



ANNUAL REPORT

2021-22



Goulburn Valley Health acknowledges the Traditional Owners and Custodians of the land on which we work and live and pays respect to their Elders past and present.

We acknowledge their significant cultural heritage, their fundamental spiritual connection to Country and value their contribution to a diverse community.

We are proud to embrace the spirit of reconciliation and learn more from the local Aboriginal and Torres Strait Islander community on how best to improve their health, social and economic outcomes.

RELEVANT MINISTERS

The responsible Ministers during the reporting period were:

MINISTER FOR HEALTH:

1 July 2021 to 27 June 2022

The Hon. Martin Foley MP

Minister for Health

Minister for Ambulance Services

Minister for Equality

27 June 2022 to 30 June 2022

The Hon. Mary-Anne Thomas MP

Minister for Health

Minister for Ambulance Services

Other relevant Ministers

MINISTER FOR MENTAL HEALTH:

1 July 2021 to 27 June 2022

The Hon. James Merlino MP

Minister for Mental Health

27 June 2022 to 30 June 2022

The Hon. Gabrielle Williams MP

Minister for Mental Health

Minister for Treaty and First Persons

MINISTER FOR DISABILITY, AGEING AND CARERS:

1 July 2021 to 11 October 2021

The Hon. Luke Donnellan MP

Minister for Disability, Ageing and Carers

Minister for Child Protection

11 October 2021 to 6 December 2021

The Hon. James Merlino MP

Minister for Disability, Ageing and Carers

6 December 2021 to 27 June 2022

The Hon. Anthony Carbines MP

Minister for Disability, Ageing and Carers

Minister for Child Protection and Family Service

27 June 2022 to 30 June 2022

The Hon. Colin Brooks MP

Minister for Disability, Ageing and Carers

Minister for Child Protection and Family Services

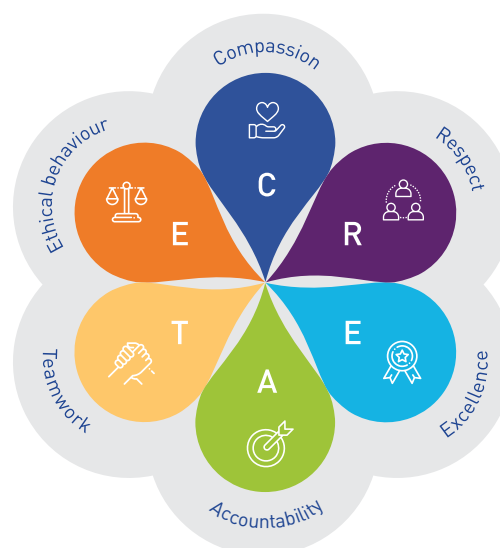
ABOUT THIS REPORT

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

Goulburn Valley 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. Due to the ongoing work required to support the COVID-19 pandemic response, Goulburn Valley Health will not be submitting a quality report for 2021–22.

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



CREATE. Outstanding.





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CHAIR REPORT



MICHAEL DELAHUNTY
BOARD CHAIR

The past year has seen resiliency and strength not just across our community, but across our healthcare staff at Goulburn Valley Health, as the COVID-19 pandemic continues.

Working through COVID-19 meant various changes across our healthcare service. Due to our proximity and size, Goulburn Valley Health was chosen to help manage the load across the healthcare system in the region, which saw staff members working in different roles and areas of the hospital.

I would like to thank the community for their patience and understanding during these busy times and our staff at Goulburn Valley Health, for their incredible efforts in maintaining quality health care services to the region.

Through our partnership with the Department of Health, Goulburn Valley Health was able to seek out extra staff from a variety of health services across the state. Thank you to all those healthcare workers who were able to help us during those difficult times. We are grateful to have such strong partnerships across the healthcare system in Victoria.

This past year, Goulburn Valley Health has seen the completion of Stage 1 works and refurbishments at our Graham Street campus, in line with our \$229 million redevelopment. Further capital

building works are planned in the coming months and years with the Board focused on partnering with government to secure funding.

On behalf of Goulburn Valley Health, I would like to extend my thanks to the Department of Health, Victorian Health Building Authority, contractors and our staff for their efforts in bringing us world class facilities.

As a healthcare service, we are consistently updating and reviewing our services. Despite the challenges of COVID-19 and ongoing redevelopment works, our staff have worked hard to maintain high standards which we saw in the numerous projects, programs and strategies initiated this past year across Goulburn Valley Health, ensuring that we are providing quality healthcare across the community and region.

In addition to this, the Goulburn Valley Health's Consumer Advisory Committee has played a vital role in our services by providing us with invaluable information about the community's healthcare needs through the voices of community members themselves. I thank you for your support.

Thank you to Matt Sharp, the executive team and all Goulburn Valley Health staff members for their support and dedication to Goulburn Valley Health this past year.

Finally, thank you to my fellow Board Directors for your passion and commitment in undertaking your appointed duties during the pandemic which has limited our ability to be at the health service.

MICHAEL DELAHUNTY
Board Chair, Goulburn Valley 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 Goulburn Valley Health for the year ending 30 June 2022.

MICHAEL DELAHUNTY
Board Chair, Goulburn Valley Health
23 August 2022

CHIEF EXECUTIVE REPORT



MATT SHARP
CHIEF EXECUTIVE

This year has been a very busy time for our health service, as we saw a sustained increase in emergency patient demand and reduced staff numbers both because of COVID-19 and more recently flu isolation, as well as long-term recruitment challenges.

Despite these obstacles, our staff continue to go above and beyond to provide services to the community and are doing a terrific job.

We have appreciated our community's understanding when some of our services have had to operate at a reduced capacity during the past 12 months. We also received incredible support from our community through some of the most difficult times, such as deliveries of food and care packages for those staff working under considerable pressure to care for our patients. We are very grateful for this support and it has made a difference to staff.

Despite the ongoing demands that COVID-19 continued to bring this year, it has enabled us as a health service to think differently and work more innovatively to deliver safe care and reach those more vulnerable in our community. We were excited to partner with Dyson Bus Group in Shepparton to create two dedicated COVID-19 vaccination buses; the first in Australia at the time. Jabba the Bus came into service on 6 September 2021 and was set-up with three vaccination pods and provided easy access for people with a disability. It offered both Pfizer and AstraZeneca vaccinations. The sister bus Maxine Vaccine commenced service on 21 October 2021. Both buses provided a mobile outreach service across the Goulburn Valley Local Public Health Unit (LPHU) catchment area – including Greater Shepparton, Moira Shire, Benalla Shire, Strathbogie Shire, Mitchell Shire, Mansfield Shire, Murrindindi Shire and Campaspe Shire (Kyabram and surrounds).

The Local Public Health Unit continued to provide contract tracing, case and outbreak management functions as part of the state-wide response to the current COVID-19 outbreaks in New South Wales and Victoria. The majority of cases and associated exposure sites in our catchment were managed and supported by the Goulburn Valley Health LPHU and COVID+ home monitoring team.

SERVICE RECOGNITIONS

This year, Goulburn Valley Health recognised 85 staff members for 25, 30, 35 and 40 year of service milestones, which had been delayed from 2019–20 due to the COVID-19 pandemic. Of the 85 people, there were

- 28 staff recognised for 25 years of service;
- 35 staff recognised for 30 years of service;
- 18 staff recognised for 35 years of service; and,
- 4 staff recognised for 40 years of service.

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

On behalf of Goulburn Valley 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. In particular, I would like to recognise the many contributions of the following four staff members who reached their 40 years of service milestone with Goulburn Valley Health

- Mary Apostol – Switchboard
- Ian Dervenzia – Engineering
- Wendy Johnstone – After Hours Nurse Co-ordinator
- Leonie Young – Dental Services

REDEVELOPMENT UPDATE

Work on the \$229 million redevelopment and refurbishment of Goulburn Valley Health's Graham Street Shepparton campus has continued. Our new Special Care Nursery, Child and Adolescent Unit and extended Emergency Department (ED) was recently opened.

The Special Care Nursery contains 10 new cots and the latest technology to support newborn infants, including a resuscitation room, equipment and bathing facilities. Our Child and Adolescent Unit boasts colourful designs, which complement the playground and playroom areas, alongside 12 beds and a treatment room.

The extended ED contains 36 new treatment spaces, including an extra nine short-stay beds alongside two new X-ray rooms, a Computed Tomography scan room and ultrasound room. A new model of care for our ED will enable us to staff the nine fast track bays, a dedicated paediatrics zone and the additional isolation rooms as well as expand our medical imaging capacity.

In the next stage of the redevelopment at the Graham Street Shepparton Campus, there is a specific focus on our mental health facilities from a planning and development point of view.

Other Capital and Funded Projects we are planning at Goulburn Valley Health will include

- The Victorian Government announced that a new 10-bed residential facility will be built in Shepparton for youth prevention and recovery care (YPARC), providing care to young people aged 16–25, supported through a common and consistent model of care. YPARC will complement the Goulburn Valley Health operated Child and Adolescent Mental Health service and also the headspace Shepparton service;
- Funding to plan a new emergency department mental health and alcohol and other drugs hub was announced in the 2022–23 State Budget. We look forward to this piece of work progressing;
- Expansion of the existing mental health facilities;
- A 10-bed Early Parenting Centre to be located in Shepparton;
- Improved staff accommodations;
- A Clinical Health School in partnership with La Trobe University, and;

- Increased car parking.

We are very pleased and excited about the 2022–23 Budget announcements and I wish to acknowledge and thank the Victorian Government for their support.

This funding means that patients and clients in our region can receive access to first-class services and high-quality care closer to home.

STAFF RECOGNITION AWARDS

Several staff members were recognised at the 2021 Annual General Meeting for their outstanding contribution to Goulburn Valley Health, with the following awards announced

Board Chair Award for Excellence in Customer Service:

Surgical Ward

Chief Executive Award for Living the Values:

DR ARVIND SAHU, Oncology

CREATE. Outstanding. Award:

ADAM BURTINA, Engineering

Health, Safety & Wellbeing Representative of the Year:

SALLY DAFF – Primary Care

VICTORIA SMITH – Mary Coram Unit

Patient-Centred Care Award:

The COVID-19 Vaccination team

Excellence in Consumer Participation in Quality Improvement Award:

The Centre Against Sexual Assault team

CREATE. Outstanding. Nursing and Midwifery Award:

SALIANNE NIELD – Nurse Unit Manager, Surgical Ward

I also wish to thank Michael Delahunty and the Board Directors for their support, expertise and advice to myself and the Executive team.



MATT SHARP
Chief Executive

ABOUT US

WHO WE ARE

Goulburn Valley 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.

Goulburn Valley Health has more than 2,700 staff across five main sites. Our people are highly skilled and we are the largest permanent employer in the Goulburn Valley.

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 Goulburn Valley Health, to better represent the wide range of hospital and community-based services we provide across the Hume region.

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. CREATE comes from the values of Compassion, Respect, Excellence, Accountability, Teamwork and Ethical Behaviour. CREATE. Outstanding means we aim to be outstanding in everything we do.

OUR STRATEGIC PLAN

Goulburn Valley 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.

- 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.

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 Goulburn Valley 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 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.

Goulburn Valley Health's primary catchment includes the local government areas of Greater Shepparton (population of 67,070)

ABOUT US

and Strathbogrie (approximately 11,000)¹. Goulburn Valley 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 (3.4%) and a significant number of people born overseas (14.9%).

¹ Population References: Greater Shepparton City Council Annual Report 2020–21 and Strathbogrie Shire Council Annual Report 2020–21

OUR SERVICES

Goulburn Valley 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.

The Rushworth campus is known as Waranga Health and provides 36 aged care beds, as well as four acute beds.

Total number of beds	2021–22
All Acute (includes Shepparton, Tatura and Waranga)	207
Acute (Shepparton campus only)	195
Aged Care Residential	71
Mental Health (Acute and Community)	20
Prevention and Recovery Care Service and Supported Residential Rehab Program	20
Sub-acute	48

Goulburn Valley 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'.

Goulburn Valley 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 (ATHO)
- 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

DENTAL

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

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
- Clinical Trials

EMERGENCY DEPARTMENT

- Critical Care
- Emergency Services
- After hours Hospital Management

HOSPITAL WARDS / UNITS

- Child and Adolescent Services
- Intensive Care Unit
- Mary Coram Unit
- Medical Day Stay
- Medical Ward

IMAGING AND X-RAY

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

MENTAL HEALTH SERVICES

- Adult Inpatient Service
- 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

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

AUDIT AND RISK

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

QUALITY COMMITTEE

Dr Richard King (Chair)
Ilona Charles
Michael Delahunty
Catherine Jones

COMMUNITY ADVISORY COMMITTEE

Joanne Breen
Michael Delahunty
Nicole Inglis

PRIMARY CARE AND POPULATION HEALTH ADVISORY

Joanne Breen (Chair)
Catherine Jones
Michael Delahunty

FINANCE AND INFRASTRUCTURE

Victor Sekulov (Chair)
Michael Delahunty
Dr Richard King AM
Michael Milne
Michael Tehan

PEOPLE AND WORKFORCE*

Ilona Charles (Chair)
Joanne Breen
Michael Delahunty
Catherine Jones

GOVERNANCE AND CHIEF EXECUTIVE PERFORMANCE*

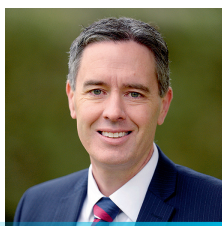
Nicole Inglis (Chair)
Michael Delahunty
Dr Richard King AM

* The Remuneration & Workforce Committee was split into two sub-committees effective from August 2021.

EXECUTIVE

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 Goulburn Valley Health since June 2018, having joined the health service from Eastern Health in Melbourne. During his time with Goulburn Valley 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 and takes pride in being able to improve the safety, quality and access to healthcare for everyone. Mr Sharp presides on working groups with the Department of Health and Department of Families, Fairness and Housing 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, 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 remains a Senior Medical Officer 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 Company Directors Course, and has a Master 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 is the chair of the Victorian Rural and Regional Directors of Medical Services Forum and is on a number of Department of Health state-wide advisory committees.

DONNA SHERRINGHAM

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



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

As Executive Director Clinical Operations, Ms Sherringham leads all aspects of clinical operations at Goulburn Valley 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 Goulburn Valley 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 earned a Bachelor of Nursing from Monash University and later graduated with a Diploma of Applied Science from Mitchell College of Advanced Education in Bathurst.

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 possesses a Master of Health Services Administration from Monash University and is a Fellow of the Australian College of Health Service Executives. Ms Sherringham joined the Goulburn Valley Health team in early 2013 as Executive Director Clinical Operations. She is a representative on the Health Minister's State Trauma Committee.

JOSHUA FREEMAN

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



BPharm, PGCertPharm (Otago), MBA (UniSA), GAICD, FIML, 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).

He has held leadership positions in pharmacy and allied health in New Zealand and Australia. Before joining Goulburn Valley Health, Mr Freeman was an Executive Director with Queensland Health. He understands governance structures in large organisations, after serving as a member of the University of Otago Senate and Health Sciences Divisional Board. He also provided leadership as Board Chair of a regional sporting authority in New Zealand. Mr Freeman is passionate about transformational leadership and has interests in organisational culture.

Mr Freeman is a Graduate of the Australian Institute of Company Directors, a Fellow of the Australian Institute of Managers and Leaders, a member of the Pharmaceutical Society of Australia and 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 Shepparton Rotary Club.

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. Ms Thompson joined Goulburn Valley Health in 1999 as the Aged Care Quality Manager, bringing with her an extensive experience in quality as a member of the Aged Care Accreditation agency. She has held various senior positions across Goulburn Valley Health in mental health, occupational health and safety, disaster management, education and quality.

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 has a clinical background in nursing and is the professional lead for all nursing and midwifery at Goulburn Valley Health.

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, information and communication technology portfolios as part of the directorate.

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

Mr Hutchinson commenced with Goulburn Valley 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.

He 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 very excited to have joined the team at Goulburn Valley 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 Capability. She joined Goulburn Valley 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 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.

EXECUTIVE

SHANE TREMELLEN

EXECUTIVE DIRECTOR CAPITAL PROJECTS, INFRASTRUCTURE AND SUPPORT SERVICES



MBA, GradCertEng

Shane Tremellen originally joined Goulburn Valley 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 roles, 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 most recently held the position of Director Redevelopment & Capital Projects.

Mr Tremellen has been Acting Executive Director Capital Projects, Infrastructure & Support Services during the 2021/22 Financial Year. During this tenure, he has presided over the Graham Street Redevelopment and other capital projects, general Infrastructure, Corporate Support Services including the supply department, environmental and food services. Medical Imaging, Pharmacy and Pathology has also reported to the directorate as the Clinical Support Services.

