

2020-21

ANNUAL REPORT



East Grampians
Health Service



LEADERS IN RURAL HEALTH CARE

OUR VISION

To be leaders in rural health care

OUR MISSION

East Grampians Health Service will improve our community's health and quality of life through strong partnerships and by responding to changing needs

OUR VALUE STATEMENTS



INTEGRITY

We value integrity, honesty and respect in all relationships



EXCELLENCE

We value excellence as the appropriate standard for all services and practices



COMMUNITY

We respect the dignity and rights of our community and acknowledge their beliefs, regardless of their cultural, spiritual or socioeconomic background



WORKING TOGETHER

We value equally all people who make a contribution to EGHS to achieve shared goals



LEARNING CULTURE

We strive to continually learn and develop through education, training, mentoring and by teaching others

ACKNOWLEDGEMENTS

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Design & Layout: Digital Outlaw

Photography: Jodie Holwell

Printing: Sovereign Press

And thanks to the community and staff members who have contributed to this report.

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COVER IMAGES

Large image:	Annette Manning and Ian Walmsley
Small image (left):	Meagan Word and Narelle House
Small image (middle):	Brenten Coleman and Ros Thomas
Small image (right):	Damien Ferrari and Lucy Mills

MANNER OF ESTABLISHMENT

Throughout 2020-21 East Grampians Health Service has maintained its integrity and delivery of quality health care through a continuum of innovation, education and consultation while responding to government initiatives and community expectations.

Established in 1995, East Grampians Health Service has developed its reputation as a leader in the delivery of high quality rural health care through the provision of integrated acute, residential and primary care.

The Annual Report provides comprehensive information for our community and to our Government to ensure that our Health Service meets all mandatory legislative compliance. East Grampians Health Service, on a regular basis, provides information news sheets to our community with updates on COVID-19, quality of health care improvements, capital developments and other important health issues.

East Grampians Health Service delivers quality health care that meets the needs of the community living in Ararat, Willaura and throughout the local government area of Ararat Rural City. The Board, in partnership with all tiers of Governments, reviews community expectations through its Strategic Plan. Good governance is led by the Board and implemented by the Executive Team and staff who are committed to delivering patient centred care within economic boundaries. Working together, the Board and Executive Team continue to deliver appropriate and financially effective programs to the community.

East Grampians Health Service's Annual Report will review progress towards meeting its vision and mission given the challenges that all health services continue to face during the COVID-19 pandemic.

Following our Annual General Meeting the Annual Report will be available on our website www.eghs.net.au

TRADITIONAL OWNERS

East Grampians Health Service proudly acknowledges the traditional custodians of the lands and pays respect to all Elders past, present and future of Aboriginal and/or Torres Strait Islander communities, across this nation.



NATURE AND RANGE OF SERVICES

As a medium sized rural health service, East Grampians Health Service delivers a comprehensive range of programs and services to the community that are accessed through inpatient, residential, home and community based services. The campuses are located at Ararat and Willaura and community based programs are also delivered throughout the Local Government Area of Ararat Rural City. The median age within the catchment area is seven years older than the national population and while general growth is predicted to be slow, the number of older people in the community is forecast to continue to increase while the younger community will decrease.

CLINICAL SERVICES

- Chemotherapy
- Inpatient Unit
- Infection Control
- Obstetrics including Midwifery, Domiciliary Midwifery
- Palliative Care
- Pharmacy
- Urgent Care

PERIOPERATIVE SERVICES

- Central Sterilising Unit
- Day Procedure Unit
- Haemodialysis
- Operating Suite
- Surgical Preadmission Unit

AGED CARE

- 70 Lowe Street
- Garden View Court
- Lifestyle Team
- Parkland House
- Willaura Day Centre
- Willaura Health Care

MEDICAL IMAGING

- General X-Ray
- Image Intensifier
- Multi-Slice CT Scanner
- OPG (Panoramic Dental X-ray)
- Ultrasound (including 3D/4D obstetrics, vascular, musculo-skeletal, interventional)

EXECUTIVE SERVICES

- Business Support
- Community Liaison
- Customer Feedback
- Human Resources

COMMUNITY SERVICES

- Ante Natal
- Aqua Therapy
- Ark Toy and Activity Library
- Breast Health
- Cardiac Rehabilitation
- Chronic Disease Management
- Community Nursing Programs (District Nursing, Personal Care Support, Hospital Admission Risk Program, Regional Assessment Service, Hospital in the Home, Palliative Care, Post Acute Care, Home Care Packages)
- Continence Support
- Dental services including outreach to schools and kindergartens
- Diabetes Education
- Dietetics
- Exercise Physiology
- Healthy@Home Telehealth Service
- Occupational Therapy
- Patricia Hinchey Centre – social support groups
- Physiotherapy
- Podiatry
- Pulmonary Rehabilitation
- Social Work
- Speech Pathology
- Women's Health Clinic – cervical screening

DEVELOPMENT & IMPROVEMENT

- Education and Professional Development
- Emergency Management
- Information & Communication Technology
- Occupational Health & Safety
- Organisational Development
- Quality & Risk
- Research
- Standards, Legislation and Accreditation

PYRENEES HOUSE EDUCATION CENTRE

- Diploma of Nursing
- Education and Training
- Function Centre
- Graduate Nurse Program
- Undergraduate/ Postgraduate Clinical Education

SUPPORT SERVICES

- Accommodation - staff & students
- Building Projects
- Catering (Internal/external functions & Café Pyrenees/ Meals on Wheels/Delivered Meals)
- Environmental (Cleaning/Linen/Waste)
- Fire & Emergency
- Maintenance (Preventative Maintenance /Contracts & Agreements /Fleet Vehicles)
- Security

FINANCE SERVICES

- Budget & Finance
- Corporate Services
- General Accounting
- Patient Billing
- Payroll
- Procurement/Stores
- Reception

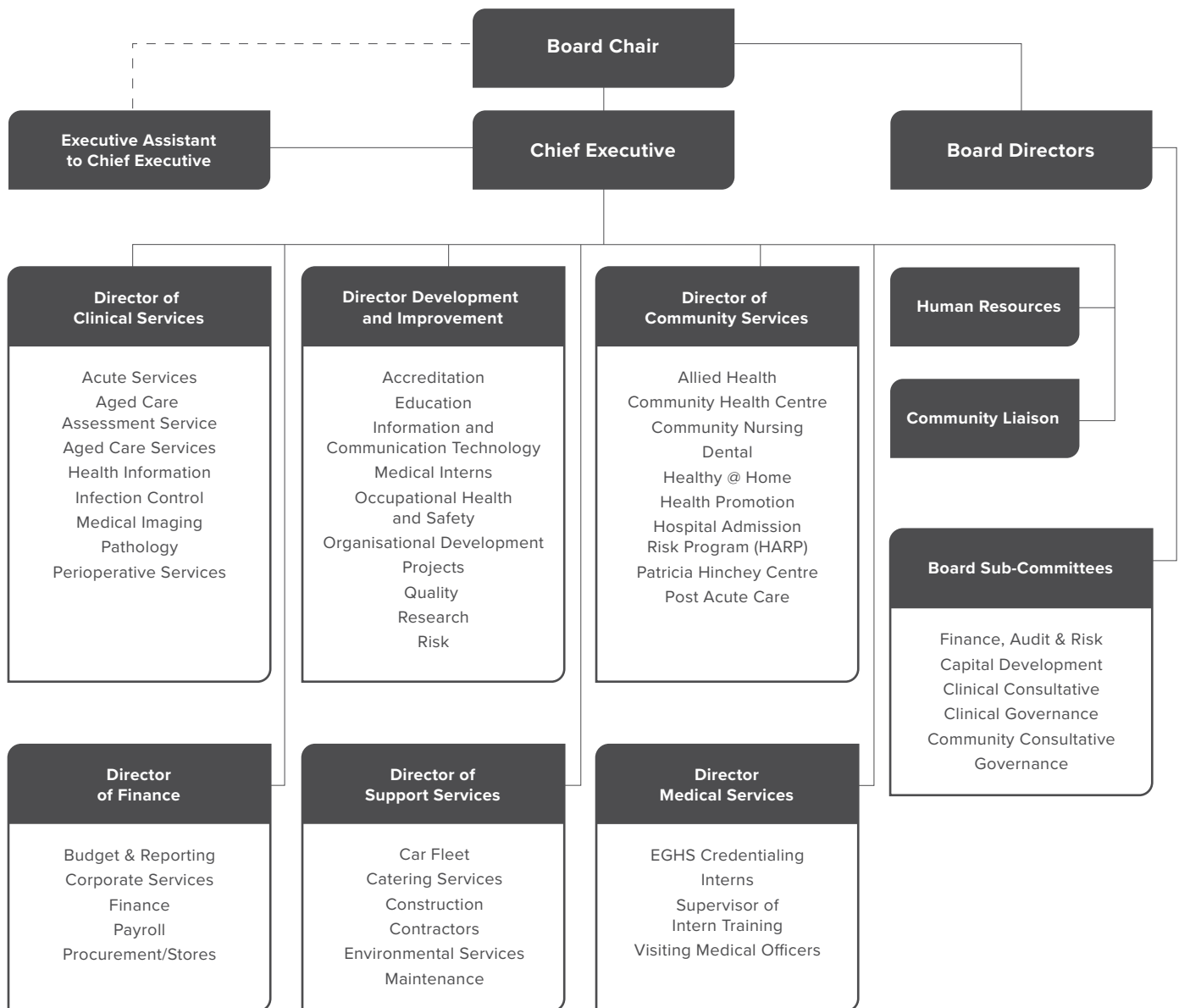
MEDICAL SERVICES

- Credentialing
- General Medicine
- General Surgery
 - Ear Nose & Throat
 - Gynaecology
 - Ophthalmology
 - Orthopaedics
 - Urology
 - Dental
- Medical Interns
- Supervision of Medical Interns
- Visiting Medical Officers

