

***Financial Management Act
Annual Reporting
Requirements
Public Hospitals
1998/99***

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Introduction

These guidelines are provided to assist Hospitals in the presentation of the Annual Report required under the *Financial Management Act 1994* (the Act) and the Directions of the Minister for Finance Part 9 – Reporting Provisions (under the Act). The Act and Directions apply to all Public Hospitals. Each Annual Report is to be divided into two sections:

- Report of Operations.
- Financial Statements including Explanatory Notes.

As was the case in 1997/98 there are separate requirements for the Annual Financial Statement under the Act. (Refer S 25 of the Act). *Note: Annual Financial Statement (AFS)* is the new name for *Consolidated Financial Reporting (CFR)* and results from the requirements of AAS31 '*Financial Reporting by Governments.*' Each Hospital needs to complete the prescribed formats in Excel on the supplied disk to meet the AFS reporting requirements. AFS information from agencies will be consolidated by the Department to produce a Portfolio return to Department of Treasury and Finance (DOTF). DOTF will then consolidate the Portfolio returns to produce the State's AFS report to be tabled in Parliament on 30 September, 1999.

Separate AFS instructions will be issued by the Department. The following guidelines are only for Annual Reporting.

It is recommended that the reporting process commence in early **June** with a mock run using **31 May, 1999** data incorporating, June data in early July in order to meet the **31 July** and **23 August, 1999** deadlines for Annual Reporting. (Refer to Timetable on page 11). Balance date for Hospitals is 30 June.

Submission of a June F1 and F2 for 1998/99 is required. The F2 mirrors the Annual Report. However the F2 for 1998/99 has been expanded to include a cash flow statement. The due dates for submitting the F1 and F2 are 21 July 1999 and 23 August 1999 respectively.

Abbreviations in these guidelines refer to Australian Accounting Standards ('AAS') and the Financial Management Act 1994 (the Act).

The guidelines include all requirements which are effective for financial periods ending after **1 July, 1998**.

Queries regarding the contents of these guidelines should be directed to your Regional Director.

Report of Operations

The following guidelines amplify the minimum requirements of the Report of Operations in the Financial Management Act 1994. Hospitals are to disclose this information in their Annual Reports and are to ensure consistency with the Financial Statements.

Consideration should be given to the most effective way of presenting information in the context of additional disclosures made by the Hospital. A separate 'statutory' Report of Operations required by the Act in one part of the Annual Report is often less effective than inclusion of the required information in the body of the non-financial section of the report. Cross-referencing can be used to ensure compliance with the minimum disclosures in the Act. While the Report of Operations is not required to be audited it should be presented to the Auditor-General's Contractor for comparison with the Financial Statements.

The following are the items requiring disclosure in order to provide readers with background and general information about the Hospital, its services, related entities and organisation structure. This information is required by the *Directions of the Minister for Finance / Part 9 Reporting Provisions*, (under the Act), and any updates from time to time.

Reporting Comments

The following information is required under Direction 9.1.2 (iv) (Directions of the Minister for Finance)

- (i) A statement of progress towards Year 2000 compliance in accordance with Direction 9.6.

The following information is required under Direction 9.1.3 (Directions of the Minister for Finance).

- (i) Relevant general information should include:
 - (a) the manner in which the entity was established and its relevant Minister;
 - (b) the objectives, functions, powers and duties of the entity;
 - (c) the nature and range of services provided by the entity including the persons or section of the community served by the entity.
 - (d) the administrative structure of the entity including:
 - (i) the names of the members of the governing board, Audit Committee and Chief Executive Officer;

(ii) the names of occupants of senior offices and a brief description of the area of responsibility of each office;

(iii) a chart setting out the organisational structure of the entity;

(e) a statement on workforce data at the end of the current and previous financial year as per the following labour categories and a general statement on the application of merit and equity principles during the year;

	1998/99	1997/98
(List labour categories)		
Include as a Category S.97 staff	_____	_____
TOTAL	=====	=====

(f) a summary of the application and operation of the Freedom of Information Act 1982 in relation to the entity.

(ii) Relevant financial and other information in respect of a financial year should include:

(a) a summary of the financial results for the year, from Annual Financial Statements, with comparative results for the preceding four financial years. Previous years data needs to be included and on the same basis for comparative purpose. Hospitals that have taken on Psychiatric Services from 1 July, 1998 should not adjust prior year's expenditure to reflect the change.

	1998/99	1997/98	1996/97	1995/96
	\$000	\$000	\$000	\$000
Total Expenses				
Total Revenue				
Operating Surplus (deficit)				
Retained Earnings (Accumulated losses)				
Total Assets				
Total Liabilities				
Net Assets				
Total Equity				
Other (list)				

- (b) a summary of significant changes in financial position during the year;
- (c) the operational and budgetary objectives of the entity for the financial year and performance against those objectives including significant activities and achievements during the year;
- (d) a summary of major changes or factors which have affected the achievement of the operational objectives for the year;
- (e) events subsequent to balance date which may have a significant effect on the operations of the entity in subsequent years;
- (f) for consultancies during the year costing in excess of \$100,000 per consultancy, a schedule listing the consultants engaged, particulars of the projects involved, the total fees incurred and future commitments in relation to each consultant;
- (g) for consultancies during the year costing less than \$100,000 per consultancy, the number and total cost of engagements;
- (h) a statement on the extent of compliance with the building and maintenance provisions of the *Building Act 1993*. Refer (*Minister for Finance Guideline Building Act 1993 / Standards for Publicly Owned Buildings / November, 1994.*)
- (i) a statement, to the extent applicable, that the information listed in the Directions of the Minister for Finance Part 9.1.3(iv) has been prepared and is available to the relevant Minister, Member of Parliament and the public on request.
- (j) a compliance index identifying the extent of compliance with statutory disclosure and other requirements.
- (k) a statement, to the degree applicable, on the extent of progress in implementation and compliance with National Competition Policy, including:
 - (i) the requirements of the Government policy statement, *Competitive Neutrality: A statement of Victorian Government Policy*; and
 - (ii) the *Victorian Government Timetable* for the *Review of Legislative Restrictions on Competition* and subsequent reforms.

Service, Activity and Efficiency measures

There are separate requirements for the networks/hospitals receiving Emergency, Critical Care and/or Elective services program funding (Hospital Access Program participants) and the other hospitals.

1. Networks/hospitals Hospital Access Program participants

Inner & Eastern Health Care Network	Barwon (elective and emergency only)
North Western Health Care Network	Ballarat (elective and emergency only)
Southern Health Care Network	Goulburn Valley (elective and emergency only)
Peninsula Health Care Network	Bendigo (elective and emergency only)
Women's & Children's Health Care Network- (elective and emergency only)	Latrobe Hospital (elective and emergency only)
Austin & Repatriation Medical Centre	Wangaratta (elective only)
St Vincent's Hospital	West Gippsland (elective only)

The following information is to be presented:

Service level

- Description of catchment area (The catchment area doesn't necessarily confine itself to geographical, it can be described in terms of what services it provides and what people would use those services).
- Population of catchment area, where applicable

Access

1. Elective surgery performance	1998/99
Category 1 proportion of patients admitted within 30 days % Category 2 proportion of patients admitted within 90 days % Average waiting times for Category 2 patients on the waiting list as at 30 June 1999 Average waiting times for Category 3 patients on the waiting list as at 30 June 1999	
<ul style="list-style-type: none"> • Elective results are provisional pending DHS review of data. 	

2. Emergency Department Performance	1997/98	1998/99
2a. Triage performance Category 1 patients receiving immediate attention Category 2 patients receiving attention within 10 minutes Category 3 patients receiving attention within 30 minutes		
2b. Patients staying in the Emergency Department for over 12 hours prior to admission to inpatient bed		
2c. Ambulance Bypass		
3. Average Available beds		
4. Number of Intensive Care Beds Total Average Open Total Average Available		
5. Number of Coronary Care Beds Total Average Open Total Average Available		

Definitions

(Refer also to Department Policy & funding Guidelines 1998/99)

1. Elective surgery performance

- Category 1, Admission within 30 days is desirable for a condition that has the potential to deteriorate quickly to the point that it may become an emergency.
- Category 2, Admission within 90 days desirable for a condition causing some pain, dysfunction or disability but which is not likely to deteriorate quickly or become an emergency.

The figures for Elective are as reported to the Elective Surgery Information System (ESIS). This data is only considered provisional at the time of preparing the annual reports.

Emergency Department Performance

2a. Triage waiting time

- Category 1, Resuscitation case requiring immediate treatment, for example major trauma, cardiac arrest, unconsciousness, shock. Calculated as an aggregate of total patients seen within time \ aggregate of total patients seen.
- Category 2, Emergency case requiring treatment within 10 minutes, for example , severe trauma, chest pain, severe pain, severe breathing difficulty. Calculated as an aggregate of total patients seen within time \ aggregate of total patients seen)
- Category 3, Urgent case requiring treatment within 30 minutes, for example , moderate trauma, infection, breathing difficulty. Calculated as an aggregate of total patients seen within time \ aggregate of total patients seen)

2b. Patients staying in the Emergency Department for over 12 hours prior to admission to inpatient bed

The period of stay is calculated from the time the patient presents to the emergency department to the time the patient leaves the emergency department. Calculated as the total number for the year.

2c. Ambulance Bypass

Hospital Emergency Departments are bypassed by ambulances when the emergency department has reached maximum capacity and the treatment of patients in the emergency department could be significantly compromised by the ambulance arrival of an additional patient requiring emergency treatment. Each individual period of ambulance bypass is for two hours or less. Calculated as the total number for the year.

The emergency data in 2a, 2b and 2c above is derived from data reported to the Department's VEMD.