ANDREW FREEMAN

EXECUTIVE DIRECTOR HUME HEALTH SERVICE PARTNERSHIP



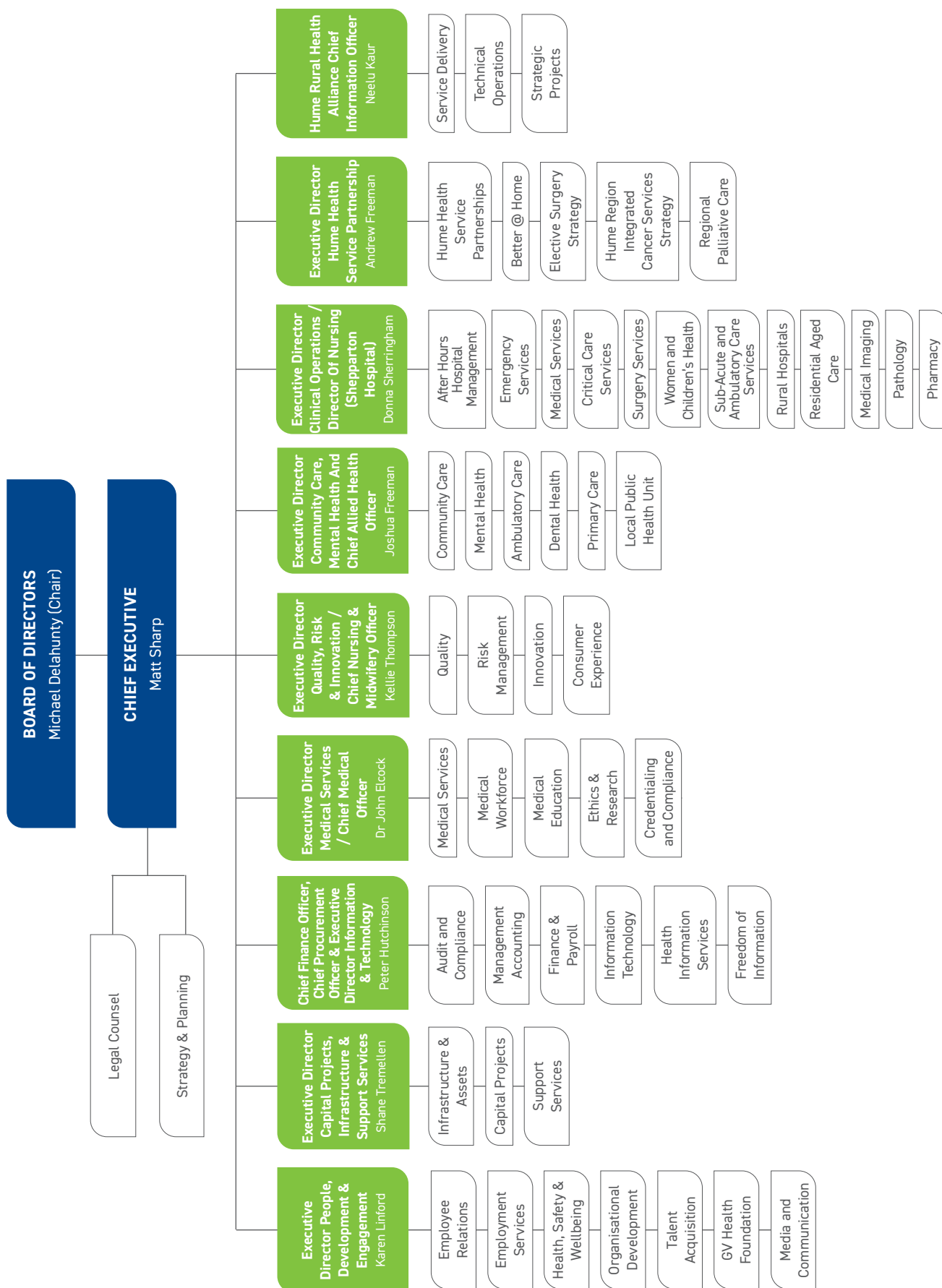
BBUS(Acct), MBA, GAICD, ASA, AFCHSM

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 seventeen years and prior to commencing at Goulburn Valley 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

CARE AT A GLANCE

39,477 presentations to our Emergency Department ²		34,910 inpatient separations		35,360 inpatient admissions			
2,280 elective admissions		12,613 ambulance arrivals		74,505 specialist clinic attendances		519 mental health inpatient admissions	
87,848 COVID-19 pandemic tests		331 presentations to acute respiratory clinic			Over 88,000 consumers vaccinated in catchment		
Critical Care patients							
547 encounters		388 admissions			300 separations		
Maternity and birth suite							
883 babies born				159 neonates admitted			
Telehealth appointments							
9,937 specialist clinic		828 non-admitted			66 emergency department		

² including COVID-19 screening

OUR YEAR IN REVIEW

A REMARKABLE RESPONSE FROM OUR STAFF

During 2021/22 our community experienced a number of COVID-19 pandemic related disruptions, which affected how businesses across the region operated their services, including those at Goulburn Valley Health.

Each time, we made appropriate service adjustments to ensure the safe staffing of our organisation and guarantee the quality of care for our patients. This sometimes meant we placed Goulburn Valley Health into a short-term emergency code status.

During August and September 2021, the community was particularly challenged with fast-moving changes to local exposure sites. As a result of that COVID-19 wave, thousands of people went into isolation simultaneously across the whole community. This restricted the amount of people who could go out to work, including those working at Goulburn Valley Health. The outbreak also resulted in the majority of schools in Shepparton closing for a number of weeks.

Across the hospital, available staff were redirected as much as possible to support critical health service operations and provide additional services in relation to the COVID-19 outbreak. We also sourced additional workforce from other health services in partnership with the Department of Health. We were extremely thankful to those health workers who came to live and work in our community. This included staff from the following places:

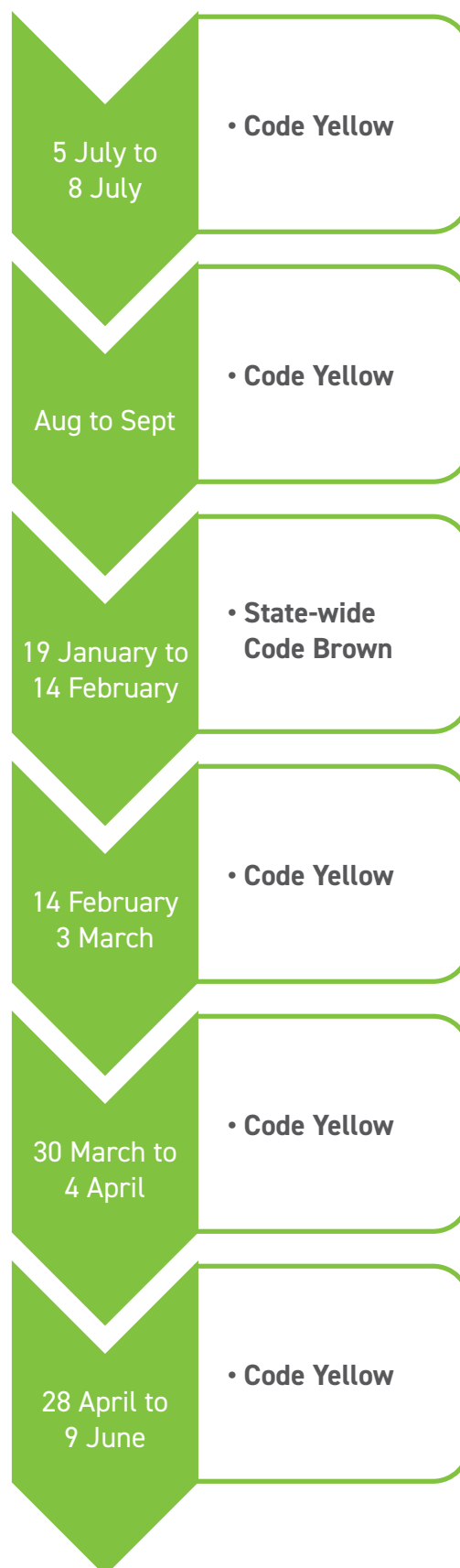
- Austin Health
- Ballarat Health
- Barwon Health
- Bendigo Health
- Colac Health
- Eastern Health
- Great Ocean Road Health
- Hamilton Health
- Monash Health
- Peninsula Health
- Western Health

During January and February 2022, Goulburn Valley Health along with most metropolitan and all large regional health services were included in the state-wide Pandemic Code Brown. Goulburn Valley Health was selected due to its proximity and size as well as the benefits derived from us working in collaboration to best manage the load across the health system. For our staff, this meant at times they had to perform different roles than usual, work in different parts of the hospital or work at different times than normal.

Throughout the year, a number of actions were implemented to manage each situation such as redeployment of clinical teams, additional services, planned rostered overtime and roster changes. These measures were reviewed on a shift to shift basis at the minimum and the Code overall was monitored through our daily operating meetings with escalation and bed management processes in place. An Incident Management team was established when needed.

We learnt a lot as a health service and continued to adapt as each wave occurred and challenge emerged. Our staff needed to work in different ways and in different locations to support their colleagues, to enable us to continue to provide services. We know they were supported by their families and loved ones during what was such a difficult time.

We are extremely proud of our people and are eternally grateful for their dedication and contribution they made to our organisation and community throughout 2021/22.



CARING FOR OUR COMMUNITY

MENTAL HEALTH

The Victorian Government's 2021/22 Budget provided a record investment of \$3.8 billion to implement recommendations in the Royal Commission into Victoria's Mental Health System. This investment provides the funding needed to start making the structural reforms necessary to achieve the Royal Commission's vision of an integrated and responsive mental health and wellbeing system. As part of the transition process, Goulburn Valley Health has been focussed this year on delivering to the following eight immediate priorities

1. Embedding lived experience in the leadership, design and delivery of Area Mental Health and Wellbeing Services
2. Establishing the two Area Mental Health and Wellbeing Services
3. Increasing core clinical capacity
4. Increasing the accessibility of your Area Mental Health and Wellbeing Services
5. Implementing primary and secondary consultation
6. Forming a partnership with a non-government organisation that provides wellbeing supports
7. Integrating mental health and alcohol and other drugs treatment, care and support
8. Supporting the new adult and older adult local mental health and wellbeing services

Recommendations also included the introduction of mandatory psychiatry rotations for all junior medical officers. We received funding to increase our junior medical officer psychiatry rotations which will ensure we continue to be equipped to identify, understand and respond to mental illness.

The Early Intervention Psychosocial Response (EIPSR) program ran throughout this year, up to 30 June 2022. Under the EIPSR framework, area mental health services have been required to work with designated Mental Health Community Support Services operating in the mental health service catchment to deliver the functions of the program.

Our application for funding for additional graduate mental health nursing positions was successful and we have implemented 3.2 full-time-equivalent graduate mental health nursing positions and two full-time-equivalent nurse educator positions.

The Royal Commission also highlighted the need for empowering and developing future leaders within the mental health workforce. Goulburn Valley Health has taken the initiative to establish a Mental Health Emerging Leadership Program which includes over twenty staff. This was commenced this year with two sessions which involved Aboriginal and Torres Strait Islander Cultural Competency as well as Refugee Lived Experience and Leadership.

HOSPITAL OUTREACH POST SUICIDE ENGAGEMENT PROGRAM (HOPE)

The HOPE Program is a State government initiative that provides up to three months of assertive outreach support to clients at the point of discharge from a Hospital ED following a suicide attempt or suicidal crisis. As part of the Royal Commission into Victoria's Mental Health System interim recommendations, Goulburn Valley Health was announced as a HOPE site.

Assertive outreach is most effective where clients are actively engaged in the support service and barriers to engagement are minimised. For this reason, HOPE requires that clients be primarily supported through face-to-face contact. Support via telephone, telehealth and / or messaging services (such as Skype, Messenger, WhatsApp etc) has occurred this year alongside face-to-face contact but has not been our primary means of contact.

Clients from all areas of Goulburn Valley Health have been referred. However, the majority of referrals have been from the Consultation Liaison (CL) Psychiatry Program after they have reviewed a consumer in the acute units of Goulburn Valley Health.

A referral pathway has been established for the acute mental health programs to refer to HOPE. Education about the referral process has occurred with the Adult, CAMHS and APATT teams which commenced in December 2021.

A referral pathway has also been established involving the CL Psychiatry Nurse located at Rumbalara. This has enabled Indigenous consumers to access the service after screening and review by the CL Nurse. There have been a number of referrals through this pathway that likely would not have otherwise occurred.

Discussion has occurred with Lister House a local General Practice (GP) surgery in Shepparton. An initial meeting has been held with GPs in relation to a pilot project to receive referrals from a GP surgery direct to HOPE. A HOPE Co-ordinator and a Lived Experience worker will work with GP's at the surgery to provide education about HOPE and the cohort of consumers targeted at the HOPE program. A planned trial based at this surgery for referrals to HOPE would also include the GP's ability to seek secondary consults about particular patient. This pilot will enable HOPE to identify issues and concerns in conjunction with stakeholders prior to opening up referrals from all GP surgeries.

EXTENSION FOR COMMUNITY HEALTHCARE OUTCOMES PROGRAM (PROJECT ECHO®)

The Project ECHO Model™ connects specialist mental health and addiction services at Goulburn Valley Health to rural multidisciplinary primary care providers, initially across the region, to build a community of practice and enhance capability amongst participating primary care providers to manage patients with mental health and/or addiction problems.

From the success of our first Project ECHO® last year – the Joint Addiction and Mental Health (JAMH) Sessions – we have replicated the model to deliver a Perinatal and Early Childhood Mental Health ECHO® and a Workforce Wellbeing ECHO®.

For the period 26 March 2021 to 25 March 2022 our JAMH ECHO® delivered 43 sessions covering 43 topics clustered across the themes of

- A Day in Emergency;
- Attention Deficit Disorder;
- Opioid Use Disorder;
- Mood Disorders;
- Young People and Drugs; and,
- Borderline Personality Disorder.

Attendance was from 179 services/organisations from across Victoria, NSW, Queensland and New Zealand. In 2021 participant numbers ranged from 91 to 160 monthly with 2022 seeing a large upswing with attendance in February being 251 attendees and in March 278 attendees.

Goulburn Valley Health Project ECHO®: Extension for Community Healthcare Outcomes

geographical reach

42

tele-mentored sessions were delivered across Australia and New Zealand

participants

1,782

participant attendances over the survey period

relevance

80% of participants reported content as entirely relevant to practice

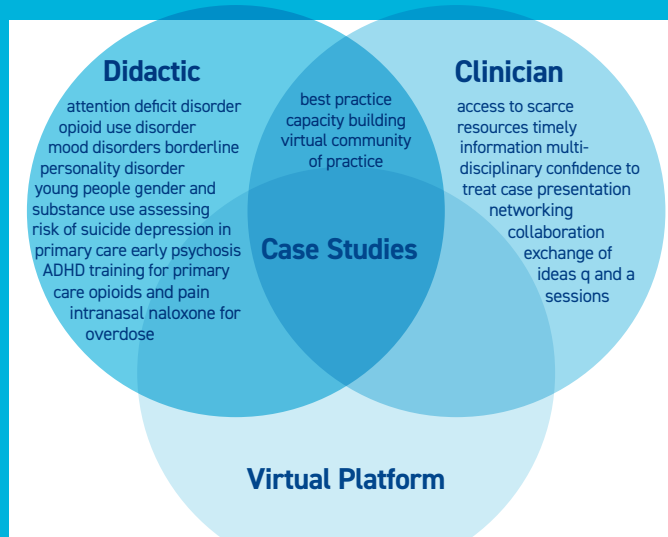
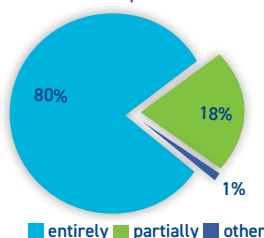


Fig. 1: Project ECHO service delivery model of tele-mentoring and case-based learning outcomes

Consumer outcomes are improved by:

- Connecting and developing a multi-disciplinary workforce across rural and regional areas
- Introducing clinicians to recognised experts who deliver lectures and contribute to case based discussions
- Building a safe community of practice in the area of Addiction and Mental Health with the objectives of capacity building and case consultation

satisfaction

98%

of professionals reported the overall quality of ECHO sessions as excellent or good

"the didactic was excellent in every regard"

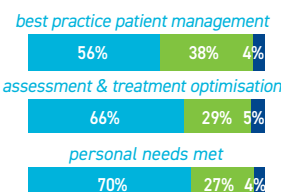
"expertise of presenters"

"collaboration with a multi-disciplinary group"

outcomes

professional outcomes were met to the following extent:

entirely partially other



Data Sources: Project ECHO Sessions Survey Monkey; iECHO. 26.03.21 - 25.03.22

Underlining the multidisciplinary nature of the program, the disciplines included Registered Nurses, Alcohol and Other Drug Practitioners, General Practitioners (GPs), Social Workers, Psychiatrists, Nurse Practitioners, Registrars, Youth Workers, Psychologists, lived experience advisors, medical students, and occupational therapists. It started with a focus on the Goulburn Valley and Eastern Hume Areas of Victoria, and now has representation from all over Victoria, NSW and New Zealand. GPs were the initial target group for the primary care setting and whilst their engagement was slow at first, as a result of time and word of mouth, GP's are now a representative discipline at our JAMH Sessions. Themes for the remainder of 2022 include Forensic Mental Health and Substance Use, Novel Drugs and 'Back by Popular Demand JAMHS Greatest Hits'.

We have plans to expand the Project ECHO Model™ in the areas of Mental Health and Residential Aged Care, Borderline Personality Disorder and Attention Deficit Disorder. We are also exploring models for Lived experience workforce, Palliative Care and Families for Parents with a Mental Illness. Planning has started to implement a Statewide Personality Disorder and Complex Trauma program (between Spectrum and Goulburn Valley Health).

The Project ECHO Model™ has been well received by our networks, is respected and valued and was highlighted in the Victorian Royal Commission into Mental Health.

The Clinical Governance team at the Department of Justice and Community Safety, commended the work, stating "I've really enjoyed the presentations and reflective practice session at the end of the weekly presentations. It's also been quite refreshing to hear from "front line" workers rather than academics. The flavour of the presentations compliments the academic space, hearing the speakers provide their perspective, quickly jolts you into the reality and complexity of dealing with people with complex health issues. It's been beneficial to observe the reflective practice session and to hear the varied perspectives as well, building upon my knowledge base and challenging the way in which I would support/review a client file."

MULTI-AGENCY RISK ASSESSMENT MANAGEMENT (MARAM) FRAMEWORK IMPLEMENTATION

In response to the Victorian Royal Commission into Family Violence, the Victorian Government introduced three interrelated reforms; one of which was the MARAM framework which sets out the responsibilities of different sectors and workforces to effectively identify, assess and manage family violence risks across the service system. Hospitals, including Goulburn Valley Health, were required to align their policies, procedures, practice guidance and tools to the Framework, its 10 principles, and four pillars. They are also required to have the systems and processes in place to proactively share and receive information under the Family Violence Information Sharing Scheme and the Child Information Sharing Scheme.

We received additional funding this year to support the work of embedding this framework and as part of this initiative, we will support seven hospital and health services across the Goulburn Valley to undertake preparation and implementation work as well.

The MARAM framework has ten professional responsibilities that provide the evidence-based practice guidance for safe engagement with victim survivors, identification of risk through to levels of risk assessment and management, secondary consultation and referral, information sharing, and coordinated multi-agency practice. The majority of non-clinical staff at Goulburn Valley Health were deemed to fulfil a Foundational Practice level; whereas the majority of clinical staff fulfilled a Sensitive Practice level. A small number of our workforce and senior staff (mainly those who provide specialised support or services to cohorts at-risk of family violence) will practice at a higher level of responsibility.

We have underpinned the MARAM framework alignment with a capability framework, which ensured that staff had the knowledge, skill and ability to consistently perform and fulfil their responsibility. Family Violence Training was also provided to staff.

Funding was obtained to ensure the Project Office role could be extended into 2022-23 to continue the implementation work. Seven Service Level Agreements for regional health services were incorporated to cover the extended funded period and help Goulburn Valley Health complete this important work.

CONSUMER PARTNERSHIPS PROGRAM

Our Consumer Partner program initiated this year with a collection of Goulburn Valley community members who are supporting the ongoing development, planning and evaluation of our health service.

Goulburn Valley Health is committed to enabling and empowering consumers to be partners in health. Community members that use our service bring valuable experience, opinions and a unique insight into how Goulburn Valley Health provides services. They also offer an important comparison to the views of healthcare professionals.

Our Consumer Partners complement the work of the Community Advisory Committee (CAC) and have been assisting us with the following programs

- Giving voice to consumer perspectives
- Highlighting current consumer and community priorities
- Focusing Goulburn Valley Health on positively influencing the patient experience
- Helping Goulburn Valley Health plan, deliver and evaluate services

Our CAC are advocates representing the views of the community, consumers and carers to the Goulburn Valley Health Board.

The CAC operates with an open line of communication from the community, and this is invaluable to have, especially given the past two years and the challenges the health service has faced with COVID-19. Our community requires a range of services from Goulburn Valley Health every day, and our community members are experts on what services are important to different people across the Goulburn Valley region. This connection with the community is vital for the Board and executive to understanding how and when people access our services, and where there is the possibility for improvement.