Please refer to the site directory and map on the back cover for addresses and contact details

MANAGEMENT STRUCTURE

ORGANISATIONAL STRUCTURE



WORKFORCE DATA

WORKFORCE STATISTICS

HOSPITALS LABOUR CATEGORY	JUNE CURRENT MONTH FTE		JUNE YTD FTE	
	2020	2021	2020	2021
Nursing	133.88	133.21	136.46	135.47
Administration and Clerical	55.01	55.48	55.62	56.42
Medical Support	9.28	9.4	7.98	9.56
Hotel and Allied Services	78.78	82.3	77.88	83.69
Medical Officers	1.75	1.41	0.92	1.43
Hospital Medical Officers	8.00	7.78	8.15	7.91
Sessional Clinicians	0.00	0.00	0.00	0.00
Ancillary Staff (Allied Health)	28.00	23.82	26.87	24.22
TOTALS	314.7	313.4	313.88	318.70

EMPLOYMENT AND CONDUCT PRINCIPLES

East Grampians Health Service continues to use contemporary recruitment practices based on fair and equitable employment principles. The Diversity Action Plan acknowledges the Health Service's organisational responsibility to remain inclusive and responsive to the health and wellbeing of the whole community whatever their background or beliefs.

OCCUPATIONAL HEALTH AND SAFETY DATA

Occupational Health and Safety Statistics	2020-21	2019-20	2018-19
The number of reported hazards/incidents for the year per 100 FTE	50.20	43.98	57.92
The number of 'lost time' standard WorkCover claims for the year per 100 FTE	1.57	1.71	1.68
The average cost per WorkCover claim for the year ('000)	\$104	\$66	\$221

OCCUPATIONAL HEALTH AND SAFETY (OH&S) 2004

The *Occupational Health and Safety Act 2004* and its Schedules of 2007 guide the Health Service in its occupational health and safety responsibilities. Designated work groups operate with trained representatives who consult on matters relating to OH&S. The OH&S committee develops strategic thinking in relation to the safety and welfare of workers. Lead and lag indicators are established and reported quarterly to the Board. These indicators include the participation of staff in training; the number of incidents and the types of incidents and how they have been managed; the numbers of days lost to injury; the cost of injury and measurement of the Health Service's performance against industry Standards. The Health Service participates in WorkCover inspections and there were no Provisional Improvement Notices issued in 2020-21.

The number of incidents for the year = 160

The number per FTE = 1.99

OH&S is a key component of training for all new and current Board members and staff. It provides an important framework for ongoing adherence to risk management, staff safety and wellbeing throughout the organisation. During the year we have continued staff education and induction into high risk activities and, where appropriate, competency testing on equipment being used.

OCCUPATIONAL VIOLENCE

Occupational violence statistics	2019-20	2020-21
Workcover accepted claims with an occupational violence cause per 100 FTE	0.00	0.00
Number of accepted Workcover claims with lost time injury with an occupational violence cause per 1,000,000 hours worked	0.00	0.00
Number of occupational violence incidents reported	121	144
Number of occupational violence incidents reported per 100 FTE	38.41	45.18
Percentage of occupational violence incidents resulting in a staff injury, illness or condition	0.00	0.00

STATEMENT OF PRIORITIES

2020-21

STRATEGIC PRIORITIES

In 2020-2021 East Grampians Health Service assisted with the following state-wide priorities to develop and implement important system reforms, including modernising our health system through redesigned governance; driving system reforms that deliver better population health, high quality care and improved patient outcomes and experiences; and reforming clinical services to ensure we are delivering our community the best value care.

STRATEGIC PRIORITY 1:

Maintain robust COVID-19 readiness and response, working with the Department of Health to ensure rapid response to outbreaks, if and when they occur, which includes providing testing for the community and staff, where necessary and if required. This includes preparing to participate in, and assist with, the implementation of COVID-19 vaccine immunisation program rollout, ensuring the local community's confidence in the program.

OUTCOMES:

East Grampians Health Service maintains its COVID-19 readiness and response by ensuring all directions provided by the Department of Health and the Chief Health Officer are implemented in consultation with the Board, Executive, Senior Management and staff. Commitment to engagement in the control of the pandemic is seen in the activities listed below:

- East Grampians Health Service continues to provide a seven day a week COVID-19 swab clinic to the community. Additional staffing has been put in place at times of outbreaks to meet community demand. Over 4,500 swabs have been completed.
- East Grampians Health Service is a COVID-19 vaccination sub-hub lead. The sub-hub includes Stawell Regional Health, Maryborough District Health Service and East Wimmera Health Service. We have successfully led the vaccination rollout in these communities, ensuring that Pfizer and AstraZeneca is available close to people's homes. This has included providing outreach clinics to smaller towns, disability providers, corrections, abattoirs and the Aboriginal community. As at the end of June 2021, we had provided over 3,600 COVID-19 vaccination doses.
- All East Grampians Health Service Aged Care residents have been offered the COVID-19 vaccination and received their second doses.
- East Grampians Health Service has a P2/N95 respiratory mask fitting program established with 90% of its designated high risk employees being tested for a mask.
- East Grampians Health Service has identified COVID-19 as a strategic risk and communicates this risk to the Finance, Audit and Risk Committee and directly to the Board.
- Plans, policies and procedures are in place to manage COVID-19 responses and are continually updated to reflect any changes/advice from the Department of Health.
- East Grampians Health Service participated in all Grampians Region Cluster meetings.
- Weekly internal meetings ensure all areas of the Health Service are aware of any changes or latest developments.
- Executive on-call roster in place to support pandemic response.
- Regular staff communiques distributed to all staff updating them on current COVID-19 responses. Over 150 communiques have been provided to staff.
- Regular communications are occurring with other internal and external stakeholders.
- All these activities provide assurance that East Grampians Health Service continually assesses the requirements for its readiness to adapt to the threat of COVID-19.

STATEMENT OF PRIORITIES

2020-21

STRATEGIC PRIORITY 2:

Engage with the community to address the needs of patients, especially 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.

OUTCOMES:

East Grampians Health Service's commitment to the community, including vulnerable groups such as Aboriginal and Torres Strait Islander, LGBTIQ+, Disability and Cultural and Linguistically Diverse Communities is demonstrated in its ongoing engagement work with the Ararat Rural Council, Primary Care Partnerships and other local and regional groups. This engagement is demonstrated through activities listed below:

- East Grampians Health Service has engaged an Aboriginal Liaison Officer one day per month from Ballarat Health Services to assist in the implementation of effective communication with members of the local Aboriginal and Torres Strait Islander community and the development of a sustainable cultural safety environment at East Grampians Health Service. Recruitment for a permanent Aboriginal Health Liaison Officer, in collaboration with Stawell Regional Health and Beaufort and Skipton Health service, is underway.
- During COVID-19 stage 3 and 4 restrictions, Patricia Hinchey Centre was required to close. Staff adapted the service to visit consumers in their homes, providing reassurance to these consumers who were anxious; delivering meals on wheels; leisure & lifestyle packs; light exercise programs; essential shopping and a friendly visit which reassured and supported consumers. COVID-19 safe practices were implemented with screening by phone prior to a visit and screening again during the visit. Welfare visits were very successful and the Health Service received a number of compliments as a result of this service.
- During Stage 4 restrictions, the Health Service provided a total of 145 Health Direct (videoconferencing) consultations with Allied Health clinicians, or doctors where the patient was admitted to the Inpatient Unit. Another 71 videoconferences were arranged for residents in our Aged Care Facilities.
- East Grampians Health Service delivers a quarterly Community Update newsletter to all residents. This has been a way of staying connected to the community during COVID-19.
- East Grampians Health Service will lead the expansion of the Healthy@Home program, funded through the Better at Home initiative, to Stawell Regional Health, Maryborough District Health and East Wimmera Health Services. This initiative supports vulnerable consumers who benefit from telehealth contact and screening for health care needs.
- The East Grampians Health Service's Community Consultative Committee provides direct engagement with the community with representatives/members providing the community perspective as well as being able to communicate the initiatives of the Health Service back to the community.
- Consumers and community members are represented on key committees including the Community Consultative Committee, Board Clinical Governance Committee and Finance, Audit and Risk Committee.

STRATEGIC PRIORITY 3:

As providers of care, respond to the recommendations of the Royal Commission into Victoria's Mental Health system and the Royal Commission into Aged Care Quality and Safety.

OUTCOMES:

East Grampians Health Service will work with both the State and Commonwealth Governments to ensure that we respond to and, where appropriate, implement the relevant recommendations from the Mental Health and Aged Care Royal Commissions.

STRATEGIC PRIORITY 4:

Develop and foster local health partner relationships to continue delivering collaborative approaches to planning, procurement and service delivery at scale. Including prioritising innovative ways to deliver health care through shared expertise and workforce models, virtual care, co-commissioning services and surgical outpatient reform.

OUTCOMES:

East Grampians Health Service recognises the valuable relationships it has with its partners in providing quality safe health care. Our relationships are very broad and are representative of a cross section of the community. In recent times we have placed an emphasis on relationships with Aboriginal and Torres Strait Islander, LGBTQI+, Disability and Gender Equality.

