



ANNUAL REPORT

2022-23



GV Health acknowledges the Traditional Custodians of the land on which its many sites are located. We pay our respects to Elders past and present and welcome all Aboriginal and Torres Strait Islander people to our health service.

RELEVANT MINISTERS

The responsible Ministers during the reporting period were:

MINISTER FOR HEALTH:

The Hon. Mary-Anne Thomas MP 1 July 2022 to 30 June 2023

Other relevant Ministers:

MINISTER FOR DISABILITY AGEING AND CARERS:

The Hon. Colin Brooks MP 1 July 2022 to 4 December 2022

The Hon. Lizzie Blandthorn 5 December 2022 to 30 June 2023

MINISTER FOR MENTAL HEALTH:

The Hon. Gabrielle Williams 1 July 2022 to 30 June 2023

MINISTER FOR AMBULANCE SERVICES

The Hon. Mary-Anne Thomas 1 July 2022 to 5 December 2022

The Hon. Gabrielle Williams 5 December 2022 to 30 June 2023

ABOUT THIS REPORT

GV Health is a public health service established under the Health Services Act 1988 (Victoria).

GV Health reports on its annual performance in two separate documents each year.

This annual report fulfils the statutory reporting requirements for government by way of an Annual Report and the Quality Report reports on quality, risk management and performance improvement matters. GV Health will not be submitting a Quality Report for 2022/23.

The Annual Report will be presented at the Annual General Meeting and then made available to the community.





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CHAIR REPORT



MICHAEL DELAHUNTY
BOARD CHAIR

It is with great pleasure that I present to you GV Health's 2022-23 Annual Report.

Over the past year, our staff and community have continued to demonstrate unwavering resilience and determination, especially in the face of the devastating October 2022 floods. Our staff's incredible dedication and strength have truly embodied the spirit and values of GV Health, and I am honoured to highlight their remarkable efforts.

During the floods many of our staff members went above and beyond to ensure the safety and well-being of our patients, residents, consumers and their colleagues. Despite challenging circumstances, they displayed exceptional professionalism, compassion, and teamwork, seamlessly navigating through the crisis. Their commitment to delivering high-quality care, even in the most trying times, is a testament to their unwavering dedication to our patients and community.

I am also pleased that staff, patients and visitors have embraced all facilities that have been upgraded or refurbished during stage one of GV Health's redevelopment. The upgrades have not only created a more comfortable and welcoming environment for our patients and visitors but have also enhanced the working conditions for our dedicated healthcare professionals. These improvements have significantly contributed to the overall positive patient and visitor experience and have reinforced our commitment to providing the highest standard of care.

There are a number of people and community groups who must be thanked for their contributions and support of GV Health throughout the past year.

Thank you to the GV Health Foundation, all donors, auxiliaries, community organisations and individuals for their generous support.

I would also like to take this opportunity to thank the members of the Board who I have worked closely with throughout the past 12 months and to thank and recognise the contribution of the executive team led by Chief Executive Matt Sharp.

I extend my sincerest appreciation to our staff members, whose resilience and commitment have been instrumental in overcoming the challenges we have faced.

I also express gratitude to our community for their unwavering support during the COVID-19 pandemic, the 2022 floods and beyond. Together, we will continue to strive for excellence, providing the best quality care to those who entrust us with their health needs.

Looking ahead, we remain committed to fostering a culture of excellence and innovation. We are focused on continually investing in staff development and training to ensure our healthcare professionals are equipped with the latest knowledge and skills. By nurturing a learning environment and fostering collaboration, we are confident in our ability to adapt to future challenges and maintain our position as a leading healthcare provider. The Board is also excited to have commenced the process to develop the next GV Health Strategic Plan as the current plan concludes at the end of the 2023 calendar year. This is indeed an opportunity to think about GV Health's future as we emerge from one of the most challenging periods in GV Health's and the community's history.



MICHAEL DELAHUNTY
Board Chair, GV Health

SD 5.2.3 DECLARATION IN THE REPORT OF OPERATIONS

In accordance with the *Financial Management Act 1994* I am pleased to present the Report of Operations for GV Health for the year ending 30 June 2023.



MICHAEL DELAHUNTY
Board Chair, GV Health
22 August 2023

CHIEF EXECUTIVE REPORT



MATT SHARP
CHIEF EXECUTIVE

The last year has been a very busy time for GV Health, as we have seen a continued increase in emergency patient demand alongside long-term recruitment challenges. Despite the difficulties faced, GV Health's staff members have remained steadfast in their commitment to providing exceptional care to our patients and community. Their unwavering determination to the well-being of our patients has been truly inspiring, as has been the support and empathy for one another as colleagues.

GV Health also faced a severe test of resilience during the October 2022 floods, which had a devastating impact on our community and many staff members at our health service. During these adversities, our staff demonstrated extraordinary strength, courage, and resourcefulness.

Over the last year the COVID-19 pandemic has continued to evolve, and GV Health has played a crucial role in managing the crisis. With the progress made in vaccination efforts and declining case numbers in 2022-23, we have been able to disband some COVID-19 services. Our Vaccination Hub concluded operations on 13 October 2022, and our PCR testing site ceased on 17 December 2022. I thank all staff members, Greater Shepparton City Council, community organisations and volunteers involved in the provision of these services throughout the pandemic. Your commitment and selflessness were instrumental in safeguarding the health of our community.

GV Health continues to evolve and improve to meet the ever-changing needs of our community. In addition to our facility upgrades and refurbishment projects, this year we have implemented a number of new initiatives that enhance efficiency, improve patient outcomes, and streamline administrative functions. These advancements, coupled with our dedicated staff, enable us to consistently deliver superior care to our patients.

There were a number of exciting highlights for our health service this year including being recognised at the Victorian Public Health Care Awards. We also proudly launched the Statewide Women's Mental Health Service (SWMHS), the first of its kind, setting a new standard in mental healthcare. We upgraded our maternity services and launched a new GV Health website. We also held our first ever Jobs@GV Health Day which was a tremendous success for recruitment. These and many other accomplishments underscore GV Health's commitment to continuous improvement and the ongoing evolution of our services to meet our community's needs.

As we reflect upon the challenges and achievements of the past year, I express my deepest gratitude to GV Health's remarkable staff members, whose unwavering dedication and professionalism have been the driving force behind our success. I also extend a heartfelt thank you to our community for their continued support and trust.

Together, we will continue to evolve, adapt, and strive for excellence in delivering compassionate, patient-centred care.

SERVICE RECOGNITIONS

Attending service recognition events at our Graham Street, Tatura and Rushworth campuses to celebrate staff with 25+ years of service was a real highlight for me this year.

It was heartening to hear colleagues talk about their positive experiences at GV Health as well as some of the changes they have witnessed throughout their years of valuable service. A common theme shared by staff was the connections they have with their colleagues and people they provide care to, as well as the difference their work makes to people in our region. A total of 315 staff have reached 10, 15, 20, 25, 30, 35, 40 or 45 years of service across 2021 and 2022.

There were:

- 29 staff recognised for 25 years of service;
- 14 staff recognised for 30 years of service;
- 18 staff recognised for 35 years of service; and,
- 7 staff recognised for 40 years of service.

These are fantastic milestones and a cause for celebration for our health service.

On behalf of GV Health, including past chief executives, board directors and all staff, I would like to again congratulate everyone who passed a significant service milestone this year.

REDEVELOPMENT UPDATE

Work on the \$229 million redevelopment and refurbishment of GV Health's Graham Street, Shepparton campus has continued. An additional three new operating theatres, an additional lift, a loan sets area for the CSSD, landscaping outside the Emergency Department and civil works were all delivered during the 2022-23 financial year.

The next and final stage of the redevelopment at the Graham Street, Shepparton campus will involve building compliance works within the Medical Ward, Mary Coram Unit and other areas of the hospital. Provision of a junior medical officer lounge and doctor offices, and refurbishment of the staff dining room will also be undertaken.

A variety of other capital projects have been funded by the Victorian Government including:

- A new 10-bed residential facility will be built in Shepparton for Youth Prevention and Recovery Care (YPARC), providing mental health care to young people aged 16-25. This service will complement the Child and Adolescent Mental Health Service (CAMHS) and the headspace Shepparton service. The YPARC facility is currently scheduled for delivery in 2024-25.
- The expansion of the existing mental health facilities at the Graham Street Shepparton campus has been scheduled for completion in 2028-29.
- A 10-bed Early Parenting Centre to be located in Shepparton is targeted for delivery in 2024-25.

GV Health continues to work with the Department of Health and the Victorian Health Building Authority to progress planning for a number of other proposed projects including:

- The Stage 2 Redevelopment of the Graham Street Shepparton campus.
- Funding to plan a new emergency department mental health and alcohol and other drugs hub was announced in the 2022/23 State Budget. This planning work has now been completed in readiness for further Victorian Government funding consideration.
- Improved staff accommodations.
- An Integrated Cancer Centre.
- A Clinical Health School in partnership with La Trobe University and GOTAFE, and;
- Increased car parking.

STAFF RECOGNITION AWARDS

Several staff members were recognised at the 2022 Annual General Meeting for their outstanding contribution to GV Health, with the following awards announced:

Board Chair Award – Service Excellence

Laura Jones

Chief Executive Award – Living the Values

Jodie Schumann

CREATE. Outstanding. Award

After Hours Hospital Managers

Health, Safety & Wellbeing Representative of the Year

Kathryn Eyre and Jacob Canty

Community Advisory Committee Award: Patient Centred Care

COVID Positive Pathways

Community Advisory Committee Award: Consumer Participation in Quality Improvement

Maternity Services

CREATE. Outstanding. Nursing and Midwifery Award

Pamela Boon

I also wish to thank Michael Delahunty and the Board Directors for their support, expertise and advice to myself, the Executive team the broader leadership team and indeed all staff and volunteers.



MATT SHARP
Chief Executive

ABOUT US

WHO WE ARE

GV Health is the main health service in the Goulburn Valley.

Our services include a 24-hour ED, Surgery, Medical Services, Women's and Children's Services, Rehabilitation and Palliative Care, Mental Health, Outpatients, community-based health programs and services at Tatura and Rushworth.

We pride ourselves on delivering person-centred care and we aim to enhance patient experience through improved service access, developing partnerships, meeting growth in demand, implementing innovative service models and ensuring workforce flexibility.

GV Health has more than 3,000 staff across five main sites, as per workforce audit data as of 30 June 2023. Our people are highly skilled and we are the largest permanent employer in the Goulburn Valley.

OUR PURPOSE

Improving community wellbeing through high-quality health services, outstanding care and learning.

OUR VALUES:

Our culture consists of our CREATE values and behaviours, through which we commit to delivering ongoing quality healthcare for our community. Our CREATE values and behaviours are the foundations for our four strategic pillars and for achieving our goals.

- We **CREATE** safe and high-quality healthcare that always puts people first.
- We **CREATE** values-based healthcare partnerships which deliver equitable and accessible healthcare for all.
- We **CREATE** an inspirational workplace founded on a strong culture where talented people work with purpose and pride.
- We **CREATE** a positive healthcare environment that fosters collaboration and innovation.

OUR STRATEGIC PLAN

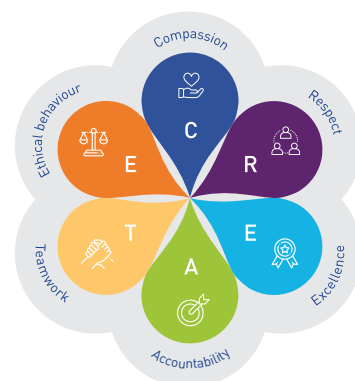
GV Health has identified four key pillars (our areas of focus) to respond to our strategic drivers and these form the foundation of our Strategic Plan for 2019–2023. Over the five-year period of the Strategic Plan, we will deliver on eighteen priorities to provide high-quality services and deliver outstanding health and wellbeing outcomes for all across the region. These outcomes will put people receiving care and treatment at the centre of everything we do, increase the sophistication of GV Health's response to complex and chronic health needs in our community, cement our leadership in healthcare across the region and ensure we have a great culture and workforce that are able to meet new and emerging opportunities and challenges.

Our organisation is so much more than a health service. We are a critical part of the Goulburn Valley community, and make a significant public value contribution to people living and working in, and visiting, the vibrant Goulburn Valley.

We support all aspects of individual, family and community health and wellbeing, connect people and organisations, support the local economy, provide comfort and safety, embed inclusion, foster

OUR HISTORY

Goulburn Valley Base Hospital was established in 1876 as the Mooroopna and District Hospital and was incorporated by authority of the Hospitals and Charities Act (No. 6274) on 24 February 1877. The name of the hospital was changed on 2 November 1997 to Goulburn Valley Base Hospital. On 16 November 1998 we received formal approval to change our name to GV Health, to better represent the wide range of hospital and community-based services we provide across the Hume region.



CREATE. Outstanding.

diversity; and create a more sustainable, cohesive and liveable community for all.

We are now in the final year of our current Strategic Plan and will be planning the next phase of our strategic journey over the coming 12 months.

OUR PATIENTS AND COMMUNITY

The community we serve includes a large primary and secondary catchment, with a third and larger catchment for mental health services, which includes the shires of Mitchell and Murrindindi and the Wallan growth corridor.

GV Health's primary catchment includes the local government areas of Greater Shepparton (population of 68,522) and Strathbogie (approximately 11,000)¹. GV Health's secondary catchment includes the western half of Moira Shire; and the eastern and southern portions of Campaspe Shire. Our total catchment stretches into southern New South Wales and the overall catchment population is approximately 120,000 people.

As more people move to Greater Shepparton for the lifestyle and opportunities available in the region, our catchment population is expected to increase significantly by 2036.

The Greater Shepparton community also includes the largest regional population of Aboriginal and Torres Strait Islander people (3.9 per cent) and a significant number of people born overseas (17.4 per cent).

¹ Population References: Greater Shepparton City Council Annual Report 2021-22 and Strathbogie Shire Council Annual Report 2021-22

ABOUT US

OUR SERVICES

GV Health is a multi-campus health service, providing a broad range of hospital, aged care and community-based health services throughout the Goulburn Valley.

The main campus is located at Graham Street, Shepparton, providing emergency services, intensive care, outpatients, medical, surgical, paediatric, obstetric, dental, palliative, oncology, mental health, aged care, rehabilitation, medical imaging, pathology, pharmacy and related allied health and community healthcare services. We have a community health facility in Corio Street, Shepparton, which provides a range of wellbeing programs focused on prevention.

The Tatura campus includes the Tatura Hospital and Parkville Aged Care residential facility, and provides 13 aged care beds, as well as 10 acute beds.

The Rushworth campus is known as Waranga Health. It provides 36 aged care beds, four acute beds, and a district nursing service.

Total number of beds	2022/23
All acute (includes Shepparton, Tatura and Waranga)	213
Acute (Shepparton campus only)	201
Aged Care Residential	71
Mental Health (Acute and Community)	20
Prevention and Recovery Care Service and Supported Residential Rehab Program	20
Sub-acute	48

GV Health provides a range of high-quality services for people of all ages and diverse health needs – from services for women and children to aged care, mental health, cancer and wellness services, community services, dental, dialysis, drug and alcohol services, emergency department, medical and surgical care. Services aim to enhance wellbeing and achieve the vision of 'Healthy Communities'.

GV Health is focused on all stages of health care from prevention (health promotion and education), through to assessment, early intervention and treatment. An overview of these services is provided below.

ABORIGINAL HEALTH

- Aboriginal Liaison Officers (ALOs)
- Aboriginal Health Transition Officer (AHTO)
- Mental Health Aboriginal Liaison Officer (MHALO)

AGED CARE

- Aged Care Assessment Services (ACAS)
- Aged Care Homes:
 - Grutzner House
 - Parkville Aged Care Facility
 - Waranga Aged Care Hostel
 - Waranga Nursing Home
- Geriatric Evaluation Management
- Geri-Connect
- Home Care Packages
- Residential In-Reach
- Respite Care

ALCOHOL AND DRUG SERVICE

- Care and Recovery Coordination
- Counselling
- Non-residential Withdrawal Service
- Therapeutic Day Rehabilitation

ALLIED HEALTH AND RURAL ALLIED HEALTH SERVICES

- Dietetics and Nutrition
- Occupational Therapy
- Physiotherapy
- Podiatry
- Social Work
- Speech Pathology

CANCER AND WELLNESS CENTRE

- Inpatient and Outpatient Services:
 - Oncology
 - Haematology
 - Chemotherapy
- Supportive treatments
- Specialised Nursing Services
- Referrals
- Clinical Trials

CENTRE AGAINST SEXUAL ASSAULT

- Referral and Intake Services
- Therapeutic Counselling
- 24/7 Crisis Care Response
- Outreach Services
- Education and Training
- Secondary Consultations

COMMUNITY HEALTH SERVICES

- Acquired Brain Injury Programs
- Community Health:
 - Audiology
 - Paediatric Asthma Communication Education (PACE)
 - Sexual Health Nursing
- Care Coordination:
 - Post-Acute Care Program
 - Hospital Admission Risk Program – Emergency Department (HARP-ED)
- Community Interlink:
 - Home Care Packages
 - National Disability Insurance Services
- Home Nursing Services:
 - District Nursing Service
 - Hospital in the Home (HITH)
 - Regional Continence Service
- Self-Management Support
- Rural Allies Health service

DENTAL

- Emergency Dental Care
- General Dental Care
- Patient Referrals
- Dental and Oral Health Student Services

ABOUT US

DIABETES CENTRE

- Assessment and Advisory
- Shared Care
- Gestational Diabetes
- Referrals
- Specialist Clinic Services:
 - Multidisciplinary Diabetes (MDD)
 - Nurse Practitioner Advance Assessment Clinic
 - Insulin Pump and Continuous Glucose Monitoring System Clinic
 - High Risk Foot Clinic

DIALYSIS

- Referrals
- Haemodialysis and peritoneal dialysis

EMERGENCY DEPARTMENT

- Critical Care
- Emergency Services
- After hours Hospital Management

HOSPITAL WARDS / UNITS

- Child and Adolescent Services
- Critical Care Unit
- Mary Coram Unit
- Medical Day Stay
- Medical Ward
- Surgical Unit
- Short Stay Unit
- Acute Surgical Unit

IMAGING AND X-RAY

- Fluoroscopy
- CT Scanning
- MRI
- Ultrasound
- Nuclear Medicine
- X-Ray

MENTAL HEALTH SERVICES

- Adult Inpatient Service
- Statewide Specialist Women's Mental Health Service
- Hospital Outreach Post-Suicide Engagement Program
- Wanyarra Acute Inpatient Unit
- Aged Persons Service
- Child and Youth Mental Health Service
- headspace

OUTPATIENTS REHABILITATION

- Transition Care Program and Restorative Care

- Hospital Admission Risk Programs (HARP) Disease Management
- Chronic Pain Clinic
- Dementia Diagnostic Service (Cognitive Dementia and Memory Service)
- Continence Clinic
- Falls and Balance Clinic
- Movement Disorder Clinic
- Neuropsychology
- Psychology
- Exercise Psychology

PALLIATIVE CARE

SPECIALIST CONSULTING

- Orthopaedic Services
- Surgical Services
- Paediatric Services
- Women's Health Services
- Medical Services
- Telehealth

TATURA HOSPITAL

- Acute Hospital Admissions
- Palliative Care
- Pathology
- Podiatry
- Transition Care Program
- X-Rays

WOMEN AND CHILDREN'S HEALTH

- Antenatal Clinic
- Child and Adolescent Services
- Gynaecology
- Midwifery Services
- Maternal and Foetal Assessment Unit (MAFA)
- Paediatric Outpatient Services
- Lactation Clinic
- Breast Clinic

OTHER SERVICES

- Cardiac Diagnostics
- Home Enteral Nutrition
- Pathology
- Pharmacy
- Renal
- Service Access Unit
- Health Promotion:
 - Smiles 4 Miles Program
 - Act-Belong-Commit Campaign

BOARD DIRECTORS

BOARD OF DIRECTORS AND SUB-COMMITTEE MEMBERSHIP

BOARD OF DIRECTORS

Joanne Breen
Michael Delahunty (Chair)
Nicole Inglis (Deputy Chair)
Catherine Jones
Dr Richard King AM
Dr Julia Cornwell McKean
Michael Milne
Victor Sekulov
Michael Tehan

AUDIT AND RISK

Michael Delahunty
Nicole Inglis
Michael Milne
Victor Sekulov
Michael Tehan (Chair)

QUALITY COMMITTEE

Michael Delahunty
Catherine Jones
Dr Richard King AM (Chair)
Dr Julia Cornwell McKean

COMMUNITY ADVISORY COMMITTEE

Joanne Breen
Michael Delahunty
Nicole Inglis

PRIMARY CARE AND POPULATION HEALTH ADVISORY

Joanne Breen (Chair)
Michael Delahunty
Catherine Jones
Dr Richard King AM

FINANCE AND INFRASTRUCTURE

Michael Delahunty
Nicole Inglis
Michael Milne
Victor Sekulov (Chair)
Michael Tehan

PEOPLE AND WORKFORCE

Joanne Breen
Michael Delahunty
Catherine Jones (Chair)
Dr Julia Cornwell McKean

GOVERNANCE AND CHIEF EXECUTIVE PERFORMANCE

Michael Delahunty
Nicole Inglis (Chair)
Dr Richard King AM

EXECUTIVE OFFICERS

MATT SHARP

CHIEF EXECUTIVE



B. Nursing (Hons), Post Grad Dip (Critical Care Nursing), Masters of Business, GAICD, FACHSM

Matt Sharp has been the Chief Executive at GV Health since June 2018, having joined the health service from Eastern Health in Melbourne. During his time with GV Health, Mr Sharp has forged strong professional relationships within the community and worked with the government, at both state and federal level, to secure funding for much-needed additional health services.

Mr Sharp has held the position of Executive Director of Clinical Operations at Eastern Health. He has a clinical background in nursing and has held various management and executive positions in rural, regional and metropolitan health services.

He understands the opportunities and challenges that come with working in a regional health service, having worked at Rochester and Elmore District Health Service, initially as the Director Clinical Services before becoming the Chief Executive Officer; a position he held for three years. He has also held an executive position at Echuca Regional Health.

Mr Sharp is passionate about public health, improving health and wellbeing outcomes for people in rural areas and takes pride in being able to improve the safety, quality and access to healthcare for everyone. Mr Sharp is a member of committees convened by the Department of Health and liaises with various organisations to assist in a whole-of-government approach to the delivery of improved health services throughout Victoria.

DR JOHN ELCOCK

EXECUTIVE DIRECTOR MEDICAL SERVICES / CHIEF MEDICAL OFFICER



BMedSci(Hons), MBBS, MBA, FRACGP, FRACMA, FCHSM, CHE, GAICD

John Elcock was appointed to his current role in August 2019. Previously he was the Director of Medical Services at Northeast Health Wangaratta for 16 years.

Prior to becoming a medical administrator, Dr Elcock was a full-time clinician for 13 years, working in general medicine, anaesthetics, emergency medicine and general practice. He also has a background in military medicine and is a Lieutenant Colonel in the Australian Army.

Dr Elcock has attained Fellowships of the Royal Australasian College of Medical Administrators, the Australasian College of Health Service Management and the Royal Australian College of General Practitioners. He is a graduate of the Australian Institute of Company Directors Course, and has a Masters degree in Business

Administration and degrees in medicine and immunology.

Dr Elcock's professional interests include effective medical governance, ethical medical practice, medical leadership, and state-wide health strategy and policy. He serves on a number of Department of Health and Human Services and Safer Care Victoria state-wide advisory committees.

DONNA SHERRINGHAM

EXECUTIVE DIRECTOR CLINICAL OPERATIONS / DIRECTOR OF NURSING (GRAHAM STREET CAMPUS)



Dip App Sci, RN, B Nursing, MHA, FACHSM

As Executive Director Clinical Operations, Ms Sherringham leads all aspects of clinical operations at GV Health, incorporating medical, surgical, critical care, women's and children's, pathology, pharmacy and radiology.

As a member of the Executive Committee, Ms Sherringham plays a key role in guiding GV Health's delivery of care and future direction. Her role involves developing and implementing clinical strategy to support the provision of high-quality care and treatment.

Ms Sherringham is passionate about the delivery of healthcare in regional communities, having grown up in country New South Wales. She commenced her career as a Division 1 nurse at Westmead Hospital, Sydney, before holding several nursing positions at hospitals in Melbourne. Ms Sherringham graduated with a Diploma of Applied Science from Mitchell College of Advanced Education and later earned a Bachelor of Nursing from Monash University.

Ms Sherringham made the transition to work in rural health at Echuca Regional Health from 2004 to 2008. From 2008 to 2013, she served as Director of Nursing and Manager of Clinical Operations of Medicine and Critical Care at Bendigo Health. Ms Sherringham has a Master of Health Services Administration from Monash University and is a Certified Fellow of the Australian College of Health Service Managers. Ms Sherringham joined the GV Health team in early 2013 as Executive Director Clinical Operations. Ms Sherringham is a representative on several state committees including the State Trauma Committee.

JOSHUA FREEMAN

EXECUTIVE DIRECTOR COMMUNITY CARE AND MENTAL HEALTH / CHIEF ALLIED HEALTH OFFICER



BPharm, PGCertPharm (Otago), MBA (UniSA), SpecCertClinLead (Melb), GAICD, MPS

Joshua Freeman is the Executive Director of Community Care and Mental Health/Chief Allied Health Officer. He has a background in public and not-for-profit leadership roles.

Mr Freeman holds a Masters of Business Administration degree through the University of South Australia. Having trained as a pharmacist he also holds a Bachelor of Pharmacy and Post Graduate Certificate in Pharmacy qualifications, both from the University of Otago (New Zealand). Recently, Mr Freeman completed a Specialist Certificate in Clinical Leadership through the University of Melbourne.

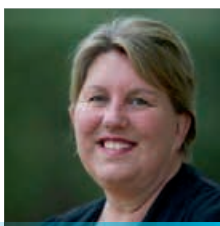
He has held leadership positions in pharmacy and allied health in New Zealand and Australia. Before joining GV Health, Mr Freeman was an Executive Director with Queensland Health. He understands governance structures in large organisations and has a passion for accessible health services. He is also passionate about transformational leadership and has interests in organisational culture.

Mr Freeman is a Graduate of the Australian Institute of Company Directors and a member of the Pharmaceutical Society of Australia. He has previously served on the University of Otago Senate and Health Sciences Divisional Board and has provided leadership as Board Chair of a regional sporting authority in New Zealand.

In 2015 he was selected to attend the 2015 European Summer School of Advanced Management through Loughborough University in the United Kingdom. He also sits on the board of a local aged care provider and is an active member of the Rotary Club of Shepparton.

KELLIE THOMPSON

EXECUTIVE DIRECTOR OF QUALITY, RISK AND INNOVATION / CHIEF NURSE AND MIDWIFERY OFFICER



B.HlthSc (Nursing), RN, Grad Dip Gerontic Nursing, Dip Management, Grad Cert Health Systems Management MQS (Master Quality Services—Health and Safety), MACN

Kellie Thompson is the Executive Director of Quality, Risk and Innovation and the Chief Nursing and Midwifery Officer. Kellie is a motivated and longstanding employee of GV Health. She joined GV Health in 1999 as the Aged Care Quality Manager, bringing with her extensive experience in quality and risk, as a member of the Aged Care Accreditation agency.

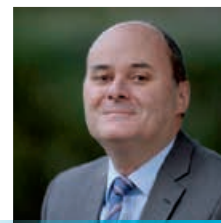
Ms Thompson has built upon her early career in quality to become the Executive Director of Quality, Risk and Innovation, managing all the quality and risk functions across the health service as well as the organisation's approach and system for improvement.

Ms Thompson holds a Masters in Quality Services—Health and Safety, and a Graduate Certificate in Health Services Management and in training as a nurse has a Graduate Diploma in Gerontic Nursing. Ms Thompson is passionate about improving both consumer and workforce experiences and the safety and quality of services provided to the community in which she resides, recognising the importance of developing nursing and midwifery pathways that deliver a strong professional workforce, both now and in the future.

In working in regional health, Ms Thompson is an advocate for partnerships, collaboration and innovation and is an active member on both Victorian and regional committees.

PETER HUTCHINSON

CHIEF FINANCE OFFICER, CHIEF PROCUREMENT OFFICER AND EXECUTIVE DIRECTOR INFORMATION & TECHNOLOGY



B Commerce, MIPA, AFA

As Chief Finance Officer, Peter Hutchinson is responsible for the overall financial management of the health service. Together with the finance portfolio, Mr Hutchinson oversees payroll, health information services, library, switchboard and reception, and information and communication technology portfolios as part of the directorate.

He also is the executive responsible for the Finance & Infrastructure and Risk & Audit committees of the Board.

Mr Hutchinson commenced with GV Health in February 2019 and held a similar role at Eastern Health in Melbourne for the previous 18 years. He was responsible for Eastern Health's financial services, management accountant services, procurement and supply, facilities and infrastructure, security, property and retail and information communication technology. He is Chair of the Product Planning Group Financial Management Information System and the Industry Finance Committee Benchmarking Group.

Mr Hutchinson holds a Bachelor of Commerce from the University of Melbourne and is a fellow of the Australian Health Services Financial Management Association and also a Member of the Institute Public Accountants.

Mr Hutchinson is pleased to have joined the team at GV Health at a time when such important developments are underway to support the health outcomes of the surrounding communities.

