance cancer services to the community
CGSC	Central Goldfields Shire Council
CPI	Consumer Participation Indicator
CT	Computed Tomography
CVHA	Central Victorian Health Alliance
DHSV	Dental Health Services Victoria
DOH	Department of Health
DOS	Day of Surgery
EGHS	East Grampians Health Service
EQuIP National	Accreditation Program; assessment against 10 National Safety and Quality Health Standards, along with 5 EQuIPNational Standards derived from key elements of the former EQuIP program
ES	Environmental Sustainability
ESWL	Elective Surgery Waiting List
FOI	Freedom of Information
GML	Grampians Medicare Local
GP	General Practitioner
HACC	Home and Community Care
HARP	Hospital Admission Risk Program
HH	Hand Hygiene
HS	Hotel Services
HPV	Health Purchasing Victoria
HSRG	Health Service Reference Group
ICAP	Improving Care for Aboriginal and Torres Strait Islander Patients
ICT / IT	Information Communications Technology / Information Technology
KPI	Key Performance Indicator
LMMML	Loddon Mallee Murray Medicare Local
LMR	Loddon Mallee Region
LOS	Length of Stay
LSOP / BCOP	Long Stay Older Persons / Better Care for Older People
MDHS	Maryborough District Health Service
MEC	Maryborough Education Centre
PAC	Post Acute Care
PCP	Primary Care Partnership
RAC	Residential Aged Care
RPFANC	Regional Patient Flow and Nursing Collaborative
RPHS	Rural Primary Health Services
SSA	State Services Authority
SRH	Stawell Regional Health
TCP	Transition Care Program
UCC	Urgent Care Centre
VCAL	Victorian Certificate of Applied Learning
VHIMS	Victorian Health Incident Management System
VICNISS	Healthcare Associated Infection Surveillance System
VMIA	Victorian Managed Insurance Authority
VMO	Visiting Medical Officer
VPSM	Victorian Patient Satisfaction Monitor
WIES	Weighted Inlier Equivalent Separations
WoSSP	Whole of System Student Placement Program

Donations

Auxiliaries

Avoca Health Service Auxiliary ($10,000)

Foundations

Freemasons Foundation Limited c/- ($4,160)

Community Groups

Avoca Country Womens Association ($100)
Mosquito Flat Racing Club Maryborough ($510)
Avoca Lions Club ($402)
Rheola Charity Carnival ($10,335)
Maryborough Senior Citizens Centra ($1,400)
Maryborough Masonic Lodge No 22 c/- ($2,840)
Ladies Probus Club of Maryborough ($325)
CWA Avoca Branch ($200)
Rotary Club of Maryborough ($5,000)

General Donations

Anonymous ($114,210)
Anonymous ($50)
Maryborough & Avoca Branch Bendigo Bank($22,000)
Anonymous ($5,619)
Ev Molina ($1,000)
Geoff Logan ($100)
Girrahween Trefoil Guild ($300)
Shari Sigam ($500)
Anonymous ($15,000)
Estate Tunks ($5,491)
Anonymous ($5,619)

Fundraising Golf Day

Naming Sponsor

True Foods ($5,000)

Hole Sponsors

Aaron Maffescioni Homes ($1,000)
ASQ Gardens & Landscape ($1,000)
Barker Trailers ($1,000)
Capilano Honey ($1,000)
Castle-Gate James ($1,000)
Central Power Pty Ltd ($1,000)
Cola Solar ($1,000)
CW Pacific Pty Ltd ($1,000)
Edlyn Foods ($1000)
Hutchins & Rowles T'port ($1,000)
Keith De Vries ($1,000)
Manildra ($1,000)
Maryborough Real Estate ($1,000)
Menora Foods ($1,000)
Sensate ($1000)
Viatek ICT Bendigo ($1,0000)
Visy Industries Pty Ltd ($1000)
Maryborough Toyota ($1,360)

Donations

AFS ($500)

Golf Day Teams

$3,050

Auction Proceeds

$5,790

CancerCare donations

Chimney Café ($460)
Bent Stems ($142)
T & C Walter ($100)
B & J Reed ($85)
Toyota ($171)
Freemantle Stock Feeds ($237)
Castlegate James Australasia

CancerCare Car (up to $510)

C Meisel
K Hobbs
J Baker
P Fernandez
M Kiel
D Chiswell
W Harper
Anonymous
J Walkingshaw
M Sadler
M Taylor
I Phillipson
T Hussey
B May
S Hoskins
M Flowers
M Ingham
B Cust
D Chiswell
F Boilford
D Williams
B Donaldson
W Evans
Marlene

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If the financial report is not attached and you would like a copy, please contact MDHS on telephone 5461 0333

Maryborough District Health Service

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75-87 Clarendon Street
Maryborough, Victoria 3465

Phone: +61 3 5461 0333
Fax: +61 3 5461 4480

mdhs@mdhs.vic.gov.au
mdhs.vic.gov.au

Incorporating:

Community Services
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75-87 Clarendon Street
Maryborough, Victoria 3465

Phone: +61 3 5461 0333
Fax: +61 3 5461 4828

Avoca Campus
10 Templeton Street
PO Box 75
Avoca, Victoria 3467

Phone: +61 3 5465 1202
Fax: +61 3 5465 3533

Dunolly Campus
20 Havelock Street
Dunolly, Victoria 3462

Phone: +61 3 5468 2900
Fax: +61 3 5468 1188

Inspiring health

MDHS

Inspiring Health

Financial Report

2015-2016

Contents

Maryborough District Health Service

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

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

We further state that, in our opinion, the information set out in the Comprehensive Operating Statement, Balance Sheet, Statement of Changes in Equity, Cash Flow Statement, and notes forming part of the financial statements, presents fairly the financial transactions during the year ended 30 June 2016 and financial position of Maryborough District Health Service at 30 June 2016.

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

We authorise the attached financial statements for issue on this day.

Peter Mcallister Chairperson	Terrence Welch Chief Executive Officer	Steven Jackel Chief Finance & Accounting Officer
Maryborough	Maryborough	Maryborough
25/8/2016	25/8/2016	25/8/2016

VAGO
Victorian Auditor-General's Office

Level 24, 35 Collins Street
Melbourne VIC 3000

Telephone 61 3 8601 7000
Facsimile 61 3 8601 7010

Website www.audit.vic.gov.au

INDEPENDENT AUDITOR'S REPORT

To the Board Members, Maryborough District Health Service

The Financial Report

I have audited the accompanying financial report for the year ended 30 June 2016 of the Maryborough District Health Service which comprises 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 & Accounting Officer's Declaration.

The Board Members' Responsibility for the Financial Report

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

Auditor's Responsibility

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

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The audit procedures selected depend on judgement, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, consideration is given to the internal control relevant to the entity's preparation and fair presentation of the financial report in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of the accounting policies used and the reasonableness of accounting estimates made by the Board Members, as well as evaluating the overall presentation of the financial report.

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

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, I and my 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 the Maryborough District Health Service as at 30 June 2016 and of its financial performance and its cash flows for the year then ended in accordance with applicable Australian Accounting Standards, and the financial reporting requirements of the *Financial Management Act 1994*.

Dr Peter Frost
Acting Auditor-General

MELBOURNE
26 August 2016

Maryborough District Health Service

Comprehensive Operating Statement

For the year ended 30 June 2016

	Note	2016 $'000	2015 $'000
Revenue from Operating Activities	2	33,276	31,930
Revenue from Non-operating Activities	2	201	214
Employee Expenses	3	(23,502)	(23,053)
Non Salary Labour Costs	3	(2,775)	(2,516)
Supplies and Consumables	3	(1,879)	(1,540)
Other Expenses	3	(4,327)	(4,483)
Net Result Before Capital and Specific Items		994	552
Capital Purpose Income	2	330	823
Expenditure for Capital Purpose	3	(85)	(109)
Depreciation	4	(3,012)	(2,939)
Net Result After Capital and Specific Items		(1,773)	(1,673)
Other Economic Flows Included in Net Result			
Net gain/(loss) on non-financial assets	2, 2a	(18)	10
Revaluation of Long Service Leave	3, 13	(114)	(43)
Total Other Economic Flows Included in Net Result		(132)	(33)
NET RESULT FOR THE YEAR		(1,905)	(1,706)
Other Comprehensive Income			
Items that will not be reclassified to net result			
Changes in physical asset revaluation surplus	16a	-	-
Total Other Comprehensive Income		-	-
COMPREHENSIVE RESULT		(1,905)	(1,706)

This Statement should be read in conjunction with the accompanying notes

Maryborough District Health Service
Balance Sheet
As at 30 June 2016

	Note	2016 $'000	2015 $'000
Current assets			
Cash and cash equivalents	5	3,289	1,293
Receivables	6	1,098	1,192
Investments and other financial assets	7	5,071	5,803
Inventories	8	22	105
Prepayments and Other Assets	9	437	39
Total current assets		9,917	8,432
Non-current assets			
Receivables	6	814	802
Property, plant and equipment	10	39,777	42,119
Investment properties	11	755	711
Total non-current assets		41,346	43,632
TOTAL ASSETS		51,263	52,064
Current liabilities			
Payables	12	1,857	1,542
Provisions	13	5,703	6,012
Other current liabilities	15	3,319	2,208
Total current liabilities		10,879	9,762
Non-current liabilities			
Provisions	13	719	732
Total non-current liabilities		719	732
TOTAL LIABILITIES		11,598	10,494
NET ASSETS		39,665	41,570
EQUITY			
Property, plant & equipment revaluation surplus	16a	22,551	22,551
Restricted specific purpose surplus	16a	486	486
Contributed capital	16b	13,776	13,776
Accumulated surpluses	16c	2,852	4,757
TOTAL EQUITY	16d	39,665	41,570
Commitments	19		
Contingent assets & contingent liabilities	20		

This Statement should be read in conjunction with the accompanying notes

Maryborough District Health Service
Statement of Changes in Equity for the year ended 30 June 2016

	Note	Property, plant & equipment revaluation surplus $'000	Restricted specific purpose surplus $'000	Contribution by owners $'000	Accumulated surpluses/ (deficits) $'000	Total $'000
Balance at 1 July 2014		22,551	486	13,776	6,463	43,276
Net result for the year		-	-	-	(1,706)	(1,706)
Other comprehensive income for the year	16a	-	-	-	-	-
Balance at 30 June 2015		22,551	486	13,776	4,757	41,570
Net result for the year		-	-	-	(1,905)	(1,905)
Other comprehensive income for the year	16a	-	-	-	-	-
Balance at 30 June 2016		22,551	486	13,776	2,852	39,665