- East Grampians Health Service in conjunction with Grampians Women's Health has developed an eLearning tool on intersectionality and has made this part of its mandatory education program for 2021.
- Ongoing work with Budja Budja Aboriginal Cooperative to provide fortnightly Diabetes Educator and monthly Podiatrist visits. Podiatry visits were increased to fortnightly in April 2021.
- Dental team provided a visiting service to Budja Budja Aboriginal Cooperative during April and June 2021 school holidays. As a result of this collaboration, Aboriginal / Torres Strait Islander dental consent rates have risen and Budja Budja is making dental health more accessible by providing transport for their consumers into East Grampians Health Service's clinic.
- East Grampians Health Service meets regularly with Lake Bolac and Elmhurst Bush Nursing Centres to provide them with support. This has assisted in them both being accredited in the last twelve months.
- East Grampians Health Service is the lead agency for the Grampians Rural Generalist Program. We have successfully negotiated with Ballarat Health Services the pathway for five interns in 2021. We are working to further expand the program in 2022. Positive engagement has been undertaken with local medical staff to ensure the success of the program.
- A new Agreement was signed with Federation University for the next intake of Diploma of Nursing students in 2021.
- School Readiness funding is being rolled out to the Central Highlands Region in 2021. East Grampians Health Service is partnering with Ballarat Community Health to deliver this early intervention program for kindergartens in the Ararat and Pyrenees districts.
- The Perinatal Emotional Health Nurse from Ballarat Health Services' Mother and Family Unit has commenced fortnightly visits to the Community Health Centre to provide a local and home visiting service for peri and post-natal mothers requiring additional emotional and mental health support during pregnancy and up to twelve months after their baby is born.
- In partnership with Ballarat Health Services, Maryborough District Health Service and Wimmera Health Care Group, a regional midwife position has been established to support our Maternity Services across the region. This full time position has been filled and is providing support to midwives across the region.
- My Emergency Doctor is available on an ongoing basis to support our Urgent Care Centre and the Visiting Medical Officers as an alternative for presentations that don't require an immediate in person medical response.

The Grampians Region has established Regional Perioperative, Emergency Department/Urgent Care Centre and Palliative Care/Good Death Morbidity and Mortality meetings. We actively present and participate in all of these meetings and the learnings are shared across the service and inform change and policy/practice adjustments.

PERFORMANCE PRIORITIES

2020-21

High quality and safe care

KEY PERFORMANCE MEASURE	TARGET	OUTCOME
INFECTION PREVENTION AND CONTROL		
Compliance with the Hand Hygiene Australia program*	83%	96%
Percentage of healthcare workers immunised for influenza	90%	100%
PATIENT EXPERIENCE		
Victorian Healthcare Experience Survey – percentage of positive patient experience responses	95% positive experience	No Surveys conducted in 2020-2021
Victorian Healthcare Experience Survey – percentage of very positive responses to questions on discharge care	75% very positive experience	No Surveys conducted in 2020-2021
MATERNITY AND NEWBORN		
Rate of singleton term infants without birth anomalies with APGAR score <7 to 5 minutes	≤1.4%	1.7%
Rate of severe foetal growth restriction (FGR) in singleton pregnancy undelivered by 40 weeks	≤28.6%	Achieved

Effective financial management

KEY PERFORMANCE MEASURE	TARGET	OUTCOME
FINANCE		
Operating result (\$m)	\$0.00	\$0.45
Average number of days to paying trade creditors	60 days	Achieved
Average number of days to receiving patient fee debtors	60 days	Achieved
Public and Private WIES ¹ activity performance to target	100%	Not Achieved
Adjusted current asset ratio	0.7 or 3% improvement from health service base target	Not Achieved
Actual number of days available cash, measured on the last day of each month.	14 days	Not Achieved
Variance between forecast and actual Net result from transactions (NRFT) for the current financial year ending 30 June.	Variance ≤ \$250,000	Not Achieved

¹ WIES is a Weighted Inlier Equivalent Separation

Activity and Funding

FUNDING TYPE	ACTIVITY
ACUTE ADMITTED	
WIES Acute	2,418
WIES DVA	41
ACUTE NON-ADMITTED	
Home Enteral Nutrition	36 Service Episodes
Specialist Clinics	2,232
SUBACUTE & NON-ACUTE ADMITTED	
Maintenance Public	47
Subacute WIES - Palliative Care Public	15
Subacute WIES - Palliative Care Private	0
SUBACUTE NON-ADMITTED	
Health Independence Program - Public	4,608
AGED CARE	
Residential Aged Care	26,653 Bed Days
HACC	2,850 Service Hours
PRIMARY HEALTH	
Community Health / Primary Care Programs	5,546 Service Hours

CHAIR AND CHIEF EXECUTIVE REPORT



This has certainly been a rollercoaster of a year for our community as we all learn to live with and manage the COVID-19 pandemic. It has shaped much of how East Grampians Health Service has approached the delivery of health care over the last 12 months.

We are extremely proud of the way in which our staff, both clinical and non-clinical, have worked together under stressful and ever-changing conditions to ensure that members of our wider community continue to receive the most appropriate health care, tailored to their individual requirements. As the majority of our staff live within our catchment area, they too are experiencing similar concerns as the people for whom they care. We don't know how long COVID-19 will be with us, but we do know that our organisation's Clinical Governance and Risk Management Framework activities are risk-ready, that our staff are adaptable and will work together to face the challenges of the future.

Our thanks also to the community who has supported us through these difficult times through their understanding of and adhering to government legislation and restrictions, and for COVID-19 testing and vaccinations.

STRATEGIC PRIORITIES

STRATEGIC PRIORITY 1

East Grampians Health Service's four Strategic Priorities have been developed between the Board, Executive Team and staff, and endorsed by the Department of Health. They reflect the State Government's priorities to continue the development of system reform, redesigned governance, improved patient outcomes and experiences and to deliver the best quality care to our community.

Our Statement of Priorities (pages 07-09) outline in detail the Board's strategic approach through maximising our financial resources to deliver the most appropriate health services to our community, which experiences some of the most challenging health statistics in the State. Our catchment area has one of the highest percentages of people aged over 65, and this trend is set to increase over the next few years. These factors have a major impact on the types of programs and health services we deliver, where and how we deliver them.

(Ararat RC Profile: Health Department Victoria)

East Grampians Health Service became a COVID-19 sub-hub vaccination lead in March 2021. The sub-hub includes Stawell Regional Health, Maryborough District Health Service and the East Wimmera Health Service. We have successfully led the vaccination rollout in these communities, ensuring that Pfizer and AstraZeneca is available close to people's homes. This has included providing outreach clinics to smaller towns, disability providers, correction services, abattoirs and the Aboriginal community. Once again our staff have done an outstanding job at rolling this out to our community.

The success of the East Grampians Health Service Vaccination program is due to our staff who have worked diligently to maintain the safe care of patients, clients and residents. Our vaccination staff have undertaken additional training and education to safely deliver the vaccines to staff, aged care residents and the community. Leadership from the Board and executive team ensures that good timely accurate information is provided to the community, hospital staff and health care partners.



East Grampians Health Service recognises that Antimicrobial Stewardship (AMS) is a global concern and aligns AMS practices with the World Health Organisation (WHO) and Australian Committee for Safety and Quality in Health Care (ACSQH) recommendations.

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The EGHS AMS leadership team works with clinicians and consumers to ensure best practice in relation to antibiotic use in order to prevent and contain the spread of antimicrobial resistance.

Antimicrobials encompass antibiotics, antivirals, antifungals and antiparasitics. Antimicrobials are rated as either broad or narrow-spectrum; narrow-spectrum antimicrobials should be prescribed wherever possible.

EGHS provides tools to guide prescribing decisions, including an Antibigram and Therapeutic Goods Administration (TGA) guidelines, and participates annually in the National Antimicrobial Prescribing Survey (NAPS); Surgical Antimicrobial Prescribing Survey in Acute Services and Aged Care National Antimicrobial Prescribing Survey. Participation in these surveys enables benchmarking against other healthcare services and targeted quality improvement activities.

The EGHS Risk Management Framework has been reviewed and updated in line with the revised Victorian Government Risk Management Framework 2020. The Finance Audit and Risk Committee approved the changes at a meeting in 2020. The new framework has a greater emphasis on risk culture, risk appetite and tolerance. The Health Service will formally have to attest to the adherence of the framework in the 2021/22 year.