3. Number of available beds

This is the number of occupied beds at midnight + unoccupied but staffed beds at midnight + day procedure beds which were staffed and available that day. For the year this should be calculated as the sum of available beds on each day of the year / 365. The number of available beds should be in accordance with the 1998/99 Agency Information Management System (AIMS) (refer S1 form for each program).

4. & 5. Number of ICU & CCU Beds

This is the average number of beds (excluding step down beds) which are open and available at 9.00AM. This data should as supplied to the Office of the Coordinator of Emergency and Critical Care.

Activity

Admitted Patient	Acute	Mental Health	Aged	Other	Total
Separations					
Same Day					
Multi Day					
Total Separations					
Emergency					
Elective					
Other inc Maternity					
Total Separations					
Public Separations					
Total WIES					
Separations per Available bed					
Total Bed Days					

Admitted patient data is to be sourced from the VIMD where feasible and definitions should be in accordance with the standards in the PRS\2 version 8 manual. As the final VIMD consolidation is scheduled to occur on 21 September and preparation of the data for the above table will be occurring before then, some estimation especially in WIES will be required to complete the table.

Non Admitted Patients	Acute	Mental Health	Aged	Other	Total
Emergency Medicine Attendances					
Outpatient Services - occasions of services					
Other Services - occasions of services					
Total occasions of service					
Victorian Ambulatory Classification System - Number of encounters					

Non admitted data should be in accordance with the definitions in the Agency Information Management System (AIMS) manual version 6.0 July 98. Refer to the S2 and S9 forms for the relevant programs.

2. Other Hospitals

Service level

Population in catchment
 Number of cases referred to other hospitals
 Description of services offered

Activity

Admitted Patient	Acute	Mental Health	Aged	Other	Total
Separations					
Same Day					
Multi Day					
Total Separations					
Emergency					
Elective					
Other inc Maternity					
Total Separations					
Public Separations					
Total WIES					
Separations per Available bed					
Total Bed Days					

Admitted patient data is to be sourced from the VIMD where feasible and definitions should be in accordance with the standards in the PRS2 version 7 manual. As the final VIMD consolidation is scheduled to occur on 21 September and preparation of the data for the above table will be occurring before then, some estimation especially in WIES will be required to complete the table. DHS will make available to the regions a dataset for separation and LOS data in the last week in August.

Non Admitted Patients	Acute	Mental Health	Aged	Other	Total
Emergency Medicine Attendances					
Outpatient Services - occasions of services					
Other Services - occasions of services					
Total occasions of service					

Non admitted data should be in accordance with the definitions in the Agency Information Management System (AIMS) manual version 6.0. July 98. Refer to the S2 forms for the relevant programs.

3. Revenue Indicators

To be completed by all hospitals

Average Collection Days

	1998/99	1997/98
Private		
TAC		
VWA		
Other Compensable		
Psychiatric		
Nursing Home		

Debtors Outstanding as at 30 June 1999

	Under 30 days	31-60 days	61-90 days	Over 90 days	Total 30/6/99	Total 30/6/98
Private						
TAC						
VWA						
Other Compensable						
Psychiatric						
Nursing Home						

ABBREVIATIONS:

'TAC' means Transport Accident Commission

'VWA' means Victorian WorkCover Authority

Financial Statements And Explanatory Notes

Introduction

The following Financial Statements and Explanatory Notes have been prepared to assist Hospitals in preparing their 1998/99 Annual Report Other material which should be used by Hospitals includes:

- Financial Management Act 1994.
- Directions of the Minister for Finance / Part 9 Reporting Provisions.
- Accounting and Financial Reporting Bulletins issued by the Department of Treasury and Finance.
- Australian Accounting Standards.
- Urgent Issues Pronouncements.
- Explanatory Notes and Financial Statement Formats which are included in these Guidelines.
- Finance and Accounting Manual.
- AIMS guidelines.

The Explanatory Notes deal with a range of particular matters which are intended to provide guidance to Hospitals. The formats and notes for the Annual report should not be seen as restrictive; they are intended to guide Hospital management in determining the type and level of information required. However, to ensure consistency in report presentation, Hospitals should not adopt a format substantially different from the format described in these guidelines.

It is emphasised that the Formats and Notes for the Annual Report are the *minimum* requirements and Hospitals are encouraged to provide additional information where necessary in the interests of presenting fairly their results and financial position and achieving informative disclosure. Rows or columns within the Financial Statement Formats and Notes which are not considered relevant should be excluded.

These guidelines provide formats for:

- Revenue and Expense Statement.
- Balance Sheet.
- Statement of Cash Flows
- Management Certificate
- Notes to the Financial Statements.

The *Consolidated* column in the statements is only to be used where controlled entities (subsidiaries) are included. Hospitals with no controlled entities are to use the *Total* columns for the aggregate of Hospital and segment items. The Revenue and Expense Statement, Balance Sheet, and Statement of Cashflows must be cross-referenced to Notes to explain relevant items included in those statements.

The Auditor-General's Report on the Financial Statements will be signed and dated on the basis of the *final* set of accounts signed by the Hospital.

Financial Statements, adopted by the Board, are to be submitted for audit by the Auditor-General within 8 weeks of the end of the financial year, that is, **23 August, 1999** (S.45 (2) of the Act). The Auditor-General will audit the Financial Statements to meet Annual Reporting requirements under the Act.

The Financial Statements must be processed in accordance with the yearly timetable to ensure compliance with the requirements under the Financial Management Act 1994. **30 September** is the deadline for Regions to collect from Hospitals and to submit to the Minister the Annual Report, that is (Report of Operations, Financial Statements and Audit Report). The Minister is required to have the reports tabled in Parliament on or before 31 October. **The Minister must report to Parliament any failure to comply with the time requirements under the Act and reasons therefore.**

Yearly Timetable

The key dates for the processing of the 1998/99 Annual Reports are:

- **Friday 30 July, 1999**

The first draft of the Annual Reporting Financial Statements and Notes should be forwarded by the Hospital to the Auditor-General's Contractor.

- **Monday 23 August, 1999**

The **final** signed Financial Statements and Notes, should be provided by the Hospital to the Auditor-General's Contractor to ensure printing and distribution of reports to the Minister with a copy to the Department. These should also be submitted to the Department via AIMS.

(Note :A copy of the supplied formatted Excel disk and a hardcopy for **Annual Financial Reporting (AFS)** must be provided by Hospitals to regions and forwarded to the Assistant Director Financial and Administrative Services, 15/555 Collins Street Melbourne by no later than **Monday 23 August,1999**. Refer separate guidelines for Annual Financial Reporting)

- **Thursday 30 September, 1999**

27 hard copies of the Annual Reports for hospitals and MPS (other than Networks and Denominational) duly signed by the Auditor-General and one disk are to be provided by Hospitals to regional offices. 67 copies of the Annual Reports duly signed by the Auditor-General and one disk for Networks and Denominational are to be forwarded to Assistant Director, Purchasing and Financial Policy, 17/555 Collins Street Melbourne.

Annual Reports which are late, that is, they are tabled after **31 October**, need to be accompanied with a late report specifying the reason(s) why the Annual Report failed to comply with the legislative requirements.

NOTE: It is not necessary for Hospitals to have their Annual Meeting before lodgement or release of the Annual Report.

The Auditor-General is required under the Audit Act 1994 to audit all Public Hospitals. All Hospital subsidiaries should supply audited Financial Statements to the Auditor-General's Contractor.

Explanation of Formats

Summary Of Significant Accounting Policies (AAS 6)

- a) Note 1 to the Financial Statements, which is the statement of accounting policies, should disclose in detail significant accounting principles and policies applied in preparing the Financial Statements. It should be stated that the Financial Statements are general purpose Financial Statements and that they adhere to Australian Accounting Standards and the Financial Management Act and Urgent Issues Group consensus views.
- b) An accounting policy is material or significant if its omission, non-disclosure or mis-statement would cause the Financial Statements to mislead users when making evaluations or decisions.
- c) The Hospital should include sufficient Notes to provide explanatory material so as to present fairly the Financial Statements of the Hospital.
- d) Any changes in accounting policies which materially affect the Financial Statements for the reporting period should be disclosed in a note stating the:
- nature of the change;
 - reason(s) for the change;
 - financial effect of the change.
- e) Any change in accounting policy which does not have a material effect on the Financial Statements for the reporting period but which may have a significant effect on the Financial Statements in subsequent periods should be disclosed in a note which states the:
- nature of the change;
 - reason(s) for the change;
 - that the change does not materially effect the current reporting period.
- f) The statement of accounting policies should include disclosure of:
- The overall valuation policy for assets, date of last valuation, name and qualifications of valuer.
 - The method of inventory valuation, for example:
 - first-in, first-out (FIFO)
 - weighted average cost.
 - The depreciation policy adopted.
 - The basis of accounting for employee entitlements.
 - The policy for disclosure of superannuation and accounting for superannuation costs.
 - The basis for distinguishing between capital funds, funds held for restricted purposes, funds held in perpetuity and operating funds.
 - The method of accounting for leases.
 - The treatment of assets and liabilities acquired during the fiscal year in association with either the integration of psychiatric services or amalgamation of Hospitals.

If between balance date of accounts and certification of Financial Statements by Hospitals a material event occurs, a note to this effect is required in the statements under **Note 1 Statement of Accounting Policies**.

Revenue and Expense Statement

The revenue and expense statement has been developed to be consistent with existing Government, Departmental and hospital sector requirements. The Statement is arranged to identify services supported by Health Service Agreement and those supported by Hospital and Community Initiatives.

In developing the revenue and expense statement reference has been made to the AIMS F1 return. In preparing the revenue and expense statement the hospital should refer to the relevant classifications and definitions in the Finance and Accounting Manual and AIMS guidelines.