KAREN LINFORD

EXECUTIVE DIRECTOR PEOPLE, DEVELOPMENT AND ENGAGEMENT



MBA, B.HlthSc (OT)

Karen Linford is the Executive Director of People, Development and Engagement. She joined GV Health in 2018 bringing a wealth of experience from previous senior roles at Austin Health and Early Childhood Management Services.

Ms Linford holds an MBA from LaTrobe University, a Bachelor of Health Science (Occupational Therapy), a diploma of frontline management and is a Prosci Certified Change Practitioner. Her collaborative approach and capacity to establish new service propositions has seen her lead high performing teams across a number of organisations.

Spearheading strategies for attracting, retaining and developing talented teams, Ms Linford has overseen major changes at

EXECUTIVE OFFICERS

large-scale healthcare providers. This includes overhauls of key organisational systems and elevating the performance of HR teams.

Prior to moving into people and culture related roles, Ms Linford worked as an Occupational Therapist in a variety of roles at Austin Health, Donvale Rehabilitation Hospital, Western Region Health Centre, Bendigo Health and the National Health Service (NHS) in the United Kingdom.

SHANE TREMELLEN

EXECUTIVE DIRECTOR CAPITAL PROJECTS, INFRASTRUCTURE AND SUPPORT SERVICES

MBA, BEng

Shane Tremellen originally joined GV Health in 1994 as an Engineering graduate from the University of Melbourne. Mr Tremellen worked in the Biomedical Engineering department in varying capacities where he attained a Master of Business Administration from La Trobe University.

Following several overseas consultancies, Mr. Tremellen chased his passion and moved permanently to the Middle East in 2008 where he held senior roles on high-profile hospital construction projects in both Qatar and Kuwait. Subsequent to the funding announcement for the Graham Street Stage 1 Redevelopment, Mr Tremellen returned to his home town in 2016 to focus on this particular project where he held the position of Director Redevelopment & Capital Projects.

Mr Tremellen has been Executive Director Capital Projects, Infrastructure & Support Services during the 2022/23 Financial Year. During this time, he has presided over the Graham Street Stage 1 Redevelopment, the Stage 2 Master planning, the Acute & Community Mental Health and other capital projects. Mr Tremellen also oversees the general Infrastructure and Corporate Support Services divisions, the latter including the supply department, contracts, security, environmental and food services.



ANDREW FREEMAN

**EXECUTIVE DIRECTOR
HUME HEALTH SERVICE
PARTNERSHIP**



BBUS(Acct), MBA, GAICD, ASA, AFCHSM, CHM

Andrew Freeman commenced as the Executive Director of the Hume Health Service Partnership in October 2021. The Hume Health Service Partnership was established on 1 July 2021 with the aim of the public health services across the Region working in collaboration on a number of strategic system priorities determined by the Victorian Government and local priorities agreed by the Health Service Partnership members.

Mr Freeman has worked in the Victorian Public Health system for nearly 30 years and is a strong advocate for Rural and Regional Health. He has held a number of executive roles over the past eighteen years and prior to commencing at GV Health, was the Chief Executive of East Grampians Health Service.

He has a Bachelor of Business and a Master of Business Administration. He is a graduate of the Australian Institute of Company Directors and a member of both the Australian Society Certified Practising Accountants and Australian College of Health Service Management.

ORGANISATIONAL STRUCTURE



OUR YEAR IN REVIEW

OUR CARE AT A GLANCE

- 41,280 presentations to Emergency Department
- 33,895 inpatient separations
- 4,323 elective admissions
- 12,604 ambulance arrivals
- 81,449 specialist clinic attendances
- 617 critical care encounters
- 838 babies born
- 199 neonates admitted

OPERATIONAL HIGHLIGHTS

CLINICAL OPERATIONS

INCREASED PRESENTATIONS TO EMERGENCY DEPARTMENT

This year we have seen a continued increase in emergency patient demand. Due to escalating operational pressures, high numbers of patients presenting for emergency treatment and staff shortages, Code Yellows were activated on 6 December 2022, 20 March 2023, 4 June 2023 and 17 June 2023. During these periods, staff from a number of areas were redeployed to assist with patient flow and opening beds. All sites and services across GV Health were requested to support and assist where possible. Thank you to all GV Health staff, for your individual and collective efforts during these challenging times.

MATERNITY SERVICES REVAMP

In 2022/23 GV Health's maternity services underwent a significant revamp. This initiative was driven by:

- The need to improve GV Health's maternity models of care, so that they would better reflect and support the needs and desires of people in the community
- The need to improve public perception of GV Health's maternity services and in turn, increase the number of women who choose to have their babies at GV Health

To achieve this, a period of community consultation was undertaken, including a community forum, online survey and meetings with community groups. As a result of the feedback received, GV Health's maternity services have implemented several exciting changes to align with the values and needs of our local community. These improvements include upgraded facilities, accommodation for partners to stay during the postnatal period, improved continuity of care and provision for future water birth and in vitro fertilisation (IVF) services.

PAEDIATRIC ALLERGY CLINIC

Following a funding grant from the Victorian Department of Health and training support from Allergy Clinic Tertiary Centres in Melbourne, this year GV Health successfully launched a Paediatric Allergy Clinic.

The objectives of this initiative were to increase the number of public allergy specialist appointments to regional Victorians, upskill local paediatricians to enable diagnosis and ongoing management of common allergic conditions, remove the financial disincentives that create barriers to access service provision

and develop a referral pathway. These objectives were achieved resulting in enhanced regional capability in allergy management allowing patients more efficient and accessible treatment.

From the start of the allergy clinic trial (May 2022) to the end (May 2023) a total of 408 appointments were completed at the GV Health Paediatric Allergy Clinic.

CLOSURE OF COVID-19 PCR TESTING SITE

Over the last year the COVID-19 pandemic has continued to evolve, and GV Health has played a crucial role in managing the crisis. With the progress made in vaccination efforts and declining case numbers in 2022/23, we have been able to disband some COVID-19 services. Our Vaccination Hub concluded operations on 13 October 2022, and our PCR testing site ceased on 17 December 2022. We thank all staff members involved in the provision of these services throughout the pandemic.

TIMELY EMERGENCY CARE COLLABORATIVE

GV Health is committed to achieving the right care, at the right place, at the right time – with our collective goal of improving access to care and treatment across all of our services. We know more timely access to treatment results in better patient care and outcomes, as well as patient experiences overall, no matter the location or service being provided.

To help improve in this area, GV Health is collaborating with Safer Care Victoria and the Institute for Health Care Improvement, as well as other health services in Victoria, to participate in the Timely Emergency Care Collaborative.

Skilled and experienced professionals from Safer Care Victoria and the Institute for Health Care Improvement are working alongside equally skilled and experienced professionals at GV Health who are committed to making a difference to patient flow and improving timely access to care and services.

The benefit of the Timely Emergency Care Collaborative is using the sound improvement methodologies that Safer Care Victoria and the Institute for Health Care Improvement have developed to support our approach and build capability across GV Health regarding improvement science.

COMMUNITY HEALTH

RESIDENTIAL IN-REACH NURSE PRACTITIONER SERVICE

In July 2022, funding was made available to GV Health's Residential In-Reach (RIR) program through Better@Home. This funding provided the RIR program with the opportunity to employ a Nurse Practitioner at 0.4 EFT.

The addition of a Nurse Practitioner (NP) to the RIR program has resulted in:

- Providing a consultancy and support role to other staff/healthcare providers regarding client management in Residential Aged Care Facilities (RACFs)
- Providing advanced clinical knowledge of older people's care
- Reducing unnecessary presentation of aged care residents to ED by improving timely access to primary care clinicians, diagnostics and advanced clinical care
- Providing education to RACF staff

- Improving the RIR NP model of care to include NP management of RACF residents within the ED
- Upskilling RIR staff in Advanced Care Directives
- Completion of Standard Work Practices
- The development/implementation of an ED RIR champion to promote RIR
- The development/ implementation of a standardised ED transfer document
- The development/ implementation of a standardised RIR referral process/triage
- The development /implementation of an ED Residential Aged Care resource folder

PROJECT SMILE

In June 2022, we launched GV Health's new Smile Squad program, a free dental service that will travel around Goulburn Valley schools providing free dental check-ups for students. Smile Squad will continue to be rolled out across GV schools in the coming months.

MENTAL HEALTH

STATEWIDE SPECIALIST WOMEN'S MENTAL HEALTH SERVICE

In February 2023, GV Health joined Ramsay Health Care and The Alfred to launch our new Statewide Specialist Women's Mental Health Service. The service is the first of its kind – an expert hybrid of private and public hospital care, developed to fill a gap in female-focused psychiatric care.

The design and implementation of the new service was informed by recommendations from the Royal Commission into Victoria's Mental Health System, which found gender-based safety issues impacted women's experiences of in-patient mental health care.

The service involves two in-patient beds at Shepparton Private Hospital and three hospital-in-the-home beds, where women are able to remain at home during treatment.

HOSPITAL OUTREACH POST SUICIDAL ENGAGEMENT PROGRAM SEYMOUR OPENING

On 9 December 2023, we were proud to launch the House of HOPE (Hospital Outreach Post Suicidal Engagement) program opening in Seymour.

The HOPE program aims to support individuals after incidents of suicide attempt or currently experiencing suicidal crisis. Internal referrals to the HOPE program are accepted from departments at GV Health and Mental Health programs provided by GV Health.

LAUNCH OF GREEN PASSPORT MAP

Representatives from GV Health were honoured to be part of the launch of the MINDing the Gap Green Passport initiative in August 2022.

This initiative was led by the MINDing the Gap project team with collaboration from GV Health, the Goulburn Broken Catchment Management Authority (GB CMA) and the Fairley Leadership Program to help promote mental health and wellbeing through nature and being outside.

The MINDing the Gap Green Passport showcases four regional walks and connects people with nature to support and improve mental health and wellbeing outcomes.

ECHO® (EXTENSION FOR COMMUNITY HEALTHCARE OUTCOMES)

The GV Health Project ECHO® (Extension for Community Healthcare Outcomes) Hub has been successfully operating since 2020, and this year has expanded to include three new important education topics (called ECHOs).

For new Project ECHO topics to be considered, they must address a clear gap in workforce capability and/or service delivery. Evidence shows that there is a lack of mental health professionals in regional Victoria and that local healthcare staff wellbeing has been weakened by the pandemic, workforce shortages, and by flooding events in the Goulburn Valley in October 2022.

The three new GV Health ECHOs implemented – Aged Care and Mental Health ECHO, Workforce Wellbeing ECHO, and Personality Disorder and Complex Trauma ECHO – address the challenges identified.

In addition, the new ECHOs align directly to the Royal Commission in Victoria's Mental Health System and/or the Aged Care Royal Commission, as well as GV Health's Strategic Purpose of 'Improving community wellbeing through high-quality health services, outstanding care and learning.'

PSYCHO-ONCOLOGY SERVICE

GV Health's psycho-oncology service has recently increased its clinic frequency from monthly to weekly, due to heavy demand.

Increased access to the psycho-oncology service provides the Oncology team easy access to psychological care for their patients and for patients to receive this care closer to home. This also helps reduce stigma of attending a psychiatric or psychology clinic elsewhere. This combination of physical cancer care and increased access to psychological care under the one roof means GV Health cancer patients have a greater chance of achieving the best outcomes and experiences of cancer care.

HUME HEALTH SERVICE PARTNERSHIP

The Hume Health Service Partnership (HHSP) members are the sixteen public health service providers in the Hume Region and the Murray Primary Health Network. The HHSP has a signed agreement that sets out the objectives, responsibilities and principles of the partnership, with the HHSP CEO Council as the governing body. GV Health is the lead agency for the HHSP and Matt Sharp chairs the CEO Council. The HHSP CEO Council meets monthly, with an average attendance of 90% at meetings held over the past twelve months, demonstrating the commitment and engagement of all members.

The HHSP works collaboratively to:

- Improve service access, safety, quality and coordination – so that patients/ consumers/ clients experience improved outcomes; and
- Improve the efficiency of the regional service system by sharing expertise, removing unnecessary duplication and working to an agreed system design

The HHSP CEO Council ensures that HHSP is responding to the Minister's priorities:

- Pandemic Response (COVID-19 hospital admissions planning/ streaming and Covid Positive Pathways)
- Planned Surgery Reform
- Better at Home

Members have also agreed to focus on a number of local priorities during the year, including:

- Delivery of a HHSP Strategic Service Plan
- The rollout of the Victorian Virtual Emergency Department
- Regional Credentialing and Scope of Practice
- Trial of Virtual Admissions model into a smaller health service

The HHSP has over 20 committees and working groups within the partnership that have broad representation from all members who actively participate and collaborate in the development of the annual workplan, support the delivery of shared objectives, collaborate on partnership submissions and participate in HHSP committees.

The governance structure ensures equitable distribution of HHSP members on committees and working groups. The breadth of membership guarantees members are making shared decisions aimed at improving system level responses and health outcomes across the region, rather than at an individual health service level. Members are encouraged to openly express and discuss their views.

The HHSP is a critical mechanism for members to share their expertise and achieve scale and coordination of effort towards agreed and common goals and are committed to networking and openly exchanging information for mutual benefit which has been achieved in the submissions made, meetings held and when other opportunities arise.

HEALTH INFORMATION SERVICES

NEW SYSTEM TO SUPPORT CLINICAL CODERS

CodeFocus has now been implemented at GV Health. This has allowed significant improvements to be introduced for our clinical coders to improve record keeping and productivity in relation to managing our thousands of patient records.

SCANNED MEDICAL RECORD SOLUTION

The current scanned medical record solution is now being decommissioned. An exciting new product, Hyland, will be implemented in the coming months as a result of a comprehensive tender process undertaken during the year.

TEMPERATURE TESTING STATION

The temperature testing station at the main entrance of GV Health's Graham Street campus was decommissioned at the end of June 2022. Thank you to all the staff who assisted patients and visitors at the station during such a challenging time throughout the COVID-19 pandemic.

FINANCE

ACCOUNTS PAYABLE

The accounts payable team have begun the process of scanning and digitising of all invoices. The next phase of this project will be to implement an optical recognition system, to support increased streamlined processing. This will significantly improve efficiency.

INTERNAL AUDITORS

This year a tender process was undertaken to appoint internal auditors for GV Health. The outcome was the reappointment of the current incumbents, HLB Mann Judd. A refreshed strategic internal audit plan for 2023-2026 has since been developed and approved by the Board.

INFORMATION TECHNOLOGY

PHONE SYSTEM

A modern new internal telephone system has been implemented to replace the old PABX system at GV Health's Graham Street campus. This has led to a number of improved efficiencies. Further enhancements for this modern solution are also being planned for implementation.

CYBER SECURITY

This year a number of initiatives have been implemented to protect GV Health against cyber attacks and threats. These measures include introducing lengthy pass phrases for passwords, Multi Factor Authentication and a range of software monitoring tools across the network.

Significant work has occurred upgrading older servers and switches to enhance the overall robustness of services. A number of audits are conducted each year to review the maturity levels of the network and the effectiveness of the cyber security control tools.

During the last year no major cyber security events occurred at or to any GV Health sites or systems.

Thank you to HRHA and the Digital Health Team of the Department of Health for all the assistance with advice and monitoring systems at GV Health.

QUALITY

ACCREDITATION

During 2022/23, GV Health has undergone eight accreditations across our services. This is not only a means of assurance that actively demonstrates the safety and quality of services provided by GV Health, it is also an opportunity for staff to showcase the outstanding care they provide on a daily basis.

Congratulations to all of our staff, patients and consumers who have participated in accreditation this year.

GVCASA has successfully achieved accreditation with the Human Service Standards administered by the Human Services Regulator within the Department of Families, Fairness and Housing (DFFH).

The Goulburn Valley Diabetes Centre has successfully achieved accreditation with the National Association of Diabetes Centres (NADC) Diabetes Service. The service has also inaugurally met the requirements for tertiary certification.

The aged care facilities at Parkville, Waranga, Grutzner House and the community and in home care aged programs of Community Interlink, the Rural Allied Health Team, Home Nursing Services Shepparton and District Nursing Services of Waranga have all successfully been awarded with accreditation by the Aged Care Quality and Safety Commission.

National Disability Insurance Scheme (NDIS) participants including Parkville, Waranga, Grutzner House, Community Interlink, the Rural Allied Health Team, Home Nursing Services of Shepparton and District Nursing Service of Waranga have all successfully achieved accreditation for the NDIS practice standards.

NATIONAL SAFETY QUALITY HEALTH SERVICE (NSQHS) STANDARDS

Each of GV Health's 11 campuses successfully underwent NSQHS Standards accreditation during May 2022. The outcome was favourable with the assessment team concurring the presence of contemporary and relevant safety and quality systems, that support continuous improvement of the delivery of care and services at GV Health. The assessment team commended GV Health at all 11 campuses for their pride and commitment in providing care and services to the community.

LEGISLATIVE CHANGES

GV Health has implemented legislative changes during 2022-2023 with the intention of continuously improving the safety and quality of care provided to consumers. Two larger legislative changes implemented during this time are the changes to the Health Services Act 1988, and changes to the Aged Care Act.

STATUTORY DUTY OF CANDOUR SERIOUS ADVERSE PATIENT SAFETY EVENTS

Changes to the Health Services Act 1988 came into effect on 30 November 2022 with the introduction of the Health Legislation Amendment (Quality and Safety) Act 2022. The two primary changes resulting from this amendment were the introduction of Statutory Duty of Candour (SDC) and Serious Adverse Patient Safety Event (SAPSE) reviews.

Implementing Statutory Duty of Candour (SDS) at GV Health has seen an extension and strengthening of existing processes for Open Disclosure, which occurs following unexpected patient or consumer harm during a journey of care. SDC is an obligation to ensure consumers of health care and their families are apologised to, and communicated with, openly and honestly when things have gone wrong with their care and they have suffered a serious adverse patient safety event.

When a patient or consumer has been involved in a serious adverse patient safety event and Statutory Duty of Candour is completed, GV provides the patient, consumer or their next of kin or carer with a written apology for the harm suffered, a written account of the facts regarding the serious adverse patient safety event, a description of the event and what steps have been undertaken to prevent the re-occurrence of the event.

AGED CARE ACT

In responding to the Australian Government's Royal Commission of Aged Care, GV Health has implemented the Aged Care and Other Legislation Amendment (Royal Commission) Act 2022. This has resulted in the introduction of a range of practical measures to improve accountability and transparency across the aged care sector, with the aim of improving the safety and quality of care provided through aged care facilities and programs to aged care recipients.

Changes implemented during this time include a change in the funding model to provide more equitable care funding to providers that better matches the consumer needs with the cost of delivering care.

A star rating system has been implemented for residential aged care services, to help consumers and their carers compare services provided by aged care facilities and make informed choices on their care options.

A Code of Conduct sets out how providers and workers delivering care are expected to behave, strengthening protections for consumers including the ability to ban workers from the aged care sector.

The Serious Incident Response Scheme (SIRS) has extended from residential aged care to include home and flexible care delivered in the home or community setting, ensuring that home service providers have responsibilities to manage and prevent incidents and notify these to the Aged Care Quality & Safety Commission when they do occur.

Providers have strengthened governance arrangements for the governing body, its membership, leadership and culture through a variety of new reporting responsibilities that include material and suitability of staff in aged care, staff skills qualifications and experience, advisory body establishment and annual submission of operations information.

MULTI-AGENCY ASSESSMENT AND MANAGEMENT

This year GV Health was identified as a good practice example in the Family Violence Reform Implementation Monitor Report 2021-22, thanks to the outstanding work of the GVCASA team.

Their work through the Strengthening Hospital Responses to Family Violence (SHRFV) initiative throughout the past five years has seen the team align GV Health services to the Multi-Agency Risk Assessment and Management (MARAM) Framework to effectively identify, assess and manage family violence risk.

The report read "GV Health credits the success of their MARAM alignment to the SHRFV initiative, which included dedicated hospital-specific funding and resources, having a highly engaged and committed executive team (which is briefed on progress every month), and a dedicated Trauma-Informed Services department (believed to be unique to this service), representing a clear location for the leadership of this work."

While the team's work is ongoing, this recognition is fantastic to read and shows the dedication of the Trauma Informed Services team.

SAFER STARTS NOW

Safer Starts Now is an ongoing improvement initiative of GV Health that includes a series of projects and initiatives in response to themes that arise from multiple sources of data, including

consumer feedback. The aim of Safer Starts Now is to support GV Health to continuously improve the safety and quality of care and services provided whilst improving the experience of consumers.

GV Health has entered its third phase of Safer Starts Now titled "Your Experience is Our Priority." Strategies and initiatives implemented during this phase have included strengthened processes, education and training, and resources for Health Literacy, access to language services and communication aides.

In addition to two larger pieces of work that have included the establishment of a Spiritual Care Volunteer Program and the Consumer Partner and Representative Program.

GV Health is excited to launch a Spiritual Care Volunteer Program. Over 40 religious organisations have been asked to nominate leaders that can provide spiritual care to consumers from their faith group. So far more than 15 volunteers have been willing to come on board.

Processes to support the recruitment, onboarding and orientation of volunteers has been approved and the day to day requests, oversight and further growth and development will be performed by the Spiritual Care Practitioner which is yet to be recruited to.

The Consumer Partner and Representative program is designed to strengthen processes, and continually grow the numbers of consumers engaging with GV Health in the design, evaluation and identification of opportunities for continuous improvement and service delivery in the provision of care.

PEOPLE AND CULTURE

JOBS DAY@GV HEALTH

The GV Health Talent Acquisition team hosted a walk-in recruitment day, Jobs@GV Health Day, at our Graham Street campus on 29 March 2023. The aim of the event was to fill as many of our current non-clinical vacancies as well as planned future growth non-clinical vacancies.

The event was a great success with a fantastic turnout:

- 150 job seekers attended the day
- 86 expressed interest at the event
- Seven people signed up to be a volunteer
- Five took the volunteer paperwork away to return it at a later date

It was wonderful to see our community come together to strengthen the GV Health workforce. Thank you to all GV Health staff and volunteers that helped make this day possible.

INTERNATIONAL RECRUITMENT INITIATIVES

In an effort to overcome workforce shortages, GV Health has undertaken a variety of international recruitment initiatives in the last year.

A widespread digital marketing campaign was launched for the month of July 2022, promoting our vacancies related to the redevelopment. The campaign targeted the UK, New Zealand and Australia and received 132,770 impressions and 5,707 engagement clicks.

RECRUITMENT OF WORKFORCE NAVIGATOR

This year we have created and appointed a new role within the GV Health Talent Acquisition team, to assist mental health professionals relocating to the area. Our new Mental Health Workforce Navigator can support prospective candidates and new recruits in the field of mental health to gain employment, relocate, settle, and integrate into GV Health and the wider Shepparton community.

RELAUNCH OF NEW GV HEALTH WEBSITE AND NEWSLETTER

At the end of 2022, GV Health's media and communication team redeveloped GV Health's internal Monday Message newsletter and public website. The new-look Monday Message launched 21 November 2022. The new-look website launched 13 December 2022.

In addition to looking fresher and more modern, the updated Monday Message and GV Health website are more user-friendly and easier to navigate. The new website hosts a range of helpful accessibility tools, providing vital support for users with visual, hearing or other disabilities. The website also features a language translation function, making the website more accessible for our diverse CALD community.

STAFF TRANSPORT DURING FLOODS

Significant flooding in our region in October 2022 resulted in some staff being able to commute to work by road. To ensure there would be no disruption to the essential health services we provide for our community, a number of our doctors arrived via our first chartered flight from Melbourne to Shepparton on 17 October 2022. The Australian Defense Force also assisted a number of GV Health nurses to get to work through flood water.

Thank you to GV Health's medical workforce team who went above and beyond behind the scenes to coordinate transport for our staff during this challenging time.

STAFF WELLNESS INITIATIVES

GV Health's workforce faced unprecedented challenges during the pandemic, including fatigue, burnout and furloughing. With our workforce struggling under increased pressure, it became apparent that in order to continue providing the highest standards of care, an enhanced level of staff support and innovation in our wellbeing program was paramount. GV Health implemented a tailored suite of wellbeing supports based on input from our workforce. These covered a broad range including:

- Psychosocial and psychological supports
- Wellbeing coaching for leaders
- Financial wellbeing awareness and supports
- Creating and improving outdoors spaces for staff
- Ongoing and sustainable actions
- Light-hearted and feelgood initiatives.

Many of the staff wellness initiatives started during the pandemic continued through 2022/23.

REDEVELOPMENT PROGRAM

STAGE ONE COMPLETED NEW WORKS

- Paediatric corridor
- Special Care Nursery
- Emergency Department North
- Central Sterile Supply Department
- Day of Surgery Admissions
- Theatre change rooms
- Emergency Department external works
- Miscellaneous compliance works

STAGE ONE COMPLETED REFURBISHMENT WORKS

- Emergency Department South
- Theatre refurbishments
- Maternity and Birth Suites compliance works

UPCOMING WORKS

- Compliance works in Medical Ward, Mary Coram Unit and other miscellaneous areas of the hospital
- Junior Medical Officer lounge
- Doctor offices
- Staff dining room refurbishment

FUNDED CAPITAL WORKS

- Youth Prevention and Recovery Care (YPARC)
- Expansion of existing mental health facilities
- Early Parenting Centre development

PLANNING IN PROGRESS

- Emergency Department Mental Health, Alcohol and Other Drugs Hub
- Staff accommodation
- Clinical Health School
- Integrated Cancer Centre
- Car Parking

AWARDS, RECOGNITIONS AND ACHIEVEMENTS

MEMBER OF THE ORDER OF AUSTRALIA 2023

Associate Professor Ravi Bhat was bestowed with a Member of the Order of Australia (AM) in the general division in the King's Birthday honours list. It was in honour of his significant service to medicine, and to rural psychiatry. The divisional clinical director of mental health services at GV Health and associate professor of psychiatry with the Department of Rural Health has demonstrated a commitment to his patients that has not only transformed lives but also earned him this well-deserved recognition.

VICTORIAN RURAL HEALTH AWARDS 2023

Dr Jennifer Collier, cardiology clinical director, was awarded the 'Outstanding Contribution to Rural Outreach Provision' category of the Victorian Rural Health Awards 2023.

MICHAEL KAMENJARIN ENCOURAGEMENT AWARD 2023

Dr Kadison Michel was the recipient of the 2023 Dr Michael Kamenjarin Encouragement Award, in recognition of his work as a junior doctor at GV Health. Dr Michel embodies the true essence of dedication and hard work. With a passion for rural medicine, Dr Michel has gained a reputation as a supportive mentor and colleague at GV Health.

AUSTRALIA DAY HONOURS 2023

Clinical Area Educator at Waranga Health, Sadie Vale, was awarded the Rushworth and District Citizen of the Year 2023 for her tireless work for the local community. Sadie was instrumental in the vision, planning, project management and delivery of the now-famous Colbinabbin Silo Art. Sadie has also been employed at Waranga Health for 27 years.

GV SAFETY GROUP SAFETY AWARDS 2022

The Health Safety & Wellbeing team were the winners of the 'Best Safety or Wellbeing Initiative' category for the GV Safety Awards. The submission related to work done with the Be Well. Be Safe funding we received, such as free meals, massages, outdoor spaces, the Sonder app, and training for staff from Lifeline and the Oranges Toolkit.

NURSING SCHOLARSHIP RECIPIENTS 2022

The Rotary Club of Shepparton provided nursing scholarship to five recipients. Examples of the recipients and their studies include: Stephanie Vick who is currently an Associate Nurse Unit Manager in our Critical Care Unit studying a masters of advanced nursing practice at the University of Melbourne, and Tamara Sinclair who is a Registered Nurse studying a graduate diploma of midwifery at LaTrobe University. Thank you to the Rotary Club of Shepparton for their generous support of these scholarships.

VICTORIAN PUBLIC HEALTHCARE AWARDS 2022

GV Health was recognised at the Victorian Public Healthcare Awards 2022:

Award	Award category	GV Health initiative
Highly Commended	Safer Care Victoria Partnering in Healthcare	• GV Health Vaccination Buses – Jabba the Bus and Maxine Vaccine
Winner	Safer Care Victoria Partnering in Healthcare	• GV Health as a co-contributor with Peter MacCallum Cancer Centre, Eastern Health, St Vincent's Hospital, Deepdene Surgery, healthAbility and Access Health and Community, for iCanEAT: Implementation of the iCanEAT pathway for people with cancer, carers and health professionals
Finalist	Excellence in Public Sector Aged Care	• GV Health Community Kitchen Project (Grutzner House, Waranga Aged Care/Hostel, Tatura Parkvilla Aged Care)
Finalist	Improving Aboriginal Health	• GV Health Possum Skin Cloaks in Oncology

GV Health is very proud to receive these awards at the Victorian Public Healthcare Awards 2022. These awards recognise excellence and innovation across Victoria, and show that GV Health teams and initiatives are amongst the best in Victoria. Congratulations and thank you to all staff involved in these initiatives.

THE WIDMARK AWARD

Professor Edward Ogden was awarded 'The Widmark Award' at The International Council on Alcohol, Drugs and Traffic Safety (ICADTS) 23rd Triennial Conference in Rotterdam, Netherlands. Widmark Awards honour those who have made an outstanding, sustained and meritorious contribution to the field that has led to international standing and respect. Candidates must have an impressive record of accomplishments that signify pre-eminence in the field and Professor Ogden is one of them.