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

Maryborough District Health Service
Cash Flow Statement
For the year ended 30 June 2016

	Note	2016 $'000	2015 $'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Operating grants from government		27,350	25,319
Capital grants from government		286	679
Patient and resident fees received		2,754	2,301
Private practice fees received		1,452	1,389
Capital donations and bequests received		-	122
GST received from/(paid to) ATO		2	(57)
Interest received		196	217
Other receipts		1,317	633
Total receipts		33,357	30,603
Employee expenses paid		(23,751)	(22,482)
Non salary labour costs		(2,787)	(2,516)
Payments for supplies and consumables		(2,194)	(1,584)
Other payments		(3,784)	(3,520)
Total payments		(32,516)	(30,102)
NET CASH FLOW FROM/(USED IN) OPERATING ACTIVITIES	17	841	501
CASH FLOWS FROM INVESTING ACTIVITIES			
Recognition of Cash from LMRHA		1	-
Proceeds from sale of investments		1,866	45
Payments for non-financial assets		(724)	(707)
Proceeds from sale of non-financial assets		36	92
NET CASH FLOW FROM/(USED IN) INVESTING ACTIVITIES		1,179	(570)
NET INCREASE/(DECREASE) IN CASH AND CASH EQUIVALENTS		2,020	(69)
Cash and cash equivalents at beginning of financial year		1,191	1,260
CASH AND CASH EQUIVALENTS AT END OF FINANCIAL YEAR	5	3,211	1,191

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 Maryborough District Health Service (ABN 81 511 515 955) for the period ended 30 June 2016. The purpose of the report is to provide users with information about Maryborough District Health Service's stewardship of resources entrusted to it.

(a) Statement of compliance

These financial statements are general purpose financial statements which have been prepared in accordance with the Financial Management Act 1994, and applicable 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.

Maryborough District 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 Maryborough District Health Service on 25th August 2016.

(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 2016, and the comparative information presented in these financial statements for the year ended 30 June 2015.

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 impairment losses. Revaluations are made and are re-assessed when new indices are published by the Valuer General 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;

- Available-for-sale investments which are measured at fair value with movements reflected in equity until the asset is derecognised.

- The fair value of assets other than land is generally based on their depreciated replacement value.

Judgements, estimates and assumptions are required to be made about the carrying values of assets and liabilities that are not readily apparent from other sources. The estimates and 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.

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

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

- the fair value of land, buildings, infrastructure, plant and equipment, (refer to Note 1(j);
- superannuation expense (refer to Note 1(g);
- 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).

Consistent with AASB 13 Fair Value Measurement, Maryborough District Health Service determines the policies and procedures for both recurring fair value measurements such as property, plant and equipment, investment properties and financial instruments, and for non-recurring fair value measurements such as non-financial physical assets held for sale, in accordance with the requirements of AASB 13 and the relevant FRDs.

All assets and liabilities for which fair value is measured or disclosed in the financial statements are categorised within the fair value hierarchy, described as follows, based on the lowest level input that is significant to the fair value measurement as a whole:

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

For the purpose of fair value disclosures, Maryborough District Health Service has determined classes of assets and liabilities on the basis of the nature, characteristics and risks of the asset or liability and the level of the fair value hierarchy as explained above.

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

The Valuer-General Victoria (VGV) is Maryborough District Health Service's independent valuation agency.

Maryborough District Health Service, in conjunction with VGV monitors the changes in the fair value of each asset and liability through relevant data sources to determine whether revaluation is required.

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 include all the controlled activities of Maryborough District Health Service.

Its principal address is:
75-87 Clarendon Street
Maryborough VIC 3465

A description of the nature of Maryborough District Health Service'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

Maryborough District Health Service's overall objective is to provide outstanding local care, as well as improve the quality of life to Victorians.

Maryborough District Health Service is predominately funded by accrual based grant funding for the provision of outputs.

(d) Principles of Consolidation

Jointly controlled assets or operations

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

(e) Scope and presentation of financial statements

Fund Accounting

Maryborough District Health Service operates on a fund accounting basis and maintains three funds: Operating, Specific Purpose and Capital Funds. Maryborough District Health Service'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 Human Services 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, Residential Aged Care Services (RACS) or local initiatives and/or the Commonwealth.

Residential Aged Care Service

The Residential Aged Care Service operations are an integral part of Maryborough District Health Service and share its resources. An apportionment of land and buildings has been made based on floor space. The results of the two operations have been segregated based on actual revenue earned and expenditure incurred by each operation in Note 2 & 3 to the financial statements.

The Residential Aged Care Service has a separate Committee of Management and is substantially funded from Commonwealth bed-day subsidies.

Comprehensive operating statement

The Comprehensive operating statement includes the subtotal entitled 'Net result Before Capital & Specific Items' to enhance the understanding of the financial performance of Maryborough District Health Service. This subtotal reports the result excluding items such as capital grants, assets received or provided free of charge, depreciation, expenditure using capital purpose income and items of an unusual nature and amount such as specific income and expenses. The exclusion of these items is made to enhance matching of income and expenses so as to facilitate the comparability and consistency of results between years and Victorian Public Health Services. The 'Net result Before Capital & Specific Items' is used by the management of Maryborough District Health Service, the Department of Health and Human Services and the Victorian Government to measure the ongoing 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, plant and equipment or intangible assets. 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
    * Diminution/impairment of investments
    * 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)

* Expenditure using capital purpose income, comprises expenditure which either falls below the asset capitalisation threshold or does not meet asset recognition criteria and therefore does not result in the recognition of an asset in the balance sheet, where funding for that expenditure is from capital purpose income.

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

Other economic flows; are changes arising from market remeasurements. They include:

* gains and losses from disposals of non-financial assets;
* revaluations and impairments of non-financial physical and intangible assets;
* remeasurement arising from defined benefit superannuation plans; and
* fair value changes of financial instruments.

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 opening from opening balance at the beginning of the reporting period to the closing balance at the end of the reporting period. It also shows separately changes due to amounts recognised in the comprehensive result and amounts recognised in other comprehensive income.

Cash flow statement

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

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 $1,000 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 Maryborough District Health Service and the income can be reliably measured at fair value. Unearned income at reporting date is reported as income received in advance.

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

Government Grants and other transfers of income (other than contributions by owners)

In accordance with AASB 1004 Contributions, government grants and other transfers of income (other than contributions by owners) are recognised as income when Maryborough District Health Service gains control of the underlying assets irrespective of whether conditions are imposed on Maryborough District 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 and Human Services

- Insurance is recognised as revenue following advice from the Department of Health and Human Services.
- Long Service Leave (LSL) - Revenue is recognised upon finalisation of movements in LSL Liability in line with the arrangements set out in the Metropolitan Health and Aged Care Services Division Hospital Circular 05/2013 (update for 2014-15).

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 reserve, such as specific restricted purpose reserve.

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.

Other Income

Other income includes non-property rental, recoveries of salaries and wages and hire of equipment.

(g) Expense Recognition

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

Cost of Goods Sold

Costs of good 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;
- Fringe Benefits Tax;
- 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 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 the 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 Maryborough District Health Service are entitled to receive superannuation benefits and Maryborough District Health Service contributes to both the defined benefit and defined contribution plans. The defined benefit plans provide benefits based on years of service and final average salary.

The name and details of the major employee superannuation funds and contributions made by Maryborough District Health Service are disclosed in note 14: Superannuation.

(g) Expense Recognition (Continued)

Depreciation

All 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.

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 and Human Services.

Assets with a cost in excess of $1,000 are capitalised and depreciation has been provided on depreciable assets so as to allocate 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.

	2016	2015
Buildings		
- Structure Shell Building Fabric	10 to 40 years	45 to 60 years
- Site Engineering Services and Central Plant	10 to 40 years	20 to 30 years
- Fit Out	10 to 40 years	20 to 30 years
- Trunk Reticulated Building Systems	10 to 40 years	30 to 40 years
Plant and Equipment	5 to 20 years	5 to 20 years
Medical Equipment	3 to 10 years	3 to 10 years
Computers and Communication	3 to 10 years	3 to 10 years
Furniture & Fittings	5 to 14 years	5 to 14 years
Motor Vehicles	10 years	10 years

As part of the buildings valuation, building values were separated into components and each component assessed for its useful life which is represented above. Intangible produced assets with finite lives are depreciated as an expense on a systematic basis over the asset's useful life.

Grants and Other Transfers

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

Other Operating Expenses

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

Supplies and Consumables

Supplies and consumables 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 Economic Flows Included in Net Result

Other economic flows are changes in the volume or value of assets or liabilities that do not result from transactions.

Net Gain / (Loss) on Non-Financial Assets

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

Revaluation gains / (losses) of non-financial physical assets

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

Impairment of Non-Financial Assets

Goodwill and intangible assets with indefinite useful lives (and intangible assets not available for use) are tested annually for impairment and whenever there is an indication that the asset may be impaired. Refer to Note 1 (j) Assets.

Other gains/(losses) from Other Economic Flows

Other gains/(losses) include:

a. The revaluation of the present value of the long service leave liability due to changes in the bond interest rates, this will include the impact of changes related to the impact of moving from the 2004 long service leave model; and

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

(i) Financial Instruments

Financial instruments arise out of contractual agreements that give rise to a financial asset of one entity and a financial liability or equity instrument of another entity. Due to the nature of Maryborough District Health Service'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

Reclassification of financial instruments at fair value through profit or loss

Financial instrument assets that meet the definition of loans and receivables may be reclassified out of the fair value through profit and loss category into the loans and receivables category, where they would have met the definition of loans and receivables had they not been required to be classified as fair value through profit and loss. In these cases, the financial instrument assets may be reclassified out of the fair value through profit and loss category, if there is the intention and ability to hold them for the foreseeable future or until maturity.

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.

Reclassification of available-for-sale financial assets

Available-for sale financial instrument assets that meet the definition of loans and receivables may be classified into the loans and receivables category if there is the intention and ability to hold them for the foreseeable future or until maturity.