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

This enables distinction to be drawn in relation to flows of funds between those relating to activities undertaken at the behest of government and those undertaken as a result of hospital and local community initiatives.

Although in some cases the distinction between the two sectors may not be immediately apparent, Hospital managers should ensure that those items that are reported under each sector are based on definitions contained in the Finance and Accounting Manual/AIMS guidelines. Evidence will need to be available for audit purposes to substantiate the basis for classifying items in a particular way. It is also necessary when arriving at the above classification of Revenue and Expenditure that full costs associated with Services Supported by Hospitals and Community Initiatives are brought to account. For example salary overheads, asset utilisation and administration.

Services supported by HSA are broken down into major revenue and expense items. These items are further reclassified in the Notes by program output groups consistent with the way the Department purchases services. The main output groups are:

- **Acute Care** includes Admitted Services, Outpatient Services, Emergency Department Services, Admitted Patient Substitution Services and System Maintenance and Development. This does not include acute care provided by Aged Care.
- **Mental Health** includes mainstreamed inpatient Psychiatric Services and Community Based Services.
- **Aged Care** includes services provided by Extended Care Centres, Specialists Hospitals, designated Aged Care funding for sub acute care in other Public Hospitals, Nursing Homes, Day Hospitals, HACC, Specific Grants – Palliative Care, Visiting Nursing and Aged Care Assessment Teams.
- **Co-Ordinated Care** includes Preschool Services, Child Care, Dental Services, Community Health, Family Support, Women's Health and Ethnic Health.
- **Public Health** includes Protection and Prevention, Health Care Evaluation, Alcohol and Drugs and Health Enhancement.
- **Other** covers anything outside the above service types, e.g. Early Parenting Centres.

Business Units

Business units are identifiable activities not funded or supported by the Department and under the control of the hospital's Board of Management. They generate revenue by offering a user-pays or fee-for-service.

Controlled Entity

This refers to an entity in which the decision making capacity is dominated directly or indirectly by the reporting hospital in relation to financial and operating policies of the entity so as to enable the entity to operate under those policies in pursuing the objectives of the reporting hospital. A common form of control within the public hospital industry is the capacity of the reporting hospital to dominate the composition of the board of directors or governing board of another entity. (Refer AAS24)

Donations

All donations are recognised as revenue when the cash is received. Where hospitals receive general donations (ie the donor has not specified conditions with respect to disbursement), these amounts shall be recorded as revenue under services supported by Health Service Agreement. For example donations collected from "accident and emergency area" should be recorded under other revenue against acute health program. If conditions have been specified they should be recorded as revenue under services supported by Hospital and Community Initiatives. Where donations are received for the purpose of acquiring non-current assets such as plant & equipment they should be reported under capital purpose income in the revenue and expense statement.

Depreciation

Depreciation is generally provided on a straight line basis at rates calculated to allocate the cost or valuation of an asset, less any estimated residual value over its estimated 'useful life'. It is calculated for all controlled/ owned physical assets.

Amortisation

Amortisation is generally provided on assets that are leased and is calculated in accordance to Australian Accounting Standard AAS17 Accounting for Leases. If you have items such as goodwill, patents, trademarks or R&D expenses that are being amortised, please insert these under 'Other Expenses'.

Balance Sheet

Assets

Cash

Cash on hand, in banks, and investments in money market instruments means:

- Petty cash, bank or financial institution deposits and investments (at call or highly liquid and readily convertible to cash within 24 hours) which an entity uses in its cash management function on a day to day basis.

Investments

This includes marketable securities held for trading and investment purposes, foreign and domestic—fixed and/or floating interest—deposits and share investments.

Receivables

Receivables are to be recorded at the amounts expected to be ultimately collected in cash and, therefore, net of any provision for bad and doubtful debts. This is to include accrued investment income.

Inventories

Inventories are to be valued at the lower of cost and net realisable value. The valuation methods used are weighted average cost and 'first in first out'.

Liabilities

Payables

This is to include payables for supplies and services, finance lease liabilities, capital expenditure and interest accrued.

Leases

Finance leases transfer to the entities as lessees substantially all the risks and rewards incidental to the ownership of a leased asset. The obligations under such leases are to be capitalised at the present value of the lease payments. The capitalised values are to be amortised over the period in which the entities expect to receive benefits from their use.

Operating leases, where the lessors substantially retain the risks and rewards of ownership, are to be recognised as expenses systematically over the term of the leases. The cost of leasehold improvements is to be capitalised and amortised over the remaining term of the lease or estimated useful life of the improvements, whichever is the shorter.

Borrowings

This is to include short and long term Government Bonds and Medium Term Notes.

The State's borrowings are to represent funds raised from the following sources:

- Loans raised by the Commonwealth on behalf of the State.
- Public domestic and overseas borrowing via the Treasury Corporation of Victoria; and
- Private and public domestic borrowing.

Borrowings in the Balance Sheet are carried at face value less unamortised discount/ premium.

Discount/premium is treated as an interest charge and amortised over the term of the debt.

Overseas borrowings are to be translated at exchange rates prevailing at balance date unless they are subject to forward exchange contracts where the contract rate is used or where hedging strategies are in place.

Exchange gains or losses are to be included in the Revenue and Expense Statement in the period in which they arise.

Employee Entitlements

Provision is made in the accounts for obligations in respect of long service leave and annual leave entitlements not taken at balance date. The amounts are to be accrued annually at current wage rates.

Other Liabilities

All other liabilities are to be recorded.

Equity

Contributed Capital

Can be recognised after two or more entities have amalgamated to form a **new** entity or where the Minister for Finance has directed recognition is justified as per the Accounting and Financial Reporting Bulletin No. 2.

Statement Of Cash Flows

Australian Accounting Standard AAS 28 'Statement of Cash Flows' requires a statement containing information about the entity's cash flows during the period to be included in the Financial Statements of each reporting entity and prepared in accordance to the standards set out in *AAS 28*.

The Financial Statements shall disclose by way of note the policy adopted for determining which items are classified as cash in the Statement of Cash Flows.

Cash Definition

Cash on hand, in banks, bank overdrafts and investments in money market instruments means:

- Petty cash, bank or financial institution deposits and investments (at call or highly liquid and readily convertible to cash within 24 hours) which an entity uses in its cash management function on a day to day basis.

The standard also refers to highly liquid investments being excluded from *cash* if they are pure investments for a return or for other specific purposes such as capital investments, as distinct from a daily cash management function.

The cash flows reported in such a statement for the period shall disclose separately the cash inflows and cash outflows. Furthermore, the amounts of cash at the beginning and end of the reporting period shall be shown in the Statement of Cash Flows. The cash balance as at the end of the reporting year shown in the Statement of Cash Flows shall be reconciled by way of note in the Financial Statements to the related items in the Balance Sheet of the same reporting period.

A reconciliation of cash and net cash used in operating activities to operating results are required as Notes.

Cash flows are to be reported gross with no offsetting receipts or payments. For example, WorkCover payments are to be included as a cash outflow and WorkCover recoups as a cash inflow.

If Hospitals merge or acquire entities the cash in bank from the acquired entities will be a cash inflow to the Hospital. A note to the statement will be required to describe the acquisition as a non-cash transaction if no purchase amount is paid.

Entities which are consolidated for reporting purposes are determined by *AAS 24*.

Acquisitions that do not involve cash, for example an asset swap or liability undertaking must be reported as a note.

Classification of items in the Statement may vary slightly for different Hospitals.

Supplementary Information

Voluntary Departure Packages/Targeted Separation Packages

To be classified as an abnormal item, if their size and effect has a material impact on the results, as they effectively represent salary expenses which are an ordinary operating outgoing and result from a management decision to reduce staff rather than from some external effect. However, any payment made for long service leave which has already been provided for by way of an accrued liability should be expensed against the liability and not recorded as an abnormal expense.

Abnormal Items

Abnormal items are items included in the Revenue and Expense Statement for the financial period by reason of their *size and effect* on the results for the reporting period. Examples are:

- Unusually large debt write-offs.
- Voluntary Departure Packages. (Where there is a material impact on the results for the period).

Extraordinary Items

Revenue and expense items are classified as extraordinary if they are attributable to events or transactions beyond the ordinary operations of the Hospital and are of a *non/recurring* nature. To illustrate, events that would warrant classification as an extraordinary item include:

- The sale or abandonment of a significant operating part of the Hospital or all the assets associated with those operations.
- The condemnation or unintended destruction of property.

Segment Reporting

Segments are distinguishable components of the internal Hospital entity, **not separately incorporated**. If separate incorporation exist a subsidiary relationship must be assessed as per AAS24.

Hospitals are required to disclose the financial results of segments such as nursing homes, linen services, psychiatric services and other material distinguishable components applicable to the internal Hospital entity in the Notes to the Financial Statements. The reporting requirements in AAS 16 form the minimum level of disclosure in respect of each segment. The materiality of a segment to the reporting entity can be measured in terms of revenue, surplus/deficit and assets employed. On that basis, only material segments warrant disclosure by the Hospital. Any intersegment transactions should be eliminated in order to avoid double counting. (Details in **Note 34**).

Payables And Borrowings

The disclosure of payables and borrowings in the **Notes to the Financial Statements** should include the following:

- Classification of the outstanding debts into ageing periods.
- Public borrowing or financial accommodation transactions must be clearly indicated.
- Secured liabilities and the nature of the security.

Financial Instruments

Accounting standard AAS 33 Financial Instruments is captured in **Note 27** which assumes that hospitals are not engaged in derivative instruments. (Note: For reporting requirements for derivative instruments refer AAS 33).