WORKFORCE INFORMATION

Labour category	June Monthly FTE*		Average Monthly FTE*	
	2022	2023	2022	2023
Nursing	847.63	844.97	831.48	835.07
Administration and Clerical	380.33	395.16	371.98	381.42
Medical Support	153.27	161.11	178.09	162.22
Hotel and Allied Services	198.45	213.62	195.51	206.33
Medical Officers	29.95	32.34	29.89	32.89
Hospital Medical Officers	116.53	161.63	112.14	138.26
Sessional Clinicians	34.79	43.51	36.37	38.94
Ancillary Staff (Allied Health)	127.40	126.48	129.56	126.93
Total	1,888.35	1,978.82	1,885.02	1,922.07

Labour category	June monthly FTE*		Average monthly FTE*	
	2022	2023	2022	2023
Nursing	847.63	844.97	831.48	835.07
Casual	24.26	20.73	27.22	29.41
Part time	661.84	661.04	650.80	643.91
Full time	161.53	163.20	153.46	161.76
Administration and Clerical	380.33	395.16	371.98	381.42
Casual	8.80	7.01	10.39	11.80
Part time	183.52	178.73	179.23	169.24
Full time	188.01	209.42	182.35	200.38
Medical Support	153.27	161.11	178.09	162.22
Casual	3.39	3.09	5.98	4.77
Part time	65.18	64.66	77.49	63.48
Full time	84.70	93.36	94.63	93.97
Hotel and Allied Services	198.45	213.62	195.51	206.33
Casual	19.65	21.23	12.03	17.63
Part time	141.87	153.35	145.46	150.93
Full time	36.93	39.04	38.02	37.76
Medical Officers	29.95	32.34	29.89	32.98
Casual	-	-	-	-
Part time	0.33	0.07	0.31	0.06
Full time	29.62	32.27	29.58	32.83
Hospital Medical Officers	116.53	161.63	112.14	138.26
Casual	1.26	1.01	1.84	0.99
Part time	100.80	157.44	96.29	133.35
Full time	12.95	3.18	12.29	4.03
Sessional Clinicians	34.79	43.51	36.37	38.94
Casual	-	-	0.08	-
Part time	29.21	38.51	31.36	34.79
Full time	5.58	5.00	4.92	4.15
Ancillary Staff (Allied Health)	127.40	126.48	129.56	126.93
Casual	1.52	2.67	3.56	3.37
Part time	60.31	56.11	61.96	59.27
Full time	65.57	67.70	64.04	64.29
Total	1,888.35	1,978.82	1,885.02	1,922.07

HEALTH SAFETY AND WELLBEING

The Health and Safety Strategy aims to provide a safe work environment and to promote and support all aspects of staff wellbeing. Our approach to ensuring staff have the right skills and capability to perform their roles effectively and safely includes:

- A commitment to incident and injury prevention
- Trained health and safety representatives who actively support early identification of any hazards in work areas
- Occupational Violence and Aggression (OVA) Prevention plan
- A benefits program that offers discounted memberships to gyms

and other financial and mental health support in line with our wellbeing program

- A manual handling program, supported by a no lift trainer, to educate staff in safe manual handling practices
- Mental Health First Aid professional development to a range of staff across our organisation, to support early identification and support of any mental health wellbeing needs
- Workplace assessments to support employees working from home during lockdown periods as well as early and local identification of risks or hazards

Occupational Health and Safety statistics	2022/23	2021/22	2020/21
The number of reported hazards/incidents for the year per 100 FTE	18.26	20.05	33.19
The number of 'lost time' standard WorkCover claims for the year per 100 FTE	0.77	0.83	0.79
The average cost per WorkCover claim for the year	\$78,544	\$101,598	\$78,017

In 2022/23 there were 22 WorkCover claims (including three rejected claims and one pending claim) with 15 claims resulting in a physical injury and seven claims resulting in a psychological injury. All staff members are supported and assisted in transitioning back to work at the earliest opportunity. Of the 15 physical injury claims,

14 employees have either returned to partial or full hours of their pre-injury duties. Of the seven psychological injury claims, four employees have either returned to partial or full hours of their pre-injury duties, with one employee exiting the health service to engage employment with another employer.

OCCUPATION VIOLENCE AND AGGRESSION

GV Health continues to work with employees, Health and Safety Representatives, management and unions through the OVA to continually review and improve current work practices, eliminate or reduce (as much as practicable) the risk and record

occupational violence and aggression occurrences. This is supported by a Code Grey response team and mandatory OVA training for relevant staff.

Occupational Violence Statistics	2022/23
WorkCover accepted claims with an occupational violence cause per 100 FTE	.05
Number of accepted WorkCover claims with lost time injury with an occupational violence cause per 1,000,000 hours worked	.31
Number of occupational violence incidents reported	10
Number of occupational violence incidents reported per 100 FTE	.51
Percentage of occupational violence incidents resulting in a staff injury, illness or condition	10.7%

GENERAL INFORMATION

CARER'S RECOGNITION ACT 2012

In accordance with the Carer's Recognition Act 2012, GV Health takes all practical measures to ensure that our staff and volunteers understand the important, valuable and often challenging role carers play. At GV Health, carers are respected, supported as individuals and recognised for their efforts and dedication. We consider their views and cultural identity, recognise their social wellbeing and provide due consideration of the effect of being a carer on matters of employment and education.

COMPLIANCE WITH FREEDOM OF INFORMATION ACT 1982

A total of 477 formal requests for information were received and processed under the Act in 2022/23, compared to 743 requests in 2021/22. Of that total, 250 freedom of information applications were received with payment of a legislated application fee of \$30.60 per request; a fee total of \$7,650. Other requests for information were received from a variety of entities including the Department of Health, Victoria Police and the Coroner's Court of Victoria and the Transport Accident Commission. There were 30 medico legal requests received. Total fees collected were \$23,227.51.

Requests for access to your medical record and personal information held can be made in writing to:

Freedom of Information Officer
Health Services Information
GV Health
Graham Street
SHEPPARTON, 3630

Other information relating to freedom of information can be found at www.vic.gov.au

PUBLIC INTEREST DISCLOSURE ACT 2012

GV Health is subject to the Public Interest Disclosure Act 2012 that replaced the former Whistleblowers Protection Act 2001. The Act came into effect on 10 February 2013 with a purpose to facilitate disclosures of improper conduct by public officers, public bodies and to provide the appropriate level of protection for people who make disclosures without fear of reprisal. Goulburn Valley Health adheres to the Public Interest Disclosure Act 2012 through incorporating the protected disclosure requirements of the Act into a GV Health procedure which is available to all staff on our intranet and information for the public is available at our website www.gvhealth.org.au

BUILDING ACT 1993

GV Health complied fully with the building and maintenance provisions of the Building Act 1993 guidelines for publicly owned buildings. GV Health also complied with the relevant provisions of the National Construction Code.

STATEMENT ON NATIONAL COMPETITION POLICY

GV Health complied with all government policies regarding competitive neutrality.

LOCAL JOBS FIRST ACT 2003

GV Health has complied with the Local Jobs First Act 2003.

GENDER EQUALITY ACT 2020

Our Gender Equality Action Plan confirms our commitment to driving change and removing barriers so that everyone can reach their full potential by having equal access to rewards, opportunities and resources, regardless of gender, cultural background, age, sexual orientation or other characteristics.

Delivering the Gender Equality Action Plan will require ongoing consultation and collaboration across our workforce in order to enable sustainable improvement across all the gender equality indicators including the prevention of violence against women and children.

SAFE PATIENT CARE (NURSE TO PATIENT AND MIDWIFE TO PATIENT RATIOS) ACT 2015 (SPC ACT 2015)

GV Health has no matters to report in relation to its obligations under section 40 of the SPC Act 2015.

CAR PARKING FEES

GV Health complies with the Department of Health hospital circular on car parking fees and details of car parking fees and concession benefits can be viewed at our website www.gvhealth.org.au/patients-and-visitors/parking-and-transport

ENVIRONMENTAL PERFORMANCE

GV Health is committed to ensuring the protection of our environment and ongoing sustainability is a priority in all activities. GV Health implements environmentally sustainable practices to achieve efficient and sustainable outcomes for energy, materials and water that comply with environmental legislation, regulations and government policies. GV Health monitors and reports on environmental and sustainability practices to help us better integrate and gain strategic value from existing sustainability efforts, identify gaps and opportunities in products and processes, develop communications and incorporate innovative practices.

The redevelopment project has an environmental sustainability design (ESD) consultant appointed to the project. Some ESD initiatives incorporated within the design include solar panels, chilled beam cooling systems in inpatient rooms, use of E-water in the kitchen and an advanced building management system to assist in reduction in energy use.

GV Health monitors and reports on the following indicators in accordance with Financial Reporting Direction 24 (FRD 24):

- Energy;
- Waste production and disposal;
- Paper consumption;
- Water consumption;
- Transportation/fuel consumption;
- Greenhouse gas emissions;
- Sustainable procurement and associated information relevant to understanding and reducing office-based environmental impacts

The environmental sustainability reports are available to view on the GV Health website. We continue to expand efforts to become a more environmentally sustainable health service.

GENERAL INFORMATION

Environmental Reporting		2022/23
EL1. Total electricity consumption segmented by source (MWh)	Purchased	11529.792615
	Self-generated	0
EL2. On-site electricity generated by usage and source (MWh)		0
EL3. On-site installed generation capacity segmented by source (kW converted to MW)	Diesel generator	3.6
EL4. Total electricity offsets segmented by offset type (MWh)	Renewable Power Percentage in the grid	2167.60101162
F1. Total fuels used in buildings and machinery segmented by fuel type	Natural Gas	41313882.1
F2. Greenhouse gas emissions from stationary fuel consumption segmented by fuel type and vehicle category	Natural Gas	2128.9041
T1. Total energy used in transportation (vehicle fleet) within the Entity, segmented by fuel type [MJ]	Non-executive fleet - Gasoline	3598277.8
	Non-executive fleet - E10	814.9
	Non-executive fleet - Diesel	290140.6
T2. Number and proportion of vehicles in the organisational boundary segmented by vehicle category and engine/fuel type	Passenger vehicles - Petrol	93
	Passenger vehicles - Hybrid	59
	Passenger vehicles - Electric	0
	Buses/goods vehicles	5
T3. Greenhouse gas emissions from vehicle fleet segmented by fuel type and vehicle category (tonnes CO2-e)	Non-executive fleet - Gasoline	243.3157
	Non-executive fleet - E10	0.0492
	Non-executive fleet - Diesel	20.4292
T4. Total distance travelled by commercial air travel		n/a
E1. Total energy usage from fuels (MJ)		45203115.4
E2. Total energy usage from electricity (MJ)		41507253.414
E3. Total energy usage segmented into renewable and non-renewable sources (MJ)	Renewable	7803445.1856
	Non-renewable	78906923.6284
E4. Units of Stationary Energy used normalised (MJ)	Energy per unit of Aged Care OBD	3494.85760460798
	Energy per unit of LOS	859.52380744523
	Energy per unit of Separations	2390.42732455912
	Energy per unit of floor space (m2)	2106.44324518032
W1. Total units of metered water consumer by water source (kL)	Potable water	80308.0521
W2. Units of metered water consumed normalised (kL)	Water per unit of Aged Care OBD	3.38881138070723
	Water per unit of LOS	0.83344284379962
	Water per unit of Separations	2.31789338470863
	Water per unit of floor space	2.0425263772318
WR1. Total units of waste disposed of by disposal method and material type / waste stream (kg)	General waste	371396.4 46.2%
	Clinical waste - incinerated	3130.08 0.4%
	Clinical waste - sharps	7212.29 0.9%
	Clinical waste - treated	79374.85 9.9%
	Recycling/recovery - cardboard	192967.5 24.0%
	Recycling/recovery - commingled	146672.24 18.2%
	Recycling/recovery - paper confidential	3611.53 0.4%
WR3. Total units of waste disposed normalised (kg)	Total waste to landfill per PPT	1.89505362737394
	Total waste to offsite treatment per PPT	0.457782959659561
	Total waste recycled and reused per PPT	1.75144283658703
WR4. Recycling rate		42.6735769135821%
WR5. Greenhouse gas emissions associated with waste disposal (tonnes CO2-e)		598.1317
G1. Total scope one (direct) greenhouse gas emissions (tonnes CO2-e)		2392.6982
G2. Total scope two (indirect electricity) greenhouse gas emissions (tonnes CO2-e)		7920.4137
G3. Total scope three (other indirect) greenhouse gas emissions associated with commercial air travel and waste disposal (tonnes CO2-e)		1986.8132

All Department of Health funded high-value redevelopment projects have an ESD allowance included within the overall project budget.

During the design phase of the high-value project, a consultant presents ESD initiatives for the consideration of the project team. These ESD proposals are evaluated for suitability by the health service and are implemented as appropriate within the respective high-value projects.

As an example, at GV Health “chilled-beams” were introduced as the means of heating and cooling within the new inpatient rooms of the Stage 1 Redevelopment. This particular ESD initiative has delivered a comfortable climate for patients while providing long-term energy savings for the organisation.

While GV Health does not routinely procure office buildings, any prospective new leases are evaluated under several key criteria including energy efficiency. In this regards a Green Lease Schedule

may be a differentiating factor with leases that are otherwise considered equal with the other key selection criteria.

With the assistance of the Victorian Health Building Authority, National Australian Built Environment Rating System (NABERS) ratings are performed on an annual basis for all hospital sites. The energy and water consumption are scrutinised to determine the appropriate NABERS ratings, and these certificates are displayed proximal to the main entrances of the respective GV Health sites.

All infrastructure or upgrades valued at over \$1 million are designed by consultants with energy efficiency being a key consideration of these delivered projects. The Environmental Performance of these projects are guided by the Victorian Health Building Authority Guidelines for sustainability in healthcare capital works, which set minimum design targets and standard practice sustainability requirements.

SOCIAL PROCUREMENT FRAMEWORK (SPF) OBJECTIVE AND OUTCOMES SUMMARY

Description		Number	\$
Aggregate spend			
All suppliers	Number of suppliers	1,756	
	Total spend with suppliers		119,581,525
Social benefit suppliers	Number of social benefit suppliers	19	
	Total spent with social benefit suppliers		1,136,710
Objective: Opportunities for Victorian Aboriginal people			
Outcome: Purchasing from Victorian Aboriginal businesses	Number of Victorian Aboriginal businesses engaged	3	
	Total expenditure with Victorian Aboriginal businesses (excl. GST)		8,376
Objective: Opportunities for Victorians with disability			
Outcome: Purchasing from Victorian social enterprises and Australian Disability Enterprises	Number of Victorian social enterprises (led by a mission for people with disability) and Australian Disability Enterprises engaged (Group 1)	3	
	Total expenditure with Victorian social enterprises (led by a mission for people with disability) and Australian Disability Enterprises (excl. GST) (Group 1)		581,613
	Number of Victorian social enterprises (led by a mission for people with disability) and Australian Disability Enterprises engaged (Group 2)	5	
	Total expenditure with Victorian social enterprises (led by a mission for people with disability) and Australian Disability Enterprises (excl. GST) (Group 2)		614,773
Objective: Opportunities for disadvantaged Victorians			
Outcome: Purchasing from Victorian social enterprises	Number of Victorian social enterprises (led by a social mission for one of the five disadvantaged cohorts) engaged (Group 1)	2	
	Total expenditure with Victorian social enterprises (led by a social mission for one of the five disadvantaged cohorts (excl GST) (Group 1)		58,175
	Number of Victorian social enterprises (led by a social mission for one of the five disadvantaged cohorts) engaged (Group 2)	9	
	Total expenditure with Victorian social enterprises (led by a social mission for one of the five disadvantaged cohorts (excl GST) (Group 2)		808,742

SOCIAL PROCUREMENT FRAMEWORK (SPF) OBJECTIVE AND OUTCOMES SUMMARY (CONTINUED)

Description		Number	\$
Objective: Sustainable Victorian social enterprises and Aboriginal business sectors			
Outcome: Purchasing from Victorian social enterprises and Aboriginal businesses	Number of Victorian social enterprises engaged (Group 1)	4	
	Total expenditure with Victorian social enterprises (excl.GST) (Group 1)		68,320
	Number of Victorian social enterprises engaged (Group 2)	16	
	Total expenditure with Victorian social enterprises (excl.GST) (Group 2)		1,099,268

Definitions	
Victorian Aboriginal business	A Victorian Aboriginal business that is: 1. registered with Kinaway; or 2. registered with Supply Nation and has operations in Victoria.
Victorian social enterprise led by a mission for people with disability (Group 1)	A Victorian social enterprise certified by Social Traders, and operates and has business premises in Victoria.
Victorian social enterprise led by a mission for people with disability (Group 2)	A Victorian social enterprise (led by a mission for people with disability) listed on the Map for Impact. Note that the Map for Impact website was being hosted by Swinburne University and has been discontinued as of 30 June 2023. DGS, however, still retains the underlying data, from which this tool has been constructed.
Australian Disability Enterprise (ADE)	ADEs are partly funded by the Commonwealth Government to provide supported employment for people with disability. They are listed on the BuyAbility website.
Social enterprise led by a mission for one of the priority disadvantaged cohorts (Group 1)	A Victorian social enterprise certified by Social Traders, and operates and has business premises in Victoria. Priority disadvantaged cohorts are: - long-term unemployed; - disengaged youth; - single parents; - migrants, refugees and asylum seekers; and - workers in transition.
Social enterprise led by a mission for one of the priority disadvantaged cohorts (Group 2)	A Victorian social enterprise (led by a mission for one of the priority disadvantaged cohorts) listed on the Map for Impact. Note that the Map for Impact website was being hosted by Swinburne University and has been discontinued as of 30 June 2023. DGS, however, still retains the underlying data, from which this tool has been constructed.
Social enterprise (Group 1)	A business certified by Social Traders.
Social enterprise (Group 2)	All Victorian social enterprises listed on the Map for Impact. Note that the Map for Impact website was being hosted by Swinburne University and has been discontinued as of 30 June 2023. DGS, however, still retains the underlying data, from which this tool has been constructed.

INFORMATION AND COMMUNICATION TECHNOLOGY EXPENDITURE

The total Information and Communication Technology expenditure during 2022/23 was \$1.48 million (excluding GST) with the details shown below:

Business as usual (BAU) ICT expenditure	Non-Business as Usual (non-BAU) ICT expenditure		
Total (excluding GST)	Total = Operational expenditure and capital expenditure (excluding GST)	Operational expenditure (excluding GST)	Capital expenditure (excluding GST)
\$1.48 million	-	-	-

CONSULTANCIES

DETAILS OF CONSULTANCIES (UNDER \$10,000)

In 2022/23, there was one consultancy where the total fees payable to the consultant were less than \$10,000.

DETAILS OF CONSULTANCIES (VALUED AT \$10,000 OR GREATER)

In 2022/23, there were seven consultancies where the total fees payable to the consultants were \$10,000 or greater. The total expenditure incurred during 2022/23, in relation to these consultancies, was \$307,042 (excluding GST). Details of individual consultancies can be viewed at www.gvhealth.org.au

Consultant	Purpose of consultancy	Start Date	End Date	Total approved project (exc. GST)	Expenditure 2022-23 (exc. GST)	Future Expenditure (exc. GST)
Gracosway Pty Ltd	Advice in relation to funding for hospital capital works	Jul 2022	Nov 2022	\$17,392	\$17,392	\$ -
Keleher Consulting	Evaluation of Goulburn Mental Health & Wellbeing Project	Apr 2023	Jun 2023	\$20,000	\$20,000	\$ -
KPMG	Identification of service and governance options for GV Health	May 2023	Mar 2024	\$288,344	\$150,010	\$138,334
Six O'Clock Advisory Pty Ltd	Gateway One Outcome Professional Fees	Jun 2023	Mar 2024	\$182,592	\$46,409	\$136,183
Sustain: The Australian Food Network	Holistic Food System Assessment	Apr 2023	Jun 2023	\$26,480	\$26,480	\$ -
Synchronicity Consulting Pty Ltd	Strategic Planning and Sustainable Business Models	May 2023	Nov 2023	\$93,755	\$18,751	\$75,004
The Writing Room	Primary Care and Population Health Plan and Needs Assessment	Apr 2023	Jun 2023	\$28,000	\$28,000	\$ -

ADDITIONAL INFORMATION AVAILABLE ON REQUEST

Details in respect of the items listed below have been retained by GV Health and are available to the relevant Ministers, Members of Parliament and the public on request (subject to the freedom of information requirements, if applicable):

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

FINANCIAL AND SERVICE PERFORMANCE REPORTING

FINANCIAL SUMMARY

SUMMARY OF THE RESULTS FOR THE YEAR

	2023 \$'000	2022 \$'000	2021 \$'000	2020 \$'000	2019 \$'000
Operating result*	335	406	163	(2,416)	40
Total revenue	459,355	443,217	388,734	405,524	341,613
Total expense	(443,098)	(401,387)	(364,694)	(322,246)	(305,566)
Net result from transactions	16,257	41,830	24,040	83,278	36,047
Total other economic flows	(2,421)	1,681	2,853	(699)	(1,908)
Net result	13,836	43,511	26,893	82,579	34,139
Total assets	501,768	434,761	374,089	324,735	232,161
Total liabilities	(142,315)	(125,271)	(109,969)	(87,508)	(77,903)
Net assets / total equity	359,453	309,490	264,120	237,227	154,258

* The operating result is the result for which Goulburn Valley Health is monitored in the Statement of Priorities.

* The impact of the State Supply Arrangements, are excluded from the operating result.

RECONCILIATION BETWEEN NET RESULT FROM TRANSACTIONS TO THE SOP OPERATING RESULT

	2023 \$'000	2022 \$'000	2021 \$'000	2020 \$'000	2019 \$'000
Net operating result*	335	406	163	(2,416)	40
Capital purpose income	39,588	60,954	43,389	102,155	48,872
Specific income	121	N/A	N/A	N/A	N/A
COVID-19 state supply arrangements - Assets received free of charge or for nil consideration under the state supply	2,062	4,710	4,356	260	N/A
State supply items consumed up to 30 June 2021	(1,908)	(3,856)	(1,714)	(131)	N/A
Assets received free of charge	N/A	436	73	N/A	N/A
Expenditure for capital purpose	(5,421)	(2,898)	(5,647)	(4,212)	(1,019)
Depreciation and amortisation	(18,454)	(17,875)	(16,520)	(12,292)	(11,626)
Finance costs	(66)	(47)	(60)	(86)	(220)
Net result from transactions	16,257	41,830	24,040	83,278	36,047

*The impact of the State Supply Arrangements, are excluded from the operating result.

SUMMARY OF SIGNIFICANT CHANGES IN FINANCIAL POSITION

Goulburn Valley Health's major financial objective is to provide the necessary resources to meet anticipated activity levels, address essential capital needs and ensure cash sustainability.

Goulburn Valley Health was able to deliver on its accountabilities in 2022-23 within its agreed budget.

Goulburn Valley Health delivered an operating surplus of \$0.34 million for the 2022-23 financial year (excluding capital, depreciation and specific items) compared to its breakeven budget target. Goulburn Valley Health delivered an overall net surplus of \$13.84 million for the 2022-23 financial year (including capital, depreciation and specific items).

The net result reflects the receipt of one-off capital purpose non-cash income from the Department of Health for elements of the GV Hospital Redevelopment as well as capital funding for Commissioning Costs.

Total cash increased by \$23.37 million from \$94.61 million to \$117.99 million in 2022-23. The major capital cash inflow for the year related to the Commissioning Costs grants funded by Department of Health whilst the major operating cash inflows were in relation to operating Commissioning Costs, COVID-19, Local Public Health Unit & Mental Health. There was an increase in operating working capital as a result of the increase in Department of Health cash funding, movements in current liabilities represented business as usual activity.

Equity increased by \$49.96 million as a result of the net surplus of \$13.84 million and the managerial revaluation of Goulburn Valley Health buildings \$36.13 million.

SUMMARY OF OPERATIONAL AND BUDGETARY OBJECTIVES AND FACTORS AFFECTING PERFORMANCE

As a public health service, Goulburn Valley Health is required to negotiate a Statement of Priorities (SoP) with the Department of Health each year. The SoP is a key accountability agreement between Goulburn Valley Health and the Minister of Health. It recognises that resources are limited and that the allocation of these scarce resources needs to be prioritised. The SoP incorporates both system wide priorities set by the Victorian Government and agency specific priorities.

A \$0 million operating result (excluding capital, depreciation and specific items) was agreed in the 2022-23 SoP for Goulburn Valley Health. The final result for the year was an operating surplus of \$0.34 million.

It is important to note that the financial focus for Goulburn Valley Health is on the operating result given that depreciation is unfunded and capital income from the Department of Health is project dependent and therefore highly variable year-to-year.

Funding for capital redevelopment and major equipment purchases are sourced from the Department of Health; such funding is allocated according to need and after consideration of a supporting submission.

EVENTS SUBSEQUENT TO BALANCE DATE

There are no events occurring after the balance sheet date.

STATEMENT OF PRIORITIES

<p>Maintain a robust COVID-19 readiness and response, working with the department, Health Service Partnership and Local Public Health Unit (LPHU) to ensure effective responses to changes in demand and community pandemic orders. This includes, but is not limited to, participation in the COVID-19 Streaming Model, the Health Service Winter Response framework and continued support of the COVID-19 vaccine immunisation program and community testing.</p>	<p>The COVID-19 pandemic challenged our GV Health service to act rapidly and work closely with our health service and community partners in the Hume Region to prepare, prevent and manage COVID-19 outbreaks in the Hume region. The readiness and response continues to be managed and maintained through the Local Public Health Unit.</p> <p>A 24/7 Acute Respiratory Clinic is located at the main GV Health campus on Graham Street to assist those diagnosed with COVID-19 and help protect our community.</p> <p>GV Health's staff exposure and surveillance team continue to monitor and report on staff furloughed due to outbreaks, and provide return to work support.</p>
<p>Encourage and facilitate partnerships between the LPHU and primary and community care networks to equitably improve public health outcomes throughout the LPHU catchment.</p> <p>Support the evaluation of services delivered and outcomes achieved by the LPHU as described by the LPHU Outcomes Framework 2022/23.</p>	<p>From its roots in COVID-19 response to now, the Goulburn Valley Public Health Unit (GVPHU) has emerged from the pandemic as a fully operational public health unit which continues to grow.</p> <p>The Public Health Unit is distinct from the role of the rest of the health system which is primarily focused on providing healthcare services to individuals and families.</p> <p>GVPHU works together with our communities to foster partnerships through collaboration and engagement. Our vision is to facilitate equitable, accessible health services and consistency of care. We aim to empower people in our community to optimise their individual wellbeing and drive better health outcomes for people in our region.</p> <p>We do this by developing an in-depth understanding of health and wellbeing of the people in our region. We collaborate with partner organisations and our community to inform and produce high-quality, evidence-based public health interventions.</p> <p>The GVPHU is governed by GV Health and focuses on five key areas of work:</p> <ul style="list-style-type: none"> • Intelligence Systems and Digital Innovation – Including epidemiologists and data analysts • Public Health Integrated Planning and Programs – Promoting health and wellbeing at a population or whole of community level • Engagement, Communications and Capacity Development – Including community engagement and communications and design specialists • Emergency Management <p>Some of the key pieces of work currently underway include managing communicable disease and respiratory outbreaks in sensitive settings in the community. And collaborating with key organisations within our community to drive community awareness of local public health issues and advocating for priority populations.</p>
<p>Increase the provision of home-based or virtual care, where appropriate and preferred, by the patient, including via the Better at Home program.</p>	<p>Over the last 12 months, the Better at Home (B@H) project has seen expansion and consolidation of existing home-based programs and implementation of multiple new B@H funded services.</p> <p>A focus on collaboration and enhancing virtual care opportunities has been central to the B@H success. Within the HHSP, 14 health services are now directly receiving B@H activity funds. All 16 HHSP health services are now engaged with delivery of home and community-based programs.</p> <p>In the last 12 months, the B@H project has supported expansion in the number of programs delivered across the HHSP from eight to 22. Building and strengthening relationships between the health service partners and fostering collaboration has been key to project success and program delivery. Facilitated by the HHSP, multiple health service partners have collaborated to share, develop and expand models of care.</p>

Work with Safer Care Victoria (SCV) in areas of clinical improvement to ensure the Victorian health system is safe and delivers best care, including working together on hospital acquired complications, low value care and targeting preventable harm to ensure that limited resources are optimised without compromising clinical care and outcomes.

GV Health has focused this year on delivering the following priorities:

- Implement recommendation of legislation to improve the safety and quality systems and strengthen incident management systems that prevent avoidable harm, whilst building stronger relationships with patients and consumers when harm does occur across all aspects of service provision
- Implementation of Safer Starts Now with clinical leaders though a variety of projects and initiatives are which are designed to reduce avoidable harm and improve patient and consumer experience
- Strengthening Clinical Governance Systems by further supporting all staff to understand their role and responsibilities in clinical governance
- Growing the number of staff involved in the opportunities to understand the safety and quality performance of their department and planning for continuous improvement
- Resolving issues regarding admission of patients from ED to inpatient wards and also in regard to management of complex patients in general
- Developing and implement a project to enhance medical leadership, engagement support and supervision across all levels

Continue to transform Area Mental Health and Wellbeing Services that deliver wellbeing supports and are delivered through partnerships between public health services (or public hospitals) and non-government organisations.

Develop/refine services that will be provided across two aged-based streams: infant, child and youth (0-25), and adult and older adult (26+).

Provide integrated treatment, care and support to people living with mental illness and substance use or addiction.