STRATEGIC PRIORITY 2

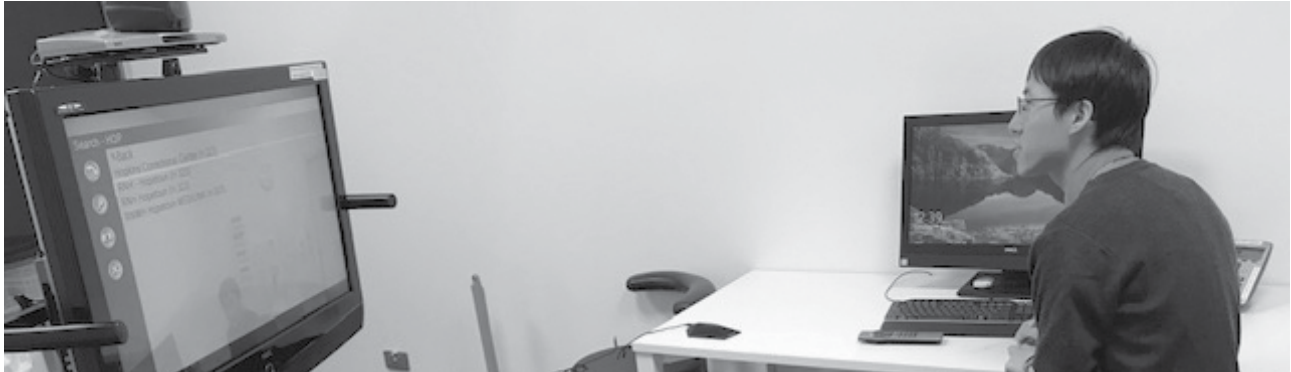
Many people have been affected adversely by the COVID-19 pandemic with restricted working hours, working from home with children who are studying remotely, loss of income through job loss, financial difficulties. All of these factors have taken a toll on the mental health of some vulnerable community members. This includes elderly people, Aboriginal and Torres Strait Island, LGBTQI+, Disability and Cultural and Linguistically Diverse Communities.

During Stage 3 and 4 restrictions, the Patricia Hinchey Centre had to close, with staff adapting programs to deliver services to clients at home. Welfare visits were much appreciated providing clients with reassuring regular visits, ongoing health checks, essential shopping and the ability for staff to assess for signs of anxiety or other issues.



An Aboriginal Liaison Officer, from Ballarat Health Services, has been engaged for one day a month to assist in the implementation of effective communication with members of the local Aboriginal and Torres Strait Islander community. It is recognised that the health of the Aboriginal community is still significantly worse than for non-Aboriginal people and this is reflected within our own catchment area, which has a higher than average percentage of people of Aboriginal or Torres Strait Islander background (Ararat Rural City). However, we are optimistic that in collaboration with Stawell Regional Health and Beaufort Skipton Health Service, a permanent Aboriginal Health Liaison Officer will be engaged who will address the health issues among the Aboriginal community.

CHAIR AND CHIEF EXECUTIVE REPORT



With input from the local Aboriginal and Torres Strait Islander community and the Aboriginal Liaison Officer, Aboriginal Cultural Safety Guidelines are being developed to promote an environment where the Aboriginal community will feel safe, where their identity is not challenged and where their needs can be met.

Our staff induction program includes a segment on Aboriginal culture, providing staff with a better understanding of some of the challenges experienced by our Aboriginal community. Our Organisational Values reflect the dignity and rights of our community and acknowledge their beliefs, regardless of their cultural, spiritual or socioeconomic background.

During periods of lockdown it was observed that some people were reluctant to visit their Medical Practitioners and postponed important regular checkups. During this time the Health Service provided 145 Health Direct (videoconferencing) consultations with Allied Health clinicians or with doctors for patients admitted to the Inpatient Unit. Another 71 videoconferences were arranged for residents in our aged care facilities. We also distributed quarterly newsletters out to the community to share the message of the importance of maintaining contact with medical practitioners throughout the pandemic.



The Healthy@Home program, funded through the Better at Home initiative is set to expand its service to include Stawell Regional Health, Maryborough District Health Service and East Wimmera Health Service. This program supports many vulnerable members of the community who benefit from telehealth contact and screening for their health care needs

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Community Services has been encouraging people at risk to continue important cancer screening programs throughout the pandemic. Australia is fortunate to have some of the best cancer survival rates in the world, but during COVID-19 restrictions screening rates have fallen by 40% in Australia.

We continually seek feedback from our consumers and stakeholders. By being willing to accept honest feedback we have started a conversation with our community based on trust and integrity. We encourage people to provide responses through our Compliments and Concerns process, or to participate in surveys or consider active engagement as a community representative on a number of committees.

Unfortunately this year we were not able to hold our public forums, where the community has the opportunity to listen to and discuss with a variety of health professionals specific topics relating to programs and services. We are hopeful that the forums can begin again next year. For the period 2020-2021 we received 739 compliments and 94 complaints, concerns or suggestions.

Our Community Consultative Committee provides a forum for the community perspective as well as a conduit back to the community informing them of important health service initiatives. This committee has been active for five years, and each year well-informed community representatives provide the Board with excellent feedback on local health related issues that can be addressed appropriately. Community representatives also have membership on our Clinical Governance Committee and Finance, Audit and Risk Committee.

STRATEGIC PRIORITY 3

Providing the best, quality health care and wellbeing for our community is the reason the Board is diligent in its clinical governance and why our staff come to work with an attitude of respect, compassion and skills.

The people for whom we care, especially the priority groups, including vulnerable and disadvantaged people, deserve the very best health care, without prejudice or judgement. East Grampians Health Service has made a commitment to work with both the State and Commonwealth Governments to respond and implement relevant recommendations from the Mental Health and Aged Care Royal Commissions.

We have reviewed our policies and procedures in relation to mental health and wellbeing and are establishing pathways to better accommodate clients with mental health needs through integrating services to facilitate ease of access.

Over the past year while COVID-19 has been a dominant feature of health care, our Health Service has managed to provide essential COVID-19 support services such as testing clinic and a vaccination centre. Staff have also been fit tested for N95 fitted face respirators to ensure the highest protection against exposure to the virus. During this time our Health Service has maintained a high level of safe quality health care to the community, with all clinical governance processes being maintained. During the past year there have been no onsite accreditation reviews, however we have participated in desk top audits and an infection control audit by the Aged Care Safety and Quality Commission, who made some recommendations for improvements in our aged care facilities. We look forward to being able to undergo accreditation surveys in order to identify further areas for improvement.

We will never avoid our responsibilities; we will continue to be accountable for our actions and quality of care and ensure that our staff receive continuous training, education and development to make them the very best in their chosen field.



STRATEGIC PRIORITY 4

In order to provide the very best health care for our diverse community we understand the importance of reaching out to other providers of specialist health care to acquire expert knowledge. These valuable partnerships are imperative to support our own programs and services and advance the range of our quality of health care to the broad cross section of our community. We are mindful of those people seeking health care who are vulnerable and disadvantaged, including Aboriginal and Torres Strait Island, LGBTQI+ and Disability communities. Intersectionality identifies multiple factors of advantage and disadvantage including gender, sex, race, class, sexuality, religion, disability and physical appearance. In developing an eLearning tool on intersectionality we approached Grampians Women's Health for its expertise and assistance. The tool has now been introduced into our mandatory staff education program.

We continue to provide visiting allied health services to Bush Nursing Centres at Lake Bolac and Elmhurst.

We have maintained, and in some areas, increased our program delivery to Budja Budja Aboriginal Cooperative. We continue to provide a fortnightly Diabetes Educator and Podiatrist visits have increased to fortnightly from April 2021. Our Dental team provided services during the April and June 2021 school holidays, which resulted in an increase in dental consent rates with the Aboriginal and Torres Strait Islander communities. Budja Budja is making dental health more accessible by providing transport for its consumers into our Dental Clinic in Ararat.



CHAIR AND CHIEF EXECUTIVE REPORT

Within our catchment area the number of young children between the ages of 0 – 8 is set to decrease by 7.7% over the next 10 years. To ensure that young people have the best introduction to good developmental outcomes, our Health Service has partnered with Ballarat Community Health to deliver School Readiness in the Ararat and Pyrenees districts. The program is funded by the Victorian Government's Education and Training department. It will allow teachers to expand and further develop a child's skills in the specific areas of social interaction, play, language, emotional development, physical skills, literacy and fine motor skills. We are confident that with the programs being developed at the Ararat Rural City Library, our younger generation will become confident readers who actively participate in the life of their community.

Our Health Service is the lead agency for the Grampians Rural Generalist Program and has successfully negotiated with Ballarat Health Services the pathway for five interns for this financial year, which we hope to expand in 2022. Our thanks also to the Ararat Medical Centre for its positive engagement in providing a broad range of experiences for the interns.

The tyranny of distance is probably most notable when you are a first time mother and help may be some distance away. A Perinatal Emotional Health Nurse from Ballarat Health Services' Mother and Family Unit visits our Community Health Centre fortnightly to provide a local and home visiting service to support mothers requiring additional emotional and mental health support.

Working with Ballarat Health Services, Wimmera Health Care Group and Maryborough District Health Service, a full time regional midwife position has been established to support all our Maternity Services across the region. Another example of working with our regional partners is the regional CTG monitoring program, where women in labour can have a second opinion of their traces which are read by qualified obstetric or maternity staff from another facility i.e. the regional health service.

We continue to work closely with the regional health service to manage workforce issues with collaboration occurring in medical, allied health and nursing to manage current and emerging risks.

“

We have successfully collaborated again with Federation University Ballarat for the next intake of Diploma of Nursing students who will complete their studies in 2022. Of the 19 who graduated last year 15 have been employed by the Health Service.



THE BOARD

The Health Service is extremely fortunate to have a Board that consists of committed members of the community from diverse backgrounds with skills to provide a strategic framework to manage and influence the financial, clinical and corporate governance of the organisation. The Board works closely with the regional Department of Health to secure a fiscally responsible outcome that delivers the State Government's strategic direction. The Board enjoys an excellent relationship with the Chief Executive who, in turn, is responsible for the day to day operational management of the Health Service.

Chair Nancy Panter and member Fiona Cochrane have both been reappointed to the Board for a final three year term.

At the end of the last financial year Annie Rivett and Jay Petty both chose not to stand for re-election to the Board. Their input, five and three years respectively, progressed the Board's understanding of nursing and financial issues, and we thank them sincerely for their time on the Board.