Contingent Liabilities

Contingent liabilities relate to any existing financial obligation which is likely to have a material effect on the balance sheet as a result of a future event, the occurrence of which is uncertain. Refer *Accounting and Financial Reporting Bulletin Issue 8 Reporting of Contingent Liabilities*. Contingent liabilities are recorded at the point at which the contingency is evident.

Superannuation

If an amount is paid or payable to a superannuation scheme, there must be a note to the Financial Statements showing the:

- Name(s) of the scheme(s) to which the body contributes.
- Amount of total contributions made by the body to the scheme(s) during the financial year.
- Amount of any contributions outstanding in respect of the financial year.
- Basis for calculating superannuation contributions payable by the body.
- Details of any loans from employee superannuation funds.

Commitments

Commitments disclosed are to include those operating and capital commitments arising from non-cancellable contractual or statutory obligations and any finance lease liabilities.

Accounting Issues

Valuation Of Library Books And Technical Data—If Material

Library books should be valued at cost and a depreciation charge calculated on a straight line basis.

Crown Land

Generally accepted accounting principles suggest that crown land should be valued and included in the balance sheet of the Hospital occupying the land. Where control of land is formally vested in an agency, the value of the land should be recorded as a non-current asset. However, where an agency pays an economic rental for use of the land, the land value should not be reported as a non-current asset in the agency's Balance Sheet. Where a peppercorn rental applies or the land is not formally vested but controlled by the agency, the land should be recognised as an asset. The date of last valuation, name and qualifications of valuer should be included.

Employee Entitlements

AAS30 sets out the reporting requirements for employee entitlements. Also refer to the Department of Treasury and Finance's Accounting and Financial Reporting Bulletins.

Employee entitlements include long service leave, accrued wages and salaries, annual leave and accrued days off (Refer **Note 12**). On-costs such as WorkCover and superannuation provision should be included in the calculation of leave provisions.

All staff, including **S.97** staff, are deemed to be employees of the Hospital whether employed directly or indirectly. As such all employee entitlements are to be accrued by the entity.

Long Service Leave

Long service leave provisions are reported as current and non-current liabilities. A current provision is an estimate of the likely cost over the next 12 months. A non-current provision is a projection beyond the next 12 months, measured at the present value of the estimated future cashflows arising from employees services to date, if material.

Accrued Wages And Salaries, Annual Leave And Accrued Days Off

Provisions for employee entitlements are reported as a liability in the Balance Sheet with details disclosed in a note. The liability is calculated on what is owed at **30 June**.

Sick Leave

A current liability should only be recognised if it is probable that sick leave expected to be taken in future reporting periods will be greater than entitlements which are expected to accrue in those periods.

Assets Provided free of Charge

These assets are to be measured at fair value and reported under 'Other Expenses'. Assets provided for a fixed period within the financial year, for example 2 months, fair value is the depreciation charge for the period.

Reporting Entity (Consolidation)

The introduction of AAS 24 has broadened the scope of the reporting entity to that of an *economic entity*,—parent entity and its controlled entities. Essentially, in the Standard, it is contended that *control rather than ownership* provides the criterion which is fundamental to the identification of the group of related entities.

Control in the standard is defined to mean the *capacity* of an entity to dominate decision making, directly or indirectly, in relation to the financial and operating policies of another entity so as to enable that other entity to operate with it in achieving the objectives of the controlling entity.

The standard provides that **any** of the following factors would normally indicate the existence of control by one entity over another:

- The capacity to dominate the composition of the board of directors or governing board of another entity.
- The capacity to appoint or remove all or a majority of the directors or governing members of another entity.
- The capacity to control the casting of a majority of the votes cast at a meeting of the board or governing board of another entity.
- The capacity, either directly or indirectly, to cast, or regulate the casting of, more than half the votes that are likely to be cast at a general meeting of another entity, irrespective of whether the capacity is held through shares or options.
- The existence of a statute, agreement, or trust deed, or any other scheme, arrangement or device, which, in substance, gives an entity the capacity to enjoy the majority of the benefits and to be exposed to the majority of the risks of that entity, notwithstanding that control may appear to be vested in another party.

When control is established in accordance with AAS 24 then the following reporting requirements shall apply:

Where an economic entity has operations under a separate legal entity, that is a controlled entity, then the operations are to be reported in the consolidated totals.

- The operations are a distinguishable component of a reporting entity (including an economic entity).
- The operations are not vertically integrated where most or all the output of one reporting entity, or one section of a reporting entity, is the input of another within the same reporting entity.
- The operations are material in accordance with AAS 5 'Statement of Accounting Standards Materiality in Financial Statements', that is, the operations represent at least ten per cent of the principal entity's gross revenue or total assets. Where the operations represent an amount which lies between five per cent and ten per cent of the gross revenue or total assets, inclusion would not necessarily be prevented. Inclusion is advocated where the information would be useful to readers of Financial Reports when making and evaluating decisions about the utilisation of scarce resources of the economic entity.

Where the gross revenue or total assets of the operations is equal to or less than five per cent of the principal entity's revenue or total assets, the operations are immaterial unless there is evidence to the contrary. Otherwise, the controlled entity information would normally be shown in aggregate with the Hospital total in the consolidated totals of the economic entity and not as a segment to the consolidated Financial Statements. Any inter/entity transactions between the Hospital and the controlled entity should be eliminated to avoid double counting.

A majority of criteria does not need to be satisfied to qualify for consolidation. Substance over form needs to be applied in the final analysis.

Balance Day Adjustments For Grant Deficits And Surpluses

The Financial Statements for 1998/99 are to include any grant adjustments against the approved budget for that year. The accrued final adjustment for 1997/98 should now have been reversed and that reversal will be adjusted when the advice to be received from your regional office regarding the 1998/99 final adjustment is recorded. The accounting treatment for these grants is as follows:

Grant Deficit

Grant payment due from Department of Human Services to Hospital.

1.7.98 DR Department of Human Services operating grants adjustment (revenue)
CR Accrued revenue (current asset)
Reversal of 1997/98 final adjustment accrual.

30.6.99 DR Accrued revenue (current asset)
CR Department of Human Services operating grants adjustment (revenue)
Recording 1998/99 final adjustment.

Grant Surplus

A recall of a grant from the Hospital by the Department of Human Services.

1.7.98 DR Accrued expenses (current liability)
CR Department of Human Services operating grants to be recalled (revenue)
Reversal of 1997/98 final adjustment accrual.

30.6.99 DR Department of Human Services operating grants to be recalled (revenue)
CR Accrued expenses (current liability)
Recording 1998/99 final adjustment accrual.

Year 2000 Modification Costs

The Australian Accounting Research Foundation in its UIG Abstract 12 deals with the treatment of costs incurred to modify existing software and related systems used for internal purposes to overcome Year 2000 design faults. The Consensus of the UIG applies from 11.3.1997 and is reproduced as follows:

- Costs relating to the modification of internal use computer software for Year 2000 compatibility must be recognised as an expense in the period in which they are incurred.
- Year 2000 computer software modification costs previously accounted for otherwise than in accordance with this Consensus, must be adjusted to the profit and loss or other operating statement in the first period to which this consensus applies.

If the modification costs and contribution from DHS are large, these should be reported as an abnormal expense and revenue respectively.

Recognition of Revenue

AAS 15 on revenue draws a distinction between *reciprocal* and *non-reciprocal* transactions. Section 9 of the Standard states that an entity receives a non-reciprocal transfer where assets or services are provided without the entity directly giving approximately equal value in exchange to the other party or parties to the transfer. The revenue arising from the *transfer* must be recognised when the entity gains control of the transfer. It follows that a reciprocal transfer can be deferred and reported as a liability.

For a better understanding of AAS 15, you are advised to familiarise yourself with the full text of this Standard.

Capital Purpose Income and Minor Works Grants

As outlined in the financial section of the AIMS Manual, capital purpose income refers to all tied grants, donations and bequests received for the purpose of acquiring non-current assets such as capital works, plant and equipment. As such these receipts should be reported as Capital Purpose Income in the profit and loss statement. Similarly, the cost of equipment donated by medical practitioners should also be reported under this heading.

The allocation of the 1998/99 minor works grant is subject to the following conditions.

- Networks are required to expend a minimum of 70% of their respective grants on major items of equipment.
- Rural hospitals receiving grants over \$50,000 are required to expend a minimum of 60% of their respective grants on major items of equipment.

Under these conditions, it is appropriate for the affected Networks/hospitals to report the grants as Capital Purpose Income, For other hospitals receiving grants under \$50,000, the hospitals may report these grants as operating revenue.

For consistency in reporting with the monthly F1 and across the industry, all investment income such as interest, dividends and rent earned should be reported as operating revenue.

Borrowing Costs

AAS 34 on Borrowing Costs became operative on or after 31 December 1998. The main features of the Standard are;

- requires borrowing costs to be recognised as an expense in the reporting period in which they are incurred, except to the extent they are capitalised;
- requires the capitalisation of borrowing costs that are directly attributable to the acquisition, construction or production of a qualifying asset;
- prescribes when the capitalisation of borrowing costs in respect of qualifying assets ceases or is suspended;
- prescribes the methods to be used to allocate borrowing costs to individual qualifying assets;
- requires specified disclosures in relation to borrowing costs.

The above features are not all inclusive and you are advised to familiarise yourself with all the requirements of the Standard.

Calculation Of Patient Fees Raised

Patient fees raised is calculated by adding unbilled fees for patients not discharged at year end to fees billed to date less fees accrued in the previous year. Care should be taken to ensure that fees are identified against the correct program. For example, prosthesis revenue should be included in the Acute inpatient revenue. This ensures the disclosure of patient fees raised complies with Note 2a.