Subject to the passage of the Mental Health and Wellbeing Bill 2022, actively participate in the implementation of new legislative requirements and embed the legislation's rights-based objectives and principles.

Work with the department to test ('shadow') and implement activity-based funding models initially for bed-based and adult ambulatory mental health and wellbeing services.

Continue towards implementation and routine use of the electronic state-wide mental health and well-being record to underpin best practice mental health care and improve the experience of Victorians with lived experience of mental health as they move between providers.

In February 2023, GV Health joined Ramsay Health Care and The Alfred to launch our new Statewide Women's Mental Health Service. The service is the first of its kind – an expert hybrid of private and public hospital care, developed to fill a gap in female-focused psychiatric care.

The design and implementation of the new service was informed by recommendations from the Royal Commission into Victoria's Mental Health System, which found gender-based safety issues impacted women's experiences of in-patient mental health care.

The service involves two in-patient beds at Shepparton Private Hospital and three hospital-in-the-home beds, where women are able to remain at home during treatment.

GV Health has also focused this year on delivering the following priorities:

- Progress the development of new 10-bed residential facility for youth prevention and recovery care (YPARC), providing care to young people aged 16–25. This service will complement the Child and Adolescent Mental Health Service and the headspace Shepparton service. The YPARC facility is currently scheduled for delivery in 2024-25.
- Complete the planning process for a new emergency department mental health and alcohol and other drugs hub, as announced in the 2022/23 Victorian Government Budget. This planning work has now been completed in readiness for further Victorian Government funding consideration.
- Progress the expansion of the existing mental health facilities at the Graham Street Shepparton campus, scheduled for completion in 2028-29.

Improve access to emergency services by implementing strategies to reduce bed access blockage to facilitate improved whole of system flow, reduce emergency department four- hour wait times, and improve ambulance to health service handover times.

GV Health is committed to achieving the right care, at the right place, at the right time – with our collective goal of improving access to care and treatment across all of our services.

Evidence shows that patient outcomes are greatly improved the less time they spend in ED – there is a correlation between better morbidity and mortality outcomes the less time patients' spend in ED. That is why the four-hour length of stay target is the benchmark and is so important.

To help improve in this area, GV Health is collaborating with Safer Care Victoria and the Institute for Health Care Improvement, as well as other health services in Victoria, to participate in the Timely Emergency Care Collaborative.

Skilled and experienced professionals from Safer Care Victoria and the Institute for Health Care Improvement are working alongside equally skilled and experienced professionals at GV Health who are committed to making a difference to patient flow and improving timely access to care and services.

The benefit of the Timely Emergency Care Collaborative is using the sound improvement methodologies that Safer Care Victoria and the Institute for Health Care Improvement have developed to support our approach and build capability across GV Health regarding improvement science.

In addition to GV Health's participation in the TECC initiative, the Hume Health Service Partnership (HHSP) have established a Victorian Virtual Emergency Department (VVED) working group. The group includes representatives from the HHSP, Northern Health, Ambulance Victoria and Murray PHN.

The VVED is not intended to replace existing Emergency Department services but complement them, with a memorandum of understanding in place between HHSP members and Northern Health. The Hume region has been an early adopter of this service which is embedded in public UCC's/ED's, Residential Aged Care Services and other health care providers.

Demand for the VVED peaked at 1,299 presentations in May 2023 with 83.3% of patients reporting their needs were extremely well met. The VVED model supports patients to safely remain in their community and reduces the need for transfers. It plays a vital role in supporting management of the workload of local doctors and nurses. With an established governance model in place, the HHSP will continue to work with the VVED to develop other opportunities where this innovative model of care can be utilised.

Develop a plan to implement nutrition and quality of food standards in 2022/23, implemented by December of 2023.

At GV Health we are now implementing the Healthy Choices initiative.

Healthy Choices is a Victorian Health and Human Services framework for improving the provision and promotion of healthier foods and drinks in key settings where Victorians spend their time.

The Healthy Choices policy directive applies to in-house managed retail, all catering and all vending, and was announced in April 2021 and introduced on 3 August 2021. It aims to improve the opportunity for staff and visitors of public health services to access a variety of healthy food and drinks options.

Using the Healthy Choices framework, hospitals and health services can provide consistent health promoting messages so that the foods and drinks available align with the values of organisations that support good health.

Phase 1 (drinks) of the Healthy Choices initiative was complete at GV Health by 30 September 2022. Phase 2 (food) is set to be complete by 30 September 2023.

<p>Contribute to enhancing health system resilience by improving the environmental sustainability, including identifying and implementing projects and/or processes that will contribute to committed emissions reduction targets through reducing or avoiding carbon emissions and/or implementing initiatives that will help the health system to adapt to the impacts of climate change.</p>	<p>GV Health's Social Procurement Strategy addresses the need to meet Climate Change Policy in its practices.</p> <p>The Stage 1 Redevelopment meets VHBA environmental requirements with each project allocating budget for energy saving initiatives in their build. Examples of energy saving initiatives include chilled beams in patient rooms as an energy system and metering of gas and electrical supplies.</p>
<p>Improve health service and Department Asset Management Accountability Framework (AMAF) compliance by collaborating with Health Infrastructure to develop policy and processes to review the effectiveness of asset maintenance and its impact on service delivery.</p>	<p>The Asset Management Accountability Framework (AMAF) development is well underway within GV Health's Capital Projects, Infrastructure and Support Services directorate. Audits against the framework have been completed and there is an implementation plan to address the identified gaps.</p> <p>Triennial AMAF compliance reporting was first noted in the 2021/22 Annual Report and is next scheduled in 2023/24.</p>
<p>Strengthen commitments to Aboriginal Victorians by addressing the gap in health outcomes by delivering culturally safe and responsive health care.</p> <p>Establish meaningful partnerships with Aboriginal Community-Controlled Health Organisations.</p> <p>Implement strategies and processes to actively increase Aboriginal employment.</p> <p>Improve patient identification of Aboriginal people presenting for health care, and to address variances in health care and provide equitable access to culturally safe care pathways and environments.</p> <p>Develop discharge plans for every Aboriginal patient.</p>	<p>This year GV Health has been committed to the Cultural Safety Guidelines through the implementation and monitoring of the GV Health Aboriginal and Torres Strait Islander Cultural Responsiveness Plan 2019/23.</p> <p>Aboriginal and Torres Strait Islander cultural safety is defined as an environment that is safe for Aboriginal people and Torres Strait Islanders, where there is no assault, challenge or denial of their identity and experience. GV Health employs three Aboriginal Liaison Officers along with an Aboriginal Health Transition Officer. These roles, along with the GV Health Cultural Responsiveness Plan 2019/23, establish the foundation for cultural safety.</p> <p>The eight cultural safety action areas are:</p> <ol style="list-style-type: none"> 1. Chief Executive Officer/executive leadership 2. Employment of Aboriginal hospital liaison officer/Aboriginal health staffing 3. Engagement and partnerships with Aboriginal communities 4. Identifying health needs of Aboriginal population and plans to address these 5. Cultural safety training 6. Creating a welcoming environment 7. Improving patient identification 8. Monitoring and accountability. <p>GV Health is working to ensure all areas of the Cultural Safety Guidelines are implemented. This is being monitored through the Aboriginal and Torres Strait Islander Health @ GV Health Committee.</p> <p>This year GV Health has also received two possum skin cloaks to support oncology patients. This initiative was acknowledged as a finalist in the Victorian Public Health Service 2022 awards.</p> <p>In addition to this, GV Health has also recruited additional roles to GV Health's Aboriginal Liaison team:</p> <ul style="list-style-type: none"> • Aboriginal Liaison Officer • Koori Mental Health Liaison Officer • Manager Aboriginal and Torres Strait Islander Health <p>The GVPHU has been active in engaging Rumbalara Aboriginal Co-operative and the broader Aboriginal and Torres Strait Islander Community throughout the pandemic response.</p> <p>This year GV Health has also established a Spiritual Care Project. As part of the deliverables a connection to Aboriginal and/or Torres Strait Islander people's spiritual needs has been assessed.</p>

<p>Strengthen cross-service collaboration, including through active participation in health service partnerships (HSP).</p> <p>Work together with other HSP members on strategic system priorities where there are opportunities to achieve better and more consistent outcomes through collaboration, including the pandemic response, elective surgery recovery and reform, implementation of the Better at Home program and mental health reform.</p>	<p>GV Health has focused this year on delivering the following priorities:</p> <ul style="list-style-type: none"> • Progressing the collaboration with Benalla Health and Northeast Health Wangaratta • Leading and engaging all members of the Hume Health Service Partnership (HHSP) to build collaboration, forge consensus in decision-making, implement Ministerial priorities • Implement projects and initiatives as approved by the HHSP CEO Council • Implement the approved HHSP 2022/23 Work Plan <p>The HHSP has not only responded to the Minister's priorities but has successfully focused and delivered on a number of local projects during 2022/23. The continued engagement and commitment to a system approach to health service delivery rather than on an individual level demonstrates active participation and engagement by all members.</p> <p>During the pandemic, the COVID Positive Program provided a critical support to community members and health services, linking patients with appropriate services and providing health services with resources to aid those requiring social supports.</p> <p>The Program worked in partnership with the Local Public Health Units (LPHU's) which had established links with vulnerable groups. The service provided high quality, remote health care to the broader population and succeeded in both alleviating pressure on ED/UCC and acute services, whilst identifying the need for escalation and access to emergency care when urgently required.</p> <p>Funding for this program ceased as at the 30 June 2023.</p>
<p>Develop HSP Strategic Service Plans – co-designed by health services and the department – that guide a system approach to future service delivery and consider equity, quality and safety, and value.</p>	<p>The Department of Health (DH) and the HHSP have worked collaboratively to co-develop a Strategic Service Plan for the Hume region. The plan will provide a systematic approach to future health service delivery, taking into consideration equity, safety and quality and sustainability. A Project Control Group, with representatives from health services and DH, oversees the project.</p> <p>A number of proposed strategic service directions (PSSDs) have been developed. A thorough consultation process is now being undertaken by the health services through a number of facilitated CEO workshops to review the PSSDs, identify any additional PSSDs, determine the alignment of the PSSDs to the planning principles and criteria, and identify any further work required to progress the completion of the plan.</p> <p>The Plan is now in its final stages, with an aim for endorsement in the first half of 2023/24.</p>
<p>Maintain commitment to deliver goals and objectives of the Planned Surgery Recovery and Reform Program, including initiatives as outlined, agreed and funded through the HSP workplan. Health services are expected to work closely with HSP members and the department throughout the implementation of this strategy, and to collaboratively develop and implement future reform initiatives to improve the long-term sustainability of safe and high quality planned surgical services to Victorians.</p>	<p>The objectives of the HHSP's Planned Surgical Reform Initiative program are:</p> <ul style="list-style-type: none"> • To create timely referrals to appropriate health professional • To increase engagement with local general practitioners • To strengthen partnerships with small rural health services and streamline internal referral processes and communications <p>Through these improved systems, patients will be better prepared for their surgery, and see their recovery with decreased complications, shorter length of stay in hospital and improved wellbeing.</p> <p>The Planned Surgical Reform Initiative is governed by a HHSP Governance Committee and an Operational Committee oversees the implementation of each strategy. The focus has been on collaboration through the local Community of Practice (CoP) groups, with the establishment of the Perioperative Nurse Unit Manager CoP Group and the Physiotherapist CoP group.</p>

<p>Support the implementation of recommendations arising from the Royal Commission into Victoria's Mental Health system, by improving compliance with legislative principles supporting self-determination and self-directed care.</p> <p>Embed consumer, family, carer and supporter lived experience at all levels, in leadership, governance, service design, delivery, and improvement</p> <p>Work towards treatment, care and support being person-centred, rights-based, trauma informed, and recovery orientated, respecting the human rights and dignity of consumers, families, carers and supporters.</p>	<p>GV Health has focused this year on delivering the following priorities:</p> <ul style="list-style-type: none"> • Progressing mental health reform subject to direction from Department of Health • Addressing mental health demand pressures • Supporting the implementation of mental health system reforms to embed integrated mental health and suicide prevention pathways <p>This year GV Health's Project ECHO® (Extension for Community Healthcare Outcomes) Hub has expanded to include three new important education topics (called ECHOs).</p> <ul style="list-style-type: none"> • Aged Care and Mental Health ECHO • Workforce Wellbeing ECHO • Personality Disorder and Complex Trauma ECHO <p>These align directly to the Royal Commission in Victoria's Mental Health System (RCVMHS) and/or the Aged Care Royal Commission.</p>
<p>Participate in the Occupational Violence and Aggression (OVA) training that will be implemented across the sector in 2022/23.</p> <p>Support the implementation of the Strengthening Hospital Responses to Family Violence (SHRFV) initiative deliverables including health service alignment to MARAM, the Family Violence Multi-Agency Risk Assessment and Management framework.</p> <p>Prioritise wellbeing of healthcare workers and implement local strategies to address key issues.</p>	<p>Occupational Violence and Aggression training was rolled out to all GV Health staff in December 2022.</p> <p>GV Health was identified as a good practice example in the Family Violence Reform Implementation Monitor Report 2021-22 thanks to the outstanding work of the GVCASA team.</p> <p>Their work through the Strengthening Hospital Responses to Family Violence (SHRFV) initiative throughout the past five years has seen the team align GV Health services to the Multi-Agency Risk Assessment and Management (MARAM) Framework to effectively identify, assess and manage family violence risk.</p> <p>The report read "GV Health credits the success of their MARAM alignment to the SHRFV initiative, which included dedicated hospital-specific funding and resources, having a highly engaged and committed executive team (which is briefed on progress every month), and a dedicated Trauma-Informed Services department (believed to be unique to this service), representing a clear location for the leadership of this work."</p> <p>While the team's work is ongoing, this recognition is fantastic to read and shows the dedication of the Trauma Informed Services team.</p> <p>GV Health has also focused this year on delivering a tailored suite of wellbeing supports based on input from our workforce. These covered a broad range including:</p> <ul style="list-style-type: none"> • Psychosocial and psychological supports • Wellbeing coaching for leaders • Financial wellbeing awareness and supports • Creating and improving outdoors spaces for staff • Ongoing and sustainable actions • Light-hearted and feelgood initiatives

PERFORMANCE PRIORITIES

High Quality and Safe Care	Target	Outcome
INFECTION PREVENTION AND CONTROL		
Compliance with the Hand Hygiene Australia program	85%	90.8%
Percentage of healthcare workers immunised for influenza	92%	94%
Victorian Healthcare Experience Survey - percentage of positive patient experience responses	95%	95%
Victorian Healthcare Experience Survey - percentage of mental health consumers reporting a very good or excellent experience of care in the last 3 months or less	80%	80%
Percentage of mental health consumers reporting they 'usually' or 'always' felt safe using this service	90%	90%
Rate of patients with surgical site infection	No Outliers	No Outliers
Rate of patients with ICU central-line-associated bloodstream infection (CLABSI)	0	0
Rate of patients with SAB1 per 10,000 occupied bed day	0.7	0.9
Unplanned readmissions to any hospital following a hip replacement	6	3.9
Percentage of closed community cases re-referred within six months:		
CAMHS	25%	23%
Adults	25%	19%
Aged Persons	25%	8%
Rate of seclusion events relating to a child and adolescent acute mental health admission, per 1,000 occupied bed days	n/a	n/a
Rate of seclusion events relating to an adult acute mental health admission, per 1,000 occupied bed days	8	12
Rate of seclusion events relating to an aged acute mental health admission, per 1,000 occupied bed days	5	0
Percentage of child and adolescent acute mental health inpatients who have a post discharge follow up within seven days	88%	72%
Percentage of adult acute mental health inpatients who have a post-discharge follow up within seven days	88%	85%
Percentage of aged acute mental health inpatients who have a post-discharge follow up within seven days	88%	100%
Percentage of child and adolescent acute mental health inpatients who are readmitted within 28 days of discharge	n/a	n/a
Percentage of aged acute mental health inpatients who are readmitted within 28 days of discharge	14%	6%
Percentage of aged acute mental health inpatients who are readmitted within 28 days of discharge	7%	11%
MATERNITY AND NEWBORN		
Rate of singleton term infants without birth anomalies with APGAR score <7 to 5 minutes	1.4%	1.7%
Rate of severe foetal growth restriction (FGR) in singleton pregnancy undelivered by 40 weeks	28.6%	7.1%
Proportion of urgent maternity patients referred for obstetric care to a level 4, 5 or 6 maternity service who were booked for a specialist clinic appointment within 30 days of accepted referral	100%	100%

CONTINUING CARE		
Functional independence gain from an episode of rehabilitation admission to discharge relative to length of stay	0.645	0.598

STRONG GOVERNANCE AND LEADERSHIP		
People matter survey – Percentage of staff with an overall positive response to safety culture survey questions	62%	60%

Timely Access to Care	Target	Outcome
EMERGENCY CARE		
Percentage of patients transferred from ambulance to emergency department within 40 minutes	90%	59%
Percentage of Triage Category 1 emergency patients seen immediately	100%	100%
Percentage of Triage Category 1 to 5 emergency patients seen within clinically recommended time	80%	60%
Percentage of emergency patients with a length of stay in the emergency department of less than four hours	81%	51%
Number of patients with a length of stay in the emergency department greater than 24 hours	0	582
MENTAL HEALTH		
Percentage of 'crisis' (category 'C') mental health triage episodes with a face-to-face contact received within 8 hours	80%	75%
Percentage of mental health-related emergency department presentations with a length of stay of less than 4 hours	81%	48%
ELECTIVE SURGERY		
Number of patients on the elective surgery waiting list	1,050	1,048
Number of patients admitted from the elective surgery waiting list	3,579	2,694
Percentage of urgency category 1 elective surgery patients admitted within 30 days	100%	100%
Percentage of urgency category 1, 2 and 3 elective surgery patients admitted within clinically recommended time	94%	81.3%
Percentage of patients on the waiting list who have waited longer than clinically recommended time for their respective triage category	5%	18.2%
Number of hospital-initiated postponements per 100 scheduled elective surgery admissions	7	8.3
SPECIALIST CLINICS		
Percentage of urgent patients referred by a GP or external specialist who attended a first appointment within 30 days	100%	93.7%
Percentage of routine patients referred by GP or external specialist who attended a first appointment within 365 days	90%	94.3%

EFFECTIVE FINANCIAL MANAGEMENT	Target	Result
Operating result (\$m)	\$0.00	\$0.34m
Average number of days to paying trade creditors	60 days	36
Average number of days to receiving patient fee debtors	60 days	56
Adjusted current asset ratio	0.70	1.3
Variance between forecast and actual Net result from transactions (NRFT) for the current financial year ending 30 June.	Variance ≤ \$250,000	\$0.34m
Actual number of days available cash, measured on the last day of each month.	14 days	36 days

FUNDING AND ACTIVITY

Funding type	Activity	Budget (\$'000)	Actual
CONSOLIDATE ACTIVITY FUNDING			
Acute admitted, subacute admitted, emergency services, non-admitted NWAU	47,258	220,537	34,185
ACUTE ADMITTED			
National Bowel Cancer Screening Program NWAU	30	140	43
Acute admitted DVA	194	1,125	266
Acute admitted TAC	204	1,085	85
Other admitted	-	9,255	-
ACUTE NON-ADMITTED			
Emergency Services	-	47	-
Home Enteral Nutrition NWAU	17	61	55
Specialist Clinics	-	5,451	-
Specialist Clinics - DVA	-	32	-
SUB-ACUTE/NON-ACUTE, ADMITTED & NON-ADMITTED			
Subacute Non-Admitted Other	-	1,152	-
Subacute WIES - DVA	63	367	71
Transition Care - Bed days	13,118	2,178	9,939
Transition Care - Home days	13,546	826	14,188
Health Independence Program - DVA	-	16	-
AGED CARE			
Aged Care Assessment Service	-	1,478	-
Residential Aged Care	19,888	946	16,768
HACC	7,688	1,293	8,385
MENTAL HEALTH AND DRUG SERVICES			
Mental Health Ambulatory	51,334	25,742	42,895
Mental Health Inpatient – Available Bed Days	7,305	7,402	6,066
Mental Health Residential	7,305	790	6,774
Mental Health Service System Capacity	1	2,568	1
Mental Health Sub-Acute	7,306	3,570	5,386
Mental Health Other	-	58	-
Drug Services	2,213	2,980	1,578
PRIMARY HEALTH			
Community Health / Primary Care Programs	14,181	1,644	9,495
Community Health Other	-	261	-
OTHER			
Health Workforce	-	6,035	-
Other specified funding	-	39,555	-
TOTAL FUNDING		336,617	

ATTESTATIONS

FINANCIAL MANAGEMENT COMPLIANCE

I, Michael Delahunty, on behalf of the Responsible Body, certify that Goulburn Valley Health has no material compliance deficiency with respect to the applicable Standing Directions under the *Financial Management Act 1994* and instructions.



Michael Delahunty
Board Chair
22 August 2023

INTEGRITY, FRAUD AND CORRUPTION

I, Matt Sharp, certify that Goulburn Valley Health has put in place appropriate internal controls and processes to ensure that integrity, fraud and corruption risks have been reviewed and addressed at Goulburn Valley Health during the year.



Matt Sharp
Chief Executive
22 August 2023

DATA INTEGRITY

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



Matt Sharp
Chief Executive
22 August 2023

HEALTH SHARE VICTORIA PURCHASING POLICIES

I, Matt Sharp, certify that GV Health has put in place appropriate internal controls and processes to ensure that it has materially complied with all requirements set out in the HSV Purchasing Policies including mandatory HSV collective agreements as required by the Health Services Act 1988 (Vic) and has critically reviewed these controls and processes during the year.



Matt Sharp
Chief Executive
22 August 2023

CONFLICT OF INTEREST

I, Matt Sharp, certify that Goulburn Valley Health has put in place appropriate internal controls and processes to ensure that it has complied with the requirements of hospital circular 07/2017 Compliance Reporting in Health Portfolio Entities (Revised) and has implemented a Conflict of Interest Policy consistent with the minimum accountabilities required by the VPSC. Declaration of private interest forms have been completed by all executive staff within Goulburn Valley Health and members of the Board, and all declared conflicts have been addressed and are being managed. Conflict of Interest is a standard agenda item for declaration and documenting at each executive Board meeting.



Matt Sharp
Chief Executive
22 August 2023

DISCLOSURE INDEX

The annual report of Goulburn Valley Health is prepared in accordance with all relevant Victorian legislation. This index has been prepared to facilitate identification of the Department's compliance with statutory disclosure requirements.

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FINANCIAL REPORT

2022-23

GOULBURN VALLEY HEALTH

FINANCIAL REPORT

HOW THIS REPORT IS STRUCTURED

Goulburn Valley Health presents its audited general purpose financial statements for the financial year ended 30 June 2023 in the following structure to provide users with the information about Goulburn Valley Health's stewardship of the resources entrusted to it.

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GOULBURN VALLEY HEALTH

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

The attached financial statements for Goulburn Valley Health have been prepared in accordance with Direction 5.2 of the Standing Directions of the Assistant Treasurer under the *Financial Management Act 1994*, applicable Financial Reporting Directions, Australian Accounting Standards including Interpretations, and other mandatory professional reporting requirements.

We further state that, in our opinion, the information set out in the comprehensive operating statement, balance sheet, statement of changes in equity, cash flow statement and accompanying notes, presents fairly the financial transactions during the year ended 30 June 2023 and the financial position of Goulburn Valley Health at 30 June 2023.

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 the 22 August 2023.



MICHAEL DELAHUNTY
BOARD CHAIR

Shepparton
22 August 2023



MATT SHARP
CHIEF EXECUTIVE

Shepparton
22 August 2023



PETER HUTCHINSON
CHIEF FINANCE OFFICER

Shepparton
22 August 2023

Independent Auditor's Report

To the Board of Goulburn Valley Health

Opinion

I have audited the financial report of Goulburn Valley Health (the health service) which comprises the:

- balance sheet as at 30 June 2023
- comprehensive operating statement for the year then ended
- statement of changes in equity for the year then ended
- cash flow statement for the year then ended
- notes to the financial statements, including significant accounting policies
- board member's, accountable officer's and chief finance & accounting officer's declaration.

In my opinion the financial report presents fairly, in all material respects, the financial position of the health service as at 30 June 2023 and their financial performance and cash flows for the year then ended in accordance with the financial reporting requirements of Part 7 of the *Financial Management Act 1994* and applicable Australian Accounting Standards.

Basis for Opinion

I have conducted my audit in accordance with the *Audit Act 1994* which incorporates the Australian Auditing Standards. I further describe my responsibilities under that Act and those standards in the *Auditor's Responsibilities for the Audit of the Financial Report* section of my report.

My independence is established by the *Constitution Act 1975*. My staff and I are independent of the health service in accordance with the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants* (the Code) that are relevant to my audit of the financial report in Victoria. My staff and I have also fulfilled our other ethical responsibilities in accordance with the Code.

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

Board's responsibilities for the financial report

The Board of the health service is responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards and the *Financial Management Act 1994*, and for such internal control as the Board determines is necessary to enable the preparation and fair presentation of a financial report that is free from material misstatement, whether due to fraud or error.

In preparing the financial report, the Board is responsible for assessing the health service's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless it is inappropriate to do so.

**Auditor's
responsibilities
for the audit of
the financial
report**

As required by the *Audit Act 1994*, my responsibility is to express an opinion on the financial report based on the audit. My objectives for the audit are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with the Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of this financial report.

As part of an audit in accordance with the Australian Auditing Standards, I exercise professional judgement and maintain professional scepticism throughout the audit. I also:

- identify and assess the risks of material misstatement of the financial report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for my opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the health service's internal control
- evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the Board
- conclude on the appropriateness of the Board's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the health service's ability to continue as a going concern. If I conclude that a material uncertainty exists, I am required to draw attention in my auditor's report to the related disclosures in the financial report or, if such disclosures are inadequate, to modify my opinion. My conclusions are based on the audit evidence obtained up to the date of my auditor's report. However, future events or conditions may cause the health service to cease to continue as a going concern.
- evaluate the overall presentation, structure and content of the financial report, including the disclosures, and whether the financial report represents the underlying transactions and events in a manner that achieves fair presentation.

I communicate with the Board regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that I identify during my audit.



MELBOURNE
15 September 2023

Dominika Ryan
as delegate for the Auditor-General of Victoria

GOULBURN VALLEY HEALTH

COMPREHENSIVE OPERATING STATEMENT

FOR THE FINANCIAL YEAR ENDED 30 JUNE 2023

	Note	2023 \$'000	2022 \$'000
Revenue and income from transactions			
Operating activities	2.1	454,128	442,034
Non-operating activities	2.1	4,164	279
Share of revenue from joint operations	8.8	1,063	904
Total revenue and income from transactions		459,355	443,217
Expenses from transactions			
Employee expenses	3.1	(310,325)	(284,575)
Supplies and consumables	3.1	(69,715)	(65,531)
Finance costs	3.1	(67)	(75)
Depreciation and amortisation	3.1	(18,425)	(17,846)
Other administrative expenses	3.1	(23,350)	(16,722)
Other operating expenses	3.1	(20,123)	(15,740)
Other non-operating expenses	3.1	(2)	-
Share of expenditure from joint operations	8.8	(1,091)	(898)
Total expenses from transactions		(443,098)	(401,387)
Net result from transactions - net operating balance		16,257	41,830
Other economic flows included in net result			
Net gain/(loss) on sale of non-financial assets	3.2	371	322
Net gain/(loss) on financial instruments	3.2	(896)	(746)
Other gain/(loss) from other economic flows	3.2	(1,775)	2,105
Share of other economic flows from joint arrangements	8.8	(121)	-
Total other economic flows included in net result		(2,421)	1,681
Net result for the year		13,836	43,511
Other economic flows - other comprehensive income			
Items that will not be reclassified to net result			
Changes in property, plant and equipment revaluation surplus	4.1(b)	36,127	1,859
Total other comprehensive income		36,127	1,859
Comprehensive result for the year		49,963	45,370

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

GOULBURN VALLEY HEALTH

BALANCE SHEET AS AT 30 JUNE 2023

	Note	2023 \$'000	2022 \$'000
Current assets			
Cash and cash equivalents	6.2	117,987	94,613
Receivables	5.1	12,399	8,053
Inventories	4.6	2,097	2,487
Prepaid expenses		2,656	1,890
Share of assets in joint operations	8.8	1,816	1,790
Total current assets		136,955	108,833
Non-current assets			
Receivables	5.1	10,496	8,311
Property, plant and equipment	4.1(a)	349,985	312,893
Right-of-use assets	4.2(a)	4,117	4,267
Intangible assets	4.4(a)	154	379
Share of assets in joint operations	8.8	62	78
Total non-current assets		364,814	325,928
Total assets		501,769	434,761
Current liabilities			
Payables	5.2	51,228	42,002
Contract liabilities	5.3	-	4,314
Borrowings	6.1	1,627	2,295
Employee benefits	3.3	61,601	54,121
Other liabilities	5.4	15,451	12,083
Share of liabilities in joint operations	8.8	1,086	938
Total current liabilities		130,993	115,753
Non-current liabilities			
Borrowings	6.1	2,481	2,511
Employee benefits	3.3	8,808	6,983
Share of liabilities in joint operations	8.8	34	24
Total non-current liabilities		11,323	9,518
Total liabilities		142,316	125,271
Net assets		359,453	309,490
Equity			
Property, plant and equipment revaluation surplus	4.3	142,158	106,031
General purpose surplus		53,759	35,140
Restricted specific purpose reserve		2,509	1,085
Contributed capital		47,189	47,189
Accumulated surplus		113,838	120,045
Total equity		359,453	309,490

This balance sheet should be read in conjunction with the accompanying notes.