At the start of the year we welcomed Danielle Walker onto the Board. Danielle is an experienced financial executive in the health and community services sector and with her knowledge she has jumped right into the hot seat, taking on the role of Treasurer.

“

We thank the members of the Board for the way in which they have embraced their positions on the Board and for their genuine interest in our staff, organisation and community.

STATE AND LOCAL GOVERNMENT

The advice and support we receive from the State Government and its Regional Officers in Ballarat ensures we remain cognisant of relevant policy issues. During the ongoing pandemic these open lines of communication have never been so vital to enable us to react swiftly to the changing status of the virus and its impact on our community.

VOLUNTEERS, AUXILIARIES AND SERVICE CLUBS

We are humbled by the many ways in which our community supports our Health Service from volunteers, auxiliary members, service clubs and financial donors. It has not been an easy year, as visits to our aged care residents and clients were curtailed many times. We never underestimate the value of your loyalty and your desire to work with our staff to support our residents and clients.

We particularly wish to acknowledge:

- Volunteers
- Willaura Healthcare Auxiliary
- Murray to Moyne bike riders - Cranks and Defibrillators
- Victoria Police Blue Ribbon Foundation Ararat Branch
- Ararat Breast Cancer Support Group
- EGHS Building for the Future Foundation
- EGHS Auxiliary
- EGHS Residents' Support Group
- EGHS Ark Toy & Activity Library Auxiliary
- Ararat Rockers

Unfortunately the Willaura Healthcare Auxiliary had to make the difficult decision to cancel its annual Outdoor Market but is optimistic that the market will go ahead in 2022 with planning already underway.



CHAIR AND CHIEF EXECUTIVE REPORT

LIFE GOVERNORS

Life Governors are members of the community who have made a significant contribution to our Health Service. In return, the Board is honoured to award each a Life Governor of East Grampians Health Service.

Life Governors as at 30 June 2021

Mrs V Albert	Mr B Jones
Mr G Anderson	Mrs L King
Mrs P Armstrong	Mr G Laidlaw
Mrs J Burke	Mrs J Liddle
Mr P Carthew	Mr B McCutcheon
Dr M Connellan	Mrs J Millear
Mrs N Dalkin	Mr G Millear
Mr I Daly	Mrs A Milvain
Mr C de Fegely	Mrs M Murray
Mrs P Ervin	Mrs J Nunan
Mr J Evans	Mr A O'Neill
Mr N Faneco	Mrs S Philip
Mrs H Fleming	Dr M Plunkett
Mrs C Forster	Mrs D Radford OAM
Mr G Foster	Mr D Reid
Mr I Foster	Mr R Roberts
Mr L Gason	Mrs S Shannon
Mr D Haddow	Mr K Shea
Mrs S Handscombe	Mrs V Tosch
Mrs K Harvey	Mr N Tosch
Mrs W Heard	Miss K Turner
Mrs M Heard	Mr T Weeks APM OAM
Mrs F Hull	Mr M Wood
Mrs J Jenkinson	Mrs M Young

SCHOLARSHIPS AND BURSARIES

The following Scholarships and Bursaries are awarded each year to encourage recruitment and training that supports staff through our commitment to education to broaden their skills and knowledge that will lead to enhancement of service delivery. We sincerely thank each benefactor of these awards.

Epworth Healthcare \$20,000

Awarded to midwifery department for ongoing education

EGHS Building for the Future Foundation 2 x \$15,000

Claire Sladdin: Master in Health

Hayley Lennon: Master in Sonography

EGHS Building for the Future Foundation: Joe Kapp Bursary \$15,000

Jody Sutherland: Associate Degree in Vocational Education and Training

Amanda Kumnick: Advanced Leader Program



Angela Laidlaw Clinical Scholarship \$6,000

Tiffany Barrow: Post Graduate Diploma in Perioperative Nursing

ENVIRONMENTAL PERFORMANCE

East Grampians Health Service continues to demonstrate its commitment to a more sustainable environment through a program of recycling appropriate waste, reducing energy consumption, reusing equipment and supplies and considering the introduction of new technologies to reduce our carbon footprint.

Recognition of the link between the health and wellness of people and the health and wellness of the environment, is in keeping with our Mission Statement: East Grampians Health Service will improve our community's health and quality of life through strong partnerships and by responding to changing needs.

ONGOING DEVELOPMENT

While much has had to be put on hold during these uncertain times, the \$6.9 million redevelopment of our theatre, radiology and pathology departments commenced in February. Each area is being upgraded and enhanced, bringing them up to first class standards where we can deliver safe quality care. On completion, these refurbished areas will enable the service to increase the throughput of surgical patients and meet required standards.

FUTURE DIRECTIONS

We are confident that East Grampians Health Service will continue to provide a comprehensive health service that will focus on the needs of our community. Our education programs are equipping the next generation of health professionals with skills to continue to deliver a first rate rural health service. These achievements have been gained through participation and collaboration with other health partners, all tiers of government, tertiary institutions and, of course our community. We look forward with interest to the next challenging year.

OUR THANKS

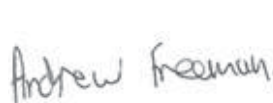
It has been another demanding year and as much as we want to be optimistic, we have no doubt that COVID-19 will be amongst us for some time to come. Our community and our staff have been outstanding in their approach to managing these tough times.

We want to encourage our consumers to reach out to us, to continue accessing health care by keeping appointments or videoconferencing. We will continue to keep you informed of important issues, as we receive advice from the Department of Health.

To our volunteers, auxiliaries, financial donors and service clubs: throughout this year you have continued to provide extraordinary service, for which we are extremely grateful.

To all our staff: you have approached this year with energy, looking to see how you can take on additional responsibilities, helping when needed and looking out for each other. It has been remarkable to see the way in which you have supported each other. Thank you.

To the Board: our sincere thanks for your commitment to ensure that both clinical and corporate governance reflect the standards required for our Health Service to maintain its excellent status within the community as an innovative and creative safe, quality health service.



Andrew Freeman
Chief Executive

04 October, 2021



Nancy Panter
Board Chair

04 October, 2021

DECLARATION IN REPORT OF OPERATIONS

Responsible Bodies Declaration as at 30 June 2021.

In accordance with the Financial Management Act 1994, I am pleased to present the report of operations for East Grampians Health Service for the year ending 30 June 2021.



Nancy Panter
Board Chair
East Grampians Health Service

04 October, 2021

FINANCIAL SERVICES

East Grampians Health Service continued to operate under COVID-19 conditions in the 2021 financial year. As in the previous year, operations were negatively impacted by lockdowns. Activity across the organisation slowed as a result and in some cases this meant we did not meet targets.

Reduced activity was accompanied by a reduction in variable expenditure in the first instance, but the introduction of swabbing and vaccination clinics gave rise to significant new expenses associated with COVID-19.

Throughout the year, our Health Service was financially supported by the Department of Health in ensuring it met its obligations to the community and staff members. In response to the pandemic, the Department of Health continued its support of health services by reviewing the funding guidelines and delivering specific COVID-19 grants.

“

Taken together, these measures saw our organisation record an operating result of \$451k surplus. Our Health Service continued with its program of capital replacement and renewal this year with \$2.8M of additions. This was made up of items of plant and equipment and building re-development. These purchases were funded by the Department of Health and generous donations from the community.

East Grampians Health Service will work with the Department of Health to ensure that our operating budget is adequate, so our community continues to receive quality care.

Parent Entity Comparative Financial Results for the Past Five Financial Years

FOR THE PAST FIVE FINANCIAL YEARS	2021 \$000	2020 \$000	2019 \$000	2018 \$000	2017 \$000
Operating Result	451	293	(777)	(469)	6
Total Revenue	54,418	49,338	42,306	41,568	37,693
Total Expenses	52,214	48,367	44,153	41,683	38,711
Net Result from Transactions	2,206	971	(1,847)	(115)	(1,018)
Total other Economic Flows	1,751	(749)	(337)	192	(2)
Net Result	3,957	222	(2,184)	77	(1,020)
Total Assets	70,473	66,601	65,036	49,957	48,365
Total Liabilities	15,263	15,613	14,264	11,994	10,924
Net Assets / Total Equity	55,209	50,988	50,773	37,963	37,441

Reconciliation between the Net result from transactions reported in the Operating Result as agreed in the Statement of Priorities

	2021 \$000
Net Operating Result	451
Capital purpose income	6,017
Specific income	NA
COVID 19 State Supply Arrangements - Assets received free of charge or for nil consideration under the State Supply	384
State supply items consumed up to 30 June 2021	(384)
Assets provided free of charge	NA
Assets received free of charge	(68)
Expenditure for capital purpose	(567)
Depreciation and amortisation	(3,619)
Impairment of non-financial assets	NA
Finance costs (other)	(8)
Net result from transactions	2,206

CORPORATE GOVERNANCE

Relevant Ministers and Officers for the reporting period 1 July 2020 – 30 June 2021

STATE

- **Minister for Health
Minister for Ambulance Services**
1 July 2020 –
26 September 2020
Jenny Mikakos MP
Member for Northern Metropolitan
- **Minister for Health
Minister for Ambulance Services
Minister for Equality**
26 September 2020
– 30 June 2021
The Hon Martin Foley MLA
Member for Albert Park
- **Minister for Mental Health
Minister for Equality**
1 July 2020 –
29 September 2020
The Hon Martin Foley MLA
Member for Albert Park
- **Minister for Mental Health**
29 September 2020
– 30 June 2021
The Hon James Merlino MP
Member for Monbulk

BOARD MEMBERS

As at 30 June 2021

Chair:	Nancy Panter
Vice Chair:	Paul Hooper
Treasurer:	Danielle Walker
Board Members:	Sybil Abbott - Burmeister Don Cole Fiona Cochrane Susan Craven Gabrielle Czarnota Kym Peter Peter Wigg

Chief Executive: Andrew Freeman

Bankers:
Commonwealth Bank of Australia

Solicitors:
Health Legal

Auditors:
Coffey Hunt Chartered
Accountants

Internal Auditors:
HLB Mann Judd

COMMITTEES

- Finance, Audit and Risk
- Capital Development
- Clinical Consultative
- Clinical Governance
- Community Consultative Committee
- Governance Committee
- Grampians Board Chair Network
- Medical Appointments & Credentialing

FINANCE, AUDIT & RISK COMMITTEE

PURPOSE: To oversee and advise the Board on matters of accountability and internal control affecting the operations of East Grampians Health Service.