Financial liabilities at amortised cost

Financial instrument liabilities are initially recognised on the date they originated. They are initially measured at fair value plus any directly attributable transaction costs. Subsequent to initial recognition, these financial instruments are measured at amortised cost with any difference between the initial recognised amount and the redemption value being recognised in profit and loss over the period of the interest- bearing liability, using the effective interests rate method.

Financial instrument liabilities measured at amortised cost include all of Maryborough District Health Service's contractual payables, deposits held and advances received, and interest-bearing arrangements other than those designated at fair value through profit and loss.

(j) Assets

Cash and Cash Equivalents

Cash and cash equivalents recognised on the balance sheet comprise cash on hand and cash at bank, deposits at call and highly liquid investments (with an original maturity of less than 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 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.

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 debts 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

Hospital investments must be in accordance with Standing Direction 4.5.6 - Treasury Risk Management.
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.

Maryborough District Health Service 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.

Maryborough District Health Service 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.

(j) Assets (Continued)

Inventories

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

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

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

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

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

Non-financial Physical Assets Classified as Held for Sale

Non-financial physical assets and disposal groups and related liabilities are treated as current and are classified as held for sale if their carrying amount will be recovered through a sale transaction rather than through continuing use. This condition is regarded as met only when the sale is highly probable and the asset's sale (or disposal group) is expected to be completed within 12 months from the date of classification, and the asset is available for immediate use in the current condition.

Non-financial physical assets (including disposal groups) classified as held for sale are treated as current and are measured at the lower of carrying amount and fair value less costs to sell, and are not subject to depreciation.

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.

More details about the valuation techniques and inputs used in determining the fair value of non-financial physical assets are discussed in Note 10 Property, plant and equipment .

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

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

(j) Assets (Continued)

Revaluations of Non-current Physical Assets

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

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

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

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

Revaluation surplus is not normally transferred to accumulated funds on derecognition of the relevant asset.

In accordance with FRD 103F Maryborough District Health Service's non-current physical assets were assessed to determine whether revaluation of the non-current physical assets was required.

Investment Properties

Investment properties represent properties held to earn rentals or for capital appreciation or both. Investment properties exclude properties held to meet service delivery objectives of Maryborough District Health Service.

Investment properties are initially recognised at cost. Costs incurred subsequent to initial acquisition are capitalised when it is probable that future economic benefits in excess of the originally assessed performance of the asset will flow to Maryborough District Health Service.

Subsequent to initial recognition at cost, investments properties are revalued to fair value, determined annually be independent valuers. Fair values are determined based on a market comparable approach that reflects recent transaction prices for similar properties. Investment properties are neither depreciated nor tested for impairment.

Rental revenue from leasing of investment properties is recognised in the comprehensive operating statement in the periods in which it is receivable on a straight line basis over the lease term.

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.

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;
- 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 am expense except to the extent that the write-down can be debited to an asset revaluation reserve amount applicable to that same class of asset.

(j) Assets (Continued)

If there is an indication that there has been a reversal 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 joint operations

In respect of any interest in joint operations, Maryborough District Health Service recognises in the financial statements:

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

Impairment of Financial Assets

At the end of each reporting period Maryborough District Health Service 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 debt 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 2016 for its portfolio of financial assets, Maryborough District Health Service 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 2016. 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 held-for-trading;
- impairment and reversal of impairment for financial instruments at amortised cost; and
- disposals of financial assets.

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 Maryborough District 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 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 Maryborough District 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.

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 and Accrued Days Off

Liabilities for wages and salaries, including non-monetary benefits and annual leave are all recognised in the provision for employee benefits as 'current liabilities', because Maryborough District Health Service does not have an unconditional right to defer settlements of these liabilities.

Depending on the expectation of the timing of settlement, liabilities for wages and salaries and annual leave are measured at:

- Undiscounted value - if Maryborough District Health Service expects to wholly settle within 12 months; or
- Present value - if Maryborough District Health Service does not expect to wholly settle within 12 months.

Long Service Leave (LSL)

Liability for LSL is recognised in the provision for employee benefits.

Unconditional LSL is disclosed in the notes to the financial statements as a current liability, even where the health service 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:

- Undiscounted value - if the health service expects to wholly settle within 12 months; and
- Present value - if the health service does not expect to wholly settle within 12 months.

Conditional LSL 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. This non-current LSL liability is measured at present value.

Any gain or loss followed revaluation of the present value of non-current LSL liability is recognised as a transaction, except to the extent that a gain or loss arises due to changes in bond interest rates for which it is then recognised as an other economic flow.

(k) Liabilities (Continued)

Termination Benefits

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

The health service recognises termination benefits when it is demonstrably committed to either terminating the employment of current employees according to a detailed formal plan without possibility of withdrawal or providing termination benefits as a result of an offer made to encourage voluntary redundancy. Benefits falling due more than 12 months after the end of the reporting period are discounted to present value.

On-Costs

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

Superannuation Liabilities

Maryborough District Health Service does not recognise any unfunded defined benefit liability in respect of the superannuation plans because Maryborough District Health Service has no legal or constructive obligation to pay future benefits relating to its employees; its only obligation is to pay superannuation contributions as they fall due.

(l) Leases

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

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

For service concession arrangements, the commencement of the lease term is deemed to be the date the asset is commissioned. All other leases are classified as operating leases.

Finance Leases

Entity as lessor

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

Operating Leases

Entity as lessor

Rental income from operating lease is recognised on a straight-line basis over the term of the relevant lease.

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

In the event that lease incentives are given to the lessee, the aggregate cost of incentives are recognised as a reduction of rental income over the lease term, on a straight-line basis unless another systematic basis is more appropriate of the time pattern over which the economic benefit of the leased asset is diminished.

Entity as lessee

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

Lease Incentives

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

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

Leasehold Improvements

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

(m) Equity

Contributed Capital

Consistent with Australian Accounting Interpretation 1038 Contributions by Owners Made to Wholly-Owned Public Sector Entities and FRD 119A 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 & Equipment Revaluation Surplus

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

Financial Asset Available-for-Sale Revaluation Surplus

The available-for-sale revaluation surplus arises on the revaluation of available-for-sale financial assets. Where a revalued financial asset is sold that portion of the reserve which relates to that financial asset is effectively realised, and is recognised in the comprehensive operating statement. Where a revalued financial asset is impaired that portion of the reserve which relates to that financial asset is recognised in the comprehensive operating statement.

General Reserves

No General Reserves are in existence at the date of this report.

Restricted Specific Purpose Reserve

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

(n) Commitments

Commitments for future expenditure include operating and capital commitments arising from contracts. These commitments are disclosed by way of a note (refer to note 19) 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.

(o) Contingent assets and contingent liabilities

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

(p) Goods and Services Tax

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.

(q) AASs issued that are not yet effective

Certain new Australian accounting standards have been published that are not mandatory for the 30 June 2016 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 2016, 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. Maryborough District Health Service has not and does not intend to adopt these standards early.

Standard / Interpretation	Summary	Applicable for reporting periods beginning on	Impact on Health Service's Annual Statements
AASB 9 Financial Instruments	The key changes include the simplified requirements for the classification and measurement of financial assets, a new hedging accounting model and a revised impairment loss model to recognise impairment losses earlier, as opposed to the current approach that recognises impairment only when incurred.	1 January 2018	The assessment has identified that the financial impact of available for sale (AFS) assets will now be reported through other comprehensive income (OCI) and no longer recycled to the profit and loss. While the preliminary assessment has not identified any material impact arising from AASB 9, it will continue to be monitored and assessed.
AASB 2010-7 Amendments to Australian Accounting Standards arising from AASB 9 (December 2010)	The requirements for classifying and measuring financial liabilities were added to AASB 9. The existing requirements for the classification of financial liabilities and the ability to use the fair value option have been retained. However, where the fair value option is used for financial liabilities the change in fair value is accounted for as follows: - The change in fair value attributable to changes in credit risk is presented in other comprehensive income (OCI); and - Other fair value changes are presented in profit and loss. If this approach creates or enlarges an accounting mismatch in the profit or loss, the effect of the changes in credit risk are also presented in profit or loss.	1 January 2018	The assessment has identified that the amendments are likely to result in earlier recognition of impairment losses and at more regular intervals. Changes in own credit risk in respect of liabilities designated at fair value through profit and loss will now be presented within other comprehensive income (OCI). Hedge accounting will be more closely aligned with common risk management practices making it easier to have an effective hedge. For entities with significant lending activities, an overhaul of related systems and processes may be needed.

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

Standard / Interpretation	Summary	Applicable for reporting periods beginning on	Impact on Health Service's Annual Statements
AASB15 Revenue from Contracts with Customers	The core principle of AASB 15 requires an entity to recognise revenue when the entity satisfies a performance obligation by transferring a promised good or service to a customer.	1 January 2018	The changes in revenue recognition requirements in AASB 15 may result in changes to the timing and amount of revenue recorded in the financial statements. The Standard will also require additional disclosures on service revenue and contract modifications. A potential impact will be the upfront recognition of revenue from licenses that cover multiple reporting periods. Revenue that was deferred and amortised over a period may now need to be recognised immediately as a transitional adjustment against the opening returned earnings if there are no former performance obligations outstanding.
AASB 2014-1 Amendments to Australian Accounting Standards [Part E Financial Instruments]	Amends various AASs to reflect the AASB's decision to defer the mandatory application date of AASB 9 to annual reporting periods beginning on or after 1 January 2018 as a consequence of Chapter 6 Hedge Accounting, and to amend reduced disclosure requirements.	1 January 2018	This amending standard will defer the application period of AASB 9 to the 2018-19 reporting period in accordance with the transition requirements.
AASB 2014-4 Amendments to Australian Accounting Standards – Clarification of Acceptable Methods of Depreciation and Amortisation [AASB 116 & AASB 138]	Amends AASB 116 Property, Plant and Equipment and AASB 138 Intangible Assets to: - establish the principle for the basis of depreciation and amortisation as being the expected pattern of consumption of the future economic benefits of an asset; - prohibit the use of revenue-based methods to calculate the depreciation or amortisation of an asset, tangible or intangible, because revenue generally reflects the pattern of economic benefits that are generated from operating the business, rather than the consumption through the use of the asset.	1 January 2016	The assessment has indicated that there is no expected impact as the revenue-based method is not used for depreciation and amortisation.
AASB 2014-7 Amendments to Australian Accounting Standards arising from AASB 9	Amends various AASs to incorporate the consequential amendments arising from the issuance of AASB 9.	1 January 2018	The assessment has indicated there will be no significant impact for the public sector.