Non/Refundable Fees

Entrance fees received by geriatric hostels may relate to future services to be provided. In that instance, the entrance fee should be apportioned between financial years so as to match the revenue earned with the costs incurred in caring for the relevant hostel patients. Entrance fees which are deferred to future financial years should be described as deferred revenue and be classified between current and non-current liabilities.

Refundable Fees

The liability which arises from refundable ingoing fees received by geriatric hostels should be recorded as patients' monies held in trust and classified between current and non-current liabilities.

Responsible Person Related Disclosures

The Directions of the Minister for Finance 9.4.1 / 9.4.3 under the Act require as Notes, details of transactions between the Responsible Persons of an entity, or a Responsible person related party, and the entity. Responsible Persons of Hospitals are the responsible Minister, Accountable Officer and Board members including anyone acting during the year. (Details in **Note 35**).

Responsible Person

The Act requires "... *Responsible Person's remuneration, in bands of \$10,000 listing the number of Responsible persons whose actual remuneration for the period falls within each band.*"

The responsible Minister for all Public Hospitals is the Minister for Health who does not have a remuneration paid by the Hospital. However, if any other transactions between the Hospital entity and the Minister exist they must be reported.

The Accountable Officer for a Public Hospital is the Chief Executive Officer (CEO). The remuneration of a CEO is only required as a Responsible Person if the CEO is a Board member. If a CEO is not a Board member, the remuneration must be disclosed as an Executive Officer if greater than \$100,000.

CEO's must disclose total remuneration received including access to motor vehicles, superannuation and other entitlements by way of salary package. Any other transactions of a remuneration nature between the Hospital entity and the CEO must be reported.

All transactions between Board members, their related parties and the Hospital entity must be reported.

Employees of the Hospital, for example doctors who are appointed to an administrative position and are members of the governing Board must disclose Hospital based remuneration.

Hospitals who include Visiting Medical Officers on the Board must include by way of note that these doctors are in receipt of remuneration for clinical services provided and not for their role on the Board. Where Visiting Medical Officers on the Board are in receipt of a remuneration for clinical services provided to the Hospital, then the Hospital is required to disclose the payment under other transactions. This is irrespective of whether it is direct remuneration or as a payment to an entity of which the Visiting Medical Officer is a member.

Executive Officer

"An Executive Officer, in relation to a body corporate, means a person, by whatever name called and whether or not a director of the body, who is concerned, or takes part, in the body's management." (CCH Australian Companies and Securities Legislation, Section 9).

For disclosure purposes Hospitals are required to include as Executive Officers the following: (officers on remuneration packages in excess of **\$100,000**).

- CEO if not a Board member
- Deputy CEO
- Other administration officers including:
 - Director of Medical Services
 - Director of Nursing
 - Directors of Services within the Hospital including business units.

The Act requires "*....the number of executive officers, whose total remuneration falls within each \$10,000 band above \$100,000...*" to be shown. It does not require disclosure by name.

Where a Responsible Person already has a remuneration disclosed it does not need to be duplicated under Executive Officers disclosures.

In general, doctors will not be included unless they are involved in the executive and management functions of the Hospital. Where doctors are included the total remuneration must include payments from Special Trust funds under the control of the reporting entity.

XXX Agency And Its Controlled Entities¹ Certification

In our opinion the Report of Operations and the (consolidated)¹ Financial Statements of the XXX Agency (and its controlled entities)¹ comprising a Revenue and Expense Statement, Balance Sheet, Statement of Cash Flows and Notes to the Financial Statements have been prepared in accordance with the provisions of the Financial Management Act 1994 and the Directions of the Minister for Finance - Part 9 Reporting Provisions.

In our opinion the Financial Statements present fairly the financial transactions for the year ended 30 June 1999 and the financial position as at that date of the XXX Agency (and its controlled entities)¹.

At the date of signing the Financial Statements we are not aware of any circumstances which would render any particulars included in the statements to be misleading or inaccurate.

CHAIRPERSON
[On behalf of the Board]

[Print Name]

CHIEF EXECUTIVE OFFICER
[Accountable Officer]

[Print Name]

Dated the _____ day of _____ 1999.

[Location]

¹ Delete if not applicable.

***Appendix / Standardised Financial Statement
Formats***

(Insert Agency Name)

REVENUE AND EXPENSE STATEMENT FOR THE YEAR ENDED 30 JUNE 1999

	Note	Total 1998/99 \$000	Total 1997/98 \$000	Consolidated 1998/99 \$000	Consolidated 1997/98 \$000
REVENUE					
SERVICES SUPPORTED BY HEALTH SERVICES AGREEMENT					
Government grants					
Indirect contributions by Human Services					
Patient fees					
Recoupment from private practice for use of Hospital facilities					
Donations & Bequests					
Interest					
Dividends					
Other revenue					
	2				
SERVICES SUPPORTED BY HOSPITAL & COMMUNITY INITIATIVES					
Private Practice Fees					
Research and Program Grants					
Donations and Bequests					
Interest					
Dividends					
Property Income					
Other Revenue					
	3				
EXPENDITURE					
SERVICES SUPPORTED BY HEALTH SERVICES AGREEMENT					
Employee Entitlements					
Fee for Service Medical Officers					
Supplies & Consumables					
Other Expenses					
	4				

(Insert Agency Name)

REVENUE AND EXPENSE STATEMENT FOR THE YEAR ENDED 30 JUNE 1999 (CONTINUED)

	Note	Total 1998/99 \$000	Total 1997/98 \$000	Consolidated 1998/99 \$000	Consolidated 1997/98 \$000
SERVICES SUPPORTED BY HOSPITAL & COMMUNITY INITIATIVES					
Employee Entitlements					
Fee for Service Medical Officers					
Supplies & Consumables					
Other Expenses					
	3				
	4				
SURPLUS/ (DEFICIT) FOR THE YEAR BEFORE CAPITAL PURPOSE INCOME DEPRECIATION, AMORTISATION AND ABNORMAL ITEMS					
CAPITAL PURPOSE INCOME	6				
DEPRECIATION AND AMORTISATION	7				
ABNORMAL ITEMS	8				
OPERATING SURPLUS/ (DEFICIT) FOR THE YEAR BEFORE EXTRAORDINARY ITEMS					
EXTRAORDINARY ITEMS	9				
OPERATING SURPLUS/ (DEFICIT) FOR THE YEAR AFTER EXTRAORDINARY ITEMS					
Retained Earnings (Accumulated Losses) at 1 July					
Aggregate of amounts transferred from Reserves	10				
Amount available for Appropriation					
Aggregate of amounts transferred to Reserves	10				
RETAINED EARNINGS (ACCUMULATED LOSSES) AT 30 JUNE					

Delete column(s)/row(s) if not applicable.

This Statement should be read in conjunction with the accompanying notes

(Insert Name of Agency)
BALANCE SHEET AS AT 30 JUNE 1999

	Note	Total 1999 \$000	Total 1998 \$000	Consolidated 1999 \$000	Consolidated 1998 \$000
EQUITY					
Special Purpose Reserve	10				
–Funds held for Restricted Purposes					
–Funds held in Perpetuity					
–Other					
SUB TOTAL					
Asset Revaluation Reserve	10				
Asset Replacement Reserve	10				
General Reserve	10				
Contributed Capital					
Retained Earnings (Accumulated Losses)					
TOTAL EQUITY					

(Insert Name of Agency)
BALANCE SHEET AS AT 30 JUNE 1999 (Continued)

	Note	Total 1999 \$000	Total 1998 \$000	Consolidated 1999 \$000	Consolidated 1998 \$000
LIABILITIES					
Current Liabilities					
Bank Overdraft					
Payables	11				
Employee Entitlements	12				
Income in Advance					
Monies held in Trust	13				
Borrowings	14				
Other	15				
Total Current Liabilities					
Non-Current Liabilities					
Payables	11				
Employee Entitlements	12				
Monies held in Trust	13				
Borrowings	14				
Other	15				
Total Non Current Liabilities					
TOTAL LIABILITIES					
TOTAL EQUITY AND LIABILITIES					

(Insert Name of Agency)
BALANCE SHEET AS AT 30 JUNE 1999 (Continued)

	Note	Total 1999 \$000	Total 1998 \$000	Consolidated 1999 \$000	Consolidated 1998 \$000
ASSETS					
Current Assets					
Cash at bank and on Hand					
Inventory	16				
Prepayments					
Receivables	17				
Investments	18				
Monies held in Trust	13				
Other	22				
Total Current Assets					
Non Current Assets					
Receivables	17				
Investments	18				
Land	19				
Buildings	19				
Plant and Equipment	19				
Furniture and Fittings	19				
Leased Assets	20				
Intangible Assets	21				
Monies held in Trust	13				
Other	22				
Total Non Current Assets					
TOTAL ASSETS					

Delete column(s)/(row(s) if not applicable.
This Statement should be read in conjunction with the accompanying notes.