Board Members:
Susan Craven, Gabrielle Czarnota and Don Cole

Community Representatives:
Ken Weldin and Jason Hargreaves

Health Service Representatives:

- Andrew Freeman, Chief Executive
- Tony Roberts, Director of Finance
- Mario Santilli, Director Development & Improvement

THE BOARD

The Board comprises motivated members of our community who have demonstrated a commitment to and understanding of good corporate and clinical governance, strategic planning and business acumen. To ensure a wide cross section of skills that will benefit our Health Service a skills matrix has been established that identifies gaps, with new members appointed by the Governor in Council on the advice of the Minister for Health. This is usually for a period of three years, with the option of applying for reappointment. The powers and functions of the Board are regulated by the *Health Services Act 1988* and the By-Laws made in accordance with the Act. Members of the Board receive remuneration in accordance with the State Government Appointment and Remuneration Guidelines.

OUR BOARD



CHAIR

Nancy Panter *BA, GAICD*
Owner local winery and Marketing Consultant
Board Member since: 01.07.14
Term of Appointment: 01.07.20 – 30.06.23
Committee Membership
Building for the Future Foundation
Grampians Board Chair Network



BOARD DIRECTOR

Peter Wigg *BB, Dip Real Estate*
Property Valuation and Advisory Practice
Appointed: 01.07.19
Term of Appointment: 01.07.19 – 30.06.22
Committee Membership
Building for the Future Foundation
Capital Development
Clinical Governance



VICE CHAIR

Paul Hooper
Chair of Grampians Tourism, Consultant to small business and local government
Board Member since: 01.07.18
Term of Appointment: 01.07.18 – 30.06.21
Committee Membership
Clinical Consultative
Capital Development
Governance



BOARD DIRECTOR

Susan Craven *MA (Social Policy), Master of Industrial & Employee Relations*
Senior Management in Public Health
Appointed: 03.12.19
Term of Appointment: 03.12.19 – 30.06.22
Committee Membership
Clinical Governance
Community Consultative



TREASURER

Danielle Walker *B.Com, CPA, GAICD*
Board Member since: 01.07.20
Term of Appointment: 01.07.20 – 30.06.23
Clinical Governance
Finance, Audit & Risk



BOARD DIRECTOR

Don Cole *BEng, MBA*
Board Member since: 01.07.13
Term of Appointment: 01.07.19 – 30.06.22
Committee Membership
Audit & Risk



BOARD DIRECTOR

Gabrielle Czarnota *LLB, BA(Hons)*
Lawyer Wilson Group
Board Member since: 01.07.18
Term of Appointment: 01.07.18 – 30.06.21
Committee Membership
Finance, Audit & Risk
Governance



BOARD DIRECTOR

Sybil Abbott-Burmeister
Business owner and operator
Appointed: 01.07.19
Term of Appointment: 01.07.19 – 30.06.22
Committee Membership
Clinical Governance
Community Consultative



BOARD DIRECTOR

Fiona Cochrane *BPharm*
Pharmacist
Board Member since: 01.07.14
Term of Appointment: 01.07.20 – 30.06.23
Clinical Consultative Governance



BOARD DIRECTOR

Kym Peter *RN, RM, CCRN, PICNC, BCom(Eco), MHSc, MEd, MCLN, GradDipHlthEco, GradDipAdvNSe, DipFP, DipDem*
Senior nurse and midwifery management in Grampians and Barwon Regions
Appointed: 03.12.19
Term of Appointment: 03.12.19 – 30.06.21
Committee Membership
Clinical Governance
Finance, Audit & Risk

EXECUTIVE TEAM



CHIEF EXECUTIVE: **Andrew Freeman** *BBUS(Acct), MBA, GAICD, ASA, AFCHSM*

Appointed: 2018

The Chief Executive takes responsibility to lead an effective workforce that delivers appropriate health care within the parameters of government policy, financial responsibility and demographic sensitivity. The Chief Executive works with the community to explore ways in which East Grampians Health Service continues to deliver services and programs to the diverse rural community of Western Victoria. The Chief Executive also has line management for Business Support including Compliments and Concerns, Human Resources and Community Liaison.



DIRECTOR OF MEDICAL SERVICES: **Dr Sophie Ping**

BA, BSc (Hons), PhD, MBBS

Appointed: 2018

The Director of Medical Services (DMS) has a medical leadership role within the Health Service with responsibility for credentialing and privileging of all Visiting Medical Officers to define their scope of practice. The Director is also responsible for aspects of the Health Service's Medico legal work. The Director liaises closely with colleagues from other Grampians Region health services to ensure that clinical practice throughout the region reflects current best practice in rural health care. The DMS contributes to the quality service provision.



DIRECTOR DEVELOPMENT & IMPROVEMENT: **Mario Santilli**

MBA, RPN, GradCertBusMan, GradDipPsychNsg

Appointed: 2010

The Director of Development & Improvement has responsibility to integrate Risk Management across the organisation, to ensure that all Standards for Accreditation are met by providing safe and quality care. The Director oversees research, information technology, education and management of interns. The Director is also responsible for creating an environment that is safe for Aboriginal and Torres Strait Islander people. The Director works closely with staff to enhance their knowledge of quality, risk processes and systems.



DIRECTOR OF FINANCE: **Tony Roberts**

BCom, Grad Dip ICAA

Appointed: 2015

The Director of Finance provides strategic financial advice and manages the Health Service's finances within agreed parameters. He has financial and operational responsibility for Budget and Finance, General Accounting, Payroll, Inpatient and Sundry Billing, Reception and Supply. The Director of Finance supports the development of finance management skills and expertise with departmental heads.



DIRECTOR SUPPORT SERVICES: **Stuart Kerr**

PIHHC, Dip Bus

Appointed: 2007

The Director Support Services is responsible for Catering, Café Pyrenees/Functions, Environmental/Cleaning and Linen Services, Fire & Emergency/Security, Maintenance (including Preventative Maintenance Programs, Building Maintenance, Project works and Compliance Reporting), Management of Contractors Agreements and Fleet Management.



DIRECTOR OF COMMUNITY SERVICES: **Sally Philip**

MBA Human Resources Management, B AppSc (Phys Ed), GAICD

Appointed: 2018

The Director of Community Services is responsible for allied health and dental services provided through the Community Health Centre, Community Nursing and Patricia Hinchey Centre. In addition to on-site services, many of the Community Services are offered as outreach services to Willaura, the Bush Nursing Centres in Lake Bolac and Elmhurst, Budja Budja Aboriginal Cooperative in Halls Gap and the correctional facilities in the immediate region. Community Nursing and Occupational Therapists provide home visits to consumers throughout the Ararat Rural City catchment and the Palliative Care team's services extend throughout the Northern Grampians and Pyrenees Shires.



DIRECTOR OF CLINICAL SERVICES: **Peter Armstrong**

RN, RPN, BNsg, GradDipPsychNsg, MBA, Cert IV T&A

Appointed: 2013

The Director of Clinical Services is responsible for the management of the Acute Inpatient Unit, Midwifery, Urgent Care Centre, Oncology Services, Perioperative Services, which includes Day Procedure, Pre Admission and Dialysis, Medical Imaging, Health Information, Aged Care, Willaura Health Care, Pathology Services and Infection Control.