GOULBURN VALLEY HEALTH

CASH FLOW STATEMENT

FOR THE FINANCIAL YEAR ENDED 30 JUNE 2023

	Note	2023 \$'000	2022 \$'000
Cash flows from operating activities			
Operating grants from State Government		318,299	313,892
Operating grants from Commonwealth Government		45,280	43,380
Capital grants from State Government		21,839	26,928
Capital grants from Commonwealth Government		931	516
Patient and resident fees received		14,575	16,873
Private practice fees received		1,674	2,675
Donations and bequests received		131	162
GST received from ATO		12,833	11,640
Receipts from pharmaceutical sales		163	123
Interest received		3,973	279
Car park income received		335	425
Other receipts		11,626	13,058
Total receipts		431,659	429,951
Payments to employees		(267,102)	(244,422)
Payments to contractors and consultants		(42,005)	(36,929)
Payments for supplies and consumables		(73,250)	(67,979)
Payments for medical indemnity insurance		(4,618)	(4,110)
Payments for repairs and maintenance		(8,112)	(5,626)
Finance costs		(191)	(174)
GST paid to ATO		(1,484)	(1,184)
Payment for share of Hume Rural Health Alliance		(523)	(473)
Other payments		(14,090)	(27,423)
Total payments		(411,375)	(388,320)
Net cash flows from/(used in) operating activities	8.1	(20,284)	(41,631)
Cash flows from investing activities			
Purchase of property, plant and equipment		(5,072)	(5,470)
Other capital receipts		4,513	1,407
Purchase of intangible assets		-	(964)
Proceeds from disposal of property, plant and equipment		380	402
Capital donations and bequests received		726	521
Net cash flows from/(used in) investing activities		547	(4,104)
Cash flows from financing activities			
Repayment of borrowings		(550)	(550)
Repayment of principal portion of lease liabilities		(143)	(967)
Receipt of accommodation deposits		4,809	1,609
Repayment of accommodation deposits		(1,003)	(1,954)
Share of Hume Rural Health Alliance funds		(15)	101
Payment of monies in trust		(555)	(1,026)
Net cash flows from/(used in) investing activities		2,543	(2,787)
Net increase/(decrease) in cash and cash equivalents held		23,374	34,740
Cash and cash equivalents at beginning of year		94,613	59,873
Cash and cash equivalents at end of year	6.2	117,987	94,613

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

GOULBURN VALLEY HEALTH

STATEMENT OF CHANGES IN EQUITY

FOR THE FINANCIAL YEAR ENDED 30 JUNE 2023

	Revaluation surplus \$'000	General purpose surplus \$'000	Restricted specific purpose reserve \$'000	Contributed capital \$'000	Accumulated surplus \$'000	Total \$'000
Balance at 1 July 2021	104,172	13,298	1,304	47,189	98,157	264,120
Net result for the year	-	-	-	-	43,511	43,511
Other comprehensive income for the year	1,859	-	-	-	-	1,859
Transfer from/(to) accumulated surplus	-	21,842	(219)	-	(21,623)	-
Balance at 30 June 2022	106,031	35,140	1,085	47,189	120,045	309,490
Net result for the year	-	-	-	-	13,836	13,836
Other comprehensive income for the year	36,127	-	-	-	-	36,127
Transfer from/(to) accumulated surplus	-	18,619	1,424	-	(20,043)	-
Balance at 30 June 2023	142,158	53,759	2,509	47,189	113,838	359,453

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

GOULBURN VALLEY HEALTH

NOTES TO THE FINANCIAL STATEMENTS

NOTE 1: BASIS OF PREPARATION

These financial statements represent the audited general purpose financial statements for Goulburn Valley Health for the year ended 30 June 2023.

The report provides users with information about Goulburn Valley Health's stewardship of the resources entrusted to it.

This section explains the basis of preparing the financial statements.

STRUCTURE

- 1.1 Basis of preparation of the financial statements
- 1.2 Impact of COVID-19 pandemic
- 1.3 Abbreviations and terminology used in the financial statements
- 1.4 Joint arrangements
- 1.5 Key accounting estimates and judgements
- 1.6 Accounting standards issued but not yet effective
- 1.7 Goods and Services Tax (GST)
- 1.8 Reporting Entity

NOTE 1.1: BASIS OF PREPARATION OF THE FINANCIAL STATEMENTS

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, 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 (DTF), and relevant Standing Directions (SDs) authorised by the Assistant Treasurer.

Goulburn Valley Health is a not-for-profit entity and therefore applies the additional AUS paragraphs applicable to a "not-for-profit" health service under the Australian Accounting Standards.

Australian Accounting Standards set out accounting policies that the AASB has concluded would result in financial statements containing relevant and reliable information about transactions, events and conditions.

Apart from the changes in accounting policies, standards and interpretations as noted below, material accounting policies adopted in the preparation of these financial statements are the same as those adopted in the previous period.

The financial statements, except for the cash flow information, have been prepared on an accruals basis and are based on historical costs, modified, where applicable, by the measurement at fair value of selected non-current assets, financial assets and financial liabilities.

The financial statements are prepared on a going concern basis (refer to Note 8.10: Economic dependency).

The financial statements are presented in Australian dollars.

The amounts presented in the financial statements have been rounded to the nearest thousand dollars. Minor discrepancies in tables between totals and sum of components are due to rounding.

The annual financial statements were authorised for issue by the Board of Goulburn Valley Health on 22 August 2023.

NOTE 1.2: IMPACT OF COVID-19 PANDEMIC

The Pandemic (Public Safety) Order 2022 (No. 5) which commenced on 22 September 2022 ended on 12 October 2022 when it was allowed to lapse and was revoked. Long-term outcomes from COVID-19 infection are currently unknown and while the pandemic response continues, a transition plan towards recovery and reform in 2022/23 was implemented. Victoria's COVID-19 Catch-Up Plan is aimed at addressing Victoria's COVID-19 case load and restoring surgical activity.

Where financial impacts of the pandemic are material to Goulburn Valley Health, they are disclosed in the explanatory notes. For Goulburn Valley Health, this includes:

- Note 2: Funding delivery of our services
- Note 3: The cost of delivering our services
- Note 4: Key assets to support service delivery
- Note 5: Other assets and liabilities

NOTE 1.3: ABBREVIATIONS AND TERMINOLOGY USED IN THE FINANCIAL STATEMENTS

The following table sets out the common abbreviations used throughout the financial statements:

Reference	Title
AASB	Australian Accounting Standards Board
AASs	Australian Accounting Standards, which include Interpretations
DH	Department of Health
DTF	Department of Treasury and Finance
FMA	Financial Management Act 1994
FRD	Financial Reporting Direction
GST	Goods and Services Tax
HRHA	Hume Rural Health Alliance
ICT	Information, Communications and Technologies
LSL	Long Service Leave
NWAU	National Weighted Activity Unit
SD	Standing Direction
VAGO	Victorian Auditor General's Office
VMIA	Victorian Managed Insurance Authority

NOTE 1.4: JOINT ARRANGEMENTS

Interests in joint arrangements are accounted for by recognising Goulburn Valley Health's share of assets and liabilities and any revenue and expenses of such joint arrangements within the financial statements.

Goulburn Valley Health has the following joint arrangement:

- Hume Rural Health Alliance (HRHA) - Joint venture agreement for ICT services

Under the *Health Services Act 1988*, all public hospitals and public health services must enter into an Alliance within the region where they are geographically located and operate in accordance with the terms of the joint venture agreement (JVA). Goulburn Valley Health operates as the lead Alliance member and as a mandatory member is jointly responsible for the operations of HRHA.

Details of the joint arrangements are set out in Note 8.8.

NOTE 1.5: KEY ACCOUNTING ESTIMATES AND JUDGEMENTS

Management make estimates and judgements when preparing the financial statements.

These estimates and judgements are based on historical knowledge and best available current information and assume any reasonable expectation of future events. Actual results may differ.

Revisions to key estimates are recognised in the period in which the estimate is revised and also in future periods that are affected by the revision.

The accounting policies and significant management judgements and estimates used, and any changes thereto, are identified at the beginning of each section where applicable and relate to the following disclosures:

- Note 2.1: Revenue and income from transactions
- Note 3.3: Employee benefits and related on-costs
- Note 4.1: Property, plant and equipment
- Note 4.2: Right-of-use assets
- Note 4.4: Intangible assets
- Note 4.5: Depreciation and amortisation
- Note 5.1: Receivables
- Note 5.2: Payables
- Note 5.3: Contract liabilities
- Note 5.2: Other provisions
- Note 6.1(a): Lease liabilities
- Note 7.4: Fair value determination

NOTE 1.6: ACCOUNTING STANDARDS ISSUED BUT NOT YET EFFECTIVE

An assessment of accounting standards and interpretations issued by the AASB that are not yet mandatorily applicable to Goulburn Valley Health and their potential impact when adopted in future periods is outlined below:

Standard	Adoption date	Impact
AASB 17: <i>Insurance Contracts</i>	Reporting periods beginning on or after 1 January 2023.	Adoption of this standard is not expected to have a material impact.
AASB 2020-1: <i>Amendments to Australian Accounting Standards – Classification of Liabilities as Current or Non-Current</i>	Reporting periods beginning on or after 1 January 2023.	Adoption of this standard is not expected to have a material impact.
AASB 2022-5: <i>Amendments to Australian Accounting Standards – Lease Liability in a Sale and Leaseback</i>	Reporting periods beginning on or after 1 January 2024.	Adoption of this standard is not expected to have a material impact.
AASB 2022-6: <i>Amendments to Australian Accounting Standards – Non-Current Liabilities with Covenants</i>	Reporting periods beginning on or after 1 January 2023.	Adoption of this standard is not expected to have a material impact.
AASB 2022-8: <i>Amendments to Australian Accounting Standards – Insurance Contracts: Consequential Amendments</i>	Reporting periods beginning on or after 1 January 2023.	Adoption of this standard is not expected to have a material impact.
AASB 2022-9: <i>Amendments to Australian Accounting Standards – Insurance Contracts in the Public Sector</i>	Reporting periods on or after 1 January 2026.	Adoption of this standard is not expected to have a material impact.
AASB 2022-10: <i>Amendments to Australian Accounting standards – Fair Value Measurement of Non-Financial Assets of Not-for-Profit Public Sector Entities</i>	Reporting periods on or after 1 January 2024.	Adoption of this standard is not expected to have a material impact.

There are no other accounting standards and interpretations issued by the AASB that are not yet mandatorily applicable to Goulburn Valley Health in future periods.

NOTE 1.7: GOODS AND SERVICES TAX (GST)

Income, expenses, assets and liabilities are recognised net of the amount of GST, except where the GST incurred is not recoverable from the Australian Taxation Office (ATO). In these circumstances the GST is recognised as part of the cost of acquisition of the asset or as part of the expense.

Receivables and payables in the Balance Sheet are stated inclusive of the amount of GST. The net amount of GST recoverable from, or payable to, the ATO is included with other receivables or payables in the Balance Sheet.

Cash flows are included in the Cash Flow Statement on a gross basis, except for the GST components of cash flows arising from investing or financing activities which are recoverable from, or payable to the ATO. These GST components are disclosed as operating cash flows.

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

NOTE 1.8: REPORTING ENTITY

The financial statements include all the controlled activities of Goulburn Valley Health.

Goulburn Valley Health's principal address is:
Graham Street
Shepparton, Victoria 3630

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

NOTE 2: FUNDING DELIVERY OF OUR SERVICES

Goulburn Valley Health's overall objective is to provide quality health services that promote healthy communities and improve the quality of life of Victorians.

Goulburn Valley Health is predominantly funded by grant funding for the provision of outputs. Goulburn Valley Health also receives income from the supply of services.

STRUCTURE

- 2.1 Revenue and income from transactions
- 2.1(a): Timing of revenue from contracts with customers
- 2.1(b): Fair value of assets and services received free of charge or for nominal consideration

TELLING THE COVID-19 STORY

Revenue and income recognised to fund the delivery of our services increased during the financial year which was attributable to the COVID-19 Coronavirus pandemic. Whilst the COVID-19 public health response during the year ended 30 June 2023 was scaled down, this was offset by additional funding provided under Victoria's COVID-19 Catch-Up Plan, which aims to address Victoria's COVID-19 case load and restore surgical capacity and activity.

Additional funding was also provided to:

- target outbreak management in high-risk aged care and health settings via local public health unit

- Positive Pathways Program connecting COVID-19 patients with the right level of care
- fund the acquisition of assets, to provide continued support for patients in recovery from COVID-19
- vaccinate Victorians against COVID-19
- community PCR testing
- additional elective surgery funding
- sustainability funding
- assets provided free of charge under the State Supply Arrangement

KEY JUDGEMENTS AND ESTIMATES

This section contains the following key judgements and estimates:

Key judgements and estimates	Description
Identifying performance obligations	<p>Goulburn Valley Health applies significant judgment when reviewing the terms and conditions of funding agreements and contracts to determine whether they contain sufficiently specific and enforceable performance obligations.</p> <p>If this criteria is met, the contract/funding agreement is treated as a contract with a customer, requiring Goulburn Valley Health to recognise revenue as or when Goulburn Valley Health transfers promised goods or services to the beneficiaries.</p> <p>If this criteria is not met, funding is recognised immediately in the net result from operations.</p>
Determining timing of revenue recognition	<p>Goulburn Valley Health applies significant judgement to determine when a performance obligation has been satisfied and the transaction price that is to be allocated to each performance obligation.</p> <p>A performance obligation is either satisfied at a point in time or over time.</p>
Determining time of capital grant income recognition	<p>Goulburn Valley Health applies significant judgement to determine when its obligation to construct an asset is satisfied. Costs incurred is used to measure Goulburn Valley Health's progress as this is deemed to be the most accurate reflection of the stage of completion.</p>
Assets and services received free of charge or for nominal consideration	<p>Goulburn Valley Health applies significant judgement to determine the fair value of assets and services provided free of charge or for nominal value.</p>

NOTE 2.1: REVENUE AND INCOME FROM TRANSACTIONS

	Note	2023 \$'000	2022 \$'000
Operating activities			
Revenue from contracts with customers			
Government grants (State) - Operating		156,754	141,805
Government grants (Commonwealth) - Operating		45,110	43,109
Government grants (Commonwealth) - Capital		931	516
Patient and resident fees		7,892	8,425
Private practice fees		203	153
Commercial activities ⁱ		15,286	16,461
Total revenue from contracts with customers	2.1(a)	226,176	210,469
Other sources of income			
Government grants (State) - Operating		184,073	165,772
Government grants (State) - Capital		33,745	52,245
Other capital purpose income		3,510	7,768
Capital donations	2.1(b)	726	521
Assets received free of charge (FOC) or for nominal charge	2.1(b)	2,062	5,146
Other income from operating activities (including non-capital donations)		3,836	113
Total other sources of income		227,952	231,565
Total revenue and income from operating activities		454,128	442,034
Non-operating activities			
Income from other sources			
Other interest		3,973	279
Bad debt reversal		191	-
Total income from non-operating activities		4,164	279
Total revenue and income from transactions		458,292	442,313

ⁱ Commercial activities represent business activities which Goulburn Valley Health enters into to support our operations.

NOTE 2.1(A): TIMING OF REVENUE FROM CONTRACTS WITH CUSTOMERS

	2023 \$'000	2022 \$'000
Goulburn Valley Health disaggregates revenue by the timing of revenue recognition.		
Goods and services transferred to customers:		
At a point in time	210,890	194,008
Over time	15,286	16,461
Total revenue from contracts with customers	226,176	210,469

NOTE 2.1(A): TIMING OF REVENUE FROM CONTRACTS WITH CUSTOMERS (CONTINUED)

HOW WE RECOGNISE REVENUE AND INCOME FROM OPERATING ACTIVITIES

GOVERNMENT OPERATING GRANTS

To recognise revenue, Goulburn Valley Health assesses each grant to determine whether there is a contract that is enforceable and has sufficiently specific performance obligations in accordance with AASB 15: *Revenue from Contracts with Customers*.

When both these conditions are satisfied, Goulburn Valley Health:

- identifies each performance obligation relating to the revenue
- recognises a contract liability for its obligations under the agreement
- recognises revenue as it satisfied its performance obligations, at a point in time or over time as and when services are rendered.

If a contract liability is recognised, Goulburn Valley Health recognises revenue in profit or loss as and when it satisfies its obligations under the contract.

Where the contract is not enforceable and/or does not have sufficiently specific performance obligations, Goulburn Valley Health:

- recognises the asset received in accordance with the recognition requirements of other applicable Accounting Standards (for example, AASB 9, AASB 16, AASB 116 and AASB 138)

- recognises related amounts (being contributions by owners, lease liabilities, financial instruments, provisions, revenue or contract liabilities from a contract with a customer), and
- recognises income immediately in profit or loss as the difference between the initial carrying amount of the asset and the related amount in accordance with AASB 1058.

In contracts with customers, the 'customer' is typically a funding body, who is the party that promises funding in exchange for Goulburn Valley Health's goods or services. Goulburn Valley Health's funding bodies often direct that goods or services are to be provided to third party beneficiaries, including individuals or the community at large. In such instances, the customer remains the funding body that has funded the program or activity, however the delivery of goods or services to third party beneficiaries is a characteristic of the promised good or service being transferred to the funding body.

This policy applies to each of Goulburn Valley Health's revenue streams, with information detailed below relating to Goulburn Valley Health's significant revenue streams:

Government grant	Performance obligation
Activity Based Funding (ABF) paid as National Weighted Activity Unit (NWAU)	NWAU is a measure of health service activity expressed as a common unit against which the national efficient price (NEP) is paid. The performance obligations for NWAU are the number and mix of admissions, emergency department presentations and outpatient episodes, and is weighted for clinical complexity. Revenue is recognised at point in time, which is when a patient is discharged.
Commonwealth Residential Aged Care Grants	Funding is provided for the provision of care in relation to aged care residents within facilities at Goulburn Valley Health. The performance obligations include provision of residential accommodations and care from nursing staff and personal care works. Revenue is recognised at the point in time, when the service is provided within the residential aged care facility.

CAPITAL GRANTS

Where Goulburn Valley Health receives a capital grant, it recognises a liability for the excess of the initial carrying amount of the financial asset received over any related amounts (being contributions by owners, lease liabilities, financial instruments, provisions, revenue or contract liabilities arising from a contract with a customer) recognised under other Australian Accounting Standards.

Income is recognised progressively as the asset is constructed which aligns with Goulburn Valley Health's obligation to construct the asset. The progressive percentage of costs incurred is used to recognise income, as this most accurately reflects the stage of completion.

PATIENT AND RESIDENT FEES

Patient and resident fees are charges that can be levied on patients for some services they receive. Patient and resident fees are recognised at a point in time when the performance obligation, the provision of services, is satisfied, except where the patient and resident fees relate to accommodation charges. Accommodation charges are calculated daily and are recognised over time, to reflect the period accommodation is provided.

PRIVATE PRACTICE FEES

Private practice fees include recoupments from various private practice organisations for the use of hospital facilities. Private practice fees are recognised over time as the performance obligation, the provision of facilities, is provided to customers.

COMMERCIAL ACTIVITIES

Revenue from commercial activities includes items such as car park income, café, commercial laboratory medicine and diagnostic imaging. Commercial activity revenue is recognised at a point in time, upon provision of the goods or service to the customer.

HOW WE RECOGNISE REVENUE AND INCOME FROM NON-OPERATING ACTIVITIES

INTEREST INCOME

Interest income is recognised on a time proportionate basis that considers the effective yield of the financial asset, which allocates interest over the relevant period.

NOTE 2.1(B): FAIR VALUE OF ASSETS AND SERVICES RECEIVED FREE OF CHARGE OR FOR NOMINAL CONSIDERATION

	2023 \$'000	2022 \$'000
Cash donations and gifts	726	521
Plant and equipment (State Supply Arrangement)	222	1,242
Personal protective equipment (State Supply Arrangement)	1,840	3,904
Total fair value of assets and services received free of charge or for nominal consideration	2,788	5,667

HOW WE RECOGNISE THE FAIR VALUE OF ASSETS AND SERVICES RECEIVED FREE OF CHARGE OR FOR NOMINAL CONSIDERATION

DONATIONS AND BEQUESTS

Donations and bequests are generally recognised as income upon receipt (which is when Goulburn Valley Health usually obtained control of the asset) as they do not contain sufficiently specific and enforceable performance obligations. Where sufficiently specific and enforceable performance obligations exist, revenue is recorded as and when the performance obligation is satisfied.

PERSONAL PROTECTIVE EQUIPMENT

In order to meet the State of Victoria's health system supply needs during the COVID-19 pandemic, arrangements were put in place to centralise the purchasing of essential personal protective equipment (PPE) and other essential plant and equipment.

The general principles of the State Supply Arrangement were that Health Share Victoria sourced, secured and agreed terms for the purchase of the PPE products, funded by the Department of Health, while Monash Health took delivery, and distributed an allocation of the products to Goulburn Valley Health as resources provided free of charge. Health Share Victoria and Monash Health were acting as an agent of the Department of Health under this arrangement.

CONTRIBUTIONS OF RESOURCES

Goulburn Valley Health may receive assets for nil or nominal consideration to further its objectives. The resources are recognised at their fair value when Goulburn Valley Health obtains control over the resources, irrespective of whether restrictions or conditions are imposed over the use of the contributions.

The exception to this policy is when an asset is received from another government agency or department as a consequence of a restructuring of administrative arrangements, in which case the asset will be recognised at its carrying value in the financial statements of Goulburn Valley Health as a capital contribution transfer.

VOLUNTARY SERVICES

Goulburn Valley Health receives volunteer services from members of the community in the following areas:

- wayfinding—way finders direct visitors at Goulburn Valley Health to where they need to go

Goulburn Valley Health recognises contributions by volunteers in its financial statements, if the fair value can be reliably measured and the services would have been purchased had they not been donated.

Goulburn Valley Health greatly values the services contributed by volunteers but it does not depend on volunteers to deliver its services.

NON-CASH CONTRIBUTIONS FROM THE DEPARTMENT OF HEALTH

The Department of Health makes some payments on behalf of Goulburn Valley Health as follows:

Supplier	Description
Victorian Managed Insurance Authority	The Department of Health purchases non-medical indemnity insurance for Goulburn Valley Health which is paid directly to the Victorian Managed Insurance Authority. To record this contribution, such payments are recognised as income with a matching expense in the net result from transactions.
Department of Health	Long Service Leave (LSL) revenue is recognised upon finalisation of movements in LSL liability in line with the LSL funding arrangements with the Department of Health.

NOTE 3: THE COST OF DELIVERING OUR SERVICES

This section provides an account of the expenses incurred by Goulburn Valley Health in delivering services and outputs.

STRUCTURE

- 3.1 Expenses from transactions
- 3.2 Other economic flows
- 3.3 Employee benefits and related on-costs
- 3.4 Superannuation

TELLING THE COVID-19 STORY

Expenses incurred to deliver our services increased during the financial year which was attributable to the COVID-19 Coronavirus pandemic. Specifically, additional costs were incurred to deliver additional services under Victoria's COVID Catch-Up Plan aimed at addressing Victoria's COVID-19 case load and restoring surgical capacity and activity.

This includes costs associated with:

- target outbreak management in high-risk aged care and health settings via local public health unit
- vaccination of Victorians against COVID-19
- the treatment of COVID-19 patients resulting in an increase in employee costs and additional equipment purchases

In Section 2, the funds that enable the provision of services were disclosed and in this note the cost associated with provision services are recorded.

- continued support for patients in recovery from COVID-19
- salaries and wages due to greater demand for staff, including in areas for COVID-19 management, outbreak management and via the local public health unit
- COVID-19 testing facilities for staff and the community, resulting in an increase in employee costs, additional equipment purchased, personal protective equipment, consumables and security costs
- changes in supplies and consumables required during the pandemic
- price increases to supplies and consumables attributed to the pandemic
- consumption of personal protective equipment provided as resources free of charge

KEY JUDGEMENTS AND ESTIMATES

This section contains the following key judgements and estimates:

Key judgements and estimates	Description
Classifying employee benefit liabilities	<p>Goulburn Valley Health applies significant judgment when measuring and classifying its employee benefit liabilities.</p> <p>Employee benefit liabilities are classified as a current liability if Goulburn Valley Health does not have an unconditional right to defer payment beyond 12 months. Annual leave, accrued days off and long service leave entitlements (for staff who have exceeded the minimum vesting period) fall into this category.</p> <p>Employee benefit liabilities are classified as a non-current liability if Goulburn Valley Health has a conditional right to defer payment beyond 12 months. Long service leave entitlements (for staff who have not yet exceeded the minimum vesting period) fall into this category.</p>
Measuring employee benefit liabilities	<p>Goulburn Valley Health applies significant judgment when measuring its employee benefit liabilities.</p> <p>Goulburn Valley Health applies judgement to determine when it expects its employee entitlements to be paid.</p> <p>With reference to historical data, if Goulburn Valley Health does not expect entitlements to be paid within 12 months, the entitlement is measured at its present value, being the expected future payments to employees.</p> <p>Expected future payments incorporate:</p> <ul style="list-style-type: none"> • an inflation rate of 4.35%, reflecting the future wage and salary levels • durations of service and employee departures, which are used to determine the estimated value of long service leave that will be taken in the future, for employees who have not yet reached the vesting period. The estimated rates are between 32.36% and 88.22%. • discounting at the rate of 4.06%, as determined with reference to market yields on government bonds at the end of the reporting period. <p>All other entitlements are measured at their nominal value.</p>

NOTE 3.1: EXPENSES FROM TRANSACTIONS

	Note	2023 \$'000	2022 \$'000
Salaries and wages		214,224	200,505
On-costs		55,041	47,873
Agency expenses		29,816	25,492
Fee for service medical officer expenses		8,370	8,081
Workcover premium		2,874	2,624
Total employee expenses		310,325	284,575
Drug supplies		18,802	17,549
Medical and surgical supplies (including prostheses)		12,479	13,130
Diagnostic and radiology supplies		5,166	5,445
Other supplies and consumables		33,268	29,407
Total supplies and consumables		69,715	65,531
Finance costs		67	75
Total finance costs		67	75
Other administrative expenses		23,350	16,722
Total other administrative expenses		23,350	16,722
Fuel, light, power and water		2,838	2,878
Repairs and maintenance		2,775	1,592
Maintenance contracts		3,618	3,324
Medical indemnity insurance		4,199	3,737
Expenses related to short term leases		1,094	1,023
Expenses related to leases of low value assets		197	294
Expenditure for capital purposes		5,402	2,892
Total other operating expenses		20,123	15,740
Total operating expense		423,580	382,643
Depreciation and amortisation	4.5	18,425	17,846
Total depreciation and amortisation		18,425	17,846
Bad and doubtful debt expense		2	-
Total other non-operating expenses		2	-
Total non-operating expense		18,427	17,846
Total expenses from transactions		442,007	400,489

NOTE 3.1: EXPENSES FROM TRANSACTIONS (CONTINUED)

HOW WE RECOGNISE EXPENSES FROM TRANSACTIONS

EXPENSE RECOGNITION

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

EMPLOYEE EXPENSES

Employee expenses include:

- salaries and wages (including fringe benefits tax, leave entitlements, termination payments)
- on-costs
- agency expenses
- fee for service medical officer expenses
- work cover premiums

SUPPLIES AND CONSUMABLES

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

FINANCE COSTS

Finance costs include:

- interest on short-term and long-term borrowings (interest expense is recognised in the period in which it is incurred)

- interest on Refundable Accommodation Deposits (RAD)
- finance charges in respect of leases which are recognised in accordance with AASB 16 *Leases*.

OTHER OPERATING EXPENSES

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

- fuel, light, power and water
- repairs and maintenance
- other administrative expenses
- expenditure for capital purposes (represents expenditure related to the purchase of assets that are below the capitalisation threshold of \$1,000).

The Department of Health also makes certain payments on behalf of Goulburn Valley Health. These amounts have been brought to account as grants in determining the operating result for the year by recording them as revenue and also recording the related expense.

NON-OPERATING EXPENSES

Other non-operating expenses generally represent expenditure for outside the normal operations such as depreciation and amortisation, and assets and services provided free of charge or for nominal consideration.

NOTE 3.2: OTHER ECONOMIC FLOWS

Net gain/(loss) on disposal of property, plant and equipment

Total net gain/(loss) on non-financial assets

Allowance for impairment losses of contractual receivables

Total net gain/(loss) on financial instruments

Share of net profits/(losses) of joint entities, excluding dividends

Total share of other economic flows from joint arrangements

Net gain/(loss) arising from revaluation of long service liability

Total other gains/(losses) from other economic flows

Total gains/(losses) from other economic flows

	2023 \$'000	2022 \$'000
	371	322
	371	322
	(896)	(746)
	(896)	(746)
	(121)	-
	(121)	-
	(1,775)	2,105
	(1,775)	2,105
	(2,421)	1,681

HOW WE RECOGNISE OTHER ECONOMIC FLOWS

Other economic flows are changes in the volume or value of an asset or liability that do not result from transactions.

Other gains/(losses) from other economic flows include the gain or losses from:

- the revaluation of the present value of the long service leave liability due to changes in the bond interest rates.