The CAC utilises several plans to guide their discussions with us which have been implemented at Goulburn Valley Health, including the Consumer Experience Plan, Cultural Responsiveness Plan and the Diversity, Inclusion and Accessibility Plan. With the current redevelopment taking place at Goulburn Valley Health's Graham Street campus, Goulburn Valley Health's capacity to provide health care to the region is set to increase, meaning the role of the CAC will be more important than ever. The Executive Director Community Care and Mental Health says of the CAC, *"The committee's experience is invaluable in shaping services at Goulburn Valley Health. We're grateful to each member for their contribution, especially throughout the past two years."*

It is important that Goulburn Valley Health continues to have access to a diverse group of people who we feel truly represent our community through these two complementary partnership groups.

ONCOLOGY GERIATRICS PROGRAM COLLABORATION WITH ST VINCENT'S HOSPITAL MELBOURNE

A new clinic began in August 2011 that links Goulburn Valley Health's Oncology to a specialised Geriatrician service at St Vincent's Hospital Melbourne. The clinic is part of the Hume Regional Integrated Cancer Services funded Geri-Oncology Project and provides telehealth and face-to-face specialist assessments by a Consultant Geriatrician to deliver timely, internationally recognised best practice care, to frail older adults with cancer in metropolitan and regional Victoria.

This is a significant program for Goulburn Valley Health that will allow more people in the region to access more cancer services closer to home.

Patients aged over 70 who meet the criteria after having screening completed by their oncologist, qualify for a Comprehensive Geriatric Assessment which will assist in their cancer management. The clinic is now held in Oncology every Thursday afternoon with the capacity for three patients to be seen each week.

All attendees are enabled in making decisions around their choice for chemotherapy and other treatments, had assessments of their gait, mobility, cognition, continence and nutrition, and engaged in discussions around advanced care planning. Appropriate patients were linked with integrated onward community-based care with Psycho-oncology, Palliative Care as well as Geriatrics and Rehabilitation in-home services. Personalised plans are formulated for patients, based on individualised cross-disciplinary case discussion, and these plans are communicated with treating GPs and family members. These integrated interventions promote independent community living, and may help avoid complications of chemotherapy and hospital admissions.

Improved patient and family experience is evidenced by positive patient feedback received: *"When there are so many divisions within a department in the hospital, it can be hard for them all to communicate and coordinate their efforts, and difficult for me to keep track of everything that's going on. Coming here has helped to draw everything together."*

"My experience with the service has been fantastic. It's a great asset to the Goulburn Valley"

CARDIAC SERVICES

Cardiac Services at Goulburn Valley Health are undergoing changes with the recent appointment of Dr Jennifer Collier as the Craft Group lead. The service has been growing with the St

Vincent's Public Hospital consultants providing weekly clinics and supporting the Diagnostic Cardiology Unit. With Dr Collier's appointment, Goulburn Valley Health has been successful in securing funding from Safer Care Victoria (SCV) and is part of the Heart Collaborative. The key focus areas are

- Rapid Access Atrial Fibrillation (AF) Clinics:
 - Commenced mid-January 2022 with Telehealth and on site;
 - An AF nurse position currently being recruited;
 - Resources for GP referrals and patients being developed
- Heart Failure:
 - Review of heart failure activity for patients readmits;
 - A multidisciplinary team approach is currently under development
- Staffing:
 - A Cardiac Coordinator role (internally funded) is currently being recruited;
 - A Cardiac Ambassador role (SCV funded) is currently being recruited

Goulburn Valley Health has also participated in a Cardiac Collaboration this year which aims to work towards a 20% reduction in the number of heart failure patients being readmitted to hospital by November 2022. The collaborative is also running a number of Plan-Do-Study-Act initiatives related to the 5 Steps to Safe Heart Failure Discharge to promote safety and best practice.

SAFER CARE VICTORIA TIMELY CARE COLLABORATIVE

The Timely Care Collaborative is an improvement program focused on addressing hospital-wide patient flow. Achieving optimal patient flow across the health system is a constant challenge for modern health services worldwide. Demand for acute care has increased steadily over the past decade and Victoria has the second highest public hospital admission rate in Australia.

This year at Goulburn Valley Health, we implemented medical readiness criteria which is a system to support patients discharged within two hours of being deemed ready to discharge. We have now shifted our focus to improving unnecessary bed days to ensure a hospital-wide approach is considered when managing complex patients flow. This work will go beyond June 2022.

The state-wide Timely Care Collaboration, in which we are also involved, continues to focus on identifying medical and surgical patient inefficiencies.

Achieving optimised patient flow is complex and requires a sustained, evidence-based and multi-disciplinary approach. Our focus will remain on initiatives that can continue to achieve efficiency and experience of care for our patients, during their transition from our hospital to their home or other community health settings.

SAFER STARTS NOW STRATEGY

The Safer Starts Now improvement initiative is a series of strategies and programs targeted at responding to emerging and stubborn recurrent quality and safety concerns. Safer Starts Now commenced in 2021 to transform our incident management process through rapid and effective completion of high-level thematic recommendations and a complete, efficient and accountable clinical governance process.

Such was its initial success, that the work has continued with phase two and three initiatives being progressed throughout this year. Taking this approach to the provision of safe and high-quality health services that always put patients first, aligns to one of our strategic plan pillars. In addition, high grade and high frequency patient complaints represent emerging risks and these are merged into existing and/or new actions and recommendations in the strategy.

The initial phase of the strategy delivered improvements in the following areas

- Admission, Clinical Care Excellence with improved safety, and Shared Care
- Clinical Handover, transfers and discharge from hospital
- A Patient First focus with improvements in Advanced Care Planning and Goals of Care
- Optimised Staff skill and performance through enhanced supervision and clinical leadership

The additional phases currently underway are focussed on

- Medication Safety
- Effective team building and improved team communications
- Your experience-our priority outcomes.

The program has successfully brought together senior leaders across the organisation tasked with working at a multi-functional level to undertake a major refinement of our safety and quality systems for serious incidents, complaints and recommendations arising post review.

PATIENT BUNDLE PROJECT

The Patient Bundle project was established to focus on the variation in communication at the bedside between health professionals and patients, which impacts their participation in care planning and management. As part of the initiative, the following activities have been undertaken

- The development of improved communication tools
 - *Acknowledge, Introduce, Duration, Explanation & Thank you* communication tool;
 - Patient Bedside Care Boards;
 - Bedside Handover;
 - Hourly Rounding;
 - Leader Rounding
- The establishment of bedside handover across all three shifts, employing the *Identify, Situation, Background, Assessment and Recommendation* communication tool, as prescribed in the Communicating for Safety Clinical Handover Clinical Practice Guidelines, across all wards at our Graham Street Campus;
- A pledge of our commitment to care

Planning is now underway for the next stage of the project, which will further deepen the communication framework we use with our patients and their carers.

NEW ALLERGY CLINIC

Goulburn Valley Health established a new Regional Paediatric Allergy Clinic, which began on 2 May 2022. The service targets paediatric (0-18 years) patients with allergic disorders.

In collaboration with the Allergy and Immunology Department at the Royal Children's Hospital, the Goulburn Valley Health

Paediatric Allergy clinic enables care closer to home, builds capability, upskills local paediatricians and increases regional self-sufficiency.

MYBEEPR PILOT PROGRAM

Traditional communication methods have not kept up with current workflow to the point where Goulburn Valley Health staff had resorted to using their own personal smartphones to communicate. We implemented a trial of myBeepr to address that in April 2022 and it has been a resounding success so far. We are in the process of expanding the trial to our Allied Health, Mental Health and Nursing teams.

MyBeepr is a secure clinical communication platform and is used to enhance communication and collaboration both within Goulburn Valley Health as well as between health services. It lets us share messages, photos and other vital information securely with other medical professionals. Goulburn Valley Health medical staff can instantly see who is on-call for every specialty and each user controls their own status from their own device, so they can let other team members know whether they're available, busy or away.

HUME HEALTH SERVICE PARTNERSHIPS

The Hume Health Service Partnership (HHSP) was established on 1 July 2021 and brings together the sixteen public health hospital and service providers from across the Hume Region to work 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 is a direct response to the policy directions of the Victorian Government and is supported by Victorian Government funding. The HHSP's priorities are directed by the Minister for Health, and a responsibility of the HHSP to address issues across the region that impact on health status and health outcomes of the communities. The HHSP CEO Council is the peak governing body of the Partnership.

The HHSP has worked collaboratively during the year on a number of key priorities, which included

- A framework to support all Health Services within the Region to respond to the COVID-19 pandemic.
- The commencement of the Hume@Home program with the aim of improving patient outcomes and experience by delivering more healthcare within patients' homes where appropriate and preferred by the patient.
- The establishment of the HHSP Elective Surgery Program aimed at improving elective surgery access.
- The formation of a working group to provide oversight and advice on the implementation of the Victorian Virtual Emergency Department as it is rolled out across the Hume Region.
- Commenced the scoping of a Regional Credentialing and Privileging Committee.
- In collaboration with the Department of Health, began preparations for the HHSP Strategic Service Plan.

OUR CULTURE OF SAFETY AND CARE

STAFF WELLBEING

The wellbeing of our staff has always been important, but there has been a particular emphasis on this at Goulburn Valley Health throughout the challenges of the past two years.

It has been difficult to ensure staff have had the time off they need, but also continue to provide our services given the staffing shortfalls we have faced.

This year, we introduced a number of wellbeing initiatives at Goulburn Valley Health to assist our staff and say thank you – in a small way – for everyone's efforts throughout the past two years.

We established a dedicated Healthy Mind, Healthy Body and Healthy Life Committee to oversee wellbeing, with staff input from across the health service.

There have been several webinars and workshops take place regarding supporting staff, building resilience and financial wellbeing, in addition to wellbeing and support coaching for leaders in the organisation.

As well as this, there have been wellbeing initiatives to say thanks, though small gestures, which have been popular with staff. These have included supporting school holiday programs, staff massages on site, coffee vouchers for staff across all Goulburn Valley Health campuses and meals for staff.

We have also introduced a new wellbeing support app for staff, which allows for 24/7 access to wellbeing-focused counselling, security monitoring for staff who may feel unsafe while commuting to or from work, and other wellbeing tools.

Despite our reduced capacity, we have heard some encouraging positive feedback from people accessing our services.

Our people's lived experience of receiving direct patient care or being part of a loved one's patient journey, drives us and informs all that we do. Our culture of care is, and will always be, underpinned by safety, continuous improvement and learning. We care about the health, safety and development of our people and we take pride in creating a welcoming and caring environment where you will feel safe, supported and respected.

OUR NURSING & MIDWIFERY STAFF

Mary Barnett began her midwifery career in 1977 – that's an incredible 45 years so far.

Melissa Prossor began in the 2000s – achieving a 20-year midwifery career to date.

Taylor Harvey began her graduate year in 2021 and is at the start of her midwifery journey.

We celebrate how different each staff journey can be and are proud that Mary, Melissa and Taylor chose to become midwives at Goulburn Valley Health.

SIGNIFICANT MIDWIFERY MILESTONE

This year we achieved a significant 10-year milestone for Goulburn Valley Health's Midwifery Group Practice (MGP). Throughout the past decade the MGP team has been supporting women and their families during pregnancy and after birth. While the team

reached the milestone in 2021, COVID-19 pandemic restrictions meant celebrations could not go ahead. To mark the occasion this year, the MGP team created a collage of some of the children born through the program, with photos submitted by parents. The collage will be displayed in the maternity ward at Goulburn Valley Health, as an ongoing reminder of the great work this service provides to our community.

NURSING AND MIDWIFERY EDUCATION

The Director of Nursing and Midwifery Education has led the implementation of workforce models and education programs to support COVID-19 surges throughout this year. This has required the implementation of alternate workforce models, with the recruitment and commencement of nursing students and our vocational local year 12 students who have completed health certificates.

The education team also prioritised final year and post graduate students finishing in October / November 2021 as well as early employment of graduate nurses appointed to commence as Registered Undergraduate Students of Nursing at Goulburn Valley Health.

The Nursing and Midwifery Education team has also continued the induction and support of the graduates and post graduates' nurses and midwives across the organisation.

ALLIED HEALTH SCHOLARSHIP

Through the Goulburn Valley Health Foundation, with support from the Goulburn Murray Credit Union, Goulburn Valley Health offered a new postgraduate scholarship for allied health professionals.

The inaugural scholarship was awarded to Matthew Calleri who will undertake postgraduate study in muscular-skeletal physiotherapy. The study will allow Matthew to be a primary contact practitioner in our ED, meaning people who present to the ED can be triaged, assessed, managed and treated by a physiotherapist, working to a higher scope of practice to attend to muscular-skeletal conditions.

OUR MEDICAL WORKFORCE

CONTINUING MEDICAL WORKFORCE CHALLENGES IN THE REGION

Medical workforce numbers, particularly in the junior doctor ranks, remained at critical levels throughout the year despite continued recruiting efforts. Whilst other regional health services have significant workforce shortages, these are particularly acute at Goulburn Valley Health. Both Goulburn Valley Health and the Victorian Medical Executives Committee, approached the Department with some medium and long-term strategies to address medical workforce shortages in regional areas and it is hoped these shared initiatives may provide short term solutions to our staffing gaps.

SPECIALIST CERTIFICATE IN CLINICAL LEADERSHIP COURSE

Twenty senior doctors commenced a Specialist Certificate in Clinical Leadership course in mid-July 2021. The course was delivered by the University of Melbourne over three months, and was a combination of on-site and remote learning. The costs of the course were covered by the individual doctors' Continuing Medical Education allowances.

Whilst initially being part of our targeted action to improve medical leadership at Goulburn Valley Health, it is intended to run further iterations of this course to include nursing and allied health disciplines.

EMERGENCY MEDICINE TRAINING ACCREDITATION WITH AUSTRALIAN COLLEGE FOR EMERGENCY MEDICINE, AND INTENSIVE CARE MEDICINE TRAINING ACCREDITATION WITH COLLEGE OF INTENSIVE CARE MEDICINE

The Australian Board in General Surgery (ABiGS) conducted a virtual re-inspection of Goulburn Valley Health's general surgical training program on 1 November 2021. We received advice that ABiGS had recommended accrediting two general surgical training positions at Goulburn Valley Health. This maintains Goulburn Valley Health as a training site for general surgeons and helps to build on our reputation in this area. Another re-inspection is due with an aim of increasing the number of accredited positions at Goulburn Valley Health in future.

Goulburn Valley Health received its accreditation this year for training in Emergency Medicine from the Australian College of Emergency Medicine. This will help recruitment at the registrar level in our ED and is a significant step forward during these challenging workforce periods.

SENIOR MEDICAL STAFF GROUP

The Medical Services division has revived its Senior Medical Staff Group (SMSG) at the start of 2022, after a hiatus of a few years, with an inaugural meeting being held in March 2022. This group is regarded as a critical component of improving the engagement of senior medical staff both in Goulburn Valley Health and with other specialty groups. The reinstitution of the group was initially delayed by COVID-19 pandemic related restrictions.

The SMSG is led by an elected chair from the senior medical staff and sets its own agenda and priorities, but it does receive regular updates from the Executive team. The Chief Medical Officer and Director Medical Services are both ordinary members of the SMSG.

REORGANISATION OF THE MEDICAL EDUCATION DEPARTMENT

Dr Junyi Shi, Director Medical Services, has significantly revised the organisational structure of the Medical Education Department, strengthening its ability to provide robust education and support programs for medical staff – particularly junior staff. Combined with a move into a renovated office space at the beginning of the year, this has considerably rejuvenated the medical education program at Goulburn Valley Health which is a significant component of offering a positive experience for junior medical staff. The appointments of Director of Intern Training and Director of Prevocational Education and Training have proved very effective and are key to us continuing a positive engagement with the Post Graduate Medical Council of Victoria.

BEHIND THE SCENES

OUR RECRUITMENT GOES INTERNATIONAL

Our Talent Acquisition team participated in four international recruitment fairs in the United Kingdom and Ireland to attract more people to work at Goulburn Valley Health. International recruitment is an important component of our talent acquisition

approach to help us address having enough trained healthcare professionals to meet our community's needs. This is paired with our ongoing recruitment practice which is focussed on employing local and domestic healthcare professionals at our hospital. We are committed to growing our own talent at Goulburn Valley Health, but are opening the field to include international skills and expertise to help to fill gaps we have in our staffing numbers, that we have been unable to find elsewhere.

These are fantastic opportunities and the team supports all interested candidates with virtual information webinars to answer any questions and progress their applications.

As well as this, the team regularly gets involved in career focussed activities in Shepparton, such as presenting at the Careers Day Out at the Driver Education Centre of Australia in Shepparton alongside other local organisations. The team are also planning to attend more recruitment fairs in Melbourne and across Australia.

CYBER SECURITY RESPONSE PLAN AND ADHERENCE TO SECURITY OF CRITICAL INFRASTRUCTURE ACT 2018

With the amendment of the *Security of Critical Infrastructure Act 2018* (the SOCI Act) and the expansion of the Critical Infrastructure Bill 2021 to include critical hospitals, Goulburn Valley Health has undertaken some key work this year to ensure it aligned its risk-based approach to cyber security as needed by the SOCI Act. This has included

- Registration of our Graham Street hospital onto the Federal Government's Critical Asset Register;
- Adoption of our first Cyber Security Response Plan;
- Alignment of the Goulburn Valley Health Risk Management framework to the SOCI Act rules, using a six-month action plan to address any gaps identified

It is important that Goulburn Valley Health can respond to any perceived or actual critical cyber security incident either while it is occurring or immediately after it has occurred, to keep our patients and community safe. These changes mean we will also be supported by, and provide support to, other critical asset owners across Australia should an adverse event arise. This will help to safeguard not only health service communities but also other critical service areas.

INTERNAL AUDIT PROGRAM

Active internal audit and monitoring of Goulburn Valley Health provides an independent assessment of our management

controls. Regular testing and reporting provides our stakeholders with assurances that our management control measures are adequate and in compliance with various operating standards and principles. It provides a measure as to whether particular processes are being conducted in a manner that brings out the optimum results, while also enabling required reporting within the Department of Health performance measures.

During the 2021/22 financial year, our internal auditors have assessed us in the following areas with only a small number of low to medium risks identified

- Legislative compliance
- Fraud and Corruption Controls
- Stakeholder management
- Payroll ASAE 3402
- Compliance with the *Financial Management Act 1994*
- Building Maintenance
- Project Management

Goulburn Valley Health's internal audit program is ongoing and monitors performance and provides an assurance of compliance with relevant standards and legislated obligations. Any recommendations from each audit process are discussed with the Goulburn Valley Health's Audit & Risk Committee and Executive team who are tasked with ensuring the recommendations are acted upon.