(q) 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 2014-9 Amendments to Australian Accounting Standards – Equity Method in Separate Financial Statements [AASB 1, 127 & 128]	Amends AASB 127 Separate Financial Statements to allow entities to use the equity method of accounting for investments in subsidiaries, joint ventures and associates in their separate financial statements.	1 January 2016	The assessment indicates that there is no expected impact as the entity will continue to account for the investments in subsidiaries, joint ventures and associates using the cost method as mandated if separate financial statements are presented in accordance with FRD 113A.
AASB 2014-10 Amendments to Australian Accounting Standards – Sale or Contribution of Assets between an Investor and its Associate or Joint Venture [AASB 10 & AASB 128]	AASB 2014-10 amends AASB 10 Consolidated Financial Statements and AASB 128 Investments in Associates to ensure consistent treatment in dealing with the sale or contribution of assets between an investor and its associate or joint venture. The amendments require that: - a full gain or loss to be recognised by the investor when a transaction involves a business (whether it is housed in a subsidiary or not); and - a partial gain or loss to be recognised by the parent when a transaction involves assets that do not constitute a business, even if these assets are housed in a subsidiary.	1 January 2016	The assessment has indicated that there is limited impact, as the revisions to AASB 10 and AASB 128 are guidance in nature.
AASB 2015-6 Amendments to Australian Accounting Standards – Extending Related Party Disclosures to Not-for-Profit Public Sector Entities [AASB 10, AASB 124 & AASB 1049]	The Amendments extend the scope of AASB 124 Related Party Disclosures to not-for-profit public sector entities. A guidance has been included to assist the application of the Standard by not-for-profit public sector entities.	1 January 2016	The amending standard will result in extended disclosures on the entity's key management personnel (KMP), and the related party transactions.
AASB 2015-8 Amendments to Australian Accounting Standards - Effective Date of AASB 15	This standards defers the mandatory effective date of AASB 15 from 1 January 2017 to 1 January 2018.	1 January 2018	This amending standard will defer the application period of AASB 15 to the 2018-19 reporting period in accordance with the transition requirements.
AASB 16 Leases	The key changes introduced by AASB 16 include the recognition of most operating leases (which are currently not recognised) on balance sheet.	1 January 2019	The assessment has indicated that as most operating leases will come on balance sheet, recognition of lease assets and lease liabilities will cause net debt to increase. Depreciation of lease assets and interest on lease liabilities will be recognised in the income statement with marginal impact on the operating surplus. The amounts of cash paid for the principal portion of the lease liability will be presented within financing activities and the amounts paid for the interest portion will be presented within operating activities in the cash flow statement. No change for lessors.

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

In addition to the new standards and amendments above, the AASB has issued a list of other amending standards that are not effective for the 2015-16 reporting period (as listed below). In general, these amending standards include editorial and references changes that are expected to have insignificant impacts on public sector reporting.

- AASB 2014-3 Amendments to Australian Accounting Standards - Accounting for Acquisitions of Interests in Joint Operations [AASB 1 & AASB 11]
- AASB 2014-6 Amendments to Australian Accounting Standards - Agriculture: Bearer Plants [AASB 101, AASB 116, AASB 117, AASB 123, AASB 136, AASB 140 & AASB 141]
- AASB 2015-2 Amendments to Australian Accounting Standards - Disclosure Initiative: Amendments to AASB 101 [AASB 7, AASB 101, AASB 134 & AASB 1049]
- AASB 2015-9 Amendments to Australian Accounting Standards - Scope and Application Paragraphs [AASB 8, AASB 133 & AASB 1057]
- AASB 2015-10 Amendments to Australian Accounting Standards - Effective Date of Amendments to AASB 10 and AASB 128
- AASB 2016-2 Amendments to Australian Accounting Standards - Disclosure Initiative - Amendments to AASB107

(r) Category Groups

The Maryborough District Health Service has used the following category groups for reporting purposes for the current and previous financial years.

Admitted Patient Services (Admitted Patients) comprises all acute and subacute admitted patient services, where services are delivered in public hospitals.

Emergency Department Services (EDS) comprises all emergency department services.

Aged Care comprises a range of in home, specialist geriatric, residential care and community based programs and support services, such as Home and Community Care (HACC) that are targeted to older people, people with a disability, and their carers.

Primary, Community and Dental Health comprises a range of home based, community based, community, primary health and dental services including health promotion and counselling, physiotherapy, speech therapy, podiatry and occupational therapy and a range of dental health services.

Residential Aged Care including Mental Health (RAC incl. Mental Health) referred to in the past as psychogeriatric residential services, comprises those Commonwealth-licensed residential aged care services in receipt of supplementary funding from the department 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 not reported elsewhere - (Other) comprises 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, drugs services including drug withdrawal, counselling and the needle and syringe program, 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: Analysis of Revenue by Source

	Admitted Patients 2016 $'000	Non Admitted 2016 $'000	EDS 2016 $'000	RAC 2016 $'000	Aged Care 2016 $'000	Primary Health 2016 $'000	Other 2016 $'000	Total 2016 $'000
Government Grants	13,313	732	1,760	6,788	1,450	2,062	1,227	27,332
Indirect Contributions by Department of Health and Human Services	40	-	-	-	-	-	-	40
Patient and Resident Fees	275	128	-	2,045	106	22	21	2,597
Private Practice and Other Patient Activities Fees	-	-	-	-	-	-	1,452	1,452
Property Income	24	-	-	-	-	-	215	239
Catering	-	-	-	-	-	-	58	58
Loddon Mallee Rural Health Alliance	-	-	-	-	-	-	568	568
Other Revenue from Operating Activities	376	2	28	7	-	314	263	990
Total Revenue from Operating Activities	14,028	862	1,788	8,840	1,556	2,398	3,804	33,276
Interest and Dividends	-	-	-	-	-	-	201	201
Total Revenue from Non-Operating Activities	-	-	-	-	-	-	201	201
Capital Purpose Income	-	-	-	-	-	-	330	330
Net Gain/(Loss) on non-financial assets	-	-	-	-	-	-	(18)	(18)
Total Capital Purpose Income	-	-	-	-	-	-	312	312
Total Revenue	14,028	862	1,788	8,840	1,556	2,398	4,317	33,789

Indirect contributions by Department of Health

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

Note 2: Analysis of Revenue by Source

	Admitted Patients 2015 $'000	Outpatients 2015 $'000	EDS 2015 $'000	RAC 2015 $'000	Aged Care 2015 $'000	Primary Health 2015 $'000	Other 2015 $'000	Total 2015 $'000
Government Grants	13,387	689	1,700	5,958	1,201	2,212	1,085	26,232
Indirect Contributions by Department of Health and Human Services	426	-	-	-	-	-	-	426
Patient and Resident Fees	295	34	-	1,987	127	27	27	2,497
Private Practice and Other Patient Activities Fees	-	-	-	-	-	-	1,389	1,389
Property Income	-	-	-	-	-	-	220	220
Catering	-	-	-	-	-	-	79	79
Loddon Mallee Rural Health Alliance	-	-	-	-	-	-	560	560
Other Revenue from Operating Activities	275	46	1	12	-	156	37	527
Total Revenue from Operating Activities	14,383	769	1,701	7,957	1,328	2,395	3,397	31,930
Interest and Dividends	-	-	-	-	-	-	214	214
Total Revenue from Non-Operating Activities	-	-	-	-	-	-	214	214
Capital Purpose Income	-	-	-	-	-	-	823	823
Net Gain/(Loss) on non-financial assets	-	-	-	-	-	-	10	10
Total Capital Purpose Income	-	-	-	-	-	-	833	833
Total Revenue	14,383	769	1,701	7,957	1,328	2,395	4,444	32,977

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

Note 2a: Net gain/(loss) on disposal of non-financial assets

	Total 2016 $'000	Total 2015 $'000
Proceeds from Disposals of Non-Current Assets		
Motor Vehicles	36	92
Total Proceeds from Disposal of Non-Current Assets	36	92
Less: Written Down Value of Non-Current Assets		
Plant and Equipment	5	-
Motor Vehicles	49	82
Total Written Down Value of Non-Current Assets Sold	54	82
Net gain/(loss) on Disposal of Non-Financial Assets	(18)	10

Note 3: Analysis of expenses by source

	Admitted Patients 2016 $'000	Outpatients 2016 $'000	EDS 2016 $'000	RAC 2016 $'000	Aged Care 2016 $'000	Primary Health 2016 $'000	Other 2016 $'000	Total 2016 $'000
Employee Expenses	10,759	506	1,352	7,158	1,270	1,618	953	23,616
Non Salary Labour Costs	978	264	25	296	9	7	1,196	2,775
Supplies and Consumables	1,332	48	148	204	29	23	95	1,879
Other Expenses from Continuing Operations	3,354	24	40	437	21	135	316	4,327
Total Expenditure from Operating Activities	16,423	842	1,565	8,095	1,329	1,783	2,560	32,597
Other Expenses	-	-	-	-	-	-	85	85
Depreciation (refer to note 4)	-	-	-	-	-	-	3,012	3,012
Total Other Expenses	-	-	-	-	-	-	3,097	3,097
Total Expenses	16,423	842	1,565	8,095	1,329	1,783	5,657	35,694

	Admitted Patients 2015 $'000	Outpatients 2015 $'000	EDS 2015 $'000	RAC 2015 $'000	Aged Care 2015 $'000	Primary Health 2015 $'000	Other 2015 $'000	Total 2015 $'000
Employee Expenses	10,967	467	1,284	6,663	966	1,842	907	23,096
Non Salary Labour Costs	907	289	29	174	18	41	1,058	2,516
Supplies and Consumables	1,137	30	115	129	26	17	86	1,540
Other Expenses from Continuing Operations	3,064	19	34	500	20	127	719	4,483
Total Expenditure from Operating Activities	16,075	805	1,462	7,466	1,030	2,027	2,770	31,635
Other Expenses	-	-	-	-	-	-	109	109
Depreciation (refer to note 4)	-	-	-	-	-	-	2,939	2,939
Total Other Expenses	-	-	-	-	-	-	3,048	3,048
Total Expenses	16,075	805	1,462	7,466	1,030	2,027	5,818	34,683

Note 4: Depreciation

	2016 $'000	2015 $'000
Depreciation		
Buildings	2,431	2,417
Computers and Communication	96	89
Medical Equipment	262	254
Plant and Equipment	83	73
Furniture and Fittings	64	56
Motor Vehicles	76	50
Total Depreciation	3,012	2,939

Note 5: Cash and Cash Equivalents

For the purpose 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.