NOTE 3.3: EMPLOYEE BENEFITS AND RELATED ON-COSTS

	2023 \$'000	2022 \$'000
Current employee benefits and related on-costs		
<i>Accrued days off</i>		
Unconditional and expected to be settled wholly within 12 months ⁱ	688	594
	688	594
<i>Annual leave</i>		
Unconditional and expected to be settled wholly within 12 months ⁱ	19,548	17,265
Unconditional and expected to be settled wholly after 12 months ⁱⁱ	7,064	6,376
	26,612	23,641
<i>Long service leave</i>		
Unconditional and expected to be settled wholly within 12 months ⁱ	4,006	3,310
Unconditional and expected to be settled wholly after 12 months ⁱⁱ	23,305	20,595
	27,311	23,905
<i>Provisions related to employee benefit on-costs</i>		
Unconditional and expected to be settled wholly within 12 months ⁱ	2,983	2,502
Unconditional and expected to be settled wholly after 12 months ⁱⁱ	4,007	3,479
	6,990	5,981
Total current employee benefits and related on-costs	61,601	54,121
Non-current employee benefits and related on-costs		
Conditional long service leave	7,767	6,159
Provisions related to employee benefit on-costs	1,041	824
Total non-current employee benefits and related on-costs	8,808	6,983
Total employee benefits and related on-costs	70,409	61,104

ⁱ The amounts disclosed are nominal amounts.

ⁱⁱ The amounts disclosed are discounted to present values.

NOTE 3.3(A): CONSOLIDATED EMPLOYEE BENEFITS AND RELATED ON-COSTS

	2023 \$'000	2022 \$'000
Current employee benefits and related on-costs		
Unconditional accrued days off	773	662
Unconditional annual leave entitlements	29,880	26,434
Unconditional long service leave entitlements	30,948	27,025
Total current employee benefits and related on-costs	61,601	54,121
Non-current employee benefits and related on-costs		
Conditional long service leave entitlements	8,808	6,983
Total non-current employee benefits and related on-costs	8,808	6,983
Total employee benefits and related on-costs	70,409	61,104
Attributed to:		
Employee benefits	62,378	54,299
Provision for related on-costs	8,031	6,805
Total employee benefits and related on-costs	70,409	61,104

NOTE 3.3(B): PROVISION FOR RELATED ON-COST MOVEMENT SCHEDULE

Carrying amount at start of year

Additional provisions recognised

Amounts incurred during the year

Net gain/(loss) arising from revaluation of long service leave

Carrying amount at end of year

2023 \$'000	2022 \$'000
6,806	5,974
4,295	3,175
(2,918)	(2,229)
(152)	(115)
8,031	6,805

HOW WE RECOGNISE EMPLOYEE BENEFITS

EMPLOYEE BENEFIT RECOGNITION

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

No provision has been made for sick leave as all sick leave is non-vesting and it is not considered probable that the average sick leave taken in the future will be greater than the benefits accrued in the future. As sick leave is non-vesting, an expense is recognised in the Statement of Comprehensive Income as it is taken.

LONG SERVICE LEAVE

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

Unconditional LSL is disclosed in the notes to the financial statements as a current liability even where Goulburn Valley Health does not expect to settle the liability within 12 months because it will not have the unconditional right to defer the settlement of the entitlement should an employee take leave within 12 months. An unconditional right arises after a qualifying period.

The components of this current LSL liability are measured at:

- Nominal value—if Goulburn Valley Health expects to wholly settle within 12 months or
- Present value—if Goulburn Valley Health does not expect to wholly settle within 12 months.

Conditional LSL is measured at present value and is disclosed as a non-current liability. Any gain or loss following revaluation of the present value of non-current LSL liability is recognised as a transaction, except to the extent that a gain or loss arises due to changes in estimations e.g. bond rate movements, inflation rate movements and changes in probability factors which are then recognised as other economic flows.

ANNUAL LEAVE AND ACCRUED DAYS OFF

Liabilities for annual leave and accrued days off are recognised in the provision for employee benefits as 'current liabilities' because Goulburn Valley Health does not have an unconditional right to defer settlements of these liabilities.

Depending on the expectation of the timing of settlement, liabilities for annual leave and accrued days off are measured at:

- Nominal value—if Goulburn Valley Health expects to wholly settle within 12 months or
- Present value—if Goulburn Valley Health does not expect to wholly settle within 12 months.

PROVISION FOR ON-COSTS RELATED TO EMPLOYEE BENEFITS

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

NOTE 3.4: SUPERANNUATION

	Paid contribution for the year	
	2023 \$'000	2022 \$'000
Defined benefit plans¹		
Aware	135	145
Total defined benefit plans¹	135	145
Defined contribution plans		
Aware	10,303	9,386
Hesta	9,116	7,681
Other	3,325	2,420
Total defined contribution plans	22,745	19,487
Total superannuation	22,880	19,632

¹The basis for determining the level of contributions is determined by the various actuaries of the defined benefit superannuation plans.

There were no outstanding superannuation contributions due at the 30th June 2023.

HOW WE RECOGNISE SUPERANNUATION

Employees of Goulburn Valley Health are entitled to receive superannuation benefits and it contributes to both defined benefit and defined contribution plans.

DEFINED BENEFIT SUPERANNUATION PLANS

The defined benefit plan provides benefits based on years of service and final average salary. The amount charged to the Comprehensive Operating Statement in respect of defined benefit superannuation plans represents the contributions made by Goulburn Valley Health to the superannuation plans in respect of the services of current Goulburn Valley Health's 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.

Goulburn Valley Health does not recognise any unfunded defined benefit liability in respect of the plans because Goulburn Valley Health 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 DTF 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 Goulburn Valley Health.

The name, details and amounts that have been expensed in relation to the major employee superannuation fund and contributions made by Goulburn Valley Health are disclosed above.

DEFINED CONTRIBUTION SUPERANNUATION PLANS

Defined contribution (i.e., accumulation) superannuation plan expenditure 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.

The name, details and amounts that have been expensed in relation to the major employee superannuation funds and contributions made by Goulburn Valley Health are disclosed above.

NOTE 4: KEY ASSETS TO SUPPORT SERVICE DELIVERY

Goulburn Valley Health controls infrastructure and other investments that are utilised fulfilling its objectives and conducting its activities.

They represent the key resources that have been entrusted to Goulburn Valley Health to be utilised for delivery of those outputs.

STRUCTURE

- 4.1 Property, plant and equipment
- 4.2 Right-of-use assets
- 4.3 Revaluation surplus
- 4.4 Intangible assets
- 4.5 Depreciation and amortisation
- 4.6 Inventories
- 4.7 Impairment of assets

TELLING THE COVID-19 STORY

Assets used to support the delivery of our services during the financial year were not materially impacted by the COVID-19 Coronavirus pandemic.

KEY JUDGEMENTS AND ESTIMATES

This section contains the following key judgements and estimates:

Key judgements and estimates	Description
Estimating useful life of property, plant and equipment	Goulburn Valley Health assigns an estimated useful life to each item of property, plant and equipment. This is used to calculate depreciation of the asset. Goulburn Valley Health reviews the useful life, residual value and depreciation rates of all assets at the end of each financial year and where necessary, records a change in accounting estimate.
Estimating useful life of right-of-use assets	The useful life of each right-of-use asset is typically the respective lease term, except where Goulburn Valley Health is reasonably certain to exercise a purchase option contained within the lease (if any), in which case the useful life reverts to the estimated useful life of the underlying asset. Goulburn Valley Health applies significant judgement to determine whether or not it is reasonably certain to exercise such purchase options.
Estimating the useful life of intangible assets	Goulburn Valley Health assigns an estimated useful life to each intangible asset with a finite useful life, which is used to calculate amortisation of the asset.
Identifying indicators of impairment	At the end of each year, Goulburn Valley Health assesses impairment by evaluating the conditions and events specific to Goulburn Valley Health that may be indicative of impairment triggers. Where an indication exists, Goulburn Valley Health tests the asset for impairment. Goulburn Valley Health considers a range of information when performing its assessment, including considering: <ul style="list-style-type: none"> • if an asset's value has declined more than expected based on normal use • if a significant change in technological, market, economic or legal environment which adversely impacts the way Goulburn Valley Health uses an asset • if an asset is obsolete or damaged • if the asset has become idle or if there are plans to discontinue or dispose of the asset before the end of its useful life • if the performance of the asset is or will be worse than initially expected. Where an impairment trigger exists, Goulburn Valley Health applies significant judgement and estimate to determine the recoverable amount of the asset.

NOTE 4.1: PROPERTY, PLANT AND EQUIPMENT

NOTE 4.1(A): GROSS CARRYING AMOUNT AND ACCUMULATED DEPRECIATION

	2023 \$'000	2022 \$'000
Land at fair value-freehold	9,953	9,953
Total land at fair value	9,953	9,953
Buildings at cost	63,591	165,263
Less accumulated depreciation	(420)	(7,089)
Total buildings at cost	63,171	158,174
Buildings at fair value	261,933	103,918
Less accumulated depreciation	-	(24,737)
Total buildings at fair value	261,933	79,181
Works in progress at fair value	1,369	52,432
Total land and buildings	336,426	299,740
Plant and equipment at fair value	8,247	7,006
Less accumulated depreciation	(6,020)	(5,155)
Total plant and equipment at fair value	2,227	1,851
Motor vehicles at fair value	437	642
Less accumulated depreciation	(428)	(592)
Total motor vehicles at fair value	9	50
Medical equipment at fair value	28,049	24,415
Less accumulated depreciation	(18,274)	(15,044)
Total medical equipment at fair value	9,775	9,371
Computer equipment at fair value	4,629	4,247
Less accumulated depreciation	(3,804)	(3,086)
Total computer equipment at fair value	825	1,161
Furniture and fittings at fair value	1,685	1,457
Less accumulated depreciation	(962)	(737)
Total furniture and fittings at fair value	723	720
Total plant, equipment, motor vehicles, furniture and fittings at fair value	13,559	13,153
Total property, plant and equipment	349,985	312,893

NOTE 4.1(B): RECONCILIATIONS OF CARRYING AMOUNT BY CLASS OF ASSET

	Note	Land \$'000	Buildings \$'000	Building works in progress \$'000	Plant & equipment \$'000	Motor vehicles \$'000	Medical equipment \$'000	Computer equipment \$'000	Furniture & fittings \$'000	Total \$'000
Balance at 1 July 2021		8,094	248,090	23,323	1,444	123	8,396	1,061	415	290,946
Additions		-	-	33,191	825	-	832	674	126	35,648
Disposals		-	-	-	(7)	(4)	(66)	(2)	-	(79)
Assets provided free of charge		-	-	-	-	-	1,242	-	-	1,242
Revaluation increments/ (decrements)		1,859	-	-	-	-	-	-	-	1,859
Net transfers between classes		-	801	(3,117)	180	-	1,764	32	340	-
Transfers to intangible assets		-	-	(965)	-	-	-	-	-	(965)
Depreciation	4.5	-	(11,536)	-	(591)	(69)	(2,797)	(604)	(161)	(15,758)
Balance at 30 June 2022	4.1(a)	9,953	237,355	52,432	1,851	50	9,371	1,161	720	312,893
Additions		-	-	15,832	222	-	1,385	269	221	17,929
Disposals		-	-	-	-	(8)	-	-	-	(8)
Assets provided free of charge		-	-	-	-	-	222	-	-	222
Revaluation increments/ (decrements)		-	36,127	-	-	-	-	-	-	36,127
Net transfer between classes		-	63,591	(66,895)	1,019	-	2,166	113	6	-
Depreciation	4.5	-	(11,968)	-	(865)	(33)	(3,369)	(718)	(224)	(17,177)
Balance at 30 June 2023	4.1(a)	9,953	325,104	1,369	2,227	9	9,775	825	723	349,985

HOW WE RECOGNISE PROPERTY, PLANT AND EQUIPMENT

Property, plant and equipment are tangible items that are used by Goulburn Valley Health in the supply of goods or services and are expected to be used during more than one financial year.

INITIAL RECOGNITION

Items of property, plant and equipment are initially measured at cost. Where an asset is acquired for no or nominal cost, being far below the fair value of the asset, the deemed cost is its fair value at the date of acquisition.

The cost of constructed non-financial physical assets includes the cost of all materials used in construction, direct labour on the project and an appropriate proportion of variable and fixed overheads.

SUBSEQUENT MEASUREMENT

Items of property, plant and equipment are subsequently measured at fair value less accumulated depreciation and impairment losses where applicable.

Fair value is determined with reference to the asset's highest and best use (considering legal or physical restrictions imposed on the asset, public announcements or commitments made in relation to the intended use of the asset).

Further information regarding fair value measurement is disclosed in Note 7.4.

REVALUATION

Fair value is based on periodic valuations by independent valuers, which normally occur once every five years, based upon the asset's Government Purpose Classification, but may occur more frequently if fair value assessments indicate a material change in fair value has occurred.

Where an independent valuation has not been undertaken at balance date, Goulburn Valley Health perform a managerial assessment to estimate possible changes in fair value of land and buildings since the date of the last independent valuation with reference to Valuer-General of Victoria (VGV) indices.

NOTE 4.1(B) RECONCILIATIONS OF CARRYING AMOUNT BY CLASS OF ASSET (CONTINUED)

An adjustment is recognised if the assessment concludes that the fair value of land and buildings has changed by 10% or more since the last revaluation (whether that be the most recent independent valuation or managerial valuation). Any estimated change in fair value of less than 10% is deemed immaterial to the financial statements and no adjustment is recorded. Where the assessment indicates there has been an exceptionally material movement in the fair value of land and buildings since the last independent valuation, being equal to or in excess of 40%, Goulburn Valley Health would obtain an interim independent valuation prior to the next scheduled independent valuation.

An independent valuation of Goulburn Valley Health's property, plant and equipment was performed by the VGV on 30 June 2019. The valuation, which complies with Australian Valuation Standards, was determined by reference to the amount for which assets could be exchanged between knowledgeable willing parties in an arm's length transaction. As an independent valuation was not undertaken on 30 June 2023, a managerial assessment was performed at 30 June 2023, which indicated an overall:

- increase in fair value of buildings of 15.30% (\$36.13m).

As the cumulative movement was less than 10% for land since the last revaluation, a managerial revaluation adjustment was not required as at 30 June 2023.

As the cumulative movement was greater than 10% but less than 40% for buildings since the last revaluation, a managerial revaluation adjustment was required as at 30 June 2023.

Revaluation increases (increments) arise when an asset's fair value exceeds its carrying amount. In comparison, revaluation decreases (decrements) arise when an asset's fair value is less than its carrying amount. Revaluation increments and revaluation decrements 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 increments are recognised in 'Other Comprehensive Income' and are credited directly to the property, plant and equipment 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, in which case 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 property, plant and equipment revaluation surplus in respect of the same class of property, plant and equipment. Otherwise, the decrement is recognised as an expense in the net result.

The revaluation surplus included in equity in respect of an item of property, plant and equipment may be transferred directly to retained earnings when the asset is derecognised.

NOTE 4.2: RIGHT-OF-USE ASSETS

NOTE 4.2(A): GROSS CARRYING AMOUNT AND ACCUMULATED DEPRECIATION

	2023 \$'000	2022 \$'000
Right-of-use buildings at fair value	2,186	1,993
Less accumulated depreciation	(706)	(395)
Total right-of-use buildings at fair value	1,480	1,598
Right-of-use plant, equipment, motor vehicles, furniture and fittings at fair value	4,381	4,106
Less accumulated depreciation	(1,744)	(1,437)
Total right-of-use plant, equipment, motor vehicles, furniture and fittings at fair value	2,637	2,669
Total right-of-use assets	4,117	4,267

NOTE 4.2(B): RECONCILIATIONS OF CARRYING AMOUNT BY CLASS OF ASSET (CONTINUED)

	Note	Right-of-use Buildings \$'000	Right-of-use PE, MV, F&F \$'000	Total \$'000
Balance at 1 July 2021		422	2,785	3,207
Additions		1,357	1,039	2,396
Disposals		-	(429)	(429)
Remeasurement of leases		11	-	11
Depreciation	4.5	(192)	(726)	(918)
Balance at 30 June 2022	4.2(a)	1,598	2,669	4,267
Additions		100	929	1,029
Disposals		-	(249)	(249)
Remeasurement of leases		93	-	93
Depreciation	4.5	(311)	(712)	(1,023)
Balance at 30 June 2023	4.2(a)	1,480	2,637	4,117

RIGHT-OF-USE ASSETS CARRIED AT VALUATION

The Valuer-General Victoria undertook to re-value all of Goulburn Valley Health right of use assets to determine their fair value. The valuation, which conforms to Australian Valuation Standards, was determined by reference to the amounts for which assets could be exchanged between knowledgeable willing parties in an arm's length transaction. The valuation was based on independent assessments. The effective date of the valuation was 30 June 2019.

HOW WE RECOGNISE RIGHT-OF-USE ASSETS

Where Goulburn Valley Health enters a contract, which provides Goulburn Valley Health with the right to control the use of an identified asset for a period of time in exchange for payment, this contract is considered a lease.

Unless the lease is considered a short-term lease or a lease of a low-value asset (refer to Note 6.1 for further information), the contract gives rise to a right-of-use asset and corresponding lease liability. Goulburn Valley Health presents its right-of-use assets as part of property, plant and equipment as if the asset was owned by Goulburn Valley Health.

Right-of-use assets and their respective lease terms include:

Class of right-of-use asset	Lease term
Leased buildings—various leased premises	5 to 8 years
Leased plant, equipment, motor vehicles, furniture and fittings	
Medical equipment	3 to 5 years
Vehicles—Vic Fleet	3 to 5 years

INITIAL RECOGNITION

When a contract is entered into, Goulburn Valley Health assesses if the contract contains or is a lease. If a lease is present, a right-of-use asset and corresponding lease liability is recognised. The definition and recognition criteria of a lease is disclosed at Note 6.1.

The right-of-use asset is initially measured at cost and comprises the initial measurement of the corresponding lease liability, adjusted for:

- any lease payments made at or before the commencement date
- any initial direct costs incurred

SUBSEQUENT MEASUREMENT

Right-of-use assets are subsequently measured at fair value, with the exception of right-of-use asset arising from leases with significantly below-market terms and conditions, which are subsequently measured at cost, less accumulated depreciation and accumulated impairment losses where applicable.

Right-of-use assets are also adjusted for certain remeasurements of the lease liability (for example, when a variable lease payment based on an index or rate becomes effective).

Further information regarding fair value measurement is disclosed in Note 7.4.

NOTE 4.3: REVALUATION SURPLUS

	Note	2023 \$'000	2022 \$'000
Balance at the beginning of the reporting period		106,031	104,172
Revaluation increment			
- Land	4.1(b)	-	1,859
- Buildings	4.1(b)	36,127	-
Balance at the end of the reporting period*		142,158	106,031
*Represented by:			
- Land		5,241	5,241
- Buildings		136,917	100,790
		142,158	106,031

NOTE 4.4: INTANGIBLE ASSETS

NOTE 4.4(A): GROSS CARRYING AMOUNT AND ACCUMULATED AMORTISATION

	2023 \$'000	2022 \$'000
Software	4,959	4,959
Less accumulated amortisation	(4,805)	(4,580)
Total intangible produced assets — software	154	379
Total intangible assets	154	379

NOTE 4.4(B): RECONCILIATION OF THE CARRYING AMOUNT BY CLASS OF ASSET

	Note	Software \$'000	Works in progress \$'000	Total \$'000
Balance at 1 July 2021		584	-	584
Net transfers between classes		965	-	965
Amortisation	4.5	(1,170)	-	(1,170)
Balance at 30 June 2022	4.4(a)	379	-	379
Amortisation	4.5	(225)	-	(225)
Balance at 30 June 2023	4.4(a)	154	-	154

HOW WE RECOGNISE INTANGIBLE ASSETS

Intangible assets represent identifiable non-monetary assets without physical substance such as computer software.

INITIAL RECOGNITION

Purchased intangible assets are initially recognised at cost.

An internally generated intangible asset arising from development (or from the development phase of an internal project) is also recognised at cost if, and only if, all of the following are demonstrated:

- the technical feasibility of completing the intangible asset so that it will be available for use or sale
- an intention to complete the intangible asset and use or sell it

- the ability to use or sell the intangible asset
- the intangible asset will generate probable future economic benefits
- the availability of adequate technical, financial and other resources to complete the development and to use or sell the intangible asset and
- the ability to measure reliably the expenditure attributable to the intangible asset during its development.

SUBSEQUENT MEASUREMENT

Intangible assets with finite useful lives are carried at cost less accumulated amortisation and accumulated impairment losses.

NOTE 4.5: DEPRECIATION AND AMORTISATION

	2023 \$'000	2022 \$'000
Depreciation		
Buildings	11,968	11,536
Plant and equipment	865	591
Motor vehicles	33	69
Medical equipment	3,369	2,797
Computer equipment	718	604
Furniture and fittings	224	161
Total depreciation – property, plant and equipment	17,177	15,758
Right-of-use assets		
Right-of-use buildings	311	192
Right-of-use – plant, equipment, furniture, fittings and motor vehicles	712	726
Total depreciation right-of-use assets	1,023	918
Total depreciation	18,200	16,676
Amortisation		
Software	225	1,170
Total amortisation	225	1,170
Total depreciation and amortisation	18,425	17,846

HOW WE RECOGNISE DEPRECIATION

All buildings, plant and equipment and other non-financial physical assets (excluding items under land) that have finite useful lives are depreciated. Depreciation is generally calculated on a straight-line basis at rates that allocate the asset's value, less any estimated residual value over its estimated useful life.

Right-of-use assets are depreciated over the lease term or useful life of the underlying asset, whichever is the shortest. Where a lease transfers ownership of the underlying asset or the cost of the right-of-use asset reflects that Goulburn Valley Health

anticipates to exercise a purchase option, the specific right-of-use asset is depreciated over the useful life of the underlying asset.

HOW WE RECOGNISE AMORTISATION

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

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

	2023	2022
Buildings	2 to 50 years	2 to 47 years
Plant and equipment	3 to 15 years	3 to 15 years
Motor vehicles	5 to 8 years	5 to 8 years
Medical equipment	3 to 10 years	3 to 10 years
Computers and communication	3 to 10 years	3 to 10 years
Furniture and fitting	3 to 16 years	3 to 16 years
Intangible assets	3 to 10 years	3 to 10 years

NOTE 4.6: INVENTORIES

General stores at cost
Medical and surgical consumables at cost
Pharmacy supplies at cost
Catering supplies at cost
Biomedical engineering supplies at cost
Retail aids and equipment outlet supplies at cost

Total inventories

2023 \$'000	2022 \$'000
801	840
576	987
646	582
26	21
40	48
8	9
2,097	2,487

HOW WE RECOGNISE 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 are measured at the lower of cost and net realisable value.

NOTE 4.7: IMPAIRMENT OF ASSETS

HOW WE RECOGNISE IMPAIRMENT

At the end of each reporting period, Goulburn Valley Health reviews the carrying amount of its tangible and intangible assets that have a finite useful life, to determine whether there is any indication that an asset may be impaired.

The assessment will include consideration of external sources of information and internal sources of information.

External sources of information include but are not limited to observable indications that an asset's value has declined during the period by significantly more than would be expected as a result of the passage of time or normal use. Internal sources of information include but are not limited to evidence of obsolescence or physical damage of an asset and significant changes with an adverse effect on Goulburn Valley Health which changes the way in which an asset is used or expected to be used.

If such an indication exists, an impairment test is carried out. Assets with indefinite useful lives (and assets not yet available for use) are tested annually for impairment, in addition to where there is an indication that the asset may be impaired.

When performing an impairment test, Goulburn Valley Health compares the recoverable amount of the asset, being the higher of the asset's fair value less costs to sell and value in use, to the asset's carrying amount. Any excess of the asset's carrying amount over its recoverable amount is recognised immediately in net result, unless the asset is carried at a revalued amount.

Where an impairment loss on a revalued asset is identified, this is recognised against the asset revaluation surplus in respect of the same class of asset to the extent that the impairment loss does not exceed the cumulative balance recorded in the asset revaluation surplus for that class of asset.

Where it is not possible to estimate the recoverable amount of an individual asset, Goulburn Valley Health estimates the recoverable amount of the cash-generating unit to which the asset belongs.

Goulburn Valley Health did not record any impairment losses for the year ended 30 June 2023.

NOTE 5: OTHER ASSETS AND LIABILITIES

This section sets out the assets and liabilities that arose from Goulburn Valley Health's operations.

STRUCTURE

- 5.1 Receivables
- 5.2 Payables
- 5.3 Contract liabilities
- 5.4 Other liabilities

TELLING THE COVID-19 STORY

The measurement of other assets and liabilities were not materially impacted by the COVID-19 Coronavirus pandemic.

KEY JUDGEMENTS AND ESTIMATES

This section contains the following key judgements and estimates:

NOTE 5: OTHER ASSETS AND LIABILITIES (CONTINUED)

Key judgements and estimates	Description
Estimating the provision for expected credit losses	Goulburn Valley Health uses a simplified approach to account for the expected credit loss provision. A provision matrix is used, which considers historical experience, external indicators and forward-looking information to determine expected credit loss rates.
Measuring deferred capital grant income	Where Goulburn Valley Health has received funding to construct an identifiable non-financial asset, such funding is recognised as deferred capital grant income until the underlying asset is constructed. Goulburn Valley Health applies significant judgement when measuring the deferred capital grant income balance, which references the estimated the stage of completion at the end of each financial year.
Measuring contract liabilities	Goulburn Valley Health applies significant judgement to measure its progress towards satisfying a performance obligation as detailed in Note 2. Where a performance obligation is yet to be satisfied, Goulburn Valley Health assigns funds to the outstanding obligation and records this as a contract liability until the promised good or service is transferred to the customer.

NOTE 5.1: RECEIVABLES

	Note	2023 \$'000	2022 \$'000
Current receivables			
Contractual			
Inter hospital debtors		2,271	-
Trade receivables		2,647	1,456
Patient fees		2,911	3,241
Allowance for impairment losses	5.1(a)	(960)	(130)
Accrued revenue		2,310	1,596
Amounts receivable from governments and agencies—Dental Health Services Victoria		294	303
Amounts receivable from governments and agencies—Department of Health		1,826	670
Total contractual receivables		11,299	7,136
Statutory			
GST receivable		1,100	917
Total statutory receivables		1,100	917
Total current receivables		12,399	8,053
Non-current receivables			
Contractual			
Long service leave—Department of Health		10,403	8,236
Trade debtors		93	75
Total contractual receivables		10,496	8,311
Total receivables		22,895	16,364
	Note	2023 \$'000	2022 \$'000
<i>(i) Financial assets classified as receivables and contract assets (Note 7.1(a))</i>			
Total receivables		22,895	16,364
GST receivable		(1,100)	(917)
Total financial assets classified as receivables	7.1(a)	21,795	15,447

NOTE 5.1(A): MOVEMENT IN THE ALLOWANCE FOR IMPAIRMENT LOSSES OF CONTRACTUAL RECEIVABLES

	2023 \$'000	2022 \$'000
Balance at the beginning of the year	130	(285)
Increase in allowance	(896)	(746)
Amounts written off during the year	1,897	901
Reversal of allowance written off during the year as uncollectable	(171)	-
Balance at the end of the year	960	(130)

HOW WE RECOGNISE RECEIVABLES

Receivables consist of:

- **Contractual receivables**, which mostly includes debtors in relation to goods and services. These receivables are classified as financial instruments and categorised as 'financial assets at amortised costs'. They are initially recognised at fair value plus any directly attributable transaction costs. Goulburn Valley Health holds the contractual receivables with the objective to collect the contractual cash flows and therefore they are subsequently measured at amortised cost using the effective interest method, less any impairment.
- **Statutory receivables**, includes Goods and Services Tax (GST) input tax credits that are recoverable. Statutory receivables do not arise from contracts and are recognised and measured similarly to contractual receivables (except for impairment),

but are not classified as financial instruments for disclosure purposes. Goulburn Valley Health applies AASB 9 for initial measurement of the statutory receivables and as a result statutory receivables are initially recognised at fair value plus any directly attributable transaction cost.

Trade debtors are carried at nominal amounts due and are due for settlement within 30 days from the date of recognition.

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

IMPAIRMENT LOSSES OF CONTRACTUAL RECEIVABLES

Refer to Note 7.2(a) for Goulburn Valley Health's contractual impairment losses.

NOTE 5.2: PAYABLES

	Note	2023 \$'000	2022 \$'000
Current payables			
Contractual			
Trade creditors		797	2,235
Accrued salaries and wages		6,313	8,139
Accrued expenses		22,649	18,840
Department of Health		20,828	12,428
Unearned Income—Operating		345	237
Inter hospital creditors		296	123
Total contractual payables		51,228	42,002
Total payables		51,228	42,002
(i) Financial assets classified as payables (Note 7.1(a))			
Total payables		51,228	42,002
Unearned Income—Operating		(345)	(237)
Total financial liabilities classified as payables	7.1(a)	50,883	41,765

HOW WE RECOGNISE PAYABLES AND CONTRACT LIABILITIES

NOTE 5.2: PAYABLES (CONTINUED)

Payables consist of:

- **Contractual payables**, which mostly includes payables in relation to goods and services. These payables are classified as financial instruments and measured at amortised cost. Accounts payable and salaries and wages payable represent liabilities for goods and services provided to the Goulburn Valley Health prior to the end of the financial year that are unpaid.
- **Statutory payables**, comprise Goods and Services Tax (GST)

payable. 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 contracts.