HEALTH INFORMATION SERVICES

Our Health Information team is a critical component of the support system for our clinical staff. Not only do they undertake scanning of patient medical records and manage policies relating to health information such as patient privacy, they release information for GPs and other emergency and non-emergency hospital attendances, provide subpoenaed medical records when needed and generate our operational dashboards to help us track our performance. This year has been busy for the team who have

- Replaced the NEC Switchboard with a newer IPFX Console;
- Implemented the Olinqua Alarm system;
- Purchased the Code Focus auditing tool;
- Supported the Patient Administration System project;
- Digitised Clinical records;
- Introduced the *Victorian mental health performance and accountability framework* indicators to our operational reporting

BUILDING FOR OUR FUTURE

STAGE ONE COMPLETED NEW WORKS

- Paediatric Corridor
- Special Care Nursery (the former Surgery Ward)
- Emergency Department North
- Central Sterile Supply Department
- Day of Surgery Admissions
- Theatre Change Rooms
- Emergency Department external works
- Maternity and Birth Suites
- Miscellaneous compliance works

STAGE ONE COMPLETED REFURBISHMENT WORKS

- Kitchen Refurbishments
- Emergency Department South
- Theatre Refurbishments
- Compliance Works

FUTURE REDEVELOPMENT PLANNING

- Planning and Business Case completion
- Integrated Cancer Centre
- Children and Young Person's Hub

OTHER PLANNED CAPITAL WORKS

- Youth Prevention and Recovery Care
- Acute and Community Mental Health Precinct
- Early Parenting Centre Development
- Staff Accommodation
- Clinical Health School
- Car Parking

AWARDS, RECOGNITIONS AND ACHIEVEMENTS

AWARDS

VICTORIAN WORKSAFE AWARD

Our Early Intervention Advisor Alida Kildey was recognised as the winner of the Victorian WorkSafe award for Leading Return to Work Practice. Goulburn Valley Health's approach to helping injured workers return to work focuses on treating the whole person.

This was a fantastic acknowledgement of Alida's work and the supportive and comprehensive approach she takes to seeing colleagues return to their roles.

AUSTRALIAN STROKE COALITION AWARDS

Goulburn Valley Health was named an excellence award winner in the 2021 Australian Stroke Coalition Quality Stroke Service Awards.

The awards, announced at the 30th Annual Scientific Meeting of the Stroke Society of Australasia, recognise Australia's top hospitals in delivery of quality, evidence-based stroke treatment and care.

"These hospitals are leading the way. It is particularly heartening to see so many regional hospitals achieving an Excellence Award this year," said Stroke Foundation Chief Executive Officer Sharon McGowan.

This was a fantastic achievement of the stroke team – including Kim Read, Dr Arup Bhattacharya and Katie Connelly – we are very proud of their achievement.

GWEN SCOTT GRANT PROGRAM ANNOUNCEMENT

The Goulburn Valley Health Diabetes Educator Sumi John was announced as a recipient of the 2021 Gwen Scott grant program.

Sumi worked as a theatre nurse before moving to the Diabetes Centre in January 2022 and had already been instrumental in improving inpatient diabetes care at our Graham St campus.

Sumi is currently undertaking a post graduate diabetes course through Deakin University and the scholarship will financially assist with two modules of study.

This was an outstanding effort by Sumi.

MICHAEL KAMENJARIN ENCOURAGEMENT AWARD 2021

Medical intern Dr Harvey Chong was announced as this year's recipient of the inaugural Dr Michael Kamenjarin Encouragement Award 2021 for his work in enhancing the clinical side of ColdFusion. During his internship, Dr Chong put in many hours of his own time to implement the changes and to assist colleagues with learning those changes.

Presenting the award Dr Carolyn Kamenjarin said, *"Dr Chong has shown initiative, drive and motivation to enhance and improve the systems and processes at Goulburn Valley Health. He had shown*

amazing drive, inspiration and intelligence. We are very proud of what he has achieved in the year he has worked at Goulburn Valley Health."

This was a fantastic achievement for Harvey and for Goulburn Valley Health.

RECOGNITIONS

49-YEAR CAREER IN HEALTH CARE

After a 49-year contribution to the nursing profession, Taryn Arho retired on 22 May 2022. Taryn, who worked as an Associate Nurse Unit Manager in the Mary Coram Unit, commenced her career in 1973, training at the Royal Melbourne Hospital. Taryn worked as a theatre nurse at the Royal Adelaide Hospital and a midwife at the Queen Victoria Hospital, before commencing at Goulburn Valley Base Hospital in 1988.

Taryn worked as an Associate Nurse Unit Manager in the Mary Coram Unit (both the Mooroopna and Shepparton sites) for nearly thirty years. She will be fondly remembered by the hundreds of Goulburn Valley Health staff and students who have worked with her during this time, as an enthusiastic nurse with a strong passion for rehabilitation nursing, and great compassion and kindness towards patients, particularly elderly patients.

40-YEARS IN ONCOLOGY

The Oncology Department farewelled ward clerk Sharon Mullins on 19 August 2021, a week shy of her clocking up 40 years at Goulburn Valley Health. To make the day even more special, she also welcomed her grandson Jasper to the world at Goulburn Valley Health.

The Oncology Ward was also able to purchase another treatment chair after a donation from the Shepparton RSL. Their generosity has meant people undergoing treatment at our Peter Copulos Cancer and Wellness Centre will be more comfortable.

DOCTORATE COMPLETIONS

Dr Emma Macdonald is a senior podiatrist and Allied Health Education and Research Manager and has been with us at Goulburn Valley Health for 19 years now, progressing in different roles throughout the years. This year, we congratulated Dr Emma Macdonald on her achievement in completing her doctorate.

Dr Macdonald's achievements are a perfect example of how one can progress their career in allied health at Goulburn Valley Health. At Dr Macdonald's graduation ceremony, Interim Chief Allied Health Officer Sally Belcher commented, *"Being an allied health professional is an incredibly rewarding career and here at Goulburn Valley Health there are many career opportunities including pathways to education and research"*.

THE WIDMARK AWARD

Goulburn Valley Alcohol and Drug Service's Professor Ed Ogden was nominated for 'The Widmark Award', to be presented at The International Council on Alcohol, Drugs and Traffic Safety 23rd Triennial Conference in August 2022.

Widmark Awards honour those who have made an outstanding, sustained and meritorious contribution to the field that has led to international standing and respect.

We are very fortunate to have Professor Ogden working in the region, and he will be heading to Rotterdam at the end of August this year to attend the conference.

ACHIEVEMENTS

NATIONAL SAFETY AND QUALITY HEALTH SERVICE (NSQHS) STANDARDS ACCREDITATION

The NSQHS Standards accreditation survey was conducted 22-25 March 2022 and resulted in recommendations to the Australian Commission for Safety and Quality, as the official body who grants accreditation, that all actions were met at Goulburn Valley Health. We were extremely pleased to meet the requirements of the standards and be awarded accreditation for a further three years.

This was a fabulous achievement for the entire organisation who were able to showcase the great work that has been completed, despite the challenges of COVID-19. We have a few recommendations which we will work on to continue to improve our systems and our standards committees will champion this work.

After the success, we took some time to pause and reflect on our achievement so that we could acknowledge all the work that went into demonstrating the collective resilience and determination of Goulburn Valley Health staff in meeting the standards.

HUMAN SERVICE ACCREDITATION

Our Goulburn Valley Centre Against Sexual Assault (GV CASA) service underwent a Human Service Standards Accreditation during November 2021, after the previously scheduled accreditation was postponed. The accreditation was a hybrid survey which involved a surveyor onsite and a surveyor working remotely, for a two-day period.

The Human Services Standards represent a single set of service quality standards for service providers and department-managed services funded by the Department of Families, Fairness and Housing, summarised as

- Empowerment: People's rights are promoted and upheld
- Access and Engagement: People's right to access transparent, equitable and integrated services is promoted and upheld
- Wellbeing: People's right to wellbeing and safety is promoted and upheld
- Participation: People's right of choice, decision making and to actively participate as a valued member of their chosen community is promoted and upheld

During their summation the accreditors highlighted the feedback from service users, which in many instances, outlined that the GV CASA service had "saved their lives".

A highpoint was that the accreditors did not make any recommendations for changes to the service, which was an outstanding achievement.

PSYCHIATRY TRAINING AT GOULBURN VALLEY HEALTH.

A decade after Goulburn Valley Health established its specialist training in psychiatry program, two doctors have celebrated completing their entire psychiatry training at Goulburn Valley Health.

Rajlaxmi Khopade and Shiromi Karunaratne have not only successfully completed their specialist training in psychiatry, they've also helped mark a milestone in Goulburn Valley Health training programs.

A decade after Goulburn Valley Health was accredited to provide the specialist training in psychiatry by the Royal Australian and New Zealand College of Psychiatrists, Dr Khopade and Dr Karunaratne successfully completed their training in January 2022.

But what makes this milestone more cause for celebration is that Dr Khopade and Dr Karunaratne started and completed their training at Goulburn Valley Health, something which has not been done since the program began.

Beginning her training in 2017, Dr Karunaratne said the learning environment was a factor that led her to stay at our health service. *"After coming to Goulburn Valley Health I realised it's a nice environment to study, learn and also to work. It's more like a family. You get the connectedness from the staff at all levels, I felt like I belonged to that family all through my training. The seniors in the service are very dedicated to teach and upskill juniors, which makes a big difference. The clinical director, the psychiatrists and the other psychiatry trainees supported me throughout especially when I got the sense that people recognised my strengths and encouraged me to build on those. It was a long and exciting journey and it's a huge relief to be at this point."*

REDUCTION OF CHRONIC POST-SURGICAL PAIN WITH KETAMINE (ROCKET) MILESTONE

Our anaesthetic team celebrated a significant milestone in one of their trials this year - the ROCKET trial led locally by Dr Nigel Dunk - hit 100 participants at Goulburn Valley Health.

Our Graham Street campus is one of 34 sites internationally taking part in the trial led by Professor Philip Peyton at the University of Melbourne and Austin Health. This milestone represents some outstanding work from the team since they commenced in 2018.

A GENERATION VICTORIA (GENV) MILESTONE

The GenV team at Goulburn Valley Health celebrated a milestone as more than 100 families joined the Murdoch Children's Research Institute's GenV research project since the project launched in May.

GenV is one of the world's largest-ever birth and parent cohort studies. The opt-in project will follow babies and their parents to help solve problems like asthma, food allergies, obesity and mental illness - mostly using data that is already routinely collected.

Well done to the team and we congratulate them on achieving their first century.

WORKFORCE INFORMATION

Labour Category	June Monthly FTE*		Average Monthly FTE*	
	2021	2022	2021	2022
Nursing	808.41	847.63	780.52	831.48
Administration and Clerical	352.35	380.33	335.41	371.98
Medical Support	195.02	153.27	192.99	178.09
Hotel and Allied Services	199.23	198.45	194.73	195.51
Medical Officers	27.11	29.95	28.08	29.89
Hospital Medical Officers	123.56	116.53	115.29	112.14
Sessional Clinicians	34.70	34.79	33.38	36.37
Ancillary Staff (Allied Health)	127.14	127.40	129.71	129.56
Total	1,867.52	1,888.35	1,810.11	1,885.02

Labour Category	June monthly FTE*		Average monthly FTE*	
	2021	2022	2021	2022
Nursing	808.41	847.63	780.52	831.48
Casual	18.37	24.26	25.25	27.22
Part time	628.17	661.84	608.61	650.80
Full time	161.87	161.53	146.66	153.46
Administration and Clerical	352.35	380.33	335.41	371.98
Casual	7.83	8.80	9.93	10.39
Part time	186.05	183.52	174.00	179.23
Full time	158.47	188.01	151.48	182.35
Medical Support	195.02	153.27	192.99	178.09
Casual	8.82	3.39	10.50	5.98
Part time	73.69	65.18	76.47	77.49
Full time	112.50	84.70	106.03	94.63
Hotel and Allied Services	199.23	198.45	194.73	195.51
Casual	22.76	19.65	18.27	12.03
Part time	128.73	141.87	132.13	145.46
Full time	47.74	36.93	44.33	38.02
Medical Officers	27.11	29.95	28.08	29.89
Casual	-	-	-	-
Part time	0.46	0.33	0.37	0.31
Full time	26.65	29.62	27.70	29.58
Hospital Medical Officers	123.56	116.53	115.29	112.14
Casual	1.02	1.26	1.67	1.84
Part time	2.21	100.80	3.33	96.29
Full time	120.32	12.95	110.29	12.29
Sessional Clinicians	34.70	34.79	33.38	36.37
Casual	-	-	-	0.08
Part time	27.58	29.21	26.72	31.36
Full time	7.12	5.58	6.66	4.92
Ancillary Staff (Allied Health)	127.14	127.40	129.71	129.56
Casual	1.60	1.52	3.41	3.56
Part time	59.58	60.31	65.94	61.96
Full time	65.97	65.57	60.36	64.04
Total	1,867.52	1,888.35	1,810.11	1,885.02

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	2021-22	2020-21	2019-20
The number of reported hazards/incidents for the year per 100 FTE	20.05	33.19	32.28
The number of 'lost time' standard WorkCover claims for the year per 100 FTE	0.83	0.79	0.94
The average cost per WorkCover claim for the year	\$101,598	\$78,017	\$66,125

In 2021-22 there were 22 WorkCover claims (including three rejected claims and three minor claims) with 17 claims resulting in a physical injury and five claims resulting in a psychological injury. All staff members are supported and assisted in transitioning back to work at the earliest opportunity. Of the 17 physical injury claims, 15 employees have either returned to partial or full hours

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

OCCUPATIONAL VIOLENCE AND AGGRESSION (OVA)

Goulburn Valley 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	2021-22
WorkCover accepted claims with an occupational violence cause per 100 FTE	0.16
Number of accepted WorkCover claims with lost time injury with an occupational violence cause per 1,000,000 hours worked	0.94
Number of occupational violence incidents reported	18
Number of occupational violence incidents reported per 100 FTE	0.95
Percentage of occupational violence incidents resulting in a staff injury, illness or condition	14%

GENERAL INFORMATION

CARER'S RECOGNITION ACT 2012

In accordance with the *Carer's Recognition Act 2012*, Goulburn Valley Health takes all practical measures to ensure that our staff and volunteers understand the important, valuable and often challenging role carers play. At Goulburn Valley 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 743 formal requests for information were received and processed under the Act in 2021/22, compared to 686 requests in 2020/21. Of that total, 331 freedom of information applications were received with payment of a legislated application fee of \$30.10 per request; a fee total of \$9,963.10.

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 11 medico legal requests received. Total fees collected were \$13,138.47.

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

Freedom of Information Officer
Health Services Information
Goulburn Valley Health
52 Graham Street
SHEPPARTON, 3630

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

PUBLIC INTEREST DISCLOSURE ACT 2012

Goulburn Valley 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 Goulburn Valley 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

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

STATEMENT ON NATIONAL COMPETITION POLICY

Goulburn Valley Health complied with all government policies regarding competitive neutrality.

LOCAL JOBS FIRST ACT 2003

Goulburn Valley 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)

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

CAR PARKING FEES

Goulburn Valley 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-families/parking-and-transport

ENVIRONMENTAL PERFORMANCE

Goulburn Valley Health is committed to ensuring the protection of our environment and ongoing sustainability is a priority in all activities. Goulburn Valley 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. Goulburn Valley 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.

Goulburn Valley Health monitors and reports on

- 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 Goulburn Valley Health website. We continue to expand efforts to become a more environmentally sustainable health service.

INFORMATION AND COMMUNICATION TECHNOLOGY EXPENDITURE

The total Information and Communication Technology expenditure during 2021/22 was \$1.42 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)
\$1.42 million	\$ -	\$ -	\$ -

CONSULTANCIES

Details of consultancies (under \$10,000)

In 2021/22, there were no consultancies where the total fees payable to the consultants were less than \$10,000.

Details of consultancies (valued at \$10,000 or greater)

In 2021/22, there were 4 consultancies where the total fees payable to the consultants was \$10,000 or greater. The total expenditure incurred during 2021/22, in relation to these consultancies, was \$65,100 (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 2021-22 (exc. GST)	Future expenditure (exc. GST)
Fiona Lukaitis	Hume Regional Surgical Improvement EOI - Surgical Services discussion paper	Nov 2021	Dec 2021	\$ 16,000	\$ 16,000	\$ -
Mercer Consulting	Executive Remuneration Benchmarking	May 2022	Jun 2022	\$ 17,500	\$ 17,500	\$ -
Tender Right	Business Case Development and Completion - Goulburn Valley Health Clinical Health School	Mar 2022	Apr 2022	\$ 10,000	\$ 10,000	\$ -
The Writing Room	Project Management for the rapid integration of 2-3 Primary Care Partnerships into the Goulburn Valley Health Local Public Health Unit structure and operations	Feb 2022	Apr 2022	\$ 21,600	\$ 21,600	\$ -

ADDITIONAL INFORMATION AVAILABLE ON REQUEST

Details in respect of the items listed below have been retained by Goulburn Valley 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

FINANCIAL AND SERVICE PERFORMANCE

- 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 SUMMARY

SUMMARY OF THE FINANCIAL RESULTS FOR THE YEAR

	2022 \$'000	2021 \$'000	2020 \$'000	2019 \$'000	2018 \$'000
Operating result*	406	163	(2,416)	40	52
Total revenue	443,217	388,734	405,524	331,975	298,348
Total expense	(401,387)	(364,694)	(322,246)	(295,928)	(283,058)
Net result from transactions	41,830	24,040	83,278	36,047	15,290
Total other economic flows	1,681	2,853	(699)	(1,908)	151
Net result	43,511	26,892	82,579	34,139	15,441
Total assets	434,761	374,089	324,735	232,161	164,421
Total liabilities	(125,271)	(109,969)	(87,508)	(77,903)	(73,808)
Net assets / Total equity	309,490	264,120	237,227	154,258	90,613

*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 THE NET RESULT FROM TRANSACTIONS REPORTED IN THE MODEL TO THE OPERATING RESULT AS AGREED IN THE STATEMENT OF PRIORITIES

	2022 \$'000	2021 \$'000	2020 \$'000	2019 \$'000	2018 \$'000
Net operating result*	406	163	(2,416)	40	52
Capital purpose income	60,954	43,389	102,155	48,872	30,804
COVID-19 state supply arrangements					
- Assets received free of charge or for nil consideration under the state supply	4,710	4,356	260	N/A	N/A
State supply items consumed up to 30 June 2022	(3,856)	(1,714)	(131)	N/A	N/A
Assets received free of charge	436	73	N/A	N/A	N/A
Expenditure for capital purpose	2,898	(5,647)	(4,212)	(1,019)	(5,357)
Depreciation and amortisation	(17,875)	(16,520)	(12,292)	(11,626)	(10,094)
Finance costs (other)	(47)	(60)	(86)	(220)	(115)
Net results from transactions	41,830	24,040	83,278	36,047	15,290

*The impact of the State Supply Arrangements, are excluded from the net operating result and disclosed separately.

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 2021-22 within its agreed budget.

Goulburn Valley Health delivered an operating surplus of \$0.41 million for the 2021-22 financial year (excluding capital, depreciation and specific items) compared to its \$0.39m surplus budget target. Goulburn Valley Health delivered an overall net surplus of \$43.51 million for the 2021-22 financial year (including capital, depreciation and specific items).