SENIOR STAFF

(as at 30 June 2021)

EXECUTIVE SERVICES

Chief Executive (Freedom of Information Principal Officer)
Andrew Freeman *BBUS(Acct), MBA, GAICD, ASA, AFCHSM*

Executive Assistant to Chief Executive
(Customer Feedback Officer)
Jo Summers *AdDipMgmt*

Human Resources Manager
Ros Bloomfield *Cert IV in Employment Services*

Community Liaison Officer
Jodie Holwell

DEVELOPMENT AND IMPROVEMENT

Director
Mario Santilli *RPN, Grad Cert Bus Man, Grad Dip Psych Nsg, MBA*

Manager Development & Improvement
Sarah Woodburn *B AppSc (Pod), Grad Dip HSci (Ex.Rehab), Grad Cert Mgmt, MBA*

Manager Training & Development
Claire Sladdin *RN, Grad Dip HSci (Cardiac Care), Cert IV in Workplace Training and Assessment*

Information Technology Consultant
Ian Seaman *DipLG*

COMMUNITY SERVICES

Director
Sally Philip *MBA Human Resources Management, B AppSc (Phys Ed)*

Manager Community Nursing - including District Nursing and Palliative Care
Jane Smith *RN, BN, Grad Dip Nurs (Periop), Cert Infection Control and Sterilisation*

Manager Patricia Hinchey Centre
Jacinta Harman *EN End, DipBusMan*

Chief Physiotherapist
Christine Perry *BAppSc (Physio), GradCertMgmt*

Allied Health Team Leader
Caroline Hamilton *BAppSc (Physio)*

Dental Coordinator
Kaylene Jackson *Dip Den Therapy, Dip Mgmt*

Business Manager
Amanda Kumnick

Administration Manager
Ruth Guy

FINANCIAL SERVICES

Director
Tony Roberts *BCom, Grad Dip ICAA*

SUPPORT SERVICES

Director
Stuart Kerr *PIHHC, DipBus*

Manager Support Services
Ann Grierson *AdDipMgmt*

Executive Chef/Co-ordinator
Michael Kelly *Cert III in Commercial Cookery, DipBus, Cert IV in Workplace Training and Assessment*

Maintenance Co-ordinator
Johnathon Jende

Environmental Services Co-ordinator
Dayle Smith

CLINICAL SERVICES

Director
Peter Armstrong *RN, RPN, BNsg, GradDipPsychNsg, MBA (Child Safety Officer)*

Senior Clinician Radiology
Craig Newson *BAppSci Medical Imaging, GradDipAppSciMedical Ultrasound*

Manager Acute Services
Tracey Walters *BNsg, BaHSc(Hons), Grad Dip Midw, Adv Dip Mgmt*

Manager Perioperative Services
Kirsten Carr *RN(DipAppSciNsg), PostGradCertPeriOpNsg, AdDipMgmt*

Manager Health Information
Andrea Cardinaels *BAppSc (MRA)*

Manager 70 Lowe Street
Tanya Haslett *RN, ACFI Assessor*

Manager Garden View Court
Maree Fraser *RN, AdvDipMan(Human Resources)*

Manager Willaura Healthcare
Christine McArthur *RN, CNA*

Pharmacist
Olga Karia *BPharm(Hons)(Russia), PostGradCertClin Pharm(UK), MSHP, MPS*

Infection Control Co-ordinator
Leeanne Atkinson *BNsg RN, GradCertNephrology, GradCert Infection Control*

MEDICAL STAFF

(as at 30 June 2021)

DIRECTOR OF MEDICAL SERVICES

Dr Sophie Ping *BA, BSc (Hons), PhD, MBBS*

VISITING MEDICAL STAFF

Dr Derek Pope *MBBS, DRANZCOG, FACRRM*

Dr Michael Connellan *MBBS, DRANZCOG, FRACGP, FACRRM*

Dr Pieter Pretorius *MBChB (Pretoria) M.Med (Family Medicine) FRACGP*

Dr Chee Sheng Wong *MBBS, DRANZCOG (Advanced), FRACGP*

Dr Prasad Fonseka *MBBS (Sri Lanka) FRACGP*

Dr Mark Deary *MBBS (Zimbabwe)*

Dr Saif Abdul Rahman *MBChB (Iraq), FRACGP, JCCA*

Dr Tanzeel Shah *MBBS*

Dr Upendra Shrestha *MBBS*

Dr Faraz Ahmad *MBBS*

Dr Lachlan McLean *MBBS (Registrar)*

Dr Sivaluxman Sivananthavel *MBBS*

Dr Laya Sattartabar *MBBS*

ANAESTHETIST

Dr Neil Provis-Vincent *MBBS, BMedSci.(Hons), FACRRM, JCCA*

CARDIOLOGIST

Dr Christopher Hengel *MBBS, FRACP*

Dr Rodney Reddy *MB ChB, FRACP*

EAR, NOSE & THROAT SURGEON

Mr Niall McConchie *MBBS, FRACS*

GENERAL SURGEONS

Ms Ruth Bollard *MBChB, FRCS, FRACS*

Mr Michael Condous *MBBS, FRACS*

Mr Thomas Fisher *MBBS (Melb) FRACS*

Mr Abrar Maqbool *MBBS, FRACS*

Mr Ahmed Nageeb *MBBS, FRACS*

Mr Kontoku Shimokawa *MBBS, FRACS*

DIRECTOR OF OBSTETRICS

Mr Michael Bardsley *MBBS, DRANZCOG, FRACGP, FRANZCOG*

GYNAECOLOGIST

Mr Michael Carter *MBBS, FRANZCOG*

Ms Katrina Guerin *MBBS, DRANZCOG*

Dr Lachlan Brennan *MBBS, FRANZCOG*

NEPHROLOGY

Dr Iqbal Hussain *MBBS, FRACP, MRCP (UK)*

Dr John Richmond *MBBS FRACP*

Elaine Sanders *NP*

ONCOLOGIST & HAEMATOLOGIST

Dr Craig Carden *MBBS, FRACP*

Dr Pohan Lukito *MBBS, FRACP*

MEDICAL OFFICERS

Dr Daniel Wilson *MD*

Dr Angus McCormack *MD*

Dr Emma Spinks *MBBS*

Dr Molly Robinson *MBBS*

OPHTHALMIC SURGEON

Mr David Francis *MBBS, FRANZCO*

Mr David McKnight *MBBS, FRANZCO*

Mr Trent Roydhouse *MBBS, FRANZCO*

Mr Michael Toohey *MBBS, FRANZCO*

ORTHOPAEDIC SURGEON

Mr Scott Mason *MBBS, FRACS*

PAIN SPECIALIST

Dr Suran Dahnepala *MBBS, FANZC*

Dr Kiran Tippur *MBBS, FANZCA*

PALLIATIVE CARE

Dr Penny Cotton *MBBS, FACHPM*

RADIOLOGISTS

Dr Damien Cleeve *MBBS, FRANZCR*

Dr John Eng *MBBS, FRANZCR*

Dr Robert Jarvis *MBBS, FRANZCR*

Dr Sarah Skinner *MBBS FRANZCR*

Dr Jill Wilkie *MBBS RCR*

Dr Julius Tamangani *MBChB (Hons), MSc, FRCR*

UROLOGISTS

Ms Lydia Johns Putra *MBBS, FRACS*

VISITING DENTAL STAFF

Dr Charles Reid *BDS (Liverpool)*

Dr Won Ki Noh *BDS*

LEGISLATIVE COMPLIANCE

ASSET MANAGEMENT ACCOUNTABILITY FRAMEWORK

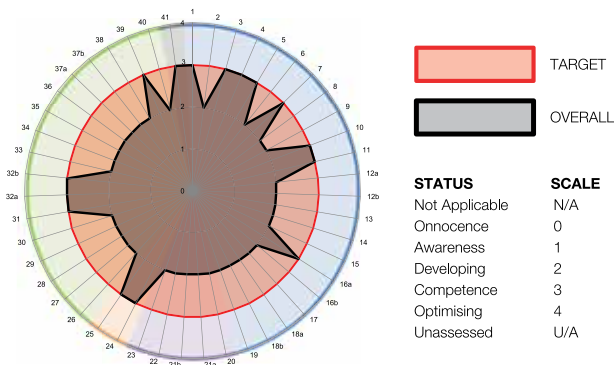
In accordance with Direction 5.1.2 of the Standing Directions 2018, under the Financial Management Act (FMA), East Grampians Health Service has established an Asset Management Accountability Framework (AMAF). The AMAF will ensure that the organisation's implementation of asset management strategies meets all government policies. We have chosen a risk-based approach to ensure that our organisation's assets support our service delivery objectives.

In establishing our AMAF we have undertaken planning, monitoring and management of assets and have met all mandatory requirements. Written into our AMAF is the development of continual improvement and annual attestation, the first of which is presented within this year's Annual Report.

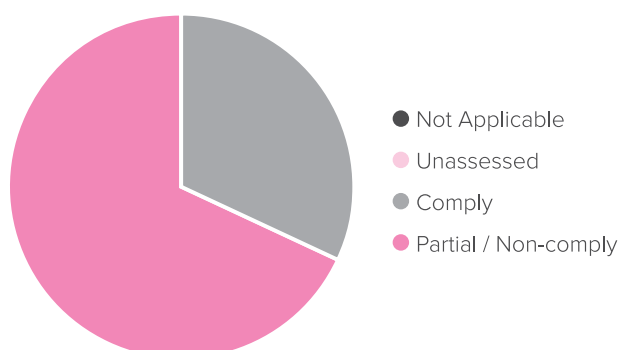
We have taken into consideration the age of many of our assets within our Health Service and the impact of prioritising the monitoring, maintaining and replacement of assets.

The Finance, Audit & Risk Committee oversees the implementation of the AMAF.

COMPLIANCE AND MATURING RATING TOOL



AMAF COMPLIANCE



MATURITY ASSESSMENT

At the end of the financial year, East Grampians Health Service undertook an AMAF Maturity Assessment; the outcomes of which have informed this year's AMAF attestation.

COMPLIANCE ATTESTATIONS

During the year significant progress has been made in Asset Management. However there have been two compliance deficiencies, of which actions are either planned or have been undertaken to address these issues.

East Grampians Health Service's target maturity rating is 'competence', indicating that we have systems and processes in play, consistently applied and systematically meeting the AMAF requirement, including a continuous improvement process to expand system performance above AMAF minimum requirements.

LEADERSHIP AND ACCOUNTABILITY

East Grampians Health Service has met its target maturity level under most requirements within this category. EGHS is assessing a non compliance with a requirement in the area of asset management strategy. There are no material non-compliances reported in this category. An improvement plan is being developed to improve our maturity rating this year.