The normal credit terms for accounts payable are usually Net 60 days.

NOTE 5.2(A): DEFERRED CAPITAL GRANT INCOME

Opening balance of deferred capital grant income

Grant consideration for capital works received during the year

Deferred capital grant income recognised as income due to completion of capital works

Closing balance of deferred capital grant income

	2023 \$'000	2022 \$'000
Opening balance of deferred capital grant income	-	739
Grant consideration for capital works received during the year	-	-
Deferred capital grant income recognised as income due to completion of capital works	-	(739)
Closing balance of deferred capital grant income	-	-

HOW WE RECOGNISE DEFERRED CAPITAL GRANT REVENUE

During the 2023 financial year, no further deferred capital grant revenue was received. In the 2022 financial year, Goulburn Valley Health recognised the remaining deferred capital grant revenue received from DH in 2021 relating to the Hume Telehealth Cluster, the Better at Home, Capital and Redesign.

Capital grant revenue is recognised progressively as the asset is constructed, since this is the time when Goulburn Valley Health satisfies its obligations. The progressive percentage of costs incurred is used to recognise income because this most closely reflects the percentage of completion of the building works. As a result, Goulburn Valley Health has deferred recognition of a portion of the grant consideration received as a liability for the outstanding obligations.

NOTE 5.3: CONTRACT LIABILITIES

Opening balance of contract liabilities

Grant consideration for sufficiently specific performance obligations received during the year

Revenue recognised for the completion of a performance obligation

Total contract liabilities

*Represented by

- Current contract liabilities

	2023 \$'000	2022 \$'000
Opening balance of contract liabilities	4,314	3,434
Grant consideration for sufficiently specific performance obligations received during the year	-	3,712
Revenue recognised for the completion of a performance obligation	(4,314)	(2,832)
Total contract liabilities	-	4,314
*Represented by		
- Current contract liabilities	-	4,314

NOTE 5.3: CONTRACT LIABILITIES (CONTINUED)

HOW WE RECOGNISE CONTRACT LIABILITIES

Contract liabilities include consideration received in advance from customers in respect of;

- COVID-19 Cancer Support staff
- Rapid Response Testing Teams (RRTTs)
- Aged—Frailty screening project
- Lived Experience Workforce Leadership
- Ageing—Aged Care Assessment Services (ACAS) Assessment—Commonwealth
- Suicide Prevention Assertive Outreach Pilot
- PSRACS Kitchen Garden Initiative
- Colposcopy Demand Project
- Specialist Clinic Reform Project

The balance of contract liabilities was significantly lower than the previous reporting period as these previously held contract liabilities were recognised as revenue within the 2022–23 period due to the completion of the performance obligations.

Contract liabilities are derecognised and recorded as revenue when promised goods and services are transferred to the customer. Refer to Note 2.1.

FINANCIAL GUARANTEES

Payments that are contingent under financial guarantee contracts are recognised as a liability, at fair value, at the time the guarantee is issued. Subsequently, should there be a material increase in the likelihood that the guarantee may have to be exercised, the liability is recognised at the higher of the amount determined in accordance with the expected credit loss model under AASB 9 *Financial Instruments* and the amount initially recognised less, when appropriate, cumulative amortisation recognised.

In the determination of fair value, consideration is given to factors including the overall capital management/prudential supervision framework in operation, the protection provided by the Department of Health by way of funding should the probability of default increase, probability of default by the guaranteed party and the likely loss to Goulburn Valley Health in the event of default.

MATURITY ANALYSIS OF PAYABLES

Please refer to Note 7.1(b) for the maturity analysis of payables.

NOTE 5.4: OTHER LIABILITIES

Current monies held in trust

Patient monies	
Refundable accommodation deposits	
Employee trust funds	
Community funds	
Government grants—Hume region programs	

Total current monies held in trust

Total other liabilities

*Represented by:

- Cash assets

	2023 \$'000	2022 \$'000
Patient monies	3	1,433
Refundable accommodation deposits	9,124	5,319
Employee trust funds	100	66
Community funds	67	67
Government grants—Hume region programs	6,157	5,198
Total current monies held in trust	15,451	12,083
Total other liabilities	15,451	12,083
*Represented by:		
- Cash assets	15,451	12,083
	15,451	12,083

HOW WE RECOGNISE OTHER LIABILITIES

REFUNDABLE ACCOMMODATION DEPOSIT (RAD) / ACCOMMODATION BOND LIABILITIES

RADs/accommodation bonds are non-interest-bearing deposits made by some aged care residents to Goulburn Valley Health upon admission to the nursing home or hostel facilities. These deposits are liabilities which fall due and payable when the resident leaves the facility.

As there is no unconditional right to defer payment for 12 months, these liabilities are recorded as current liabilities.

RAD/accommodation bond liabilities are recorded at an amount equal to the proceeds received, net of retention and any other amounts deducted from the RAD/accommodation bond in accordance with the *Aged Care Act 1997*.

NOTE 6: HOW WE FINANCE OUR OPERATIONS

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

This section includes disclosures of balances that are financial instruments (such as borrowings and cash balances).

Note 7.1 provides additional, specific financial instrument disclosures.

STRUCTURE

6.1 Borrowings

6.2 Cash and cash equivalents

6.3 Commitments for expenditure

TELLING THE COVID-19 STORY

Our finance and borrowing arrangements were not materially impacted by the COVID-19 Coronavirus pandemic and scaling down of the COVID-19 public health response during the year ended 30 June 2023.

KEY JUDGEMENTS AND ESTIMATES

This section contains the following key judgements and estimates:

Key judgements and estimates	Description
Determining if a contract is or contains a lease	<p>Goulburn Valley Health applies significant judgement to determine if a contract is or contains a lease by considering if Goulburn Valley Health:</p> <ul style="list-style-type: none"> • has the right-to-use an identified asset • has the right to obtain substantially all economic benefits from the use of the leased asset and • can decide how and for what purpose the asset is used throughout the lease.
Determining if a lease meets the short-term or low value asset lease exemption	<p>Goulburn Valley Health applies significant judgement when determining if a lease meets the short-term or low value lease exemption criteria.</p> <p>Goulburn Valley Health estimates the fair value of leased assets when new. Where the estimated fair value is less than \$10,000 Goulburn Valley Health applies the low-value lease exemption.</p> <p>Goulburn Valley Health also estimates the lease term with reference to remaining lease term and period that the lease remains enforceable. Where the enforceable lease period is less than 12 months Goulburn Valley Health applies the short-term lease exemption.</p>
Discount rate applied to future lease payments	<p>Goulburn Valley Health discounts its lease payments using the interest rate implicit in the lease. If this rate cannot be readily determined, which is generally the case for Goulburn Valley Health's lease arrangements, Goulburn Valley Health uses its incremental borrowing rate, which is the amount Goulburn Valley Health would have to pay to borrow funds necessary to obtain an asset of similar value to the right-of-use asset in a similar economic environment with similar terms, security and conditions.</p> <p>For leased land and buildings, Goulburn Valley Health estimates the incremental borrowing rate to be between 2.18% and 4.38%.</p> <p>For leased plant, equipment, furniture, fittings and vehicles, the implicit interest rate is between 2.22%.</p>
Assessing the lease term	<p>The lease term represents the non-cancellable period of a lease, combined with periods covered by an option to extend or terminate the lease if Goulburn Valley Health is reasonably certain to exercise such options.</p> <p>Goulburn Valley Health determines the likelihood of exercising such options on a lease-by-lease basis through consideration of various factors including:</p> <ul style="list-style-type: none"> • if there are significant penalties to terminate (or not extend), Goulburn Valley Health is typically reasonably certain to extend (or not terminate) the lease. • if any leasehold improvements are expected to have a significant remaining value, Goulburn Valley Health is typically reasonably certain to extend (or not terminate) the lease. • Goulburn Valley Health considers historical lease durations and the costs and business disruption to replace such leased assets.

NOTE 6.1: BORROWINGS

Current borrowings

Lease liabilityⁱ

Advances from governmentⁱⁱ

Total current borrowings

Non-current borrowings

Lease liabilityⁱ

Total non-current borrowings

Total borrowings

ⁱSecured by the assets leased.

ⁱⁱThese are secured loans which bear no interest.

Note	2023 \$'000	2022 \$'000
6.1(a)	1,627	1,745
	-	550
	1,627	2,295
6.1(a)	2,481	2,511
	2,481	2,511
	4,108	4,806

HOW WE RECOGNISE BORROWINGS

Borrowings refer to interest bearing liabilities mainly raised from advances from the Treasury Corporation of Victoria (TCV) and other funds raised through lease liabilities and other interest-bearing arrangements.

INITIAL RECOGNITION

All borrowings are initially recognised at fair value of the consideration received, less directly attributable transaction costs.

SUBSEQUENT MEASUREMENT

Subsequent to initial recognition, interest bearing borrowings are measured at amortised cost with any difference between the initial recognised amount and the redemption value being recognised in the net result over the period of the borrowing using the effective interest method. Non-interest bearing borrowings are measured at 'fair value through profit or loss'.

MATURITY ANALYSIS

Please refer to Note 7.2(b) for the maturity analysis of borrowings.

DEFAULTS AND BREACHES

During the current and prior year, there were no defaults and breaches of any of the loans.

NOTE 6.1(A): LEASE LIABILITIES

Goulburn Valley Health's lease liabilities are summarised below:

Total undiscounted lease liabilities

Less unexpired finance expenses

Net lease liabilities

The following table sets out the maturity analysis of lease liabilities, showing the undiscounted lease payments to be made after the reporting date.

Not longer than one year

Longer than one year but not longer than five years

Longer than five years

Minimum future lease liability

Less unexpired finance expenses

Present value of lease liability

*Represented by:

- Current liabilities

- Non-current liabilities

	2023 \$'000	2022 \$'000
	4,315	4,526
	(207)	(270)
	4,108	4,256
	2023 \$'000	2022 \$'000
	1,691	1,823
	2,441	2,299
	183	403
	4,315	4,526
	(207)	(270)
	4,108	4,256
	1,627	1,745
	2,481	2,511

NOTE 6.1: BORROWINGS (CONTINUED)

HOW WE RECOGNISE LEASE LIABILITIES

A lease is defined as a contract, or part of a contract, that conveys the right for Goulburn Valley Health to use an asset for a period of time in exchange for payment.

To apply this definition, Goulburn Valley Health ensures the contract meets the following criteria:

- the contract contains an identified asset, which is either explicitly identified in the contract or implicitly specified by being identified at the time the asset is made available to Goulburn Valley Health and for which the supplier does not have

substantive substitution rights

- Goulburn Valley Health has the right to obtain substantially all of the economic benefits from use of the identified asset throughout the period of use, considering its rights within the defined scope of the contract and Goulburn Valley Health has the right to direct the use of the identified asset throughout the period of use, and
- Goulburn Valley Health has the right to take decisions in respect of 'how and for what purpose' the asset is used throughout the period of use.

Goulburn Valley Health's lease arrangements consist of the following:

Type of asset leased	Lease term
Leased buildings—various premises	5 to 8 years
Leased medical equipment	3 to 5 years
Leased vehicles—VicFleet	3 to 5 years

All leases are recognised on the balance sheet, with the exception of low value leases (less than \$10,000) and short term leases of less than 12 months. The following low value and short term lease payments are recognised in profit or loss:

Type of payment	Description of payment	Type of leases captured
Low value lease payments	Leases where the underlying asset's fair value, when new, is no more than \$10,000	Non-medical equipment Computer equipment Medical equipment
Short-term lease payments	Leases with a term less than 12 months	Buildings—short term rentals

SEPARATION OF LEASE AND NON-LEASE COMPONENTS

At inception or on reassessment of a contract that contains a lease component, the lessee is required to separate out and account separately for non-lease components within a lease contract and exclude these amounts when determining the lease liability and right-of-use asset amount.

INITIAL MEASUREMENT

The lease liability is initially measured at the present value of the lease payments unpaid at the commencement date, discounted using the interest rate implicit in the lease if that rate is readily determinable or Goulburn Valley Health's incremental borrowing rate. Our lease liability has been discounted by rates of between 2.18% to 4.38%.

Lease payments included in the measurement of the lease liability comprise the following:

- fixed payments (including in-substance fixed payments) less any lease incentive receivable
- variable payments based on an index or rate, initially measured using the index or rate as at the commencement date

These terms are used to maximise operational flexibility in terms of managing contracts. The majority of extension options held are exercisable only by Goulburn Valley Health and not by the respective lessor.

In determining the lease term, management considers all facts and circumstances that create an economic incentive to exercise an extension option, or not exercise a termination option. Extension options (or periods after termination options) are only included in the lease term and lease liability if the lease is reasonably certain to be extended (or not terminated).

The assessment is reviewed if a significant event or a significant change in circumstances occurs which affects this assessment and that is within the control of the lessee.

During the current financial year, the financial effect of revising lease terms to reflect the effect of exercising extension and termination options was an increase in recognised lease liabilities and right-of-use assets of \$0.10m.

SUBSEQUENT MEASUREMENT

Subsequent to initial measurement, the liability will be reduced for payments made and increased for interest. It is remeasured to reflect any reassessment or modification, or if there are changes in the substance of fixed payments.

When the lease liability is remeasured, the corresponding adjustment is reflected in the right-of-use asset, or profit and loss if the right-of-use asset is already reduced to zero.

NOTE 6.2: CASH AND CASH EQUIVALENTS

	Note	2023 \$'000	2022 \$'000
Cash on hand (excluding monies held in trust)		16	15
Cash at bank (excluding monies held in trust)		3,294	1,028
Cash at bank – CBS (excluding monies held in trust)		99,226	81,487
Total cash held for operations		102,536	82,530
Cash at bank – CBS (other)		6,327	6,764
Cash at bank – CBS (monies held in trust – RAD/Accommodation bonds)		9,124	5,319
Total cash held as monies in trust		15,451	12,083
Total cash and cash equivalents	7.1(a)	117,987	94,613

HOW WE RECOGNISE CASH AND CASH EQUIVALENTS

Cash and cash equivalents recognised on the balance sheet comprise cash on hand and in banks, deposits at call and highly liquid investments (with an original maturity date of three months or less), which are held for the purpose of meeting short term cash commitments rather than for investment purposes, which are readily convertible to known amounts of cash and are subject to insignificant risk of changes in value.

For cash flow statement presentation purposes, cash and cash equivalents include bank overdrafts, which are included as liabilities on the balance sheet. The cash flow statement includes monies held in trust.

NOTE 6.3: COMMITMENTS FOR EXPENDITURE

	2023 \$'000	2022 \$'000
Capital expenditure commitments		
Less than one year	689	1,081
Total capital expenditure commitments	689	1,081
Total commitments for expenditure (inclusive of GST)	689	1,081
Less GST recoverable from Australian Tax Office	(63)	(98)
Total commitments for expenditure (exclusive of GST)	626	983

HOW WE DISCLOSE OUR COMMITMENTS

Our commitments relate to expenditure and short term and low value leases.

EXPENDITURE COMMITMENTS

Commitments for future expenditure include operating and capital commitments arising from contracts. These commitments are disclosed at their nominal value and are inclusive of the GST payable.

In addition, where it is considered appropriate and provides additional relevant information to users, the net present values of significant projects are stated. These future expenditures cease to be disclosed as commitments once the related liabilities are recognised on the balance sheet.

SHORT TERM AND LOW VALUE LEASES

Goulburn Valley Health discloses short term and low value lease commitments which are excluded from the measurement of right-of-use assets and lease liabilities. Refer to Note 6.1 for further information.

NOTE 7: RISKS, CONTINGENCIES AND VALUATION UNCERTAINTIES

Goulburn Valley Health is exposed to risks from its activities and outside factors. In addition, it is often necessary to make judgements and estimates associated with recognition and measurement of items in the financial statements.

This section sets out financial instrument specific information, (including exposures to financial risks) as well as those items that are contingent in nature or require a higher level of judgement to be applied, which for Goulburn Valley Health is related mainly to fair value determination.

STRUCTURE

- 7.1 Financial instruments
- 7.2 Financial risk management objectives and policies
- 7.3 Contingent assets and contingent liabilities
- 7.4 Fair value determination

KEY JUDGEMENTS AND ESTIMATES

This section contains the following key judgements and estimates:

Key judgements and estimates	Description
Measuring fair value of non-financial assets	<p>Fair value is measured with reference to highest and best use, that is, the use of the asset by a market participant that is physically possible, legally permissible, financially feasible, and which results in the highest value, or to sell it to another market participant that would use the same asset in its highest and best use.</p> <p>In determining the highest and best use, Goulburn Valley Health has assumed the current use is its highest and best use. Accordingly, characteristics of the health service's assets are considered, including condition, location and any restrictions on the use and disposal of such assets.</p> <p>Goulburn Valley Health uses a range of valuation techniques to estimate fair value, which include the following:</p> <ul style="list-style-type: none"> • Market approach, which uses prices and other relevant information generated by market transactions involving identical or comparable assets and liabilities. The fair value of Goulburn Valley Health's specialised land, non-specialised land and non-specialised buildings are measured using this approach. • Cost approach, which reflects the amount that would be required to replace the service capacity of the asset (referred to as current replacement cost). The fair value of Goulburn Valley Health's specialised buildings, furniture, fittings, plant, equipment and vehicles are measured using this approach. • Income approach, which converts future cash flows or income and expenses to a single undiscounted amount. Goulburn Valley Health does not use this approach to measure fair value. <p>Goulburn Valley Health selects a valuation technique which is considered most appropriate, and for which there is sufficient data available to measure fair value, maximising the use of relevant observable inputs and minimising the use of unobservable inputs.</p> <p>Subsequently, Goulburn Valley Health applies significant judgement to categorise and disclose such assets within a fair value hierarchy, which includes:</p> <ul style="list-style-type: none"> • Level 1, using quoted prices (unadjusted) in active markets for identical assets that the health service can access at measurement date. • Goulburn Valley Health does not categorise any fair values within this level. • Level 2, inputs other than quoted prices included within Level 1 that are observable for the asset, either directly or indirectly. Goulburn Valley Health categorises non-specialised land in this level.

NOTE 7: RISKS, CONTINGENCIES AND VALUATION UNCERTAINTIES (CONTINUED)

Key judgements and estimates	Description
Measuring fair value of non-financial assets	<ul style="list-style-type: none"> Level 3, where inputs are unobservable. Goulburn Valley Health categorises specialised land, non-specialised buildings, specialised buildings, plant, equipment, furniture, fittings, vehicles, right-of-use buildings and right-of-use plant, equipment, furniture and fittings in this level.

NOTE 7.1: 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 Goulburn Valley Health's activities, certain financial assets and financial

liabilities arise under statute rather than a contract (for example, taxes). Such financial assets and financial liabilities do not meet the definition of financial instruments in AASB 132 *Financial Instruments: Presentation*.

NOTE 7.1(A): CATEGORISATION OF FINANCIAL INSTRUMENTS

	Note	Financial assets at amortised cost \$'000	Financial liabilities at amortised cost \$'000	Total \$'000
30 June 2023				
Contractual financial assets				
Cash and cash equivalents	6.2	117,987	-	117,987
Receivables and contract assets				
• Trade debtors and patient fees	5.1	4,691	-	4,691
• Other receivables	5.1	17,104	-	17,104
Total financial assets¹		139,782	-	139,782
Financial liabilities				
Payables	5.2	-	50,883	50,883
Borrowings				
• Finance leases	6.1	-	4,108	4,108
Other financial liabilities				
• Refundable accommodation bonds	5.4	-	9,124	9,124
• Patient monies in trust	5.4	-	3	3
• Other funds held in trust	5.4	-	6,324	6,324
Total financial liabilities¹		-	31,324	31,324

	Note	Financial assets at amortised cost \$'000	Financial liabilities at amortised cost \$'000	Total \$'000
30 June 2022				
Contractual financial assets				
Cash and cash equivalents	6.2	94,613	-	94,613
Receivables and contract assets				
• Trade debtors and patient fee	5.1	4,642	-	4,642
• Other receivables	5.1	10,805	-	10,805
Total financial assets¹		110,060	-	110,060

NOTE 7.1(A): CATEGORISATION OF FINANCIAL INSTRUMENTS (CONTINUED)

	Note	Financial assets at amortised cost \$'000	Financial liabilities at amortised cost \$'000	Total \$'000
Financial liabilities				
Payables	5.2	-	41,765	41,765
Borrowings				
• DH loan	6.1	-	550	550
• Finance leases	6.1	-	4,256	4,256
Other financial liabilities				
• Refundable accommodation bonds	5.4	-	5,319	5,319
• Patient monies in trust	5.4	-	1,433	1,433
• Other funds held in trust	5.4	-	5,331	5,331
Total financial liabilities¹		-	24,876	24,876

¹ The carrying amount excludes statutory receivables (i.e. GST receivable) and statutory payables (i.e. revenue in advance).

HOW WE CATEGORISE FINANCIAL INSTRUMENTS

CATEGORIES OF FINANCIAL ASSETS

Financial assets are recognised when Goulburn Valley Health becomes party to the contractual provisions to the instrument. For financial assets, this is at the date Goulburn Valley Health commits itself to either the purchase or sale of the asset (i.e. trade date accounting is adopted).

Financial instruments (except for trade receivables) are initially measured at fair value plus transaction costs, except where the instrument is classified at fair value through net result, in which case transaction costs are expensed to profit or loss immediately.

Where available, quoted prices in an active market are used to determine the fair value. In other circumstances, valuation techniques are adopted.

Trade receivables are initially measured at the transaction price if the trade receivables do not contain a significant financing component or if the practical expedient was applied as specified in AASB 15 para 63.

FINANCIAL ASSETS AT AMORTISED COST

Financial assets are measured at amortised cost if both of the following criteria are met and the assets are not designated as fair value through net result:

- the assets are held by Goulburn Valley Health solely to collect the contractual cash flows and

- the assets' contractual terms give rise to cash flows that are solely payments of principal and interest on the principal amount outstanding on specific dates.

These assets are initially recognised at fair value plus any directly attributable transaction costs and are subsequently measured at amortised cost using the effective interest method less any impairment.

Goulburn Valley Health recognises the following assets in this category:

- cash and deposits
- receivables (excluding statutory receivables)

CATEGORIES OF FINANCIAL LIABILITIES

Financial liabilities are recognised when Goulburn Valley Health becomes a party to the contractual provisions to the instrument. Financial instruments are initially measured at fair value plus transaction costs, except where the instrument is classified at fair value through profit or loss, in which case transaction costs are expensed to profit or loss immediately.

FINANCIAL LIABILITIES AT AMORTISED COST

Financial liabilities are measured at amortised cost using the effective interest method, where they are not held at fair value through net result.

NOTE 7.1(A): CATEGORISATION OF FINANCIAL INSTRUMENTS (CONTINUED)

The effective interest method is a method of calculating the amortised cost of a debt instrument and of allocating interest expense in net result over the relevant period. The effective interest is the internal rate of return of the financial asset or liability. That is, it is the rate that exactly discounts the estimated future cash flows through the expected life of the instrument to the net carrying amount at initial recognition.

Goulburn Valley Health recognises the following liabilities in this category:

- payables (excluding statutory payables and contract liabilities)
- borrowings and
- other liabilities (including monies held in trust).

DERECOGNITION OF FINANCIAL ASSETS

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

- the rights to receive cash flows from the asset have expired or
- Goulburn Valley Health retains the right to receive cash flows from the asset, but has assumed an obligation to pay them in full without material delay to a third party under a 'pass through' arrangement or
- Goulburn Valley Health has transferred its rights to receive cash flows from the asset and either:
 - has transferred substantially all the risks and rewards of the asset or

- has neither transferred nor retained substantially all the risks and rewards of the asset but has transferred control of the asset.

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

DERECOGNITION OF FINANCIAL LIABILITIES

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

When an existing financial liability is replaced by another from the same lender on substantially different terms, or the terms of an existing liability are substantially modified, such an exchange or modification is treated as a derecognition of the original liability and the recognition of a new liability. The difference in the respective carrying amounts is recognised as an 'other economic flow' in the comprehensive operating statement.

RECLASSIFICATION OF FINANCIAL INSTRUMENTS

A financial asset is required to be reclassified between fair value between amortised cost, fair value through net result and fair value through other comprehensive income when, and only when, Goulburn Valley Health's business model for managing its financial assets has changed such that its previous model would no longer apply.

A financial liability reclassification is not permitted.

NOTE 7.2: FINANCIAL RISK MANAGEMENT OBJECTIVES AND POLICIES

As a whole, Goulburn Valley Health's financial risk management program seeks to manage the risks and the associated volatility of its financial performance.

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

Goulburn Valley Health's main financial risks include credit risk, liquidity risk, interest rate risk and foreign currency risk. Goulburn Valley Health manages these financial risks in accordance with its financial risk management policy.

Goulburn Valley Health 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 Accountable Officer.

NOTE 7.2(A): CREDIT RISK

Credit risk refers to the possibility that a borrower will default on its financial obligations as and when they fall due. Goulburn Valley Health's exposure to credit risk arises from the potential default of a counter party on their contractual obligations resulting in financial loss to Goulburn Valley Health. Credit risk is measured at fair value and is monitored on a regular basis.

Credit risk associated with Goulburn Valley Health's contractual financial assets is minimal because the main debtor is the Victorian Government. For debtors other than the Government, Goulburn Valley Health is exposed to credit risk associated with patient and other debtors.

In addition, Goulburn Valley Health does not engage in hedging for its contractual financial assets and mainly obtains contractual financial assets that are on fixed interest, except for cash and deposits, which are mainly cash at bank. As with the policy for debtors, Goulburn Valley Health'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 Goulburn Valley Health will not be able to collect a receivable. Objective evidence includes financial difficulties of the debtor, default payments, debtors that are more than 90 days overdue, and changes in debtor credit ratings.

Contract financial assets are written off against the carrying amount when there is no reasonable expectation of recovery. Bad debt written off by mutual consent is classified as a transaction expense. Bad debt written off following a unilateral decision is recognised as other economic flows in the net result.

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

There has been no material change to Goulburn Valley Health's credit risk profile in 2022-23.

NOTE 7.2(A): CREDIT RISK (CONTINUED)

IMPAIRMENT OF FINANCIAL ASSETS UNDER AASB 9

Goulburn Valley Health records the allowance for expected credit loss for the relevant financial instruments applying AASB 9's Expected Credit Loss approach. Subject to AASB 9, impairment assessment includes Goulburn Valley Health's contractual receivables.

Equity instruments are not subject to impairment under AASB 9. Other financial assets mandatorily measured or designated at fair value through net result are not subject to impairment assessment under AASB 9.

Credit loss allowance is classified as other economic flows in the net result. Contractual receivables are written off when there is no reasonable expectation of recovery and impairment losses are classified as a transaction expense. Subsequent recoveries of amounts previously written off are credited against the same line item.

CONTRACTUAL RECEIVABLES AT AMORTISED COST

Goulburn Valley Health applies AASB 9's simplified approach for all contractual receivables to measure expected credit losses using a lifetime expected loss allowance based on the assumptions about risk of default and expected loss rates. Goulburn Valley Health has grouped contractual receivables on shared credit risk characteristics and days past due and select the expected credit loss rate based on Goulburn Valley Health's past history, existing market conditions, as well as forward looking estimates at the end of the financial year.

On this basis, Goulburn Valley Health determines the closing loss allowance at the end of the financial year as follows:

	Note	Current \$'000	Less than 1 month \$'000	1 - 3 months \$'000	3 months - 1 year \$'000	1 - 5 years \$'000	Total \$'000
30 June 2023							
Expected loss rate		4.00%	10.00%	14.00%	26.00%	46.00%	
Gross carrying amount of contractual receivables	5.1	7,355	2,452	1,103	858	490	12,259
Loss allowance		(38)	(96)	(134)	(250)	(442)	(960)

	Note	Current \$'000	Less than 1 month \$'000	1 - 3 months \$'000	3 months - 1 year \$'000	1 - 5 years \$'000	Total \$'000
30 June 2022							
Expected loss rate		4.00%	10.00%	14.00%	26.00%	46.00%	
Gross carrying amount of contractual receivables	5.1	4,360	1,453	654	509	291	7,266
Loss allowance		(2)	(13)	(18)	(34)	(60)	(130)

STATUTORY RECEIVABLES AT AMORTISED COST

Goulburn Valley Health's non-contractual receivables arising from statutory requirements are not financial instruments. However, they are nevertheless recognised and measured in accordance with AASB 9 requirements as if those receivables are financial instruments.

NOTE 7.2(B): LIQUIDITY RISK

Liquidity risk arises from being unable to meet financial obligations as they fall due.

Goulburn Valley Health is exposed to liquidity risk mainly through the financial liabilities as disclosed in the face of the balance sheet. Goulburn Valley Health manages its liquidity risk by:

- close monitoring of its short-term and long-term borrowings by senior management, including monthly reviews on current and future borrowing levels and requirements
- maintaining an adequate level of uncommitted funds that can be drawn at short notice to meet its short-term obligations

- holding other contractual financial assets that are readily tradeable in the financial markets and
- careful maturity planning of its financial obligations based on forecasts of future cash flows.

Goulburn Valley Health's exposure to liquidity risk is deemed insignificant based on prior periods' data and current assessment of risk.

The following table discloses the contractual maturity analysis for Goulburn Valley Health's financial liabilities. For interest rates applicable to each class of liability refer to individual notes to the financial statements.