The net result reflects the receipt of significant 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 \$34.64 million from \$61.55 million to \$96.19 million in 2021-22. 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. 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 \$45.4 million as a result of the net surplus of \$43.51 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 \$0.39 million surplus operating result (excluding capital, depreciation and specific items) was agreed in the 2021-22 SoP for Goulburn Valley Health. The final result for the year was an operating surplus of \$0.41 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 2021-22

STRATEGIC PRIORITIES

<p>Maintain your robust COVID-19 readiness and response, working with the Department of Health to ensure we rapidly respond to outbreaks, if and when they occur, which includes providing testing for your community and staff, where necessary and if required. This includes preparing to participate in, and assist with, the implementation of our COVID-19 vaccine immunisation program rollout, ensuring your local community's confidence in the program.</p>	<p>The COVID-19 pandemic challenged our Goulburn Valley 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 maintained through the Local Public Health Unit which operates seven days a week and is dedicated to contact tracing and case and outbreak management as part of the COVID-19 pandemic state-wide response.</p> <ul style="list-style-type: none"> • A separate division has also been in place to 30 June 2022 which oversees the following • COVID-19 Vaccination team who work in partnership with neighbouring health services (NCN Health, Seymour Health, Kilmore District Health and Mansfield District Hospital) to collectively deliver vaccinations across the catchment; • A testing services team who has run an extensive COVID-19 testing program in response to COVID-19 outbreaks, waste water detection, and surveillance testing in high risk settings, the alpine region and at border crossings. A 24/7 Acute Respiratory Clinic is also located at the main Goulburn Valley Health campus on Graham Street to further help and protect our community; • Aged Care Response resource to support residential aged care outbreaks in the Hume region, inclusive of residential in-reach support; • Staff exposure and surveillance team who monitor and report on staff furloughed due to outbreaks and contact, and provide return to work support.
<p>As a service hosting a Local Public Health Unit (LPHU) work collaboratively with the Department of Health, other LPHUs, community and primary care providers and local government partners, to evolve and deliver a fully integrated and high performing public health network.</p>	<p>The Goulburn Valley Local Public Health Unit (GV LPHU) at Goulburn Valley Health operates seven days a week and is dedicated to contact tracing and case and outbreak management as part of the COVID-19 pandemic state-wide response.</p> <p>The GV LPHU has implemented COVID-19 Safe Response plans which focus on various prevention and control strategies, inclusive of a comprehensive workplace Respiratory Protection Program to support safe and effective personal protective mask fitting.</p> <p>They have also implemented a COVID-19 pandemic response plan for Goulburn Valley Health as an organisation, and the broader Hume region to ensure there is a coordinated plan and action to provide safe and accessible care, and escalation of care, as needed.</p> <p>The key roles and responsibilities for a broader public health plan and response will continue to be developed throughout 2022/23. Alignment to the Goulburn Valley Primary Care and Population Health Plan 2020/22, will be a key determinant for how the GV LPHU will operate.</p> <p>Going forward, the GV LPHU will likely increase its role to support the community to stop the spread of other communicable diseases and improve wider public health across our region. Local services are best placed to support members of their community with culturally appropriate information, public health advice and support. Responsive local action is aimed at reducing the time between the identification of a public health issue and the necessary action required, particularly when it is in regards to preventable measures for infectious diseases.</p>
<p>Drive improvements in access to emergency services by reducing emergency department four-hour wait times, improving ambulance to health service handover times, and implementing strategies to reduce bed-blockage to enable improved whole of hospital system flow.</p>	<p>Goulburn Valley Health has in place an Emergency Department (ED) Improvement Team which is tasked with developing and implementing solutions to improve ED access and flow performance. The team includes leadership from the Divisional Operations Director, ED Clinical Director and ED Nurse Unit Manager. The team is supported by the Innovation Advisor and reports to the Executive Director Clinical Operations (EDCO).</p> <p>During 2021/22, eight key improvement strategies have been in focus for the team</p> <ol style="list-style-type: none"> 1. Time Care Collective 2. Patient One-Way Referral Model 3. Access to Rehabilitation 4. Time to Treat in ED 5. Transit Lounge 6. Overnight decision-making Model 7. Fast Track 8. Rapid Assessment and Treatment

	<p>ED performance is also monitored and discussed at the Daily Operating System (DOS) tier 3 huddle and weekly at the DOS tier 4 huddle, as well as through the governance committees of the organisation.</p> <p>At various times during 2021/22, other factors have impacted the progress of these improvement strategies which include, the redevelopment progress in support of key clinical services, COVID-19 outbreaks and workforce shortages both for ongoing service delivery and during pandemic incidents where a surge response has been required.</p>
<p>Lead and engage all members of your Health Service Partnership to build a culture of collaboration, forge consensus in decision-making, ensure that any initiatives (in addition to the four priority reforms within your Health Service Partnership Policy and Guidelines) are clearly defined and agreed by members, and account to the department for planning and reporting requirements on behalf of the collective membership.</p>	<p>At the start of this year, HHSP was largely focused on re-assessing the planning and response to COVID-19 in the region based on the number of projected COVID-19 cases and demand on health service resources. This included establishing Goulburn Valley Health as a COVID-19 streaming hospital, and increasing the number of health services supporting COVID care and monitoring in the home. A HHSP daily COVID-19 Bed Huddle was established early in 2022, to ensure all HHSP members were supporting the Escalation Plan to ensure the ongoing flow of patients between health services.</p> <p>The HHSP also commenced a Virtual Emergency Department Working Group. The purpose of the working group is to provide oversight and advice to Northern Health on the implementation of the Victorian Virtual Emergency Department (VVED) as it is rolled out across the Hume Region. The aim will be to ensure the VVED assists and compliments the emergency and urgent care needs of the communities within the HSP. A dedicated pathway for Ambulance Victoria (AV) staff to perform on-site paramedic-initiated consultations for all patients was successfully implemented during May 2022. AV used the VVED service on 134 occasions following the change, resulting in 75% of patients being diverted from a local emergency department.</p>
<p>Engage with your community to address the needs of patients, especially our vulnerable Victorians whose care has been delayed due to the pandemic and provide the necessary “catch-up” care to support them to get back on track. Work collaboratively with your Health Service Partnership to:</p> <ul style="list-style-type: none"> • Implement the Better at Home initiative to enhance in-home and virtual models of patient care when it is safe, appropriate and consistent with patient preference. • Improve elective surgery performance and ensure that patients who have waited longer than clinically recommended for treatment, have their needs addressed as a priority. 	<p>Hume@Home Project resources have been recruited and the Governance and Operational committee commenced. The Hume@Home program has the aim of improving patient outcomes and experience by delivering more healthcare within patients' homes where appropriate and preferred by the patient. A HHSP Virtual Care Solution will also be investigated.</p> <p>Elective Surgery Reform will continue to be a primary focus moving forward to ensure surgical throughput can be optimised within the hospital. The winter pressures on the health service have hampered efforts to tackle the big backlog of elective surgeries over recent months. The establishment of the HHSP Elective Surgery Program this year has the aim of improving elective surgery access across the region. This is a long-term strategic approach to provide the necessary “catch-up” care to support getting surgery levels back on track. The Elective Surgery Reform program will lay the foundation for how we carry out planned surgeries going forward, which will ultimately see more Victorians than ever getting the care they need.</p>
<p>Address critical mental health demand pressures and support the implementation of mental health system reforms to embed integrated mental health and suicide prevention pathways for people with, or at risk of, mental illness or suicide through a whole-of-system approach as an active participant in your Health Service Partnership and through your Partnership's engagement with Regional Mental Health and Wellbeing Boards.</p>	<p>Goulburn Valley Health has been focussed this year on delivering to the following eight immediate priorities following the Royal Commission into Mental Health services:</p> <ul style="list-style-type: none"> • Embedding lived experience in the leadership, design and delivery of Area Mental Health and Wellbeing Services • Establishing the two Area Mental Health and Wellbeing Services • Increasing core clinical capacity • Increasing the accessibility of your Area Mental Health and Wellbeing Services • Implementing primary and secondary consultation • Forming a partnership with a non-government organisation that provides wellbeing supports • Integrating mental health and alcohol and other drugs treatment, care and support • Supporting the new adult and older adult local mental health and wellbeing services

	<p>Recommendations also included the introduction of mandatory psychiatry rotations for all junior medical officers. We received funding to increase our junior medical officer psychiatry rotations, which will ensure we continue to be equipped to identify, understand and respond to mental illness.</p> <p>Our application for additional graduate mental health nursing positions from the 2021/22 financial year was successful and we implemented 3.2 full-time-equivalent graduate mental health nursing positions and 2 full-time-equivalent nurse educator positions.</p> <p>The Royal Commission also highlighted the need for empowering and developing future leaders within the mental health workforce. Goulburn Valley Health has taken the initiative to establish a Mental Health Emerging Leadership Program which includes over twenty staff. This was commenced this year with two sessions which involved Aboriginal and Torres Strait Islander Cultural Competency as well as Refugee Lived Experience and Leadership.</p>
<p><i>Embed the Aboriginal and Torres Strait Islander Cultural Safety Framework into your organisation and build a continuous quality improvement approach to improving cultural safety, underpinned by Aboriginal self-determination, to ensure delivery of culturally safe care to Aboriginal patients and families, and to provide culturally safe workplaces for Aboriginal employees.</i></p>	<p>Goulburn Valley Health has been committed to the Cultural Safety Guidelines through the implementation and monitoring of the Goulburn Valley Health Aboriginal and Torres Strait Islander Cultural Responsiveness Plan 2019/23. 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. Goulburn Valley Health employs three Aboriginal Liaison Officers along with an Aboriginal Health Transition Officer. These roles, along with the Goulburn Valley 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>Goulburn Valley 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 @ Goulburn Valley Health Committee.</p>

PERFORMANCE PRIORITIES 2021-22

High Quality and Safe Care	Target	Outcome
INFECTION PREVENTION AND CONTROL		
Compliance with the Hand Hygiene Australia program	85%	88.9%
Percentage of healthcare workers immunised for influenza	92%	83%
PATIENT EXPERIENCE		
Victorian Healthcare Experience Survey - percentage of positive patient experience responses	95%	Q1 94.2%
		Q2 90.9%
		Q3 96.7%
Victorian Healthcare Experience Survey - percentage of very good or excellent experience of care in the last 3 months or less	80%	20.2%
Percentage of mental health consumers reporting they 'usually' or 'always' felt safe using this service	90%	89%
HEALTHCARE ASSOCIATED INFECTIONS		
Rate of patients with surgical site infection	No outliers	Met
Rate of patients with ICU central-line-associated bloodstream infection (CLABSI)	Nil	Nil
Rate of patients with SAB1 per 10,000 occupied bed day	≤ 1	0
UNPLANNED READMISSIONS		
Unplanned readmissions to any hospital following a hip replacement	≤ 6%	0
MENTAL HEALTH		
Percentage of closed community cases re-referred within six months: CAMHS, adults and aged persons	≤ 25%	29% adult
		10% aged
		17% CAMHS
Rate of seclusion events relating to a child and adolescent acute mental health admission, per 1,000 occupied bed days	≤ 10	Not applicable
Rate of seclusion events relating to an adult acute mental health admission, per 1,000 occupied bed days	≤ 10	6
Rate of seclusion events relating to an aged acute mental health admission, per 1,000 occupied bed days	≤ 5	0.0
Percentage of child and adolescent acute mental health inpatients who have a post discharge follow up within seven days	88%	92%
Percentage of adult acute mental health inpatients who have a post-discharge follow up within seven days	88%	66%
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	≤ 22%	Not applicable
Percentage of aged acute mental health inpatients who are readmitted within 28 days of discharge	≤ 14%	18%
Percentage of aged acute mental health inpatients who are readmitted within 28 days of discharge	14%	8%
MATERNITY AND NEWBORN		
Rate of singleton term infants without birth anomalies with APGAR score <7 to 5 minutes	≤ 1.4%	1.8%
Rate of severe foetal growth restriction (FGR) in singleton pregnancy undelivered by 40 weeks	≤ 28.6%	26.1%
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	0.886

STRONG GOVERNANCE AND LEADERSHIP		
People matter survey – Percentage of staff with an overall positive response to safety culture survey questions	62%	65%

Timely Access to Care	Target	Outcome
EMERGENCY CARE		
Percentage of patients transferred from ambulance to emergency department within 40 minutes	90%	66%
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%	54%
Percentage of emergency patients with a length of stay in the emergency department of less than four hours	81%	50%
Number of patients with a length of stay in the emergency department greater than 24 hours	0	11
MENTAL HEALTH		
Percentage of 'crisis' (category 'C') mental health triage episodes with a face-to-face contact received within 8 hours	80%	77%
Percentage of mental health-related emergency department presentations with a length of stay of less than 4 hours	81%	50%
ELECTIVE SURGERY		
Number of patients on the elective surgery waiting list	1,050	1,028
Number of patients admitted from the elective surgery waiting list	213	213
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%	87.6%
Percentage of patients on the waiting list who have waited longer than clinically recommended time for their respective triage category	5% or 15% proportional improvement from prior year	18.8%
Number of hospital-initiated postponements per 100 scheduled elective surgery admissions	≤ 7	12.1
SPECIALIST CLINICS		
Percentage of urgent patients referred by a GP or external specialist who attended a first appointment within 30 days	100%	93.6%
Percentage of routine patients referred by GP or external specialist who attended a first appointment within 365 days	90%	93.4%

EFFECTIVE FINANCIAL MANAGEMENT	Target	Result
Operating result (\$m)	\$0.389	\$0.41
Average number of days to paying trade creditors	60 days	32 days
Average number of days to receiving patient fee debtors	60 days	57 days
Adjusted current asset ratio	0.70	1.17
Actual number of days a health service can maintain its operations with unrestricted available cash, measured on the last day of each month	14 days	27.3 days
Variance between forecast and actual net result from transactions (NRFT) for the current financial year ending 30 June	Variance ≤ \$250,000	\$0.016

FUNDING AND ACTIVITY

Funding Type	Activity	Budget	Actual
CONSOLIDATE ACTIVITY FUNDING			
Acute admitted, subacute admitted, emergency services, non-admitted NWAU	41,611	191,814	31,607
ACUTE ADMITTED			
National Bowel Cancer Screening Program NWAU	34	154	57
Acute admitted DVA	192	1,074	306
Acute admitted TAC	162	843	156
Other Admitted	-	8,557	-
ACUTE NON-ADMITTED			
Emergency Services	-	39	-
Home Enteral Nutrition NWAU	22	77	45
Specialist Clinics	22,773	5,328	25,184
Specialist Clinics - DVA	-	37	-
SUB-ACUTE/NON-ACUTE, ADMITTED & NON-ADMITTED			
Subacute Non-Admitted Other	-	1,029	-
Subacute NWAU - DVA	71	398	48
Transition Care - Bed days	13,118	2,124	10,329
Transition Care - Home days	13,546	804	12,827
Health Independence Program - DVA	-	19	-
AGED CARE			
Aged Care Assessment Service	-	1,467	-
Residential Aged Care	19,888	925	17,398
HACC	8,888	1,672	6,664
MENTAL HEALTH AND DRUG SERVICES			
Mental Health Ambulatory	49,422	23,668	28,419
Mental Health Inpatient – Available Bed Days	7,305	7,235	5,758
Mental Health Residential	7,305	773	6,795
Mental Health Service System Capacity	-	2,670	-
Mental Health Sub-Acute	7,306	3,489	5,854
Mental Health Other	-	1,149	-
Drug Services	2,213	2,906	1,738
PRIMARY HEALTH			
Community Health / Primary Care Programs	13,063	1,480	8,258
Community Health Other	-	225	-
OTHER			
Health Workforce	-	6,570	-
Other Specified Funding	-	23,015	-
TOTAL FUNDING		289,573	

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
23 August 2022

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
23 August 2022

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
23 August 2022

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
23 August 2022

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

2021-22

GOULBURN VALLEY HEALTH

FINANCIAL REPORT

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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 2022 and the financial position of Goulburn Valley Health at 30 June 2022.

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 23 August 2022.