(Insert Agency Name)
STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 30 JUNE 1999

	Note	Total 1998/99 \$000 Inflows (Outflows)	Total 1997/98 \$000 Inflows (Outflows)	Consolidated 1998/99 \$000 Inflows (Outflows)	Consolidated 1997/98 \$000 Inflows (Outflows)
CASH FLOWS FROM OPERATING ACTIVITIES					
Receipts					
Government Grants					
Patient Fees					
Private Practice Fees					
Donations and Bequests					
Recoupment from private practice for use of hospital facilities					
Other					
Payments					
Employee Entitlements					
Interest on Borrowings					
Other					
NET CASH FLOWS FROM OPERATING ACTIVITIES	23				
CASH FLOWS FROM INVESTING ACTIVITIES					
24					
Purchase of Properties, Plant & Equipment					
Proceeds from Sale of Properties, Plant & Equipment					
Capital grants					
Purchase of Investments					
Proceeds from Sale of Investments					
Non government Capital Income					
NET CASH USED IN INVESTING ACTIVITIES					
CASH FLOWS FROM FINANCING ACTIVITIES					
Proceeds from Borrowings					
Repayment of Borrowings					
Interest on Borrowings					
NET CASH FLOWS FROM FINANCING ACTIVITIES					
NET INCREASE/DECREASE IN CASH HELD					
CASH AT 1 JULY					
CASH AT 30 JUNE	25				

Delete column(s)/rows(s) if not applicable
This Statement should be read in conjunction with the accompanying notes

(Insert Name of Agency)

Notes To And Forming Part Of The Financial Statements For The Year Ended 30 June 1999 (Repeat This Heading On Each Page of Notes)

Note 1: Statement Of Accounting Policies

The (consolidated)¹ general purpose Financial Statements of the Hospital (and its controlled entities)¹ have been prepared in accordance with the provisions of the Financial Management Act 1994. These requirements incorporate relevant accounting standards issued jointly by The Institute of Chartered Accountants in Australia and the Australian Society of Certified Practising Accountants and other mandatory professional reporting requirements, (Urgent Issues Group Consensus Views) They have been prepared on the historical cost basis whereby assets are recorded at purchase price plus costs incidental to their acquisition and do not take into account changing money values nor the current cost of non current assets (unless specifically stated).

(a) Rounding Off

All amounts shown in the Financial Statements are expressed to the nearest \$1,000. (If total assets, or revenue, or expenses are less than \$10 million, amounts must be rounded off to the nearest dollar.)¹

(b) Principles Of Consolidation¹

The assets, liabilities, revenues and expenses of all controlled entities of the Hospital have been included at the values shown in their audited Annual Financial Statements. Any inter/entity transactions have been eliminated on consolidation. The consolidated Financial Statements include the audited Financial Statements of the following controlled entities (list).¹

(c) Receivables and Revenue Recognition

Revenues are recognised when they are earned. Trade debtors are carried at nominal amounts due and are due for settlement within 30 days. Collectability of debts is reviewed on an ongoing basis. A provision for doubtful debts is raised where doubt as to collection exists.

(d) Investments

Investments are valued at cost and are classified between current and non current assets based on the Hospital Board of Management's intention at balance date with respect to the timing of disposal of each investment. Interest revenue from investments is brought to account when it is earned.

(e) Depreciation

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

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

¹ Delete if not applicable.

Buildings	Up to years
Plant & Equipment	Up to years
Furniture & Fittings	Up to years
Leased Assets	Up to years
Intangible Assets	Up to years
Communication	Up toyears
Other	Up to.....years

(f) Trade and Other Creditors

These amounts represent liabilities for goods and services provided prior to the end of the financial year and which are unpaid. The normal credit terms are Nett 30 days.

(g) Inventories

Inventories are valued at the lower of cost and net realisable value. Cost is determined principally by the first-in, first-out method. (If a different valuation method is used, please state details).¹

(h) Employee Entitlements

Based on pay rates current at balance date. On-costs such as WorkCover and superannuation are included in the calculation of leave provisions.

Long Service Leave

The provision for long service leave is determined in accordance with Accounting Standard AAS30. Generally, the entitlement under various awards becomes payable upon completion of ten years' service. The proportion of long service leave estimated to be payable within the next financial year is a current liability. The balance of the provision is classified as a non-current liability measured at the present value of the estimated future cash outflow arising from employee's services to date.

Wages And Salaries, Annual Leave And Accrued Days Off

Liabilities for wages and salaries, annual leave and accrued days off are recognised, and are measured as the amount unpaid at the reporting date in respect of employee's services up to that date.

Sick Leave¹

Sick leave entitlements are accrued on the following basis (state).

(I) Nursing Home

*(Where the Nursing Home is an internal segment of the Hospital, not separately incorporated)*¹

The XXX Nursing Home has a separate Committee of Management and is substantially funded from Commonwealth bed-day subsidies.

The Nursing Home operations are an integral part of the Hospital 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.

*(Where a Nursing Home is separately incorporated a controlled entity relationship must be assessed as per AAS 24.)*¹

¹ Delete if not applicable

(j) Intersegment Transactions

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

(k) Leased Property And Equipment

A distinction is made between finance leases which effectively transfer from the lessor to the lessee substantially all the risks and benefits incidental to ownership of leased non-current assets, and operating leases under which the lessor effectively retains all such risks and benefits. Where a non-current asset is acquired by means of a finance lease, the minimum lease payments are discounted at the interest rate implicit in the lease. The discounted amount is established as a non-current asset at the beginning of the lease term and is amortised on a straight line basis over its expected economic life. A corresponding liability is established and each lease payment is allocated between the principal component and the interest expense. Operating lease payments are representative of the pattern of benefits derived from the leased assets and accordingly are charged against revenue in the periods in which they are incurred.

(l) Income in Advance

Revenue is recognised in accordance with AAS15 which draws a distinction between reciprocal and non-reciprocal transactions in the treatment of the contribution of assets to the entity. A reciprocal transaction is deferred and reported as Income in Advance due to the non completion of the service at reporting date. A non reciprocal transaction is recognised as revenue when the entity gains control of the transfer.

(m) Donations

Donations are recognised as revenue when the cash is received. (If donations are for a special purpose they may be appropriated to a reserve, for example special purpose reserve.)¹

(n) Fund Accounting

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

(o) Services Supported By Health Services Agreement And Services Supported By Hospital And Community Initiatives

The Activities classified as *Services Supported by Health Services Agreement* are substantially funded by the Department of Human Services while *Services Supported by Hospital and Community Initiatives* are funded by the Hospital's own activities or local initiatives.

(p) Comparative Information

(Where necessary the previous year's figures have been reclassified to facilitate comparisons.)¹

(q) Amalgamations And Mergers

Assets and liabilities of the acquired (amalgamated) entities are taken up at book value at date of acquisition (amalgamation). Crown assets acquired remain the property of the Crown, however, they are reported as assets of the entity, because effective control passes to the entity along with a substantial benefit. (*This note only applies for the first year of integration.*)¹

(r) Asset Replacement And General Reserves

(Details of the nature and purpose of any such reserves.)¹

(s) Change In Accounting Policies

(Details where applicable which affect either the current or future reporting period.)¹

¹ Delete if not applicable

Note 2: Revenue from Services Supported by Health Services Agreement

	Acute Care \$000	Mental Health \$000	Aged Care \$000	Co- Ordinated Care \$000	Public Health \$000	Other \$000	Total 1998/99 \$000	Total 1997/98 \$000	Consolidated 1998/99 \$000	Consolidated 1997/98 \$000
Government grants										
- Department of Human Services										
- Other State Government										
- Commonwealth Government										
Indirect contributions by Human Services										
- Insurance										
Patient fees (refer note 2a)										
Recoupment from private practice for use of Hospital facilities										
Interest and Dividends										
Donations & Bequests										
Other revenue										

Indirect contributions by Human Services

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

Note 2a: Patient Fees

	Patient Fees Raised		Patient Fees Receivable		Consolidated Patient Fees Raised		Consolidated Patient Fees Receivable	
	1998/99	1997/98	1998/99	1997/98	1998/99	1997/98	1998/99	1997/98
	\$	\$	\$	\$	\$	\$	\$	\$
Acute								
–Inpatients								
–Outpatients								
–Other								
Mental Health								
Aged Care								
–Nursing Homes								
–Other								
Co-ordinated Care								
Other								
TOTAL								
LESS PROVISION FOR DOUBTFUL DEBTS								
NET PATIENT FEES RECEIVABLE								

- Commonwealth Nursing Home inpatient benefits are included in patient fee revenue.
- The Hospitals charge fees in accordance with the Department of Human Services directives.

Bad And Doubtful Debts

	1998/99	1997/98	1998/99	1997/98
	\$	\$	\$	\$
(Detail by each Class of Debt)				
TOTAL				

Note 3: Services Supported by Hospital & Community Initiatives

Total 1998/99 \$000	Total 1997/98 \$000	Consolidated 1998/99 \$000	Consolidated 1997/98 \$000
---------------------------	---------------------------	----------------------------------	----------------------------------

Revenue

Business Units

- Laboratory Medicine
- Diagnostic Imaging
- Pharmacy Services
- Catering
- Laundry
- Cafeteria
- Car Park
- Other
(include any activity not stated above)

**Other Specific Purpose Services
(List)**

Expenses

Business Units

- Laboratory Medicine
- Diagnostic Imaging
- Pharmacy Services
- Catering
- Laundry
- Cafeteria
- Car Park
- Other
(include any activity not stated above)

**Other Specific Purpose Services
(List)**

Note 4: Operating Expenses

(Total expenditure for major categories of operating expenses are to be disclosed for 1998/99 and 1997/98 as follows:)

	Acute Care \$000	Mental Health \$000	Aged Care \$000	Co-ordinated Care \$000	Public Health \$000	Other \$000	Total 1998/99 \$000	Total 1997/98 \$000	Consolidated 1998/99 \$000	Consolidated 1997/98 \$000
Services Supported by Health Services Agreement										
Employee Entitlements										
Salaries & Wages										
Workcover										
Departure Packages										
Long Service Leave										
Superannuation										
Fee for Service Medical Officers										
Supplies & Consumables										
Drug Supplies										
Medical and Surgical Supplies										
Food Supplies										
Other Expenses										
Interest and Finance Charges (refer note 5										
Domestic Services										
Administrative Expenses										
Repairs & Maintenance										
Patient Transport										
Audit Fees										
-Auditor-General's										
- Other										
Bad & Doubtful Debts										
Assets provided free of charge										
Other (List)										

Note 4: Operating Expenses (continued)

(Total expenditure for major categories of operating expenses are to be disclosed for 1998/99 and 1996/9 as follows:)

	Acute Care \$000	Mental Health \$000	Aged Care \$000	Co-ordinated Care \$000	Public Health \$000	Other \$000	Total 1998/99 \$000	Total 1997/98 \$000	Consolidated 1998/99 \$000	Consolidated 1997/98 \$000
Services Supported by Hospital and Community Initiatives										
Employee Entitlements										
Salaries & Wages										
Workcover										
Departure Packages										
Long Service Leave										
Superannuation										
Fee for Service Medical Officers										
Supplies & Consumables										
Drug Supplies										
Medical and Surgical Supplies										
Food Supplies										
Other Expenses										
Interest and Finance Charges (refer note 5)										
Domestic Services										
Administrative Expenses										
Repairs & Maintenance										
Patient Transport										
Audit Fees										
-Auditor-General's										
- Other										
Bad & Doubtful Debts										
Assets provided free of charge										
Other (List)										
TOTAL EXPENSES										
(As per Revenue And Expense Statement)										
(State basis of allocation across Programs).										