NOTE 7.2(B): LIQUIDITY RISK (CONTINUED)

		Maturity Dates					
		Carrying amount \$'000	Nominal amount \$'000	Less than 1 month \$'000	1 - 3 months \$'000	3 months - 1 year \$'000	1 - 5 years \$'000
30 June 2023	Note						
Payables	5.2	50,883	50,883	-	50,883	-	-
Borrowings							
- Finance leases	6.1	4,108	1,627	136	271	1,220	2,481
Other financial liabilities ⁽ⁱ⁾							
- Refundable Accommodation Deposits	5.4	9,124	9,124	-	-	9,124	-
- Patient monies in trust	5.4	3	3	-	-	3	-
- Other funds held in trust	5.4	6,324	6,324	-	-	6,324	-
Total financial liabilities		70,442	67,961	136	51,154	16,671	2,481

		Maturity Dates					
		Carrying amount \$'000	Nominal amount \$'000	Less than 1 month \$'000	1 - 3 months \$'000	3 months - 1 year \$'000	1 - 5 years \$'000
30 June 2022	Note						
Payables	5.2	41,765	41,765	-	41,765	-	-
Borrowings							
- DH loan	6.1	550	550	46	92	413	-
- Finance leases	6.1	4,256	1,745	145	291	1,309	2,511
Other financial liabilities ⁽ⁱ⁾							
- Refundable Accommodation Deposits	5.4	5,319	5,319	-	-	5,319	-
- Patient monies in trust	5.4	1,433	1,433	-	-	1,433	-
- Other funds held in trust	5.4	5,331	5,331	-	-	5,331	-
Total financial liabilities		58,654	56,143	191	42,148	13,804	2,511

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

NOTE 7.2(C): MARKET RISK

Goulburn Valley Health's exposures to market risk are primarily through interest rate risk and foreign currency risk. Objectives, policies and processes used to manage each of these risks are disclosed below.

SENSITIVITY DISCLOSURE ANALYSIS AND ASSUMPTIONS

Goulburn Valley Health's sensitivity to market risk is determined based on the observed range of actual historical data for the preceding five-year period. Goulburn Valley Health's management cannot be expected to predict movements in market rates and prices. The following movements are 'reasonably possible' over the next 12 months:

- a change in interest rates of 2% up or down

INTEREST RATE RISK

Fair value interest rate risk is the risk that the fair value of a financial instrument will fluctuate because of changes in market interest rates. Goulburn Valley Health does not hold any interest-

bearing financial instruments that are measured at fair value, and therefore has no exposure to fair value interest rate risk.

Cash flow interest rate risk is the risk that the future cash flows of a financial instrument will fluctuate because of changes in market interest rates. Goulburn Valley Health has minimal exposure to cash flow interest rate risks through cash and deposits that are at floating rate.

FOREIGN CURRENCY RISK

All foreign currency transactions during the financial year are brought to account using the exchange rate in effect at the date of the transaction. Foreign monetary items existing at the end of the reporting period are translated at the closing rate at the date of the end of the reporting period.

Goulburn Valley Health has minimal exposure to foreign currency risk.

NOTE 7.3: CONTINGENT ASSETS AND CONTINGENT LIABILITIES

At balance date, the Board are not aware of any contingent assets or liabilities.

HOW WE MEASURE AND DISCLOSE CONTINGENT ASSETS AND CONTINGENT LIABILITIES

Contingent assets and contingent liabilities are not recognised in the balance sheet but are disclosed and, if quantifiable, are measured at nominal value.

Contingent assets and liabilities are presented inclusive of GST receivable or payable respectively.

CONTINGENT ASSETS

Contingent assets are possible assets that arise from past events, whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of Goulburn Valley Health.

These are classified as either quantifiable, where the potential economic benefit is known, or non-quantifiable.

CONTINGENT LIABILITIES

Contingent liabilities are:

- possible obligations that arise from past events, whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of Goulburn Valley Health or
- present obligations that arise from past events but are not recognised because:
 - it is not probable that an outflow of resources embodying economic benefits will be required to settle the obligations or
 - the amount of the obligations cannot be measured with sufficient reliability.

Contingent liabilities are also classified as either quantifiable or non-quantifiable.

NOTE 7.4: FAIR VALUE DETERMINATION

HOW WE MEASURE FAIR VALUE

Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

The following assets and liabilities are carried at fair value:

- Financial assets and liabilities at fair value through net result
- Financial assets and liabilities at fair value through other comprehensive income
- Property, plant and equipment
- Right-of-use assets

In addition, the fair value of other assets and liabilities that are carried at amortised cost, also need to be determined for disclosure.

VALUATION HIERARCHY

In determining fair values a number of inputs are used. To increase consistency and comparability in the financial statements, these inputs are categorised into three levels, also known as the fair value hierarchy. The levels are as follows:

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

Goulburn Valley Health determines whether transfers have occurred between levels in the hierarchy by reassessing categorisation (based on the lowest level input that is significant to the fair value measurement as a whole) at the end of each reporting period. There have been no transfers between levels during the period.

Goulburn Valley Health monitors changes in the fair value of each asset and liability through relevant data sources to determine whether revaluation is required. The Valuer-General Victoria (VGV) is Goulburn Valley Health's independent valuation agency for property, plant and equipment.

IDENTIFYING UNOBSERVABLE INPUTS (LEVEL 3) FAIR VALUE MEASUREMENTS

Level 3 fair value inputs are unobservable valuation inputs for an asset or liability. These inputs require significant judgement and assumptions in deriving fair value for both financial and non-financial assets.

Unobservable inputs are used to measure fair value to the extent that relevant observable inputs are not available, thereby allowing for situations in which there is little, if any, market activity for the asset or liability at the measurement date. However, the fair value measurement objective remains the same, i.e., an exit price at the measurement date from the perspective of a market participant that holds the asset or owes the liability. Therefore, unobservable inputs shall reflect the assumptions that market participants would use when pricing the asset or liability, including assumptions about risk.

NOTE 7.4(A): FAIR VALUE DETERMINATION OF NON-FINANCIAL PHYSICAL ASSETS

	Note	Carrying amount	Fair value measurement at end of reporting period using:		
		30 June 2023 \$'000	Level 1 ⁱ \$'000	Level 2 ⁱ \$'000	Level 3 ⁱ \$'000
Non-specialised land		5,836	-	5,836	-
Specialised land					
Graham Street, Shepparton		3,602	-	-	3,602
Park Street, Tatura		229	-	-	229
Coyle Street, Rushworth		139	-	-	139
High Street, Rushworth		147	-	-	147
Total land at fair value	4.1(a)	9,953	-	5,836	4,117
Specialised buildings		261,933	-	-	261,933
Total buildings at fair value	4.1(a)	261,933	-	-	261,933
Plant and equipment	4.1(a)	2,227	-	-	2,227
Motor vehicles	4.1(a)	9	-	-	9
Medical equipment	4.1(a)	9,775	-	-	9,775
Computer equipment	4.1(a)	825	-	-	825
Furniture and fittings	4.1(a)	723	-	-	723
Total plant, equipment, motor vehicles, furniture and fittings fair value		13,559	-	-	13,559
Right-of-use buildings	4.2(a)	1,480	-	-	1,480
Right-of-use plant, equipment, furniture, fittings and vehicles	4.2(a)	2,637	-	-	2,637
Total right-of-use assets at fair value		4,117	-	-	4,117
Total non-financial physical assets at fair value		289,562	-	5,836	283,726

NOTE 7.4(A): FAIR VALUE DETERMINATION OF NON-FINANCIAL PHYSICAL ASSETS (CONTINUED)

	Note	Carrying amount	Fair value measurement at end of reporting period using:		
		30 June 2022 \$'000	Level 1 ⁱ \$'000	Level 2 ⁱ \$'000	Level 3 ⁱ \$'000
Non-specialised land		5,836	-	5,836	-
Specialised land					
Graham Street, Shepparton		3,602	-	-	3,602
Park Street, Tatura		229	-	-	229
Coyle Street, Rushworth		139	-	-	139
High Street, Rushworth		147	-	-	147
Total land at fair value	4.1(a)	9,953	-	5,836	4,117
Non-specialised buildings		509	-	509	-
Specialised buildings		236,846	-	-	236,846
Total buildings at fair value	4.1(a)	237,355	-	509	236,846
Plant and equipment	4.1(a)	1,851	-	-	1,851
Motor vehicles	4.1(a)	50	-	-	50
Medical equipment	4.1(a)	9,371	-	-	9,371
Computer equipment	4.1(a)	1,161	-	-	1,161
Furniture and fittings	4.1(a)	720	-	-	720
Total plant, equipment, motor vehicles, furniture and fittings fair value		13,153	-	-	13,153
Right-of-use buildings	4.2(a)	1,598	-	-	1,598
Right-of-use plant, equipment, furniture, fittings and vehicles	4.2(a)	2,669	-	-	2,669
Total right-of-use assets at fair value		4,267	-	-	4,267
Total non-financial physical assets at fair value		264,728	-	6,345	258,383

ⁱ Classified in accordance with the fair value hierarchy.

HOW WE MEASURE FAIR VALUE OF NON-FINANCIAL PHYSICAL ASSETS

The fair value measurement of non-financial physical assets takes into account the market participant's ability to use the asset in its highest and best use, or to sell it to another market participant that would use the same asset in its highest and best use.

Judgements about highest and best use must take into account the characteristics of the assets concerned, including restrictions on the use and disposal of assets arising from the asset's physical nature and any applicable legislative/contractual arrangements.

In accordance with AASB 13 *Fair Value Measurement* paragraph 29, Goulburn Valley Health has assumed the current use of a non-financial physical asset is its HBU unless market or other factors suggest that a different use by market participants would maximise the value of the asset.

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

NON-SPECIALISED LAND AND NON-SPECIALISED BUILDINGS

Non-specialised land and non-specialised buildings are valued using the market approach. Under this valuation method, the assets are compared to recent comparable sales or sales of comparable assets which are considered to have nominal or no added improvement value.

For non-specialised land and non-specialised buildings, an independent valuation was performed by the Valuer-General Victoria to determine the fair value using the market approach. Valuation of the assets was determined by analysing comparable sales and allowing for share, size, topography, location and other relevant factors specific to the asset being valued. An appropriate rate per square metre has been applied to the subject asset.

The effective date of the valuation is 30 June 2019.

SPECIALISED LAND AND SPECIALISED BUILDINGS

Specialised land includes Crown Land which 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

NOTE 7.4(A): FAIR VALUE DETERMINATION OF NON-FINANCIAL PHYSICAL ASSETS (CONTINUED)

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

During the reporting period, Goulburn Valley Health held Crown Land. The nature of this asset means that there are certain limitations and restrictions imposed on its use and/or disposal that may impact their fair value.

The market approach is also used for specialised land although it 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 Goulburn Valley Health, 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 Goulburn Valley Health's specialised land and specialised buildings was performed by the Valuer-General Victoria. The effective date of the valuation is 30 June 2019.

MOTOR VEHICLES

Goulburn Valley Health 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 Goulburn Valley Health who set relevant depreciation rates during use to reflect the consumption of the vehicles. As a result, the fair value of vehicles does not differ materially from the carrying amount (depreciated cost).

FURNITURE, FITTINGS, PLANT AND EQUIPMENT

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

There were no changes in valuation techniques throughout the period to 30 June 2023.

NOTE 7.4(B): RECONCILIATION OF LEVEL 3 FAIR VALUE MEASUREMENT

		Land \$'000	Buildings \$'000	Plant, equipment, motor vehicles, furniture and fittings \$'000	Right-of-use Buildings \$'000	Right-of-use Plant, equipment, motor vehicles, furniture and fittings \$'000
Balance at 1 July 2021		3,425	247,529	11,439	422	2,785
Additions/(disposals)		-	-	2,378	1,357	610
Assets provided free of charge		-	-	1,242	-	-
Net transfers between classes		-	801	2,316	-	-
Remeasurement of leases		-	-	-	11	-
<i>Gains/(losses) recognised in net result</i>						
- Depreciation and amortisation		-	(11,484)	(4,222)	(192)	(726)
Items recognised in other compensable income						
- Revaluation		692	-	-	-	-
Balance at 30 June 2022	7.4(a)	4,117	236,846	13,153	1,598	2,669
Additions/(disposals)		-	-	2,089	100	680
Assets provided free of charge		-	-	222	-	-
Net transfers between classes		-	-	3,304	-	-
Remeasurement of leases		-	-	-	93	-
<i>Gains/(losses) recognised in net result</i>						
- Depreciation and amortisation		-	(11,496)	(5,209)	(311)	(712)
Items recognised in other compensable income						
- Revaluation		-	36,034	-	-	-
Balance at 30 June 2023	7.4(a)	4,117	261,384	13,559	1,480	2,637

ⁱ Classified in accordance with the fair value hierarchy, refer Note 7.4.

NOTE 7.4(C): FAIR VALUE DETERMINATION OF LEVEL 3 FAIR VALUE MEASUREMENT

Asset class	Likely valuation approach	Significant inputs (Level 3 only)
Specialised land (Crown/freehold)	Market approach	Community service obligations (CSO) adjustments ⁱ
Specialised buildings	Current replacement cost approach	- Cost per square metre - Useful life
Dwellings	Market approach Depreciated replacement cost approach	N/A - Cost per square metre - Useful life
Plant and equipment	Current replacement cost approach	- Cost per unit - Useful life
Motor vehicles	Current replacement cost approach	- Cost per unit - Useful life
Medical equipment	Current replacement cost approach	- Cost per unit - Useful life
Infrastructure	Current replacement cost approach	- Cost per unit - Useful life

ⁱ A community service obligation (CSO) of 20% was applied to Goulburn Valley Health's specialised land.

NOTE 8: OTHER DISCLOSURES

This section includes additional material disclosures required by the accounting standards or otherwise, for the understanding of this financial report.

STRUCTURE

- 8.1 Reconciliation of net result for the year to net cash flows from operating activities
- 8.2 Responsible persons disclosures
- 8.3 Remuneration of executives
- 8.4 Related parties
- 8.5 Remuneration of auditors
- 8.6 Ex-gratia expenses
- 8.7 Events occurring after the Balance Sheet date
- 8.8 Joint arrangements
- 8.9 Equity
- 8.10 Economic dependency

TELLING THE COVID-19 STORY

Our other disclosures were not materially impacted by the COVID-19 pandemic.

NOTE 8.1: RECONCILIATION OF NET RESULT FOR THE YEAR TO NET CASH FLOWS FROM OPERATING ACTIVITIES

	Note	2023 \$'000	2022 \$'000
Net result for the year		13,836	43,513
Non-cash movements:			
(Gain)/loss from disposal of non-financial physical assets		542	322
Less cash inflow for investing and financial activities		(5,068)	(1,928)
Depreciation of non-current assets	4.5	(18,200)	(16,676)
Amortisation of non-current assets	4.5	(225)	(1,170)
Depreciation and amortisation of non-current assets from joint venture		(29)	(29)
Assets and services received free of charge		2,062	5,146
Loss allowance for receivables		829	(156)
DH capital redevelopment payments - non cash		11,905	25,317
Movements in assets and liabilities:			
(Increase)/decrease in receivables and contract assets		(7,365)	(2,533)
(Increase)/decrease in inventories		390	122
(Increase)/decrease in prepaid expenses		(770)	(685)
Increase/(decrease) in payables and contract liabilities		5,183	12,932
Increase/(decrease) in employee benefits		9,304	3,276
Net cash inflow from operating activities		20,284	41,631

NOTE 8.2: RESPONSIBLE PERSONS DISCLOSURES

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

A caretaker period was enacted during the year ended 30 June 2023 which spanned the time the Legislative Assembly expired, until the Victorian election results were clear or a new government was commissioned. The caretaker period for the 2022 Victorian election commenced at 6 pm on Tuesday the 1st of November and new ministers were sworn in on the 5th of December.

Responsible Ministers:

The Honourable Mary-Anne Thomas MP:

Minister for Health

Minister for Health Infrastructure

Minister for Medical Research

Former Minister for Ambulance Services

The Honourable Gabrielle Williams MP:

Minister for Mental Health

Minister for Ambulance Services

The Honourable Lizzy Blandthorn MP:

Minister for Disability, Ageing and Carers

The Honourable Colin Brooks MP:

Former Minister for Disability, Ageing and Carers

Governing Board

Michael Delahunty (Chair of the Board)

Joanne Breen

Dr. Julia Cornwell McKean

Nicole Inglis

Catherine Jones

Dr. Richard King AM

Michael Milne

Victor Sekulov

Michael Tehan

Accountable Officer

Matt Sharp (Chief Executive)

Period	
1 Jul 2022	30 Jun 2023
5 Dec 2022	30 Jun 2023
5 Dec 2022	30 Jun 2023
1 Jul 2022	5 Dec 2022
1 Jul 2022	30 Jun 2023
5 Dec 2022	30 Jun 2023
5 Dec 2022	30 Jun 2023
1 Jul 2022	5 Dec 2022
1 Jul 2022	30 Jun 2023
1 Jul 2022	30 Jun 2023
11 Oct 2022	30 Jun 2023
1 Jul 2022	30 Jun 2023
1 Jul 2022	30 Jun 2023
1 Jul 2022	30 Jun 2023
1 Jul 2022	30 Jun 2023
1 Jul 2022	30 Jun 2023
1 Jul 2022	30 Jun 2023
1 Jul 2022	30 Jun 2023
1 Jul 2022	30 Jun 2023

NOTE 8.2: RESPONSIBLE PERSONS DISCLOSURES (CONTINUED)

REMUNERATION OF RESPONSIBLE PERSONS

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

Income Band	2023 No.	2022 No.
\$10,000 - \$19,999	1	-
\$20,000 - \$29,999	7	8
\$50,000 - \$59,999	-	1
\$60,000 - \$69,999	1	-
\$420,000 - \$429,999	-	1
\$460,000 - \$469,999	1	-
Total	10	10
	2023 \$'000	2022 \$'000
Total remuneration received or due and receivable by Responsible Persons from Goulburn Valley Health amounted to:	731	666

Amounts relating to the Governing Board Members and Accountable Officer are disclosed within Goulburn Valley Health's financial statements. Amounts relating to Responsible Ministers are reported within the State's Annual Financial Report.

NOTE 8.3: REMUNERATION OF EXECUTIVES

The number of executive officers, other than Ministers and the Accountable Officer, and their total remuneration during the reporting period are shown in the table below. Total annualised employee equivalent provides a measure of full-time equivalent executive officers over the reporting period.

Remuneration of executive officers	Total Remuneration	
(including Key Management Personnel disclosed in Note 8.4)	2023 \$'000	2022 \$'000
Short-term benefits	2,058	1,932
Post-employment benefits	188	175
Other long-term benefits	51	79
Termination benefits	-	218
Total remunerationⁱ	2,297	2,404
Total number of executives	8	9
Total annualised employee equivalent ⁱⁱ	8.00	7.99

ⁱ The total number of executive officers includes persons who meet the definition of Key Management Personnel (KMP) of Goulburn Valley Health under AASB 124 *Related Party Disclosures* and are also reported within Note 8.4 Related Parties.

ⁱⁱ Annualised employee equivalent is based on working 38 ordinary hours per week over the reporting period.

NOTE 8.3: REMUNERATION OF EXECUTIVES (CONTINUED)

Total remuneration payable to executives during the year included additional executive officers and a number of executives who received bonus payments during the year. These bonus payments depend on the terms of individual employment contracts.

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

SHORT-TERM EMPLOYEE BENEFITS

Salaries and wages, annual leave or sick leave that are usually paid or payable on a regular basis, as well as non-monetary benefits such as allowances.

POST-EMPLOYMENT BENEFITS

Pensions and other retirement benefits (such as superannuation guarantee contributions) paid or payable on a discrete basis when employment has ceased.

OTHER LONG-TERM BENEFITS

Long service leave, other long-service benefit or deferred compensation.

TERMINATION BENEFITS

Termination of employment payments, such as severance packages.

OTHER FACTORS

Several factors affected total remuneration payable to executives over the year. A number of employment contracts were completed and renegotiated, and a number of executive officers resigned. This has had a significant impact on remuneration figures for the termination benefits category.

NOTE 8.4: RELATED PARTIES

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

- all key management personnel (KMP) and their close family members and personal business interests
- cabinet ministers (where applicable) and their close family members

- Jointly controlled operations—A member of the Hume Rural Health Alliance and
- all health services and public sector entities that are controlled and consolidated into the State of Victoria financial statements.

KMPs are those people with the authority and responsibility for planning, directing and controlling the activities of Goulburn Valley Health directly or indirectly.

KEY MANAGEMENT PERSONNEL

The Board of Directors and the Executive Directors of Goulburn Valley Health are deemed to be KMPs. This includes the following:

Entity	KMP's	Position Title
Goulburn Valley Health	Michael Delahunty	Chair of the Board
Goulburn Valley Health	Joanne Breen	Director
Goulburn Valley Health	Dr. Julia Cornwell McKean	Director
Goulburn Valley Health	Nicole Inglis	Director
Goulburn Valley Health	Catherine Jones	Director
Goulburn Valley Health	Dr. Richard King AM	Director
Goulburn Valley Health	Michael Milne	Director
Goulburn Valley Health	Victor Sekulov	Director
Goulburn Valley Health	Michael Tehan	Director
Goulburn Valley Health	Matt Sharp	Chief Executive
Goulburn Valley Health	Dr John Elcock	Executive Director Medical Services & Chief Medical Officer
Goulburn Valley Health	Andrew Freeman	Executive Director Hume Health Service Partnership
Goulburn Valley Health	Joshua Freeman	Executive Director Community Care, Mental Health & Chief Allied Health Officer
Goulburn Valley Health	Peter Hutchinson	Chief Finance Officer, Chief Procurement Officer & Executive Director Information & Technology
Goulburn Valley Health	Karen Linford	Executive Director People, Development & Engagement
Goulburn Valley Health	Donna Sherringham	Executive Director Clinical Operations & Director of Nursing (Shepparton Hospital)
Goulburn Valley Health	Kellie Thompson	Executive Director Quality, Risk & Innovation & Chief Nurse & Midwifery Officer
Goulburn Valley Health	Shane Tremellen	Executive Director Capital Projects, Infrastructure & Support Services

NOTE 8.4: RELATED PARTIES (CONTINUED)

The compensation detailed below excludes the salaries and benefits the Portfolio Ministers receive. The Minister's remuneration and allowances is set by the *Parliamentary Salaries and Superannuation Act 1968*, and is reported within the State's Annual Financial Report.

Compensation — KMP's

Short-term employee benefits

Post-employment benefits

Other long-term benefits

Termination benefits

Total¹

2023 \$'000	2022 \$'000
2,738	2,552
239	221
51	79
-	218
3,028	3,070

¹ KMPs are also reported in Note 8.2 Responsible Persons or Note 8.3 Remuneration of Executives.

SIGNIFICANT TRANSACTIONS WITH GOVERNMENT RELATED ENTITIES

Goulburn Valley Health received funding from the Department of Health of \$364.2m (2022: \$331.4m) and indirect contributions of \$14.6m (2022: \$37.6m). Balances outstanding as at 30 June 2023 are \$0.1m (2022: \$16.74m)

Expenses incurred by Goulburn Valley Health in delivering services and outputs are in accordance with HealthShare Victoria requirements. Goods and services including procurement, diagnostics, patient meals and multi-site operational support are provided by other Victorian Health Service Providers on commercial terms.

Professional medical indemnity insurance and other insurance products are obtained from the Victorian Managed Insurance Authority.

The Standing Directions of the Assistant Treasurer require Goulburn Valley Health to hold cash (in excess of working capital) in accordance with the State of Victoria's centralised banking arrangements (CBS). All borrowings are required to be sourced from Treasury Corporation Victoria unless an exemption has been approved by the Minister for Health and the Treasurer.

TRANSACTIONS WITH KMPS AND OTHER RELATED PARTIES

Given the breadth and depth of State government activities, related parties transact with the Victorian public sector in a

manner consistent with other members of the public e.g. stamp duty and other government fees and charges. Further employment of processes within the Victorian public sector occur on terms and conditions consistent with the *Public Administration Act 2004* and Codes of Conduct and Standards issued by the Victorian Public Sector Commission. Procurement processes occur on terms and conditions consistent with the HealthShare Victoria and Victorian Government Procurement Board requirements.

Outside of normal citizen type transactions with Goulburn Valley Health, there were no related party transactions that involved key management personnel, their close family members and their personal business interests. No provision has been required, nor any expense recognised, for impairment of receivables from related parties. There were no related party transactions with Cabinet Ministers required to be disclosed in 2023 (2022: none).

Except for the transaction listed below there were no other related party transactions required to be disclosed for Goulburn Valley Health Board of Directors, Chief Executive and Executive Directors in 2023 (2022: none).

Matt Sharp is the Chief Executive for Goulburn Valley Health and is a Board Director of Murray Primary Health Network (PHN).

The transactions between the two entities relate to reimbursements made by Goulburn Valley Health to the Murray PHN for goods and services and the transfer of funds by way of distributions made to the health service. All dealings are in the normal course of business and are on normal commercial terms and conditions.

Distributions of funds by Goulburn Valley Health

2023 \$'000	2022 \$'000
1,979	-

NOTE 8.5: REMUNERATION OF AUDITORS

Victorian Auditor-General's Office

Audit of the financial statements

Total remuneration of auditors

2023 \$'000	2022 \$'000
79	59
79	59

NOTE 8.6: EX-GRATIA EXPENSES

In accordance with FRD 11A *Disclosure of ex-gratia expenses*, there were no ex-gratia expenses required to be disclosed for Goulburn Valley Health in 2023 (2022: none).

NOTE 8.7: EVENTS OCCURRING AFTER THE BALANCE SHEET DATE

There are no events occurring after the balance sheet date.

NOTE 8.8: JOINT ARRANGEMENTS

All public hospitals and public health services established or declared under the *Health Services Act 1988*, must enter into an Alliance in the region where they are geographically located and operate in accordance with the terms of the Joint Venture Agreement (JVA).

Goulburn Valley Health is a member of the Hume Rural Health Alliance (HRHA) and also operates as the lead member of HRHA. As such, Goulburn Valley Health acts as an authorised agent of the Alliance, the nominated employer of Alliance employees and the trustee of the Alliance assets.

Name of Entity	Principle Activity	Ownership Interest	
		2023 %	2022 %
Hume Rural Health Alliance (HRHA)	To improve patient safety, health and care experiences by providing resilient technology services. HRHA works with the Department of Health to rollout state wide initiatives to the member health services in alignment with the Victorian Digital Health Roadmap.	12.78	13.06

Goulburn Valley Health's interest in the assets and liabilities for the above joint arrangements are detailed below.

	2023 \$'000*	2022 \$'000
Current assets		
Cash and cash equivalents	1,594	1,579
Receivables	182	177
Prepaid expenses	40	34
Total current assets	1,816	1,790
Non-current assets		
Property, plant and equipment	15	26
Right-of-use assets	41	35
Intangible assets	6	17
Total non-current assets	62	78
Total assets	1,878	1,868
Current liabilities		
Payables	137	411
Contract liabilities	544	-
Borrowings	8	13
Other liabilities	397	514
Total current liabilities	1,086	938
Non-current liabilities		
Borrowings	34	24
Total non-current liabilities	34	24
Total liabilities	1,120	962
Net assets	758	906

NOTE 8.8: JOINT ARRANGEMENTS (CONTINUED)

Goulburn Valley Health's interest in revenue and expenses resulting from joint arrangements are detailed below:

	2023 \$'000*	2022 \$'000
Revenue and income from transactions		
Operating activities	1,021	900
Non-operating activities	42	4
Total revenue and income from transactions	1,063	904
Expenses from transactions		
Management fee	(349)	(289)
Supplies and consumables	(78)	(47)
Finance costs	(1)	(1)
Other administrative expenses	(70)	(39)
Other operating expenses	(564)	(493)
Depreciation and amortisation	(29)	(29)
Total expenses from transactions	(1,091)	(898)
Net result from transactions – net operating balance	(28)	6
Other economic flows included in net result		
Net gain/(loss) on sale of non-financial assets	-	-
Total other economic flows included in net result	-	-
Comprehensive result for the year	(28)	6

*Figures obtained from the audited Hume Rural Health Alliance annual report

CONTINGENT LIABILITIES AND CAPITAL COMMITMENTS

There are no known contingent liabilities or capital commitments held by HRHA at balance date.

NOTE 8.9: EQUITY

CONTRIBUTED CAPITAL

Contributions by owners (that is, contributed capital and its repayment) are treated as equity transactions and, therefore, do not form part of the income and expenses of Goulburn Valley Health.

Other transfers that are in the nature of contributions or distributions or that have been designated as contributed capital are also treated as contributed capital.

GENERAL PURPOSE RESERVES

The general purpose reserve is established where Goulburn Valley Health has accumulated funds of surplus from donations, fundraising activities and community support programs. These funds can be used on a discretionary basis.

RESTRICTED SPECIFIC PURPOSE RESERVES

The specific restricted purpose reserve is established where Goulburn Valley Health has possession or title to the funds but has no discretion to amend or vary the restriction and/or condition underlying the funds received.

NOTE 8.10: ECONOMIC DEPENDENCY

Goulburn Valley Health is wholly dependent on the continued financial support of the State Government and in particular, the Department of Health.

The Department of Health has provided confirmation that it will continue to provide Goulburn Valley Health adequate cash flow support to meet its current and future obligations as and when they fall due for a period up to 31 October 2024. On that basis, the financial statements have been prepared on a going concern basis.