MICHAEL DELAHUNTY
BOARD CHAIR

Shepparton
23 August 2022



MATT SHARP
CHIEF EXECUTIVE

Shepparton
23 August 2022



PETER HUTCHINSON
CHIEF FINANCE OFFICER

Shepparton
23 August 2022

Independent Auditor's Report

To the Board of Goulburn Valley Health

Opinion	<p>I have audited the financial report of Goulburn Valley Health (the health service) which comprises the:</p> <ul style="list-style-type: none"> balance sheet as at 30 June 2022 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. <p>In my opinion the financial report presents fairly, in all material respects, the financial position of the health service as at 30 June 2022 and their financial performance and cash flows for the year then ended in accordance with the financial reporting requirements of Part 7 of the <i>Financial Management Act 1994</i> and applicable Australian Accounting Standards.</p>
Basis for Opinion	<p>I have conducted my audit in accordance with the <i>Audit Act 1994</i> which incorporates the Australian Auditing Standards. I further describe my responsibilities under that Act and those standards in the <i>Auditor's Responsibilities for the Audit of the Financial Report</i> section of my report.</p> <p>My independence is established by the <i>Constitution Act 1975</i>. 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 <i>Code of Ethics for Professional Accountants</i> (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.</p>
Other Information	<p>My opinion on the financial report does not cover the Other Information and accordingly, I do not express any form of assurance conclusion on the Other Information. However, in connection with my audit of the financial report, my responsibility is to read the Other Information and in doing so, consider whether it is materially inconsistent with the financial report or the knowledge I obtained during the audit, or otherwise appears to be materially misstated.</p> <p>If, based on the work I have performed, I conclude there is a material misstatement of the Other Information, I am required to report that fact. I have nothing to report in this regard.</p>
Board's responsibilities for the financial report	<p>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.</p> <p>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.</p>

**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
19 September 2022

Dominika Ryan
as delegate for the Auditor-General of Victoria

GOULBURN VALLEY HEALTH

COMPREHENSIVE OPERATING STATEMENT

FOR THE FINANCIAL YEAR ENDED 30 JUNE 2022

	Note	2022 \$'000	2021 \$'000
Revenue and income from transactions			
Operating activities	2.1	442,034	387,673
Non-operating activities	2.1	279	182
Share of revenue from joint operations	8.8	904	879
Total revenue and income from transactions		443,217	388,734
Expenses from transactions			
Employee expenses	3.1	(284,575)	(255,226)
Supplies and consumables	3.1	(65,531)	(59,078)
Finance costs	3.1	(75)	(88)
Depreciation and amortisation	3.1	(17,846)	(16,443)
Share of expenditure from joint operations	8.8	(898)	(898)
Other administrative expenses	3.1	(16,722)	(14,082)
Other operating expenses	3.1	(15,740)	(18,879)
Total expenses from transactions		(401,387)	(364,694)
Net result from transactions - net operating balance		41,830	24,040
Other economic flows included in net result			
Net gain/(loss) on sale of non-financial assets	3.2	322	264
Net gain/(loss) on financial instruments	3.2	(746)	(199)
Share of other economic flows from joint arrangements	8.8	-	(32)
Other gain/(loss) from other economic flows	3.2	2,105	2,820
Total other economic flows included in net result		1,681	2,853
Net result for the year		43,511	26,893
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)	1,859	-
Total other comprehensive income		1,859	-
Comprehensive result for the year		45,370	26,893

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

GOULBURN VALLEY HEALTH

BALANCE SHEET AS AT 30 JUNE 2022

	Note	2022 \$'000	2021 \$'000
Current assets			
Cash and cash equivalents	6.2	94,613	59,873
Receivables and contract assets	5.1	8,053	7,741
Inventories	4.6	2,487	2,609
Share of assets in joint operations	8.8	1,790	1,869
Prepaid expenses		1,890	1,206
Total current assets		108,833	73,298
Non-current assets			
Receivables and contract assets	5.1	8,311	5,954
Share of assets in joint operations	8.8	78	99
Property, plant and equipment	4.1(a)	312,893	290,946
Right of use assets	4.2(a)	4,267	3,207
Intangible assets	4.4(a)	379	585
Total non-current assets		325,928	300,791
Total assets		434,761	374,089
Current liabilities			
Payables and contract liabilities	5.2	46,316	32,768
Borrowings	6.1	2,295	1,924
Employee benefits	3.3	54,121	50,983
Share of liabilities in joint operations	8.8	938	1,034
Other liabilities	5.3	12,083	13,967
Total current liabilities		115,753	100,676
Non-current liabilities			
Borrowings	6.1	2,511	2,411
Employee benefits	3.3	6,983	6,850
Share of liabilities in joint operations	8.8	24	32
Total non-current liabilities		9,518	9,293
Total liabilities		125,271	109,969
Net assets		309,490	264,120
Equity			
Revaluation surplus	4.3	106,031	104,172
General purpose surplus		35,140	13,298
Restricted specific purpose reserve		1,085	1,304
Contributed capital		47,189	47,189
Accumulated surplus		120,045	98,157
Total equity		309,490	264,120

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

GOULBURN VALLEY HEALTH

STATEMENT OF CHANGES IN EQUITY

FOR THE FINANCIAL YEAR ENDED 30 JUNE 2022

	Revaluation surplus \$'000	General purpose surplus \$'000	Restricted specific purpose reserve \$'000	Contributed capital \$'000	Accumulated surplus/ (deficits) \$'000	Total \$'000
Balance at 1 July 2020	104,172	5,034	1,574	47,189	79,258	237,227
Net result for the year	-	-	-	-	26,893	26,893
Transfer from/(to) accumulated deficits	-	8,264	(270)	-	(7,994)	-
Balance at 30 June 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 deficits	-	21,842	(219)	-	(21,623)	-
Balance at 30 June 2022	106,031	35,140	1,085	47,189	120,045	309,490

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

GOULBURN VALLEY HEALTH

CASH FLOW STATEMENT

FOR THE FINANCIAL YEAR ENDED 30 JUNE 2022

	Note	2022 \$'000	2021 \$'000
Cash flows from operating activities			
Operating grants from State Government		357,788	312,578
Capital grants from State Government		26,928	23,163
Capital grants from Commonwealth Government		-	94
Patient and resident fees received		16,873	18,395
Private practice fees received		2,675	3,305
Donations and bequests received		162	284
GST received from ATO		11,640	9,516
Pharmaceutical sales received		123	201
Interest received		279	160
Car park income received		425	489
Other receipts		13,058	8,169
Total receipts		429,951	376,354
Employee expenses		(244,422)	(221,981)
Non salary labour costs		(36,929)	(25,966)
Payments for supplies and consumables		(67,979)	(61,468)
Payments for medical indemnity insurance		(4,110)	(3,973)
Payments for repairs and maintenance		(5,626)	(5,671)
Finance costs		(174)	(176)
GST paid to ATO		(1,184)	(1,092)
Payment for share of Hume Rural Health Alliance		(473)	(462)
Other payments		(27,423)	(20,010)
Total payments		(388,320)	(340,799)
Net cash flows from/(used in) operating activities	8.1	41,631	35,555
Cash flows from investing activities			
Purchase of property, plant and equipment		(5,470)	(3,632)
Other capital receipts		1,407	1,190
Purchase of intangible assets		(964)	(220)
Proceeds from disposal of property, plant and equipment		402	329
Capital donations and bequests received		521	331
Net cash flows from/(used in) investing activities		(4,104)	(2,002)
Cash flows from financing activities			
Repayment of borrowings		(550)	(543)
Repayment of principal portion of lease liabilities		(967)	(962)
Repayment of accommodation deposits		(1,954)	2,830
Receipt of accommodation deposits		1,609	(2,228)
Share of Hume Rural Health Alliance funds		101	(350)
Receipt/(payment) of monies in trust		(1,026)	1,378
Net cash flows from/(used in) investing activities		(2,787)	125
Net increase/(decrease) in cash and cash equivalents held		34,740	33,678
Cash and cash equivalents at beginning of year		59,873	26,196
Cash and cash equivalents at end of year	6.2	94,613	59,874

This statement 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 2022. 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 23 August 2022.

NOTE 1.2: IMPACT OF COVID-19 PANDEMIC

In March 2020 a state of emergency was declared in Victoria due to the global coronavirus pandemic, known as COVID-19. On 2 August 2020 a state of disaster was added with both operating concurrently. The state of disaster in Victoria concluded on 28 October 2020 and the state of emergency concluded on 15 December 2021.

The COVID-19 pandemic has created economic uncertainty. Actual economic events and conditions in the future may be materially different from those estimated by Goulburn Valley Health at the

reporting date. Management recognises that it is difficult to reliably estimate with certainty, the potential impact of the pandemic after the reporting date on Goulburn Valley Health, its operations, its future results and financial position.

In response to the ongoing COVID-19 pandemic, Goulburn Valley Health has:

- Introduced restrictions on non-essential visitors
- Utilised telehealth services
- Deferred elective surgery and reduced activity

NOTE 1.2: IMPACT OF COVID-19 PANDEMIC (CONTINUED)

- Transferred inpatients to private health facilities
- Implemented an inpatient respiratory ward with 15 beds
- Performed COVID-19 testing
- Implemented of an Acute Respiratory Testing Clinic within the Emergency Department
- Implemented a Local Public Health Unit
- Established and operated a regional Victorian vaccination hub including the administration of COVID-19 vaccinations
- Implemented a Rapid Response Testing team
- Implemented facility entry requirements for all staff and visitors including temperature checks, QR scanning and entry attestations
- Changed infection control practices
- Implemented work from home arrangements where appropriate
- Implemented single workplace requirement for healthcare workers
- Implemented reduced volunteer services
- Increased financial and statistical reporting regarding the impacts of COVID-19, including staffing and financial impacts, bed utilisation, testing and vaccination numbers.

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	<i>Financial Management Act 1994</i>
FRD	Financial Reporting Direction
HRHA	Hume Rural Health Alliance
ICT	Information, communications and technologies
GST	Goods and Services Tax
LSL	Long service leave
NWAU	National Weighted Activity Unit
SD	Standing Direction
VMIA	Victorian Managed Insurance Authority
VAGO	Victorian Auditor General's Office
WIES	Weighted Inlier Equivalent Separation

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 are disclosed in further detail throughout the accounting policies.

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 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 on or after 1 January 2022.	Adoption of this standard is not expected to have a material impact.
AASB 2020-3: <i>Amendments to Australian Accounting Standards – Annual Improvements 2018-2020 and Other Amendments</i>	Reporting periods on or after 1 January 2022.	Adoption of this standard is not expected to have a material impact.
AASB 2021-2: <i>Amendments to Australian Accounting Standards – Disclosure of Accounting Policies and Definitions of Accounting Estimates.</i>	Reporting periods on or after 1 January 2023.	Adoption of this standard is not expected to have a material impact.
AASB 2021-5: <i>Amendments to Australian Accounting Standards – Deferred Tax related to Assets and Liabilities arising from a Single Transaction</i>	Reporting periods on or after 1 January 2023.	Adoption of this standard is not expected to have a material impact.
AASB 2021-6: <i>Amendments to Australian Accounting Standards – Disclosure of Accounting Policies: Tier 2 and Other Australian Accounting Standards</i>	Reporting periods on or after 1 January 2023.	Adoption of this standard is not expected to have a material impact.
AASB 2021-7: <i>Amendments to Australian Accounting Standards – Effective Date of Amendments to AASB 10 and AASB 128 and Editorial Corrections</i>	Reporting periods on or after 1 January 2023.	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 and assets 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.

The 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

TELLING THE COVID-19 STORY

Revenue recognised to fund the delivery of our services increased during the financial year which was partially attributable to the COVID-19 pandemic.

Activity Based Funding decreased as the level of activity agreed in the Statement of Priorities couldn't be delivered due to reductions in the number of patients being treated at various times throughout the financial year.

This was offset by additional funding provided by the Department of Health (DH) to compensate for reductions in revenue and to cover certain direct and indirect COVID-19 related costs, including:

- Increased staffing costs to service the vaccination hubs and the in-house contact tracing unit
- Pathology testing costs due to COVID-19 tests
- Increased personal protective equipment costs
- Costs related to the expansion of emergency services
- COVID-19 grants to fund a Respiratory Ward, Acute Respiratory Clinic testing within the Emergency Department and Front Entry Screening and Testing
- Additional elective surgery funding to reduce the wait list
- Local public health unit (LPHU) funding for case management, contact tracing and outbreak management

- Better @ home funding to deliver more healthcare within patients homes where appropriate and preferred by the patient through the use of home-delivered and virtual care
- Rapid Response Testing Teams (RRTTs) funding for establishment of a Regional Cluster Lead and deployment of RRTTs within the region as required
- Vaccination funding to establish a vaccination hub and administer the COVID-19 vaccine.

Funding provided included:

- COVID-19 and state repurposing grants
- Additional elective surgery funding
- Local public health unit funding
- Sustainability funding

For the year ended 30 June 2022, the COVID-19 pandemic has impacted Goulburn Valley Health's ability to satisfy its performance obligations contained within its contracts with customers. Goulburn Valley Health received indication there would be no obligation to return funds to each relevant funding body where performance obligations had not been met.

NOTE 2: FUNDING DELIVERY OF OUR SERVICES (CONTINUED)

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	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. A performance obligation is either satisfied at a point in time or over time.
Determining time of capital grant income recognition	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.

NOTE 2.1: REVENUE AND INCOME FROM TRANSACTIONS

	Note	2022 \$'000	2021 \$'000
Operating activities			
Revenue from contracts with customers			
Government grants (State) - Operating		141,805	116,646
Patient and resident fees		8,425	8,573
Private practice fees		153	505
Commercial activities ⁱ		16,461	19,774
Total revenue from contracts with customers	2.1(a)	166,844	145,498
Other sources of income			
Government grants (State) - Operating		165,772	151,742
Government grants (Commonwealth) - Operating		43,109	40,755
Government grants (State) - Capital		52,245	42,329
Government grants (Commonwealth) - Capital		516	545
Other capital purpose income		7,768	199
Capital donation	2.1(b)	521	331
Assets received free of charge (FOC) or for nominal charge	2.1(b)	5,146	4,429
Other income from operating activities (including non-capital donations)		113	1,845
Total other sources of income		275,190	242,175
Total revenue and income from operating activities		442,034	387,673
Non-operating activities			
Income from other sources			
Capital interest		-	22
Other interest		279	160
Total income from non-operating activities		279	182
Total revenue and income from transactions		442,313	387,855

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

Goulburn Valley Health disaggregates revenue by the timing of revenue recognition.

Goods and services transferred to customers:

At a point in time

Over time

Total revenue from contracts with customers

2022 \$'000	2021 \$'000
150,383	125,724
16,461	19,774
166,844	145,498

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 the time or over time 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, unless a contract modification is entered into between all parties. A contract modification may be obtained in writing, by oral agreement or implied by customary business practices.

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:

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.

Government grant	Performance obligation
Activity Based Funding (ABF) paid as Weighted Inlier Equivalent Separation (WIES) casemix	<p>The performance obligations for ABF are the number and mix of patients admitted to hospital (defined as 'casemix') in accordance with the levels of activity agreed to, with the Department of Health in the annual Statement of Priorities.</p> <p>Revenue is recognised at a point in time, which is when a patient is discharged.</p> <p>WIES activity is a cost weight that is adjusted for time spent in hospital, and represents a relative measure of resource use for each episode of care in a diagnosis related group (DRG).</p> <p>WIES was superseded by NWAU from 1 July 2021, for acute, sub-acute and state-wide (which includes specified grants, state-wide services and teaching and training). Services not transitioning at this time include mental health and small rural services.</p>
Activity Based Funding (ABF) paid as National Weighted Activity Unit (NWAU)	<p>NWAU funding commenced 1 July 2021 and supersedes WIES for acute, sub-acute and state-wide services (which includes specified grants, state-wide services and teaching and training). Services not transitioning at this time include mental health and small rural services.</p> <p>NWAU is a measure of health service activity expressed as a common unit against which the national efficient price (NEP) is paid.</p> <p>The performance obligations for NWAU are the number and mix of admissions, emergency department presentations and outpatient episodes, and is weighted for clinical complexity.</p> <p>Revenue is recognised at point in time, which is when a patient is discharged.</p>

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

Government grant	Performance obligation
DS - Public Intoxication Reform trial	<p>The Public Intoxication Reform trial aims to enable Goulburn Valley Health to establish a sobering centre open 4 days a week, to cater for intoxicated people to rest and recover whilst receiving counselling from outreach partners.</p> <p>The performance obligations for the DS - Public Intoxication Reform trial will have specific deliverables submitted to the Department of Health which includes;</p> <ul style="list-style-type: none"> • project plan • 6-month progress report • final report including acquittal • activity data monthly <p>Goulburn Valley Health exercises judgement over whether performance obligations are met. This is measured by ensuring the Department of Health acquittal of the funds is completed at the completion of the project.</p>
NWAU VEP Regional non-admitted fixed term (Better at Home)	<p>Better at Home target and performance monitoring is designed to help capture all admitted targets for acute and subacute (GEM, Rehabilitation and Palliative Care) activity reported to the Victorian Admitted Episodes Dataset (VAED) with at least one day reported as 'accommodation type 4' i.e. in the home, as well as non-admitted targets reported as contact delivery setting: 23, 24, 31, 241 & 242 or delivery mode 2 & 3.</p> <p>Targets have been set by Department of Health and the non-admitted and admitted activity implementation tracker tools will be used for identifying Goulburn Valley Health performance against targets, as well as the NWAU calculator.</p> <p>Revenue is recognised at a point in time when the admitted and non-admitted patients are discharged from care and the criteria has been met as outlined in the funding document.</p>
Better at Home, Capital & Redesign	<p>The Better at Home initiative provides funding to deliver more healthcare within patient's homes where appropriate and preferred by the patient, through use of home-delivered and virtual care. The funding has 3 components.</p> <ul style="list-style-type: none"> • Growth (demand funding) for additional admitted and non-admitted hospital services that will be delivered in the home and via telehealth • Innovation funding to engage and train clinicians to design and deliver the transformative shift of care into the home, integrate functions and service delivery across Goulburn Valley Health • Capital investment in technology to support this growth in delivery of care in the home. <p>The outcomes from this funding are as follows:</p> <ul style="list-style-type: none"> • Increase in hospital substitutions • Reduction in avoidable hospital presentations and admissions • Improvements in access performance • Reduction in anticipated forward capital expenditure <p>Performance obligations have been selected so that they align with the terms and conditions of the funding provided. Goulburn Valley Health exercises judgement over whether performance obligations related to the formation of the project are met. This is measured by ensuring the Department of Health acquittal of the funds is completed at year end.</p>

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

Government grant	Performance obligation
Colposcopy demand project	<p>The National Cervical Screening Program (NCSP) guidelines for the clinical management of women at intermediate risk of cervical cancer should undertake a further human papillomavirus (HPV) follow up test in 12 months' time following their previous HVP test, instead of a referral to colposcopy. The funding is provided to implement the updated NCSP guidelines by supplementing administrative costs and the remaining funds are to be spent to provide or support provision of additional colposcopies to reduce colposcopy waitlists.</p> <p>The outcomes of this funding are:</p> <ul style="list-style-type: none"> • to support health services to implement the changes to the clinical management of women at intermediate risk • to support health services to reduce public colposcopy waitlists in 2021 • to provide up-to-date health service level data on colposcopy waitlists and number of colposcopies delivered. <p>Revenue is recognised over the life of the project as Goulburn Valley Health reaches particular milestones that have been agreed on by Department of Health and Goulburn Valley Health. These performance obligations have been selected as they align with the terms and conditions of the funding provided. Goulburn Valley Health exercises judgement over whether performance obligations related to the development of the models are met. This is measured by ensuring the Department of Health acquittal and project plan of the funds is completed at year end.</p>
<p>Mental health –</p> <ul style="list-style-type: none"> • Expanded hours clinics • Additional capacity • Secondary consultation & liaison • Assertive acute assessment & outreach 	<p>The stabilising and reinforcing mental health care capacity is a funding package for clinical mental health services to meet immediate surge demands resulting from the COVID-19 pandemic and to accelerate critical recommendations from the interim report of the royal commission into Victoria's mental health system. The four key clinical mental health services initiatives aim to meet new demand from consumers in the context of the COVID-19 pandemic and provide early intervention to avoid emergency department presentations/hospital admissions/serious illness.</p> <p>Goulburn Valley Health is required to quantitatively report on how the funding has been utilised and on innovation and partnerships. The performance obligations are to reach certain performance targets in the form of service hours of 1,145 for initiative 3 & 4. Goulburn Valley Health will recognise revenue over time as and when the services are delivered and targets are met.</p>
Rapid response testing teams	<p>Rapid response testing teams provide highly flexible and responsive COVID-19 testing solutions which can be mobilised quickly to different locations and settings throughout Victoria.</p> <p>Target zones are;</p> <ul style="list-style-type: none"> • Regional areas and populations who live significant distances from COVID-19 testing sites • Vulnerable communities, such as culturally and linguistically diverse or those facing barriers to testing • areas where there are high infection rates, or it is deemed to be high risk setting. <p>Performance obligations have been selected so that they align with the terms and conditions of the funding provided.</p> <p>Goulburn Valley Health exercises judgement over whether performance obligations related to the formation of the project are met. This is measured by ensuring the Department of Health acquittal of the funds is completed on a quarterly basis.</p>