Note 5: Interest And Other Finance Costs

	Total 1998/99 \$000	Total 1997/98 \$000	Consolidated 1998/99 \$000	Consolidated 1997/98 \$000
Finance Charges on Finance Leases				
Interest on Short Term Borrowings				
Interest on Long Term Borrowings				
Other (List)				
TOTAL				

Note 6: Capital Purpose Income

	Total 1998/99 \$000	Total 1997/98 \$000	Consolidated 1998/99 \$000	Consolidated 1997/98 \$000
State Government Grants				
Commonwealth Government Grants				
Donations and Bequests				
Other (refer note 6a)				
TOTAL				

Note 6a: Other Capital Purpose Income

	Total 1998/99 \$000	Total 1997/98 \$000	Consolidated 1998/99 \$000	Consolidated 1997/98 \$000
Revenue from the disposal of physical assets				
Proceeds from disposal				
Less: Written Down Value of Assets Sold				
Net Revenue from disposal of physical assets				
Other (List)				
TOTAL				

Note 7: Depreciation and Amortisation

Total 1998/99 \$000	Total 1997/98 \$000	Consolidated 1998/99 \$000	Consolidated 1997/98 \$000
---------------------------	---------------------------	----------------------------------	----------------------------------

Buildings

Plant & Equipment

–Plant

–Transport

–Major Medical

–Computers and Communication

–Other Equipment

Furniture and Fittings

Leased Asset

(List by class of assets)

Other (List)

Allocation of Depreciation / Amortisation:

Services Supported by Health Services Agreement

Services Supported by Hospital and Community

Initiatives

(Agencies should attempt to allocate Depreciation/Amortisation between Health Service Agreements and Hospital and Community Initiatives.)

Note & Abnormal Items

Total 1998/99 \$000	Total 1997/98 \$000	Consolidated 1998/99 \$000	Consolidated 1997/98 \$000
---------------------------	---------------------------	----------------------------------	----------------------------------

(Describe each Abnormal Revenue and Expense item, its amount and effect on the Revenue and Expense Statement.)

Abnormal Revenue

Voluntary Departure Packages

Other (List)

SUB TOTAL

Abnormal Expense

Write down of properties

Voluntary Departure Packages

Other (List)

SUB TOTAL

TOTAL

Note 9: Extraordinary Items

Total 1998/99 \$000	Total 1997/98 \$000	Consolidated 1998/99 \$000	Consolidated 1997/98 \$000

(Details where applicable).

TOTAL

Note 10: Transfers To/From Reserves

Total 1999 \$000	Total 1998 \$000	Consolidated 1999 \$000	Consolidated 1998 \$000

(Relevant Details and Brief Explanation of the nature of each Reserve)

TOTAL

Note 11: Payables

	Current	Non	Total	Total	Consolidated	Consolidated
	\$000	Current	1999	1998	1999	1998
		\$000	\$000	\$000	\$000	\$000
Trade Creditors						
Finance Lease Liability (refer Note 31)						
Accrued Interest						
Accrued Expenses						
Other (List)						
TOTAL PAYABLES						

Note 12: Employee Entitlements

	Total	Total	Consolidated	Consolidated
	1999	1998	1999	1998
	\$000	\$000	\$000	\$000
CURRENT				
Long Service Leave				
Accrued Wages and Salaries				
Annual Leave				
Accrued Days Off				
Sick Leave ¹				
Other (List)				
TOTAL				
NON CURRENT				
Long Service Leave*				
Other (List)				
TOTAL				
Movement in Long Service Leave:				
Balance July 1, 1998				
Provision made during the year				
Settlement made during the year				
Balance June 30, 1999				

*The following assumptions were adopted in measuring present value: (State)

¹ Delete if Not Applicable.

Note 13: Monies Held In Trust

	Total 1999 \$000	Total 1998 \$000	Consolidated 1999 \$000	Consolidated 1998 \$000
Current				
Patient Monies held in Trust				
Refundable Entrance Fees				
Non Current				
Patient Monies held in Trust				
Refundable Entrance Fees				
TOTAL				
Represented by:				
Cash at Bank				
Investment (List)				
TOTAL				

Note 14: Borrowings

	Current \$000	Non Current \$000	Total 1999 \$000	Total 1998 \$000	Consolidated 1999 \$000	Consolidated 1998 \$000
Australian Dollar Borrowings						
Foreign Currency Borrowings ¹						
–List Currency						
Total Foreign Currency Borrowings						
TOTAL BORROWINGS						

Secured (Detail by Class)

Unsecured (Detail by Class)

(Details of nature of Secured Loans and
the Security thereon)

(The approved Bank Overdraft limit is)¹

Borrowing costs of the Hospital incurred during the year are accounted for as follows; ¹	
Amount of borrowing costs recognised as expenses	\$
Amount of borrowing costs recognised as part of the carrying amount of qualifying assets	\$
Capitalisation rate used to determine the amount of borrowing costs	
Amount of investment revenue earned on borrowed funds that has been deducted from the borrowing costs incurred	\$

¹ Delete if Not Applicable.

Note 15: Other Liabilities

Current
Non Current

(List major items within each category)

TOTAL

Total 1999 \$000	Total 1998 \$000	Consolidated 1999 \$000	Consolidated 1998 \$000

Note 16: Inventory

Pharmaceuticals
Catering Supplies
Housekeeping Supplies
Medical and Surgical Lines
Engineering Stores
Administration Stores
Other (List)
TOTAL

Total 1999 \$000	Total 1998 \$000	Consolidated 1999 \$000	Consolidated 1998 \$000

Note 17: Receivables

	Current	Non	Total	Total	Consolidated	Consolidated
	\$000	Current	1999	1998	1999	1998
		\$000	\$000	\$000	\$000	\$000
Inter Hospital Debtors						
Trade Debtors						
Patient Fees						
Accrued Investment Income						
Loans (List)						
Accrued Revenue						
–Department of Human Services						
–Other (List)						
(Including any Balance Day						
Adjustments)						
TOTAL						
LESS Provision for Doubtful Debts						
Inter Hospital Debtors						
Trade Debtors						
Patient Fees						
Loans (List)						
TOTAL						
Net Debtors and Accrued Revenue						
BAD AND DOUBTFUL DEBTS						
(Details by each Class of Debt)						
TOTAL						

Note 18: Investments

	Operating Fund	Specific Purpose Fund	Capital Fund	Total 1999	Total 1998	Consolidated 1999	Consolidated 1998
	\$000	\$000	\$000	\$000	\$000	\$000	\$000
Current							
Investments (Detail by Class)*							
Non Current							
Investments (Details by Class)							
TOTAL							

(Provide details of other funds as appropriate, for example Endowment Fund. Include Land and buildings used for investment purposes).

Analysed as follows:

	Total 1999	Total 1998	Consolidated 1999	Consolidated 1998
	\$000	\$000	\$000	\$000
Current				
Shares				
Foreign Currency Term Deposits				
Aust. Dollar Term Deposits (+ at call)				
Non Current				
Shares				
Foreign Currency Term Deposits				
Aust. Dollar Term Deposits				
TOTAL				

* For Example
 –Government Instrumentalities
 –Banks
 –Equities
 –Authorised STMM
 –Other

Note 19: Fixed Assets

Gross Cost/ Valuation 1999 \$000	Accumul Dep'n 1999 \$000	Written Down Value 1999 \$000	Written Down Value 1998 \$000	Consol 1999 \$000	Consol 1998 \$000	Additions 1999 \$000	Disposals 1999 \$000
--	-----------------------------------	--	---	-------------------------	-------------------------	----------------------------	----------------------------

AT COST

Crown Land
 Freehold Land
 Buildings
 Plant and Equipment
 –Plant
 –Transport
 –Major Medical
 –Computers and
 Communication
 –Other Equipment
 Furniture and Fittings
 Other (List)

TOTAL

AT VALUATION*

Crown Land
 Freehold Land
 Buildings
 Plant and Equipment
 –Plant
 –Transport
 –Major Medical
 –Computers and
 Communication
 –Other Equipment
 Furniture and Fittings
 Other (List)

TOTAL

(Additions and Disposals should be at Cost).

* State dates, basis of valuation and valuer's name and qualification for each class of asset.
 (Land, Buildings or Plant used for Investment purposes are excluded).