	2016 $'000	2015 $'000
Cash on hand	2	1
Cash at bank	3,273	1,291
Total	3,275	1,292
Cash at bank - Joint Venture	14	1
Total	3,289	1,293
Represented by:		
Cash for Health Service Operations	3,211	1,191
Cash for Health Service Operations (as per Cash Flow Statement)	3,211	1,191
Cash for Monies Held in Trust	78	101
Cash for Joint Venture Operations	-	1
Total	3,289	1,293

Note 6: Receivables

	2016 $'000	2015 $'000
CURRENT		
Contractual		
Trade Debtors	247	284
Patient Fees	286	443
Accrued Revenue	228	221
Receivables - LMRHA	11	2
Accrued Investment Income	23	18
Less Allowance for Doubtful Debts		
Trade Debtors	(5)	(3)
Patient Fees	(17)	(76)
	773	889
Statutory		
GST Receivable	113	102
Department of Health and Ageing	74	-
Department of Health and Human Services	138	201
	325	303
TOTAL CURRENT RECEIVABLES	1,098	1,192
NON CURRENT		
Statutory		
Long Service Leave - Department of Health and Human Services	814	802
TOTAL NON CURRENT RECEIVABLES	814	802
TOTAL RECEIVABLES	1,912	1,994

(a) Movement in the Allowance for doubtful debts	2016 $'000	2015 $'000
Balance at beginning of year	79	69
Increase/(decrease) in allowance recognised in net result	(57)	10
Balance at end of year	22	79

(b) Ageing analysis of receivables

Please refer to note 18(b) for the ageing analysis of receivables.

(c)Nature and extent of risk arising from receivables

Please refer to note 18(b) for the nature and extent of credit risk arising from receivables.

Note 7: Investments & Other Financial Assets

	Operating Fund		Total	Total
	2016 $'000	2015 $'000	2016 $'000	2015 $'000
CURRENT				
Loans and Receivables				
Term Deposits				
Australian Dollar Term Deposits > 3 Months	5,071	5,803	5,071	5,803
Total Current	5,071	5,803	5,071	5,803
Represented by:				
Health Service Investments	1,489	3,295	1,489	3,295
Accommodation bonds	3,241	2,107	3,241	2,107
Joint Venture Investments	341	401	341	401
TOTAL	5,071	5,803	5,071	5,803

(a) Ageing analysis of investments and other financial assets

Please refer to note 18(b) for the ageing analysis of investments and other financial assets.

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

Please refer to note 18(b) for the nature and extent of credit risk arising from investments and other financial assets.

Note 8: Inventories

	2016 $'000	2015 $'000
CURRENT		
Pharmaceuticals - at cost	21	19
Other Stores on Hand - at cost	1	86
TOTAL INVENTORIES	22	105

Note 9: Prepayments and Other Assets

	2016 $'000	2015 $'000
Prepayments	400	32
Prepayments - LMRHA	37	7
TOTAL PREPAYMENTS	437	39

Note 10: Property, Plant and Equipment

(a) Gross carrying amount and accumulated depreciation

	2016 $'000	2015 $'000
Land		
- Land at Fair Value	767	767
Total Land	767	767
Buildings		
- Buildings Under Construction	18	29
- Buildings at Cost	330	178
- Buildings at Fair Value	40,783	40,783
- Less Accumulated Depreciation	4,848	2,417
Total Buildings	36,283	38,573
Plant and Equipment		
- Plant and Equipment at Fair Value	810	753
- Less Accumulated Depreciation	362	282
Total Plant and Equipment	448	471
Medical Equipment		
- Medical Equipment at Fair Value	2,855	2,713
- Less Accumulated Depreciation	1,567	1,321
Total Medical Equipment	1,288	1,392
Computers and Communications		
- Computers and Communication at Fair Value	584	468
- Less Accumulated Depreciation	396	301
Total Computers and Communications	188	167
Furniture and Fittings		
- Furniture and Fittings at Fair Value	736	669
- Less Accumulated Depreciation	277	213
Total Furniture and Fittings	459	456
Motor Vehicles		
- Motor Vehicles at Fair Value	456	329
- Less Accumulated Depreciation	112	36
Total Motor Vehicles	344	293
TOTAL PROPERTY PLANT AND EQUIPMENT	39,777	42,119

Note 10: Property, Plant and Equipment (Continued)

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

	Land $'000	WIP $'000	Buildings $'000	Plant and Equipment $'000	Medical Equipment $'000	Computers and Commnctns $'000	Furniture and Fittings $'000	Motor Vehicles $'000	Total $'000
Balance at 1 July 2014	767	1	40,783	389	1,558	215	462	239	44,414
Additions	-	28	178	137	88	41	50	186	708
LMRHA additions	-	-	-	18	-	-	-	-	18
Disposals	-	-	-	-	-	-	-	(82)	(82)
Depreciation (refer note 4)	-	-	(2,417)	(73)	(254)	(89)	(56)	(50)	(2,939)
Balance at 30 June 2015	767	29	38,544	471	1,392	167	456	293	42,119
Additions	-	(11)	152	57	163	117	67	176	721
LMRHA additions	-	-	-	3	-	-	-	-	3
Disposals	-	-	-	-	(5)	-	-	(49)	(54)
Depreciation (refer note 4)	-	-	(2,431)	(83)	(262)	(96)	(64)	(76)	(3,012)
Balance at 30 June 2016	767	18	36,265	448	1,288	188	459	344	39,777

Land and buildings carried at valuation

An independent valuation of Maryborough District Health Service's land and buildings was performed by the Valuer-General Victoria to determine the fair value of the land and buildings. The valuation, which conforms to Australian Valuation Standards, was determined by reference to the amounts for which assets could be exchanged between knowledgeable willing parties in an arm's length transaction. The valuation was based on independent assessments.

The effective date of the independent valuation was 30 June 2014.

Note 10: Property, Plant and Equipment (Continued)

(c) Fair value measurement hierarchy for assets as at 30 June 2016

	Carrying amount as at 30 June 2016	Fair value measurement at end of reporting period using:		
		Level 1 (1)	Level 2 (1)	Level 3 (1)
	$'000	$'000	$'000	$'000
Land at fair value				
Specialised land	767	-	-	767
Total of land at fair value	767	-	-	767
Buildings at fair value				
Specialised buildings	36,265	-	-	36,265
Total of building at fair value	36,265	-	-	36,265
Plant and equipment at fair value				
Plant equipment and vehicles at fair value				
- Vehicles (ii)	344	-	344	-
- Plant and equipment	1,095	-	-	1,095
Total of plant, equipment and vehicles at fair value	1,439	-	344	1,095
Medical equipment at fair value	1,288	-	-	1,288
Total medical equipment at fair value	1,288	-	-	1,288

(i) Classified in accordance with the fair value hierarchy, see Note 1
(ii) Vehicles are categorised to Level 2 assets as a market approach is appropriate for vehicles with an active resale market available.

There have been no transfers between levels during the period.

Note 10: Property, Plant and Equipment (Continued)

(c) Fair value measurement hierarchy for assets as at 30 June 2015 (Continued)

	Carrying amount as at 30 June 2015	Fair value measurement at end of reporting period using:		
		Level 1 (1)	Level 2 (1)	Level 3 (1)
	$'000	$'000	$'000	$'000
Land at fair value				
Specialised land	767	-	-	767
Total of land at fair value	767	-	-	767
Buildings at fair value				
Specialised buildings	38,544	-	-	38,544
Total of building at fair value	38,544	-	-	38,544
Plant and equipment at fair value				
Plant equipment and vehicles at fair value				
- Vehicles (ii)	293	-	293	-
- Plant and equipment	1,094	-	-	1,094
Total of plant, equipment and vehicles at fair value	1,387	-	293	1,094
Medical equipment at fair value	1,392	-	-	1,392
Total medical equipment at fair value	1,392	-	-	1,392

(i) Classified in accordance with the fair value hierarchy, see Note 1
(ii) Vehicles are categorised to Level 2 assets as a market approach is appropriate for vehicles with an active resale market available.

There have been no transfers between levels during the period.

Note 10: Property, Plant and Equipment (Continued)

(c) Fair value measurement hierarchy for assets (Continued)

Specialised land and specialised buildings

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

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

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

An independent valuation of the Maryborough District Health Service's specialised land and specialised buildings was performed by the Valuer-General Victoria. The valuation was performed using the market approach adjusted for CSO. The effective date of the valuation is 30 June 2014.

Vehicles

Maryborough District Health Service acquires new vehicles and at times disposes of them before completion of their economic life. The process of acquisition, use and disposal in the market is managed by Maryborough District Health Service who set relevant depreciation rates during use to reflect the consumption of the vehicles. The fair value of the vehicles reflects revaluation based on a an active resale market.

Plant and equipment

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

There were no changes in valuation techniques throughout the period to 30 June 2016.

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

Note 10: Property, Plant and Equipment (Continued)

(d) Reconciliation of Level 3 fair value as at 30 June 2016

	Land	Buildings	Plant and equipment	Medical equipment
	$'000	$'000	$'000	$'000
Opening Balance	767	38,544	1,076	1,392
Purchases (sales) & reclassifications	-	152	262	163
Gains or losses recognised in net result				
- Depreciation	-	(2,431)	(243)	(262)
- Impairment loss	-	-	-	-
Subtotal	767	36,265	1,095	1,293
Items recognised in other comprehensive income				
- Revaluation	-	-	-	-
Subtotal	-	-	-	-
Closing Balance	767	36,265	1,095	1,293
Unrealised gains/(losses) on non-financial assets	-	-	-	-
	767	36,265	1,095	1,293

There have been no transfers between levels during the period.