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

Government grant	Performance obligation
Lived experience workforce leadership	<p>Lived experience workforces is an initiative in response to the royal commission into Victoria's mental health system where it was recommended that there is a need to expand the consumer and family-carer lived experience workforces and enhance workplace supports. There are 4 components to the initiative;</p> <ul style="list-style-type: none"> • Expansion of the lived experience peer support workforce • Expansion (establishment) of lived experience supervisor role • Provision of training/professional development to the lived experience supervisors • Project management and co-design training for the lived experience workforces. <p>Performance obligations are based on achieving the 4 components and Goulburn Valley Health will exercise judgement over whether the performance obligations are met and will bring in revenue over time as and when the obligations are met.</p>
Suicide prevention assertive outreach pilot	<p>Goulburn Valley Health's outreach post-suicidal engagement (HOPE) program has emerged from the royal commission into Victoria's mental health system. Goulburn Valley Health will use the funding to undertake a design process with people with lived experience to develop a model of care for expanded referral pathways into the program including case managed consumers and consider people referred by general practitioners and other community providers and self-referrals.</p> <p>Goulburn Valley Health is required to submit a project plan and forecast budget which will include the designing and commencement of extended service hours for this program.</p> <p>Goulburn Valley Health exercises judgement over whether performance obligations related to the formation of the project are met. Revenue will be brought in over-time and this will be measured by ensuring the Department of Health acquittal of the funds is completed on a yearly basis.</p>
PSRAC kitchen garden initiative	<p>The kitchen garden initiative funding's objective is to start, refresh or further enhance an established garden to create an accessible kitchen garden and 'garden to plate' concept within Goulburn Valley Health. The benefits of this would include encouraging residents to be more active, improving nutrition, increasing resident connections with each other, their families and communities, taking advantage of volunteering opportunities whilst also enhancing person centred models of care.</p> <p>The project guidelines are:</p> <ul style="list-style-type: none"> • All garden/planter boxes must be raised and can be accessible for a person seated or in a wheelchair • All plants must be edible • All produce grown must be used by the residents or in lifestyle activities involving the residents. <p>Performance obligations are met when the garden beds/planter boxes are ready for planting by residents and the evaluation of the benefits to the residents has been delivered.</p> <p>Revenue will be brought in over the period of the project to offset the costs involved in completing the task.</p>

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

Government grant	Performance obligation
PSRACS telehealth & resident communication	<p>The aim of this grant is to provide funds to purchase the equipment deemed most suitable to enhance existing telehealth capability, reduce social isolation of residents and enhance wellbeing through use of its solutions to facilitate social engagement; with a particular focus on residents with difficulty communicating.</p> <p>Performance obligations are met when the equipment has been installed and ready for utilisation by the residents or by staff/family members providing support to them for the purposes outlined in the guidelines and the evaluation of the benefits to the residents and families has been delivered.</p> <p>Revenue will be brought in over the period of the project to offset the costs involved in completing the task.</p>
Specialist clinic reform project	<p>The specialist clinic reform project aims to help meet the Department of Health state-wide criteria for referrals to specialist clinics in public hospitals in Victoria. The objective of the criteria is to improve consistency and transparency of access to specialist services. Funding will be used to engage project support to prepare for implementation including;</p> <ul style="list-style-type: none"> • Updating processes for screening new referrals to incorporate the new referral criteria into policies • Undertake engagement and change management activities with clinical, administrative and other staff • Update hospital's website to include the state-wide referral criteria that have been developed and include a link to health pathways and/or the departments referral criteria website • Develop templates and processes to provide consistent feedback to referring clinicians when referrals have not met criteria. <p>Revenue is recognised over the life of the project as Goulburn Valley Health helps to inform of service delivery gaps and advises speciality clinics in the area of how to improve these gaps. These performance obligations have been selected as they align with the terms and conditions of the funding provided. Goulburn Valley Health exercises judgement over whether performance obligations related to the development of the models are met. This is measured by ensuring the Department of Health acquittal of the funds is completed at year end.</p>
Specialist clinic reform project - waitlist validation project	<p>The specialist clinic reform project works in conjunction with the previous project however it is for a specialist clinics waitlist validation project. The funds will support target work on waiting list validation, with a particular focus on identifying risks arising from care that has had to be deferred during the pandemic, along with audits of longer waiting referrals.</p> <p>The outcomes of this project are aimed to be:</p> <ul style="list-style-type: none"> • managing clinical risks arising from care that has been deferred by patients or health services out of necessity during the COVID-19 pandemic • identifying patients still requiring an appointment and reviewing them for clinical reprioritisation • identifying through this process patients no longer needing an appointment and removing them from the waitlist. <p>Revenue is recognised over the life of the project as Goulburn Valley Health reaches particular milestones that have been agreed on by Department of Health and Goulburn Valley Health. These performance obligations have been selected as they align with the terms and conditions of the funding provided. Goulburn Valley Health exercises judgement over whether performance obligations related to the development of the models are met. This is measured by ensuring the Department of Health acquittal and project plan of the funds is completed at year end.</p>

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

Government grant	Performance obligation
Development of a Hume Cluster Level Telehealth Strategic Plan	<p>The Regional & Rural Area Health Telehealth Strategic Plan Project objectives are to:</p> <ul style="list-style-type: none"> • improve and uplift telehealth regionally to support all regional, sub-regional and smaller health services to provide services via telehealth • increase the number of specialist clinics appointments provided via telehealth (including election commitment additional appointments) • support delivery of services and models of care via telehealth/virtualcare so patients can receive care closet to home or in the home i.e. other non-admitted and admitted and sub-acute services • set out how telehealth/virtual care will be sustained beyond the life of the project. <p>The outcomes of the project will be improved and sustained regional and rural telehealth maturity providing a foundation for virtual care, reduced service disruptions during COVID-19 and achievement of the additional specialist clinic appointments targets.</p> <p>Revenue is recognised over the life of the project as staff are employed, costs are expended and capital equipment purchased for the Telehealth program. These performance obligations have been selected as they align with the terms and conditions of the funding provided. Goulburn Valley Health exercises judgement over whether performance obligations related to the development of the models are met. This is measured by ensuring the that the full 2.5 FTE are employed and paid on a monthly basis and that all costs associated with the project are spent as per the guidelines.</p>

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, 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 revenue 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

	2022 \$'000	2021 \$'000
Cash donations and gifts	521	331
Assets FOC - Plant and equipment (State Supply Arrangement)	1,242	2,554
Assets FOC - Personal protective equipment (State Supply Arrangement)	3,904	1,875
Total fair value of assets and services received free of charge or for nominal consideration	5,667	4,760

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

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

On initial recognition of the asset, Goulburn Valley Health recognises related amounts being contributions by owners, lease liabilities, financial instruments, provisions and revenue or contract liabilities arising from a contract with a customer.

Goulburn Valley Health recognises income immediately in the profit or loss as the difference between the initial fair value of the asset and the related amounts.

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 partially attributable to the COVID-19 pandemic.

Additional costs were incurred to deliver the following additional services:

- establish facilities within Goulburn Valley Health for the treatment of suspected and admitted COVID-19 patients resulting in an increase in employee costs and additional equipment purchases
- implement COVID safe practices throughout Goulburn Valley Health including increased cleaning, increased security and consumption of personal protective equipment provided as resources free of charge

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.

- assist with COVID-19 case management, contact tracing and outbreak management contributing to an increase in employee costs
- establish vaccination clinics and regional hub to administer vaccines to staff and the community resulting in an increase in employee costs, additional equipment purchased, personal protective equipment, consumables and security costs
- establish 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
- implement work from home arrangements resulting in increased ICT infrastructure costs and additional equipment purchases.

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 anticipated future wage and salary levels, durations of service and employee departures, and are discounted at rates determined by reference to market yields on government bonds at the end of the reporting period.</p> <p>All other entitlements are measured at their nominal value.</p>

NOTE 3.1: EXPENSES FROM TRANSACTIONS

	Note	2022 \$'000	2021 \$'000
Salaries and wages		200,505	184,778
On-costs		47,873	43,918
Agency expenses		25,492	15,461
Fee for service medical officer expenses		8,081	8,145
Workcover premium		2,624	2,924
Total employee expenses		284,575	255,226
Drug supplies		17,549	16,919
Medical and surgical supplies (including prostheses)		13,130	11,711
Diagnostic and radiology supplies		5,445	2,763
Other supplies and consumables		29,407	27,685
Total supplies and consumables		65,531	59,078
Finance costs		75	88
Total finance costs		75	88
Other administrative expenses		16,722	14,082
Total other administrative expenses		16,722	14,082
Fuel, light, power and water		2,878	2,830
Repairs and maintenance		1,592	2,105
Maintenance contracts		3,324	2,967
Medical indemnity insurance		3,737	3,612
Expenses related to short term leases		1,023	1,337
Expenses related to leases of low value assets		294	407
Expenditure for capital purposes		2,892	5,621
Total other operating expenses		15,740	18,879
Total operating expense		382,643	347,353
Depreciation and amortisation	4.5	17,846	16,443
Total depreciation and amortisation		17,846	16,443
Total non-operating expenses		17,846	16,443
Total expenses from transactions		400,489	363,796

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) and
- 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

	2022 \$'000	2021 \$'000
Net gain/(loss) on disposal of property plant and equipment (including intangible assets)	322	264
Total net gain/(loss) on non-financial assets	322	264
Allowance for impairment losses of contractual receivables	(746)	(199)
Total net gain/(loss) on financial instruments	(746)	(199)
Net gain/(loss) arising from revaluation of long service liability	2,105	2,820
Total other gains/(losses) from other economic flows	2,105	2,820
Total gains/(losses) from other economic flows	1,681	2,885

NOTE 3.2: OTHER ECONOMIC FLOWS (CONTINUED)

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

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.

NET GAIN/(LOSS) ON NON-FINANCIAL ASSETS

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

- net gain/(loss) on disposal of non-financial assets
- any gain or loss on the disposal of non-financial assets is recognised at the date of disposal.

AMORTISATION OF NON-PRODUCED INTANGIBLE ASSETS

Intangible non-produced assets with finite lives are amortised as an 'other economic flow' on a systematic basis over the asset's useful life. Amortisation begins when the asset is available for use which is when it is in the location and condition necessary for it to be capable of operating in the manner intended by management.

IMPAIRMENT OF NON-FINANCIAL ASSETS

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

NOTE 3.3: EMPLOYEE BENEFITS AND RELATED ON-COSTS

	2022 \$'000	2021 \$'000
Current employee benefits and related on-costs		
<i>Accrued days off</i>		
Unconditional and expected to be settled wholly within 12 months ⁱ	594	500
	594	500
<i>Annual leave</i>		
Unconditional and expected to be settled wholly within 12 months ⁱ	17,265	20,363
Unconditional and expected to be settled wholly after 12 months ⁱⁱ	6,376	1,987
	23,641	22,350
<i>Long service leave</i>		
Unconditional and expected to be settled wholly within 12 months ⁱ	3,310	3,355
Unconditional and expected to be settled wholly after 12 months ⁱⁱ	20,595	19,528
	23,905	22,883
<i>Provisions related to employee benefit on-costs</i>		
Unconditional and expected to be settled wholly within 12 months ⁱ	2,502	2,691
Unconditional and expected to be settled wholly after 12 months ⁱⁱ	3,479	2,559
	5,981	5,250
Total current employee benefits and related on-costs	54,121	50,983
Non-current employee benefits and related on-costs		
Conditional long service leave	6,159	6,125
Provisions related to employee benefit on-costs	824	725
Total non-current employee benefits and related on-costs	6,983	6,850
Total employee benefits and related on-costs	61,104	57,833

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

	2022 \$'000	2021 \$'000
Current employee benefits and related on-costs		
Unconditional accrued days off	662	559
Unconditional annual leave entitlements	26,434	24,833
Unconditional long service leave entitlements	27,026	25,591
Total current employee benefits and related on-costs	54,122	50,983
Non-current employee benefits and related on-costs		
Conditional long service leave entitlements	6,984	6,850
Total non-current employee benefits and related on-costs	6,984	6,850
Total employee benefits and related on-costs	61,106	57,833
Attributed to:		
Employee benefits	54,301	51,858
Provision for related on-costs	6,805	5,975
Total employee benefits and related on-costs	61,106	57,833

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

	2022 \$'000	2021 \$'000
Carrying amount at start of year	57,833	52,684
Additional provisions recognised	26,043	23,771
Amounts incurred during the year	(22,772)	(18,622)
Carrying amount at end of year	61,104	57,833

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.

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.

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.

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	
	2022 \$'000	2021 \$'000
Defined benefit plansⁱ		
Aware	145	155
Total defined benefit plansⁱ	145	155
Defined contribution plans		
Aware	9,386	8,952
Hesta	7,681	6,248
Other	2,420	1,919
Total defined contribution plans	19,487	17,119
Total superannuation	19,632	17,274

ⁱ The 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 2022.

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

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

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 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

	2022 \$'000	2021 \$'000
Land at fair value - Freehold	9,953	8,094
Total land at fair value	9,953	8,094
Buildings at cost	165,263	164,462
Less accumulated depreciation	(7,089)	(3,798)
Total buildings at cost	158,174	160,664
Buildings at fair value	103,918	103,918
Less accumulated depreciation	(24,737)	(16,492)
Total buildings at fair value	79,181	87,426
Works in progress at fair value	52,432	23,323
Total land and buildings	299,740	279,507
Plant and equipment at fair value	7,006	6,250
Less accumulated depreciation	(5,155)	(4,806)
Total plant and equipment at fair value	1,851	1,444
Motor vehicles at fair value	642	831
Less accumulated depreciation	(592)	(708)
Total motor vehicles at fair value	50	123
Medical equipment at fair value	24,415	21,321
Less accumulated depreciation	(15,044)	(12,925)
Total medical equipment at fair value	9,371	8,396
Computer equipment at fair value	4,247	3,611
Less accumulated depreciation	(3,086)	(2,550)
Total computer equipment at fair value	1,161	1,061
Furniture and fittings at fair value	1,457	1,000
Less accumulated depreciation	(737)	(585)
Total furniture and fittings at fair value	720	415
Total plant, equipment, motor vehicles, furniture and fittings at fair value	13,153	11,439
Total property, plant and equipment	312,893	290,946

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 2020		8,094	248,378	14,791	1,495	309	5,150	693	156	279,066
Additions		-	-	22,996	223	-	1,227	368	18	24,832
Disposals		-	-	-	(2)	(62)	-	-	-	(64)
Assets provided free of charge		-	-	-	-	-	2,554	-	-	2,554
Net transfer between classes		-	11,368	(14,055)	202	-	1,699	424	362	-
Transfers to intangible assets		-	-	(409)	-	-	-	-	-	(409)
Depreciation	4.5	-	(11,656)	-	(474)	(124)	(2,234)	(424)	(121)	(15,033)
Balance at 30 June 2021	4.1(a)	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 transfer 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

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.

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

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.

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.

The managerial assessment performed at 30 June 2022 indicated an overall:

- increase in fair value of land of 23.31% (\$1.86m)
- increase in fair value of buildings of 8.16%

As the cumulative movement was less than 10% for buildings since the last revaluation, a managerial revaluation adjustment was not required as at 30 June 2022.

As the cumulative movement was greater than 10% but less than 40% for land since the last revaluation, a managerial revaluation adjustment was required as at 30 June 2022.

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

	2022 \$'000	2021 \$'000
Right-of-use buildings at fair value	1,993	625
Less accumulated depreciation	(395)	(203)
Total right-of-use buildings at fair value	1,598	422
Right-of-use plant, equipment, motor vehicles, furniture and fittings at fair value	4,106	4,340
Less accumulated depreciation	(1,437)	(1,555)
Total right-of-use plant, equipment, motor vehicles, furniture and fittings at fair value	2,669	2,785
Total right-of-use assets	4,267	3,207

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

	Note	Right-of-use Buildings \$'000	Right-of-use PE, MV, F&F \$'000	Total \$'000
Balance at 1 July 2020		527	2,988	3,515
Additions		-	903	903
Disposals		-	(270)	(270)
Depreciation	4.5	(105)	(836)	(941)
Balance at 30 June 2021	4.2(a)	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

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	2022 \$'000	2021 \$'000
Balance at the beginning of the reporting period		104,172	104,172
Revaluation increment			
- Land	4.1(b)	1,859	-
Balance at the end of the reporting period*		106,031	104,172
*Represented by:			
- Land		5,241	3,382
- Buildings		100,790	100,790
		106,031	104,172

NOTE 4.4: INTANGIBLE ASSETS

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

	2022 \$'000	2021 \$'000
Intangible produced assets - software	4,959	4,025
Less accumulated amortisation	(4,580)	(3,441)
Total intangible produced assets - software	379	585
Total intangible assets	379	585

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 2020		603	11	614
Additions		30	-	30
Net transfers between classes		421	(11)	410
Amortisation	4.5	(470)	-	(470)
Balance at 30 June 2021	4.4(a)	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

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

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

	2022 \$'000	2021 \$'000
Depreciation		
Buildings	11,536	11,656
Plant and equipment	591	474
Motor vehicles	69	124
Medical equipment	2,797	2,234
Computer equipment	604	424
Furniture and fittings	161	121
Total depreciation - property, plant and equipment	15,758	15,033
Right-of-use assets		
Right of use buildings	192	105
Right of use - plant, equipment, furniture, fittings and motor vehicles	726	836
Total depreciation right-of-use assets	918	941
Total depreciation	16,676	15,974
Amortisation		
Software	1,170	470
Total amortisation	1,170	470
Total depreciation and amortisation	17,846	16,444

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.

NOTE 4.5: DEPRECIATION AND AMORTISATION (CONTINUED)

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

	2022	2021
Buildings	2 to 47 years	2 to 50 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

	2022 \$'000	2021 \$'000
General stores at cost	840	851
Medical and surgical consumables at cost	987	823
Pharmacy supplies at cost	582	635
Pathology supplies at cost	-	159
Engineering supplies at cost	-	30
Catering supplies at cost	21	13
Biomedical engineering supplies at cost	48	61
Retail aids and equipment outlet supplies at cost	9	37
Total inventories	2,487	2,609

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 2022.

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 and contract assets
- 5.2 Payables and contract liabilities
- 5.3 Other liabilities

TELLING THE COVID-19 STORY

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

KEY JUDGEMENTS AND ESTIMATES

This section contains the following key judgements and estimates:

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 AND CONTRACT ASSETS

	Note	2022 \$'000	2021 \$'000
Current receivables and contract assets			
Contractual			
Trade receivables		1,456	1,112
Patient fees		3,241	3,533
Allowance for impairment losses		(130)	(285)
Accrued revenue		1,596	1,322
Accrued revenue - Dental Health Services Victoria		303	315
Accrued revenue - Department of Health		670	945
Total contractual receivables		7,136	6,942
Statutory			
GST receivable		917	799
Total statutory receivables		917	799
Total current receivables and contract assets		8,053	7,741
Non-current receivables and contract assets			
Contractual			
Long service leave - Department of Health		8,236	5,884
Trade debtors		75	70
Total contractual receivables		8,311	5,954
Total receivables and contract assets		16,364	13,695
<i>(i) Financial assets classified as receivables and contract assets (Note 7.1(a))</i>			
Total receivables and contract assets		16,364	13,695
GST receivable		(917)	(799)
Total financial assets	7.1(a)	15,447	12,896

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

	2022 \$'000	2021 \$'000
Balance at the beginning of the year	(285)	(262)
Increase in allowance	(746)	(199)
Amounts written off during the year	901	176
Balance at the end of the year	(130)	(285)

NOTE 5.1: RECEIVABLES AND CONTRACT ASSETS (CONTINUED)

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*.