Note 20: Leased Assets

Cost	Accumulated Amortisation Assets 1999	Written Down Value 1999	Written Down Value 1998	Consoli dated 1999	Consoli dated 1998
\$000	\$000	\$000	\$000	\$000	\$000

(Details where Applicable)

(Also Refer AAS17)

TOTAL

Note 21: Intangible Assets

Gross Cost/ Valuation 1999	Accumu Amort 1999	Written Down Value 1999	Written Down Value 1998	Consol 1999	Consol 1998
\$000	\$000	\$000	\$000	\$000	\$000

Patents

Trade Marks

Research & Development Costs Capitalised

Other (List)

TOTAL

Note 22: Other Assets

Total 1999	Total 1998	Consolidated 1999	Consolidated 1998
\$000	\$000	\$000	\$000

Current

Non Current

(List major items within each category)

TOTAL

Note 23: Reconciliation Of Net Cash Used In Operating Activities To Operating Result

	Total 1998/99 \$000	Total 1997/98 \$000	Consolidated 1998/99 \$000	Consolidated 1997/98 \$000
Entity Surplus/(Deficit) for the Year				
less income designated for capital purposes				
Entity Surplus/(Deficit) prior to capital items				
 NON/CASH MOVEMENTS				
Depreciation				
Amortisation				
Provision for Doubtful Debts				
Increase/Decrease in Payables				
Increase/Decrease in Borrowings				
Increase/Decrease in Employee Entitlements				
Net Profit from Sale of Plant and Equipment				
Net Profit from Sale of Investments				
Increase/Decrease in Other Current Assets				
Increase/Decrease in Investments				
Decrease/Increase in Receivables				
Increase/Decrease in Monies held in Trust				
Increase/Decrease in Abnormal Items				
NET CASH PROVIDED BY OPERATING ACTIVITIES				

Note 24: Non - Cash Financing And Investing Activities

	Total 1999 \$000	Total 1998 \$000	Consolidated 1999 \$000	Consolidated 1998 \$000
(Details where applicable including details of credit facilities and standby arrangements.)				
TOTAL				
(During the period the Entity acquired property, plant and equipment with an aggregate fair value of \$xxx (1998 \$xxx) by means of finance leases. These acquisitions are not reflected in the Statement of Cash Flows).				

Note 25: Reconciliation Of Cash

(Narrative of Cash Definition)

CASH ON HAND

Financial Institutions

Other¹

DEPOSITS AT CALL

Financial Institutions

Other¹

TOTAL

Total 1999 \$000	Total 1998 \$000	Consolidated 1999 \$000	Consolidated 1998 \$000

Note 26: Assets Received Free Of Charge Or For Nominal Consideration

During the reporting period, the fair value of assets received free of charge, was as follows:

Plant and Equipment

Other (List)

TOTAL

(State source of assets received.)

Total 1999 \$000	Total 1998 \$000	Consolidated 1999 \$000	Consolidated 1998 \$000

¹ Delete if Not Applicable.

Market value

	Total 1998/99		Total 1997/98		Consolidated 1998/99		Consolidated 1997/98	
	Book Value	Net Market Value*	Book Value	Net Market Value*	Book Value	Net Market Value*	Book Value	Net Market Value*
	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000
FINANCIAL ASSETS								
Cash								
Trade debtors								
Other receivables								
Deposits								
Investments								
Total Financial Assets								
FINANCIAL LIABILITIES								
Trade creditors and accruals								
Advances								
Borrowings*								
Total Financial Liabilities								

* Net market values are capital amounts

(Net market values of financial instruments are determined on the following bases:

- i. Cash, deposit investments, cash equivalents and non-interest bearing financial assets and liabilities (trade debtors, other receivables, trade creditors and advances) are valued at cost which approximates net market value
- ii. Borrowings amounts are based on the present value of expected future cash flows discounted at current market interest rates quoted for trade Treasury Corporation of Victoria.)

Note 28: Amalgamations And Mergers

	1998/99
	\$
Public Hospitals (Specify)	
Mental Health (Specify)	
Other (Specify)	_____
TOTAL	=====

(List values of assets and liabilities, if material, at date of integration. This note only applies for the first year).

Note 29: Net Increment/Decrement On Revaluation Of Assets

Total 1999 \$000	Total 1998 \$000	Consolidated 1999 \$000	Consolidated 1998 \$000
------------------------	------------------------	-------------------------------	-------------------------------

(Details where Applicable.)

TOTAL

Note 30: Commitments

Total 1999 \$000	Total 1998 \$000	Consolidated 1999 \$000	Consolidated 1998 \$000
------------------------	------------------------	-------------------------------	-------------------------------

(This Note should include commitments for capital expenditure under contracts for the supply of works, services and materials insofar as they are not provided for in the balance sheet.)

Capital Commitments

Land and Buildings

Plant and Equipment

Other (List)

SUB TOTAL

Operating Commitments

(List)

SUB TOTAL

TOTAL

Not later than one year

Later than one year but not later than 2 years

Later than 2 years but not later than 5 years

Later than 5 years

Note 31: Lease Liabilities

Total 1999 \$000	Total 1998 \$000	Consolidated 1999 \$000	Consolidated 1998 \$000
------------------------	------------------------	-------------------------------	-------------------------------

Aggregate lease expenditure contracted for at balance date.

Operating Leases

Cancelable

Not later than one year

Later than one year but not later than 2 years

Later than 2 years but not later than 5 years

Later than 5 years

Sub Total

Non/cancellable

Not later than one year

Later than one year but not later than 2 years

Later than 2 years but not later than 5 years

Later than 5 years

Sub Total

Finance Leases

Commitments in relation to finance leases are payable as follows:

Not later than one year

Later than one year but not later than 2 years

Later than 2 years but not later than 5 years

Later than 5 years

Minimum lease payments

Less Future finance charges

TOTAL

Representing Lease Liabilities

Current

Non Current

TOTAL

(note 11)

Note 32: Contingent Liabilities

Details should be provided relating to any existing financial obligation which is likely to have a material effect on the Balance Sheet as a result of a future event, the occurrence of which is uncertain.

(Security over the Asset of the Entity.)

	Total 1999 \$000	Total 1998 \$000	Consolidated 1999 \$000	Consolidated 1998 \$000
QUANTIFIABLE				
Guarantees and Indemnities				
Legal Proceedings and Disputes				
Other (List)				
TOTAL				
NON QUANTIFIABLE				
(Details where Applicable)				

Note 33: Superannuation

The following details are to be included in this note:

- (i) the name(s) of the scheme(s) to which the entity contributes;
- (ii) the amount of total contributions made by the body to the scheme(s) during the financial year;
- (iii) the amount of any contributions outstanding in respect of the financial year;
- (iv) the basis for calculating superannuation payable by the body.*
- (v) the details of any loans from employee superannuation funds.

The unfunded superannuation liability in respect to members of State superannuation schemes is shown as a liability separately by the Department of Treasury and Finance.

* Contributions are paid in accordance with the Hospital Superannuation Act 1988 and the State Superannuation Act 1988

Note 34: Segment Reporting

	Segment Revenue \$	Segment Expenditure \$	Surplus/ Deficit \$	Segment Assets \$	Segment Liabilities \$	Segment Equity \$
SEGMENT						
Hospital						
Nursing Home						
Linen Service						
Mental Health						
Other (List)						
TOTAL						

(a) Intersegment revenue amounted to \$ XXX (1997/98 \$ XXX) has been eliminated in determining net segment revenue and surplus/deficit.

(a) The basis of intersegment pricing is at cost.

Note 35: Responsible Person Related Disclosures

(As per Direction 9.4.B Appendix B)

(a) **Responsible Persons**

(List the names of persons who are Responsible Persons at any time during the financial year.);

(b) **Remuneration of Responsible Persons**

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

1999	1998
No.	No.

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

\$	\$
----	----

The remuneration of the Accountable Officer who is not a member of the Board is reported under "Executive Officer Remuneration".

(c) **Retirement Benefits of Responsible Person**

Retirement benefits paid by the reporting entity in connection with the retirement of Responsible Persons of the reporting entity amount to:

\$	\$
----	----

(d) **Other Transactions of Responsible Persons and their Related Parties.**

(Details where applicable.)

\$	\$
----	----

(e) **Other Receivables from and Payables to Responsible Persons and their Related Parties.**

Aggregate amounts payable at balance date:
(Details where applicable.)

\$	\$
----	----

(f) **Amount Attributable to Other Transactions With Responsible Persons and their Related Parties.**

The result of the period includes aggregate amounts attributable to transactions with Responsible Persons and Responsible Person Related Parties in respect of:

(Details where applicable.)

\$	\$
----	----

(g) Executive Officer Remuneration	1999	1998
	No.	No.

The number of Executive Officers whose total remuneration exceeded \$100,000 are shown below in their relevant income Bands.

Total remuneration for the reporting period for Executive Officers included above amounted to:	\$	\$
--	----	----

Note 36: Reconciliation Of Changes In Equity

	Total		Retained Earnings		Asset Reval. Reserve		Other Reserves*	
	1999	1998	1999	1998	1999	1998	1999	1998
	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000
Balance at Beginning of Reporting Period								
Operating Surplus/(Deficit) for the Year								
Transfers to Reserves								
Transfers from Reserves								
Transitional Adjustments								
BALANCE AT END OF REPORTING PERIOD								

Note 37: Transactions with Other Government Controlled Entities

During the 98/99 financial year transactions undertaken with other State Government controlled entities were as follows;

	Intra Health Portfolio	Inter Health Portfolio
	\$000	\$000
Assets		
Liabilities		
Revenue		
Expenses		

(This data is required to enable consolidation across Health Portfolio and to ensure proper elimination of intra and inter portfolio transactions. Also refer to AFS Guidelines issued separately. AFS does not apply to Denominational Hospitals).

* Includes Contributed Capital (if applicable)