Reconciliation of Level 3 fair value as at 30 June 2015

	Land	Buildings	Plant and equipment	Medical equipment
	$'000	$'000	$'000	$'000
Opening Balance	767	40,783	1,066	1,558
Purchases (sales) & reclassifications	0	178	228	88
Gains or losses recognised in net result				
- Depreciation	-	(2,417)	(218)	(254)
- Impairment loss	-	-	-	-
Subtotal	767	38,544	1,076	1,392
Items recognised in other comprehensive income				
- Revaluation	-	-	-	-
Subtotal	-	-	-	-
Closing Balance	767	38,544	1,076	1,392
Unrealised gains/(losses) on non-financial assets	-	-	-	-
	767	38,544	1,076	1,392

There have been no transfers between levels during the period.

Note 10: Property, Plant and Equipment (Continued)

(e) Description of significant unobservable inputs to Level 3 valuations:

	Valuation technique	Significant unobservable inputs	Range (weighted average)	Sensitivity of fair value measurement to changes in significant unobservable inputs
Specialised land	Market Approach	Community Service Obligation (CSO) adjustment	20% (20%)	A Significant increase or decrease in the CSO adjustment would result in a significantly lower (higher) fair value
Specialised buildings	Depreciated replacement cost	Direct cost per square metre	$101 - $2,020/m² ($1,391, 2015: $1,391)	A significant increase or decrease in direct cost per square meter adjustment would result in a significantly higher or lower fair value
		Useful life of specialised buildings	10 - 40 years (30 years)	A significant increase or decrease in the estimated useful life of the asset would result in a significantly higher or lower valuation

Note 10: Property, Plant and Equipment (Continued)

(e) Description of significant unobservable inputs to Level 3 valuations: (Continued)

	Valuation technique	Significant unobservable inputs	Range (weighted average)	Sensitivity of fair value measurement to changes in significant unobservable inputs
Plant and equipment at fair value	Depreciated replacement cost	Cost per unit	$1,000 - $87,765 ($2,192, 2015: $2,008)	A significant increase or decrease in cost per unit would result in a significantly higher or lower fair value
		Useful life of PPE	5 - 20 years (6 years)	A significant increase or decrease in estimated useful life of the asset would result in a significantly higher or lower valuation
Medical equipment at fair value	Depreciated replacement cost	Cost per unit	$1,000 - $516,283 ($7,665, 2015: $8,077)	A significant increase or decrease in cost per unit would result in a significantly higher or lower fair value
		Useful life of PPE	3 - 10 years (8 years)	A significant increase or decrease in estimated useful life of the asset would result in a significantly higher or lower valuation

Note 11: Investment Properties

(a) Movements in carrying value for investment properties as at 30 June 2016

	2016 $'000	2015 $'000
Balance at Beginning of Period	711	689
Transfers to/(from) Investment Properties	-	-
Net Gain/(Loss) from Fair Value Adjustments	44	22
Balance at End of Period	755	711

The fair value of the Health Service's investment properties at 30 June, 2016 have been arrived on the basis of an independent valuation carried out by independent valuers Valuer General Victoria. The Valuation was determined by reference to market evidence of transaction process for similar properties with no significant unobservable adjustments, in the same location and condition and subject to similar lease and other contracts.

Note 12: Payables

	2016 $'000	2015 $'000
CURRENT		
Contractual		
Trade Creditors	1,135	982
Payables - LMRHA	77	42
Accrued Expenses	300	402
	1,512	1,426
Statutory		
GST Payable	17	4
Australian Taxation Office - PAYG	187	-
Department of Health and Human Services	141	112
	345	116
TOTAL PAYABLES	1,857	1,542

(a) Maturity analysis of payables
Please refer to Note 18(c) for the ageing analysis of contractual payables.

(b) Nature and extent of risk arising from payables
Please refer to Note 18(c) for the nature and extent of risks arising from payables.

Note 13: Provisions

	2016 $'000	2015 $'000
CURRENT		
Employee Benefits (Note 13 (a))		
Annual Leave (Note 13 (a))		
- unconditional and expected to be settled within 12 months (ii)	1,718	1,640
- unconditional and expected to be settled after 12 months (iii)	-	-
Accrued Wages and Salaries (Note 13 (a))		
- unconditional and expected to be settled within 12 months (ii)	296	799
- unconditional and expected to be settled after 12 months (iii)	-	-
Accrued Days Off (Note 13 (a))		
- unconditional and expected to be settled within 12 months (ii)	54	47
- unconditional and expected to be settled after 12 months (iii)	-	-
Long Service Leave (Note 13 (a))		
- unconditional and expected to be settled within 12 months (ii)	300	334
- unconditional and expected to be settled after 12 months (iii)	2,692	2,556
	5,060	5,376
Provision Related to Employee Benefit On-Costs		
- unconditional and expected to be settled within 12 months (ii)	334	305
- unconditional and expected to be settled after 12 months (iii)	309	331
	643	636
TOTAL CURRENT PROVISIONS	5,703	6,012
NON CURRENT		
Employee Benefits (i) (Note 13 (a))	637	648
Provisions Related to Employee Benefit On-Costs (Note 13 (a)) and (Note 13 (b))	82	84
TOTAL NON CURRENT PROVISIONS	719	732
(a) Employee Benefits and Related On-Costs		
CURRENT EMPLOYEE BENEFITS AND RELATED ON-COSTS		
Annual Leave entitlements	1,954	1,865
Accrued Wages and Salaries	308	830
Accrued Days Off	61	53
Unconditional Long Service Leave entitlements	3,380	3,264
NON CURRENT EMPLOYEE BENEFITS AND RELATED ON-COSTS		
Conditional Long Service Leave Entitlements (iii)	719	732
TOTAL EMPLOYEE BENEFITS AND RELATED ON-COSTS	6,422	6,744

Notes:
(i) Employee benefits consist of annual leave and long service leave accrued by employees. On-costs such as payroll tax and worker's compensation insurance are not employee benefits and are reflected as a separate provision.
(ii) The amounts disclosed are at nominal values
(iii) The amounts disclosed are at present values

Note 13: Provisions (Continued)

(b) Movements in provision

	2016 $'000	2015 $'000
Movement in Long Service Leave:		
Balance at start of year	3,996	3,589
- Revaluations	114	43
- Expense recognising employee service	404	847
Settlement made during the year	(415)	(483)
Balance at end of year	4,099	3,996

Note 14: 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 items.

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

	Paid Contribution for the Year		Contribution Outstanding at Year End	
	2016 $'000	2015 $'000	2016 $'000	2015 $'000
(i) Defined benefit plans:				
Health Super	25	44	-	-
Defined contribution plans:				
Health Super	1,425	1,591	-	-
HESTA	343	280	-	-
Total	1,793	1,915	-	-

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

Note 15: Other Liabilities

	2016 $'000	2015 $'000
CURRENT		
Monies Held in Trust		
- Patient Monies Held in Trust	78	101
- Accommodation Bonds (Refundable Entrance Fees)	3,241	2,107
Total Other Liabilities	3,319	2,208
* Total Monies Held in Trust Represented by the following assets:		
- Receivables (refer note 6)	-	-
- Cash Assets (refer note 5)	78	101
- Investments & Other financial assets (refer note 7)	3,241	2,107
TOTAL	3,319	2,208

Note 16: Equity

	2016 $'000	2015 $'000
(a) Surpluses		
Physical Asset Revaluation Surplus		
Balance at the beginning of the reporting period	22,551	22,551
Revaluation Increment/(Decrement)		
- Land	-	-
- Buildings	-	-
- Motor Vehicles	-	-
	-	-
Balance at end of reporting period*	22,551	22,551
*Represented by:		
- Land	254	254
- Buildings	21,968	21,968
- Motor Vehicles	132	132
- Plant and Equipment	197	197
	22,551	22,551
Restricted Specific Purpose Reserve		
Balance at the beginning of the reporting period	486	486
Balance at the end of the reporting period	486	486
Total Surpluses	23,037	23,037
(b) Contributed Capital		
Balance at beginning of the reporting period	13,776	13,776
Balance at the end of the reporting period	13,776	13,776
(c) Accumulated Surpluses		
Balance at beginning of the reporting period	4,757	6,463
Net Result for the Year	(1,905)	(1,706)
Balance at the end of the reporting period	2,852	4,757
(d) Total Equity at end of financial year	39,665	41,570

Note 17: Reconciliation of Net Result for the Year to Net Cash Inflow/(Outflow) from Operating Activities

	2016 $'000	2015 $'000
Net Result for the Year	(1,905)	(1,706)
Depreciation	3,012	2,939
Provision for Doubtful Debts	(57)	10
Net (Gains)/Loss from Sale of Property, Plant and Equipment	18	(10)
Unrealised (gain)/loss on investment properties	(44)	(22)
Joint Venture Net Result (net of Depreciation)	-	(82)
Change in Operating Assets and Liabilities		
(Increase)/Decrease in Receivables	152	(1,049)
(Increase)/Decrease in Inventories	83	(44)
(Increase)/Decrease in Prepayments	(398)	196
Increase/(Decrease) in Payables	302	(345)
Increase/(Decrease) in Employee Benefits	(322)	614
NET CASH FLOWS FROM OPERATING ACTIVITIES	841	501

Note 18: Financial Instruments

(a) Financial Risk Management Objectives and Policies

Maryborough District Health Service's principal financial instruments comprise of:

- Cash Assets
- Term Deposits
- Receivables
- Payables
- Accommodation Bonds

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

Maryborough District 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.

Maryborough District 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 Maryborough District Health Service's financial risks within government policy parameters.