Goulburn Valley Health is not exposed to any significant credit risk exposure to any single counter-party or any group of counter-parties having similar characteristics. Trade receivables consist of a large number of customers in various geographical areas. Based on historical information about customer default rates, management consider the credit quality of trade receivables that are not past due or impaired to be good.

IMPAIRMENT LOSSES OF CONTRACTUAL RECEIVABLES

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

NOTE 5.2: PAYABLES AND CONTRACT LIABILITIES

	Note	2022 \$'000	2021 \$'000
Current payables and contract liabilities			
Contractual			
Trade creditors		2,235	4,821
Accrued salaries and wages		8,139	5,999
Accrued expenses		18,840	13,519
Deferred capital grant income	5.2(a)	-	739
Contract liabilities	5.2(b)	4,314	3,434
Department of Health		12,428	3,576
Unearned Income - Operating		237	523
Inter hospital creditors		123	141
Amounts payable to governments and agencies		-	14
Total contractual payables		46,316	32,766
Statutory			
Commonwealth		-	2
Total statutory payables		-	2
Total payables and contract liabilities		46,316	32,768
<i>(i) Financial assets classified as payables and contract liabilities (Note 7.1(a))</i>			
Total payables and contract liabilities		46,316	32,768
Deferred grant income		-	(739)
Contract liabilities		(4,314)	(3,434)
Unearned Income - Operating		(237)	(523)
Statutory payables		-	(2)
Total financial liabilities	7.1 (a)	41,765	28,070

NOTE 5.2: PAYABLES AND CONTRACT LIABILITIES (CONTINUED)

HOW WE RECOGNISE PAYABLES AND CONTRACT LIABILITIES

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 Goulburn Valley Health prior to the end of the financial year that are unpaid.

- **Statutory payables**, includes GST payable, Fringe Benefits Tax (FBT). 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

	2022 \$'000	2021 \$'000
Opening balance of deferred capital grant income	739	290
Grant consideration for capital works received during the year	-	449
Deferred capital grant income recognised as income due to completion of capital works	(739)	-
Closing balance of deferred capital grant income	-	739

HOW WE RECOGNISE DEFERRED CAPITAL GRANT REVENUE

Capital grant revenue is recognised progressively as the asset is constructed, since this is the time when Goulburn Valley Health satisfies its obligations. Goulburn Valley Health expects to recognise all of the remaining deferred capital grant revenue for capital works by 30 June 2022.

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.

In the 2022 financial year, Goulburn Valley Health recognised the of the remaining deferred capital grant revenue received from DH in 2021 relating to the Hume Telehealth Cluster and the Better at Home, Capital and Redesign.

NOTE 5.2(B): CONTRACT LIABILITIES

Opening balance of contract liabilities

Payments received for performance obligations not yet fulfilled

Revenue recognised for the completion of a performance obligation

Total contract liabilities

*Represented by

- Current liabilities

	2022 \$'000	2021 \$'000
Opening balance of contract liabilities	3,434	853
Payments received for performance obligations not yet fulfilled	3,712	3,019
Revenue recognised for the completion of a performance obligation	(2,832)	(438)
Total contract liabilities	4,314	3,434
*Represented by		
- Current liabilities	4,314	3,434

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

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

MATURITY ANALYSIS OF PAYABLES

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

NOTE 5.3: OTHER LIABILITIES

Note	2022 \$'000	2021 \$'000
Current monies held in trust		
Patient monies	1,433	5,741
Refundable accommodation deposits (RAD)	5,319	5,664
Employee trust funds	66	105
Community funds	67	67
Government grants - Hume region programs	5,198	2,390
Total current monies held in trust	12,083	13,967
Total other liabilities	12,803	13,967
*Represented by:		
- Cash assets	12,083	13,967
	12,803	13,967

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 pandemic.

NOTE 6: HOW WE FINANCE OUR OPERATIONS (CONTINUED)

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>
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 liability ⁱ

Advances from government ⁱⁱ

Total current borrowings

Non-current borrowings

Lease liability ⁱ

Advances from government ⁱⁱ

Total non-current borrowings

Total borrowings

ⁱ Secured by the assets leased.

ⁱⁱ These are secured loans which bear no interest.

Note	2022 \$'000	2021 \$'000
6.1(a)	1,745	1,374
	550	550
	2,295	1,924
6.1(a)	2,511	1,861
	-	550
	2,511	2,411
	4,806	4,335

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. The measurement basis subsequent to initial recognition depends on whether the Goulburn Valley Health has categorised its liability as either 'financial liabilities designated at fair value through profit or loss', or financial liabilities at 'amortised cost'.

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 lease liabilities

- Non-current lease liabilities

2022 \$'000	2021 \$'000
4,526	3,357
(270)	(122)
4,256	3,235

2022 \$'000	2021 \$'000
1,823	1,409
2,299	1,864
403	84
4,526	3,357
(270)	(122)
4,256	3,235
1,745	1,374
2,511	1,861

NOTE 6.1(A): LEASE LIABILITIES (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
- 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
Buildings - various leased premises	5 to 8 years
Medical equipment	3 to 5 years
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 a rate of 2.69%

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

In determining the lease term, management considers all facts and circumstances that create an economic incentive to exercise an extension option. Extension options are only included in the lease term and lease liability if the lease is reasonably certain to be extended.

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.

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-substance 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	2022 \$'000	2021 \$'000
Cash on Hand (excluding monies held in trust)	15	16
Cash at Bank (excluding monies held in trust)	1,028	840
Cash at Bank - CBS (excluding monies held in trust)	81,487	45,050
Total cash held for operations	82,530	45,906
Cash on hand (monies held in trust)		
Cash at bank - CBS (other)	6,764	8,303
Cash at bank - CBS (monies held in trust - RAD/Accommodation bonds)	5,319	5,664
Total cash held as monies in trust	12,083	13,967
Total cash and cash equivalents	94,613	59,873

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

	2022 \$'000	2021 \$'000
Capital expenditure commitments		
Less than one year	1,081	2,006
Total capital expenditure commitments	1,081	2,006
Non-cancellable short term and low value lease commitments		
Less than one year	-	28
Longer than one year but not longer than five years	-	-
Total non-cancellable short term and low value lease commitments	-	28
Total commitments for expenditure (inclusive of GST)	1,081	2,034
Less GST recoverable from Australian Tax Office	(98)	(185)
Total commitments for expenditure (exclusive of GST)	983	1,849

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 this use 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. <p>Goulburn Valley Health does not categorise any fair values within this level.</p> <ul style="list-style-type: none"> • 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. • 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 2022				
Contractual financial assets				
Cash and cash equivalents	6.2	94,613	-	94,613
Receivables and contract assets				
- Trade debtors and patient fees	5.1	4,642	-	4,642
- Other receivables	5.1	10,805	-	10,805
Total financial assets¹		110,060	-	110,060
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	5.3	-	5,319	5,319
- Patient monies in trust	5.3	-	1,433	1,433
- Other funds held in trust	5.3	-	5,331	5,331
Total financial liabilities¹		-	24,876	24,876
30 June 2021				
Contractual financial assets				
Cash and cash equivalents	6.2	59,873	-	59,873
Receivables and contract assets				
- Trade debtors and patient fees	5.1	4,430	-	4,430
- Other receivables	5.1	8,466	-	8,466
Total financial assets¹		72,769	-	72,769

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	-	28,070	28,070
Borrowings				
- DH loan	6.1	-	1,100	1,100
- Finance leases	6.1	-	3,235	3,235
Other financial liabilities				
- Refundable accommodation bonds	5.3	-	5,664	5,664
- Patient monies in trust	5.3	-	5,741	5,741
- Other funds held in trust	5.3	-	2,562	2,562
Total financial liabilitiesⁱ		-	9,768	9,768

ⁱ 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.

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).

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

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 2021-22.

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 (ECL) 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.

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 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)
	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 2021							
Expected loss rate		4.00%	10.00%	14.00%	26.00%	46.00%	
Gross carrying amount of contractual receivables	5.1	4,336	1,445	650	506	289	7,227
Loss allowance		(11)	(29)	(40)	(74)	(131)	(285)

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.

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.

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

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

- 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.

For interest rates applicable to each class of liability refer to individual notes to the financial statements.

			Maturity Dates				
	Note	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							
Payables	5.2	41,765	41,765	-	41,765	-	-
Borrowings	6.1						
- DH loan		550	550	46	92	413	-
- Finance leases		4,256	4,256	145	291	1,309	2,511
Other financial liabilities ⁽ⁱ⁾							
- Refundable accommodation deposits	5.3	5,319	5,319	-	-	5,319	-
- Patient monies in trust	5.3	1,433	1,433	-	-	1,433	-
- Other funds held in trust	5.3	5,331	5,331	-	-	5,331	-
Total financial liabilities		58,654	58,654	191	42,148	13,804	2,511
			Maturity Dates				
	Note	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 2021							
Payables	5.2	28,070	28,070	-	28,070	-	-
Borrowings	6.1						
- DH loan		1,100	1,100	46	92	413	550
- Finance leases		3,235	3,235	115	229	1,031	1,861
Other financial liabilities ⁽ⁱ⁾							
- Refundable accommodation deposits	5.3	5,664	5,664	-	-	5,664	-
- Patient monies in trust	5.3	5,741	5,741	-	-	5,741	-
- Other funds held in trust	5.3	2,562	2,562	-	-	2,562	-
Total financial liabilities		46,372	46,372	160	28,391	15,410	2,411

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 2.15% 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

NOTE 7.4: FAIR VALUE DETERMINATION

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 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

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

		Carrying amount	Fair value measurement at end of reporting period using:		
		30 June 2022	Level 1 ⁱ	Level 2 ⁱ	Level 3 ⁱ
	Note	\$'000	\$'000	\$'000	\$'000
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

		Carrying amount	Fair value measurement at end of reporting period using:		
		30 June 2021	Level 1 ⁱ	Level 2 ⁱ	Level 3 ⁱ
	Note	\$'000	\$'000	\$'000	\$'000
Non-specialised land		4,669	-	4,669	-
Specialised land					
Graham Street, Shepparton		2,898	-	-	2,898
Park Street, Tatura		241	-	-	241
Coyle Street, Rushworth		139	-	-	139
High Street, Rushworth		147	-	-	147
Total land at fair value	4.1(a)	8,094	-	4,669	3,425
Non-specialised buildings		561	-	561	-
Specialised buildings		247,529	-	-	247,529
Total buildings at fair value	4.1(a)	248,090	-	561	247,529
Plant and equipment	4.1(a)	1,444	-	-	1,444
Motor vehicles	4.1(a)	123	-	-	123
Medical equipment	4.1(a)	8,396	-	-	8,396
Computer equipment	4.1(a)	1,061	-	-	1,061
Furniture and fittings	4.1(a)	415	-	-	415
Total plant, equipment, motor vehicles, furniture and fittings fair value		11,439	-	-	11,439
Right-of-use buildings	4.2(a)	422	-	-	422
Right-of-use plant, equipment, furniture, fittings and vehicles	4.2(a)	2,785	-	-	2,785
Total right-of-use assets at fair value		3,207	-	-	3,207
Total non-financial physical assets at fair value		270,830	-	5,230	265,600

ⁱ Classified in accordance with the fair value hierarchy.

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

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 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 2022.

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

	Note	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 2020		3,425	247,763	7,803	527	2,988
Additions/(disposals)		-	-	1,772	-	633
Assets provided free of charge		-	-	2,554	-	-
Net transfers between classes		-	11,368	2,687	-	-
<i>Gains/(losses) recognised in net result</i>						
- Depreciation and amortisation		-	(11,602)	(3,377)	(105)	(836)
Balance at 30 June 2021	7.4(a)	3,425	247,529	11,439	422	2,785
Additions/(disposals)		-	-	2,376	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

¹ 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 ¹
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

¹ 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	2022 \$'000	2021 \$'000
Net result for the year		43,513	26,893
Non-cash movements:			
(Gain)/loss from disposal of non-financial physical assets		322	232
Less cash inflow for investing and financial activities		(1,928)	(521)
Depreciation of non-current assets	4.5	(16,676)	(15,973)
Amortisation of non-current assets	4.5	(1,170)	(470)
Depreciation and amortisation of non-current assets from joint venture	8.8	(29)	(76)
Assets and services received free of charge	2.1	5,146	4,429
Loss allowance for receivables		(156)	23
DH capital redevelopment payments - non cash		25,317	19,166
Movements in asset and liabilities:			
(Increase)/decrease in receivables and contract assets		(2,533)	(5,070)
(Increase)/decrease in inventories		122	(62)
(Increase)/decrease in prepaid expenses		(685)	246
Increase/(decrease) in payables and contract liabilities		12,932	16,205
Increase/(decrease) in employee benefits		3,276	5,149
Net cash inflow from operating activities		41,631	35,555

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.

Responsible Ministers:

The Honourable Mary-Anne Thomas MP:

Minister for Health

Minister for Ambulance Services

The Honourable Gabrielle Williams MP:

Minister for Mental Health

The Honourable Colin Brooks MP:

Minister for Disability, Ageing and Carers

The Honourable Martin Foley MP:

Former Minister for Health

Former Minister for Ambulance Services

The Honourable Anthony Carbines MP:

Minister for Disability, Ageing and Carers

The Honourable James Merlino MP:

Former Minister for Mental Health

Former Minister for Disability, Ageing and Carers

The Honourable Luke Donnellan MP:

Former Minister for Disability, Ageing and Carers

Governing Board

Michael Delahunty (Chair of the Board)

Joanne Breen

Ilona Charles

Nicole Inglis

Catherine Jones

Dr. Richard King AM

Michael Milne

Victor Sekulov

Michael Tehan

Accountable Officer

Matt Sharp (Chief Executive)

Period	
27 June 2022	30 June 2022
27 June 2022	30 June 2022
27 June 2022	30 June 2022
27 June 2022	30 June 2022
27 June 2022	30 June 2022
1 July 2021	27 June 2022
1 July 2021	27 June 2022
6 December 2021	27 June 2022
1 July 2021	27 June 2022
11 October 2021	6 December 2021
1 July 2021	11 October 2021
1 July 2021	30 June 2022
1 July 2021	30 June 2022
1 July 2021	30 June 2022
1 July 2021	30 June 2022
1 July 2021	30 June 2022
1 July 2021	30 June 2022
1 July 2021	30 June 2022
1 July 2021	30 June 2022
1 July 2021	30 June 2022
1 July 2021	30 June 2022

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	2022 No.	2021 No.
\$20,000 - \$29,000	8	8
\$50,000 - \$59,999	1	1
\$400,000 - \$409,999	-	1
\$420,000 - \$429,999	1	-
Total	10	10

	2022 \$'000	2021 \$'000
Total remuneration received or due and receivable by Responsible Persons from Goulburn Valley Health amounted to:	666	653

Amounts relating to the Governing Board Members and Accountable Officer of Goulburn Valley Health are disclosed

within the 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

(including Key Management Personnel disclosed in Note 8.4)

	Total Remuneration	
	2022 \$'000	2021 \$'000
Short-term benefits	1,932	1,701
Post-employment benefits	175	136
Other long-term benefits	79	122
Termination benefits	218	-
Total remuneration ⁱ	2,404	1,959
Total number of executives	9	11
Total annualised employee equivalent ⁱⁱ	7.99	7.12

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 - member of the Hume Rural Health Alliance (HRHA) 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
Goulburn Valley Health	Michael Delahunty	Chair of the Board
Goulburn Valley Health	Joanne Breen	Director
Goulburn Valley Health	Ilona Charles	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	Joshua Freeman	Executive Director Community Care and Mental Health
Goulburn Valley Health	Peter Hutchinson	Chief Finance Officer, Chief Procurement Officer and Executive Director Information Technology
Goulburn Valley Health	Karen Linford	Executive Director People, Development & Capability
Goulburn Valley Health	Donna Sherringham	Executive Director Clinical Operations
Goulburn Valley Health	Kellie Thompson	Executive Director Quality, Innovation and Risk / Chief Nurse and Midwifery Officer
Goulburn Valley Health	Shane Tremellen	Acting Executive Director Capital Projects, Infrastructure and Support Services
Goulburn Valley Health	Elizabeth Murdoch	Former Deputy Chief Executive
Goulburn Valley Health	Jacinta Russell	Former Executive Director Capital Projects, Infrastructure and 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

Total ⁱ

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

2022 \$'000	2021 \$'000
2,552	2,298
221	179
79	135
218	-
3,070	2,612

SIGNIFICANT TRANSACTIONS WITH GOVERNMENT RELATED ENTITIES

Goulburn Valley Health received funding from the Department of Health of \$331.4m (2021: \$287.5m) and indirect contributions of \$37.6m (2021: \$19.1m). Balances outstanding as at 30 June 2022 are \$16.74m (2021: \$3.99m)

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 2022 (2021: none).

There were no related party transactions required to be disclosed for Goulburn Valley Health Board of Directors, Chief Executive and Executive Directors in 2022 (2021: none).

NOTE 8.5: REMUNERATION OF AUDITORS

Victorian Auditor-General's Office

Audit of the financial statements

Total remuneration of auditors

2022 \$'000	2021 \$'000
59	65
59	65

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 2022 (2021: 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	Principal Activity	Ownership Interest	
		2022 %	2021 %
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.	13.06	13.56

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

	2022 \$'000*	2021 \$'000*
Current assets		
Cash and cash equivalents	1,579	1,680
Receivables and contract assets	177	151
Prepaid expenses	34	38
Total current assets	1,790	1,869
Non-current assets		
Property, plant and equipment	26	33
Right of use assets	35	45
Intangible assets	17	21
Total non-current assets	78	99
Total assets	1,868	1,968
Current liabilities		
Payables	411	1,020
Borrowings	13	14
Other liabilities	514	-
Total current liabilities	938	1,034
Non-current liabilities		
Borrowings	24	32
Total non-current liabilities	24	32
Total liabilities	962	1,066
Net assets	906	902

NOTE 8.8: JOINT ARRANGEMENTS (CONTINUED)

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

	2022 \$'000*	2021 \$'000*
Revenue and income from transactions		
Operating activities	900	877
Non-operating activities	4	2
Total revenue and income from transactions	904	879
Expenses from transactions		
Management fee	(289)	(278)
Operating expenses	(579)	(542)
Finance costs	(1)	(1)
Depreciation and amortisation	(29)	(77)
Total expenses from transactions	(898)	(898)
Net result from transactions - net operating balance	6	(19)
Other economic flows included in net result		
Net gain/(loss) on sale of non-financial assets	-	(32)
Total other economic flows included in net result	-	(32)
Comprehensive result for the year	6	(51)

*Figures obtained from the audited Hume Rural Health Alliance Annual Financial Statements

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 Private Practice arrangements, 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 2023. On that basis, the financial statements have been prepared on a going concern basis.