2016	Contractual financial assets - loans and receivables	Financial liabilities at amortised cost	Total $'000
Financial Assets			
Cash and cash equivalents	3,289	-	3,289
Loans and Receivables	5,844	-	5,844
Total Financial Assets (i)	9,133	-	9,133
Financial Liabilities			
At amortised cost	-	4,831	4,831
Total Financial Liabilities (ii)	-	4,831	4,831

2015	Contractual financial assets - loans and receivables	Financial liabilities at amortised cost	Total $'000
Financial Assets			
Cash and cash equivalents	1,293	-	1,293
Loans and Receivables	6,692	-	6,692
Total Financial Assets (i)	7,985	-	7,985
Financial Liabilities			
At amortised cost	-	3,634	3,634
Total Financial Liabilities (ii)	-	3,634	3,634

(i) The total amount of financial assets disclosed here excludes statutory receivables (i.e. Amounts owing from Victorian Government and GST input tax credit recoverable)
(ii) The total amount of financial liabilities disclosed here excludes statutory payables (i.e. Taxes payable)

Note 18: Financial Instruments (Continued)

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

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

	Net holding gain/(loss) 2016 $000	Total interest income/ (expense) $'000	Fee income / (expense) $'000	Impairment loss $'000	Total $'000
2016					
Financial Assets					
Cash and cash equivalents (i)	-	52	-	-	52
Loans and Receivables (i)	-	149	-	-	149
Total Financial Assets	-	201	-	-	201
Financial Liabilities					
At amortised cost (ii)	-	-	-	-	-
Total Financial Liabilities	-	-	-	-	-
2015					
Financial Assets					
Cash and cash equivalents (i)	-	107	-	-	107
Loans and Receivables (i)	-	106	-	-	106
Total Financial Assets	-	213	-	-	213
Financial Liabilities					
At amortised cost (ii)	-	-	-	-	-
Total Financial Liabilities	-	-	-	-	-

(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

Note 18: Financial Instruments (Continued)

(b) Credit Risk

Credit risk arises from the contractual financial assets of Maryborough District Health Service, which comprise cash and deposits and non-statutory receivables . Maryborough District 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 Maryborough District Health Service. Credit risk is measured at fair value and is monitored on aregular 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 to obtain sufficient collateral or credit enhancements, where appropriate.

In addition, Maryborough District 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. Maryborough District 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 Maryborough District 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 Maryborough District Health Service's maximum exposure to credit risk without taking account of the value of any collateral obtained.

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

2016	Financial Institutions (BB credit rating) $'000	Government agencies (AAA credit rating) $'000	Government agencies (BBB credit rating) $'000	Other (min BBB credit rating) $'000	Total $'000
Financial Assets					
Cash and Cash Equivalents	3,289	-	-	-	3,289
Loans and Receivables					
- Trade Debtors	-	-	-	242	242
- Other Receivables (i)	-	-	-	531	531
- Term Deposits	4,471	600	-	-	5,071
Total Financial Assets	7,760	600	-	773	9,133
2015					
Financial Assets					
Cash and Cash Equivalents	1,293	-	-	-	1,293
Loans and Receivables					
- Trade Debtors	-	-	-	281	281
- Other Receivables (i)	-	-	-	608	608
- Term Deposits	2,558	3,245	-	-	5,803
Total Financial Assets	3,851	3,245	-	889	7,985

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

Note 18: Financial Instruments (Continued)

(b) Credit Risk (Continued)

Ageing analysis of financial assets as at 30 June

2016	Carrying Amount $'000	Not Past and Not Impaired $'000	Past Due But Not Impaired					Impaired Financial Assets $'000
			Less than 1 Month $'000	1-3 Months $'000	3 months - 1 Year $'000	1-5 Years $'000	Over 5 $'000	
Financial Assets								
Cash and cash equivalents	3,289	3,289	-	-	-	-	-	-
Loans and Receivables (i)								
- Trade Debtors	242	237	-	-	-	-	-	5
- Other Receivables	531	193	109	104	71	37	-	17
- Term Deposits	5,071	5,071	-	-	-	-	-	-
Total Financial Assets	9,133	8,790	109	104	71	37	-	22
2015								
Financial Assets								
Cash and cash equivalents	1,293	1,293	-	-	-	-	-	-
Loans and Receivables (i)								
- Trade Debtors	281	284	-	-	-	-	-	(3)
- Other Receivables	608	319	141	156	58	10	-	(76)
- Term Deposits	5,803	5,803	-	-	-	-	-	-
Total Financial Assets	7,985	7,699	141	156	58	10	-	(79)

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

Contractual financial assets that are either past due or impaired

There are no material financial assets which are individually determined to be impaired. Currently the Maryborough District Health Service does not hold any collateral as security nor credit enhancements relating to any of its financial assets.

There are no financial assets that have had their terms renegotiated so as to prevent them from being past due or impaired, and they are stated at their carrying amounts as indicated. The ageing analysis table above discloses the ageing only of contractual financial assets that are past due but not impaired.

(c) Liquidity Risk

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

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

Note 18: Financial Instruments (Continued)

(c) Liquidity Risk (Continued)

Maturity analysis of financial liabilities as at 30 June

2016	Carrying Amount $'000	Nominal Amount $'000	Maturity Dates: Less than 1 Month $'000	1-3 Months $'000	3 months - 1 Year $'000	1-5 Years $'000
Financial Liabilities						
At amortised cost						
Payables	1,512	1,512	1,512	-	-	-
Other Financial Liabilities (i)						
- Patient Trust	78	78	-	-	78	-
- Accommodation Bonds	3,241	3,241	-	-	3,241	-
Total Financial Liabilities	4,831	4,831	1,512	-	3,319	-
2015						
Financial Liabilities						
At amortised cost						
Payables	1,426	1,426	1,426	-	-	-
Other Financial Liabilities (i)						
- Patient Trust	101	101	-	-	101	-
- Accommodation Bonds	2,107	2,107	-	-	2,107	-
Total Financial Liabilities	3,634	3,634	1,426	-	2,208	-

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

(d) Market Risk

Maryborough District Health Service'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

Maryborough District Health Service 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 risk might arise primarily through the Maryborough District Health Service's interest bearing liabilities. Minimisation of risk is achieved by mainly undertaking fixed rate or non-interest bearing financial instruments. For financial liabilities, Maryborough District Health Service mainly undertake financial liabilities with relatively even maturity profiles.

Note 18: Financial Instruments (Continued)

(d) Market Risk (Continued)

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

2016	Weighted Average Effective Interest Rate (%)	Carrying Amount $'000	Interest Rate Exposure: Fixed Interest Rate $'000	Interest Rate Exposure: Variable Interest Rate $'000	Interest Rate Exposure: Non Interest Bearing $'000
Financial Assets					
Cash and Cash Equivalents	1.60	3,289	-	3,288	1
Loans and Receivables (i)					
- Trade Debtors		242	-	-	242
- Other Receivables		531	-	-	531
- Term Deposits	2.73	5,071	5,071	-	-
		9,133	5,071	3,288	774
Financial Liabilities					
At amortised cost					
Payables		1,512	-	-	1,512
Other Financial Liabilities					
- Patient Trust		78	-	-	78
- Accommodation Bonds		3,241	-	-	3,241
		4,831	-	-	4,831
2015					
Financial Assets					
Cash and Cash Equivalents	1.01	1,292	-	1,291	1
Loans and Receivables (i)					
- Trade Debtors		281	-	-	281
- Other Receivables		608	-	-	608
- Term Deposits	2.40	5,803	5,803	-	-
		7,984	5,803	1,291	890
Financial Liabilities (i)					
At amortised cost					
Payables		1,426	-	-	1,426
Other Financial Liabilities					
- Patient Trust		101	-	-	101
- Accommodation Bonds		2,107	-	-	2,107
		3,634	-	-	3,634

(i) The carrying amount excludes statutory financial assets and liabilities (i.e GST input tax credit and GST payable)

Note 18: Financial Instruments (Continued)

(d) Market Risk (Continued)

Sensitivity Disclosure Analysis

Taking into account past performance, future expectations, economic forecasts, and management's knowledge and experience of the financial markets, the Maryborough District Health Service believes the following movements are 'reasonably possible' over the next 12 months (Base rates are sourced from the Australian and New Zealand Banking Group Limited).

- A shift of 100 basis points up and down in market interest rates (AUD) from year-end rates of 2.73%;
- A parallel shift of +1% and -1% in inflation rate from year-end rates of 2%; and

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

	Carrying Amount	Interest Rate Risk			
		-1%		+1%	
2016	$'000	Profit $'000	Equity $'000	Profit $'000	Equity $'000
Financial Assets					
Cash and Cash Equivalents	3,289	(33)	(33)	33	33
Loans and Receivables					
- Trade Debtors	242	-	-	-	-
- Other Receivables	531	-	-	-	-
- Term Deposits	5,071	(51)	(51)	51	51
Financial Liabilities					
At amortised cost					
Payables	1,512	-	-	-	-
Other Financial Liabilities (i)					
- Patient Trust	78	-	-	-	-
- Accommodation Bonds	3,241	-	-	-	-
		(84)	(84)	84	84
2015					
Financial Assets					
Cash and Cash Equivalents	1,292	(13)	(13)	13	13
Loans and Receivables					
- Trade Debtors	281	-	-	-	-
- Other Receivables	608	-	-	-	-
- Term Deposits	5,803	(58)	(58)	58	58
Financial Liabilities					
At amortised cost					
Payables	1,426	-	-	-	-
Other Financial Liabilities (i)					
- Patient Trust	101	-	-	-	-
- Accommodation Bonds	2,107	-	-	-	-
		(71)	(71)	71	71

(i) The carrying amount excludes statutory financial assets and liabilities (i.e GST input tax credit and GST payable)

Note 18: 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 instruments with standard terms and conditions and traded in active liquid markets are determined with reference to quoted market prices; and
- 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.

Maryborough District Health Service considers that the carrying amount of financial instrument assets and liabilities recorded in the financial statements to be a fair approximation of their fair values, because of the short-term natureof the financial instruments and the expectation that they will be paid in full.

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

Comparison between carrying amount and fair value

	Carrying Amount 2016 $000	Fair Value 2016 $000	Carrying Amount 2015 $000	Fair Value 2015 $000
Financial Assets				
Cash and Cash Equivalents	3,289	3,289	1,292	1,292
Loans and Receivables (i)				
- Trade Debtors	242	242	281	281
- Other Receivables	531	531	608	608
- Term Deposits	5,071	5,071	5,803	5,803
Total Financial Assets	9,133	9,133	7,984	7,984
Financial Liabilities				
At amortised cost				
Payables	1,512	1,512	1,426	1,426
Other Financial Liabilities (i)				
- Patient Trust	78	78	101	101
- Accommodation Bonds	3,241	3,241	2,107	2,107
Total Financial Liabilities	4,831	4,831	3,634	3,634

(i) The carrying amount excludes statutory financial assets and liabilities (i.e GST input tax credit and GST payable)

Note 19: Commitments for Expenditure

There are no known commitments for expenditure as at the 30 June 2016 (2015: Nil)

Note 20: Contingent Assets and Contingent Liabilities

There are no known contingent assets or liabilities as at the 30 June 2016 (2015: Nil)

Note 21: Operating Segments

	RACS		Radiology		Other		Total	
	2016 $'000	2015 $'000	2016 $'000	2015 $'000	2016 $'000	2015 $'000	2016 $'000	2015 $'000
REVENUE								
External Segment Revenue	8,840	7,957	1,396	1,396	23,317	23,388	33,553	32,741
Intersegment Revenue	-	-	-	-	-	-	-	-
Total Revenue	8,840	7,957	1,396	1,396	23,317	23,388	33,553	32,741
EXPENSES								
External Segment Expenses	8,095	7,466	1,136	1,136	-	-	9,231	8,602
Unallocated Expenses	-	-	-	-	26,463	26,081	26,463	26,081
Total Expenses	8,095	7,466	1,136	1,136	26,463	26,081	35,694	34,683
Net Result from ordinary activities	745	491	260	260	(3,146)	(2,693)	(2,141)	(1,942)
Interest Income	-	-	-	-	214	214	214	214
(Gain)/Loss on the revaluation of Investment Properties	-	-	-	-	(22)	(22)	(22)	(22)
Net Result for Year	745	491	260	260	(2,910)	(2,457)	(1,905)	(1,706)
OTHER INFORMATION								
Segment Assets	21,530	21,863	1,538	1,562	-	-	23,068	23,425
Unallocated Assets	-	-	-	-	28,195	28,639	28,195	28,639
Total Assets	21,530	21,863	1,538	1,562	28,195	28,639	51,263	52,064
Segment Liabilities	3,947	3,550	116	104	-	-	4,063	3,654
Unallocated Liabilities	-	-	-	-	7,535	6,840	7,535	6,840
Total Liabilities	3,947	3,550	116	104	7,535	6,840	11,598	10,494
Investments in associates and joint venture partnerships	-	-	-	-	337	394	337	394
Acquisition of property plant and equipment	11	11	3	3	707	694	721	708
Depreciation	512	496	30	29	2,470	2,414	3,012	2,939

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

Business Segments	Services
Residential Aged Care Services (RACS)	Nursing Home, Hostel and Respite services
Radiology	X-Ray and Ultrasound services
Other	Acute, Primary Care, and other Aged Care services

Geographical Segment

Maryborough District Health Services operates predominantly in the district of Maryborough, Victoria. More than 90% of revenue, net surplus from ordinary activities and segment assets relate to operations in the district of Maryborough, Victoria

Note 22: Jointly Controlled Operations and Assets

Name of Entity	Principal Activity	Ownership Interest 2016 %	Ownership Interest 2015 %
Loddon Mallee Rural Health Alliance	Information Systems	6.68	6.81

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

	2016 $'000	2015 $'000
Current Assets		
Cash and cash equivalents	14	1
Investments	341	401
Receivables	7	2
Inventory	1	-
Other Current Assets	37	12
Total Current Assets	400	416
Non Current Assets		
Property, Plant and Equipment	14	31
Total Non Current Assets	14	31
Total Assets	414	447
Current Liabilities		
Trade Creditors	70	42
Accrued Expenses	7	11
Total Current Liabilities	77	53
Net Assets	337	394

Maryborough District Health Service interest in revenues and expenses resulting from jointly controlled operations and assets is detailed below:

	2016 $'000	2015 $'000
Revenues		
Revenue from Operating Activities	567	560
Capital Purpose Income	-	-
Total Revenue	567	560
Expenses		
Information Technology and Administrative Expenses	492	477
Expenditure Using Capital Purpose Income	102	-
Depreciation	18	19
Total Expenses	612	496
(Loss)	(45)	64

Commitments for Expenditure

There are no known commitments for expenditure as at 30 June 2016.

Contingent Assets and Contingent Liabilities

There are no known contingent assets or liabilities as at 30 June 2016.

Note 23: Responsible Persons 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:	Period
The Honourable Jill Hennessy, Minister for Health, Minister for Ambulance Services	01/07/2015 - 30/06/2016
The Honourable Martin Foley, Minister for Housing, Disability and Ageing, Minister for Mental Health	01/07/2015 - 30/06/2016

Governing Board	Period
Mr R.G. Hannan	01/07/2015 - 30/06/2016
Mrs K. Mason	01/07/2015 - 30/06/2016
Mr R.J. Osborne	01/07/2015 - 30/06/2016
Ms F.J. Lindsay	01/07/2015 - 30/06/2016
Mrs K. Moloney	01/07/2015 - 30/06/2016
Mrs B. Ward	01/07/2015 - 30/06/2016
Mr D. J. Murrell	01/07/2015 - 30/06/2016
Mr P. McAllister	01/07/2015 - 30/06/2016
Mrs L. A. Symons	01/07/2015 - 30/06/2016

Accountable Officer	Period
Mr T. Welch	01/07/2015 - 30/06/2016

	2016 No.	2015 No.
Remuneration of Responsible Persons		
The number of Responsible Persons are shown in their relevant income bands;		
Income Band		
$0 - $9,999	9	7
$210,000 - $219,999	-	1
$230,000 - $239,999	-	1
$240,000 - $249,999	1	-
Total Numbers	10	9

	2016 $'000	2015 $'000
Total remuneration received or due and receivable by Responsible Persons from the reporting entity amounted to:	246	257

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

Note 24: Executive Officer Remuneration

The numbers 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 offices is shown in the third and fourth columns. Base remuneration is exclusive of bonus payments, long-service leave payments, redundancy payments and retirement benefits.

	Total Remuneration		Base Remuneration	
	2016 No.	2015 No.	2016 No.	2015 No.
$100,000 - $109,999	2	2	2	2
$110,000 - $119,999	-	1	-	1
$120,000 - $129,999	1	-	1	-
$130,000 - $139,999	1	-	1	-
$140,000 - $149,999	1	-	1	-
Total	5	3	5	3
Total annualised employee equivalents (AEE) (i)	5	3	5	3
Total Remuneration	608	368	608	368

(i) Annualised employee equivalent is based on paid working hours of 38 ordinary hours per week over the 52 weeks for a reporting period.

Note 25: Remuneration of auditors

	2016 $'000	2015 $'000
Victorian Auditor-General's Office		
Audit of financial statements	18	17
Total	18	17

Note 26: Events Occurring after the Balance Sheet Date

There are no known events occurring after the balance sheet date which would require adjustment in this financial report.

Note 27: Alternative Presentation of Comprehensive Operating Statement

	2016 $'000	2015 $'000
Interest	201	214
Sales of goods and services	4,107	3,965
Grants	27,372	26,658
Other	2,127	2,130
Total Revenue	33,807	32,967
Employee expenses	23,502	23,096
Depreciation	3,012	2,939
Other operating expenses	9,066	8,648
Total Expenses	35,580	34,683
Net result from transactions - Net Operating Balance	(1,773)	(1,716)
Net gain/ (loss) on sale of non-financial assets	(18)	10
Other gains/ (losses) from other economic flows included in net result	(114)	-
Total Other Economic flows included in Net Result	(132)	10
Net Result	(1,905)	(1,706)

Appendix A

STATEMENT OF PRIORITIES – PART B

Financial Performance

Operating Result	Target	2015-16 actuals
Annual Operating result ($m)	0	$0.994

Cash management/liquidity	Target	2015-16 actuals
Trade creditors	< 60 days	57
Patient fee debtors	< 60 days	33

Asset management	Target	2015-16 actuals
Asset management plan	Full compliance	Full compliance
Adjusted current asset ratio	0.7	0.91
Days of available cash	14 days	58 days

Service performance

Operating Result	Target	2015-16 actuals
WEIS (public & private) performance to target	2,439	2,471

Quality and safety	Target	2015-16 actuals
Health Service accreditation	Full compliance	Full compliance
Residential Aged Care Accreditation	Full compliance	Full compliance
Cleaning standards	Full compliance	Full compliance
Healthcare worker immunization – Influenza (%)	75%	84%
Submission of data to VICNISS	Full compliance	Full compliance
Hand Hygiene Australia program	80%	88%

Patient experience and outcomes	Target	2015-16 actuals
Victorian Healthcare Experience Survey - data submission	Full compliance	Not achieved
Victorian Healthcare Experience Survey – patient experience Quarter 1	95% positive experience	% Achieved Non-compliant
Victorian Healthcare Experience Survey – patient experience Quarter 2	95% positive experience	% Achieved 100%
Victorian Healthcare Experience Survey – patient experience Quarter 3	95% positive experience	% Achieved 97.1%
Maternity – Percentage of women with prearranged postnatal home care	100%	100%

Governance, leadership and culture	Target	2015-16 actuals
People Matter Survey - percentage of staff with a positive response to safety culture questions	80%	72%

STATEMENT OF PRIORITIES – PART C

Activity and Funding

Activity Weighted Inlier Equivalent Separations (WIES)	Target	2015-16 actuals
WIES Public	2,229	2,214
WIES Private	210	257
WIES (Public and Private)	2,439	2,471
WIES DVA	96	108
WIES TAC	4	3
WIES TOTAL	2,539	2,582
Subacute, Non-Acute Admitted & Aged Care		
Maintenance Public	321	410
Health Independence Program	1,323	1,322
Residential Aged Care	33,267	32,148
HACC	28,587	28,467
Primary Health		
Community Health / Primary Care Programs	4,836	4,958

Appendix B

FIVE YEAR STATISTICAL INFORMATION

	2015-2016	2014-15	2013-14	2012-13	2011-12
	$000	$000	$000	$000	$000
Total Revenue	33,789	32,977	30,151	30,27	30,171
Total Expenses	35,694,	34,683	32,595	33,01	31,902
Net Results for year (inc Capital and Specific Items)	(1,905)	(1,706)	(2,444)	(2,746	(1,731)
Retained Surplus	2,852	4,757	6,463	8,90	11,653
Total Assets	51,263	52,064	52,691	43,83	43,345
Total Liabilities	11,598	10,494	9,415	9,35	9,382
Net Assets	39,665	41,570	43,276	34,48	33,963
Total Equity	39,665	41,570	43,276	34,48	33,963

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