PLANNING

East Grampians Health Service has met its target maturity level under most requirements within this category. EGHS is assessing a non compliance with a requirement in the area of asset risk documentation. There are no material non-compliances reported in this category. An improvement plan is being developed to improve our maturity rating this year.

ACQUISITION

East Grampians Health Service has met its target maturity level requirements within this category.

OPERATION

East Grampians Health Service has met its target maturity level under most requirements within this category. EGHS is assessing a non compliance with a requirement in the area of asset performance monitoring. There are no material non-compliances reported in this category. An improvement plan is being developed to improve our maturity rating this year.

DISPOSAL

East Grampians Health Service has met its target maturity level requirements within this category.

ATTESTATIONS

CONFLICT OF INTEREST

I, Peter Armstrong, certify that East Grampians Health Service has 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 East Grampians Health Service 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.



Peter Armstrong
Accountable Officer
East Grampians Health Service
04 October, 2021

FINANCIAL MANAGEMENT COMPLIANCE ATTESTATION

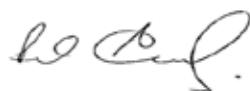
I, Nancy Panter, on behalf of the Responsible Body, certify that East Grampians Health Service has no Material Compliance Deficiency with respect to the applicable Standing Directions under the *Financial Management Act 1994* and Instructions.



Nancy Panter
Responsible Officer
East Grampians Health Service
04 October, 2021

DATA INTEGRITY DECLARATION

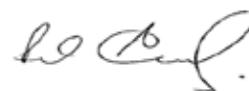
I, Peter Armstrong, certify that East Grampians Health Service has put in place appropriate internal controls and processes to ensure that reported data accurately reflects actual performance. East Grampians Health Service has critically reviewed these controls and processes during the year.



Peter Armstrong
Accountable Officer
East Grampians Health Service
04 October, 2021

INTEGRITY, FRAUD AND CORRUPTION

I, Peter Armstrong, certify that East Grampians Health Service has put in place appropriate internal controls and processes to ensure that integrity, fraud and corruption risks have been reviewed and addressed at East Grampians Health Service during the year.



Peter Armstrong
Accountable Officer
East Grampians Health Service
04 October, 2021

LEGISLATIVE COMPLIANCE

BUILDING ACT 1993

The Health Service continues to comply with the Building Act 1993 and Standards for Publicly Owned Buildings November 1994, as under FRD221.

Members of the Capital Development Committee are responsible for providing high-level management oversight of large Capital projects that fall outside the delegation of the Chief Executive. The committee provides direction and support to project managers and related staff to support the successful delivery of East Grampians Health Service Capital Projects.

All Contractors engaged on works for the Health Service are required to show evidence of current registration and other relevant documentation such as insurances and public liability. This is controlled through an electronic data base program called iAsset for the control of Contract Management.

The following works and maintenance were undertaken during the year to ensure that the Health Service conforms with the relevant Standards.

Building Works	4
Building certified for approval	4
Works in construction and subject of mandatory inspection	4
Occupancy Permits issued	0

Maintenance

Notices issued for rectification of substandard buildings requiring urgent attention	Nil
Involving major expenditure and urgent attention	Nil
Building Condition Assessment	Yes
Essential Services Maintenance	Yes

Building Works July 2020 – June 2021

	Approved	Mandatory Inspection	Occ Permit
70 Lowe Street refurbishment - Stage 2	Yes	Yes	-
Installation Solar Panels	Yes	Yes	-
Solar Car Park Shelter	Yes	Yes	-
Theatre/Radiology Project	Yes	Yes	-

Please note:- Building works July 2019 – June 2020 completed works

70 Lowe Street Refurbishment - Stage 1	Completed
Community Health Centre Project	Completed
Gas Boiler Project	Completed

CARERS' RECOGNITION ACT 2012

The Health Service values carers and actively promotes recognition of this vital role both in the community and the Health Service. Policies have been developed to ensure employees understand their obligations in relation to this Act, and carry out their duties to reflect the care relationship principles in developing, providing or evaluating support and assistance for persons in care relationship.

CAR PARKING

East Grampians Health Service is not required to comply with the Department of Health and Human Services hospital Circular on car parking fees as it does not operate any fee paying car park space. Additional car parking space, facing Lowe Street, was opened up in the last financial year.

COMPETITIVE NEUTRALITY

All competitive neutrality requirements comply with the National Competition Policy and have been made in accordance with Government costing policies for public hospitals. East Grampians Health Service complies with the requirements of the policy statement Competitive Neutrality Policy Victoria, and any subsequent reforms.

CONSULTANCIES

Details of consultancies (under \$10,000)

In 2020-21, 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 2020-21, there were no consultancies where the total fees payable to the consultants were \$10,000 or greater.

DISCLOSURE OF ICT EXPENDITURE

The total ICT expenditure incurred during 2020-21 is \$1,332,974 with the details shown below.

Business-As-Usual (BAU) ICT expenditure (\$ '000)	Non-Business As Usual (Non-BAU) ICT expenditure (\$ '000)	Operational expenditure (excluding GST) (\$ '000)	Capital expenditure (excluding GST) (\$ '000)
\$1,204,479	\$128,496	\$46,007	\$82,489

GENDER EQUALITY ACT

The Victorian Gender Equality Act came into effect on 31 March 2021. It acknowledges that gender equality is a human right and precondition to social justice, it brings significant economic, social and health benefits for Victoria. As a defined entity under the Act, East Grampians Health Service has undertaken a workforce audit as of the 30 June 2021 and conducted a staff survey called the People Matter Survey. The audit and survey findings will identify gender composition at all levels of the Health Service workforce, gender composition of the Board, gendered work segregation, workplace sexual harassment, improvement opportunities in recruitment and promotion and how leave and work flexibility is accessed by the different genders. The findings will be used to develop strategies for a four year plan to increase gender equity and an inclusive workforce. Our Health Service will report to our progress every two years to the Commission for Gender Equality in the Public Sector.

FEES

Most fees charged by the Health Service are regulated by the Commonwealth Government and the Victorian Government's Department of Health. There were only minimal indexation of fees applied for the financial year.

FREEDOM OF INFORMATION

East Grampians Health Service is an agency subject to the *Freedom of Information Act 1982*. As required under The Act, East Grampians Health Service has nominated the Chief Executive, Andrew Freeman, as the Principal Officer and Health Information Manager, Andrea Cardinaels as the FOI Officer. The legislated application fee for the 2020-21 financial year was \$29.60 per application, and the processing fee included search and access charges of \$22.21 per hour or part of an hour. Supervision charges of \$5.55 per quarter hour or part of a quarter hour and a photocopying fee of 20 cents per A4 page. All reports requested from the Director of Medical Services incurred a fee of \$125.

In 2020-21 East Grampians Health Service received 76 requests, 48 of which were processed and granted in full under The Act and six did not proceed and 22 were processed outside of The Act.

REQUESTS

2020-21	2019-20	2018-19	2017-18
76	55	52	32

INFORMATION PRIVACY ACT 2000 AND HEALTH RECORDS ACT 2001

Privacy Legislation commenced 1 July 2002 and comprises

- *Health Records Act 2001*
- *Information Privacy Act 2000*

Information Privacy Act 2001 covers the privacy principles of:

- The collection of health information
- Use and disclosure of health information
- Data quality
- Data security and retention of information
- Openness
- Access to health information

Policies ensure strict adherence to the Act and that the personal health information of patients, residents and clients remains confidential and secure. The information will only be used by non-service staff with the consent of the consumer and is accessible by the consumer under Freedom of Information guidelines.

Patients, families, residents and clients are informed of their rights regarding their health information on first contact with the Health Service.

The Chief Executive is the designated Privacy Officer and manages all enquiries relating to these two Acts.

76 written requests were received in 2020-21.

LOCAL JOBS FIRST ACT 2003

East Grampians Health Service complies with the requirements of the Local Jobs First Act disclosures and wherever practicable and fiscally responsible will make every endeavour to purchase locally. In 2020-21 there were no contracts requiring disclosure under the Local Jobs First Policy. The Health Service has a robust policy to encourage the training and employment of members of the local community.

PUBLIC INTEREST DISCLOSURE ACT 2012

Allegations of improper conduct by employees or the Board of the Health Service is very serious. Allegations can include corrupt conduct, substantial mismanagement of public resources or conduct involving substantial risk to public health or safety.

The *Public Interest Disclosure Act 2012* is designed to protect people who disclose information about serious wrongdoings within the Victorian Public Sector and to provide a framework for the investigation of these matters.

Disclosures of improper conduct by East Grampians Health Service or its employees may be made to:

The Public Interest Disclosure Co-ordinator
Andrew Freeman

andrew.freeman@eghs.net.au

or

The Ombudsman Victoria
Level 22, 459 Collins Street, Melbourne, 3000
Tel: 9613 6222 Toll free: 1800 806 314

In 2020-21 there were no disclosures or notifications of disclosure relevant to the *Public Interest Disclosure Act* received.

REGISTRATION

All clinical practitioners engaged by the Health Service maintained their registered status throughout the year.

SAFE PATIENT CARE ACT 2015

This Act was introduced to enshrine in law the minimum number of Nurses and Midwives to care for patients. At East Grampians Health Service this Act has ensured we have the flexibility to engage Nurses and Midwives at appropriate staffing levels in line with the number of patients in our care. The Health Service has no matters to report in relation to its obligations under Section 40 of this Act.

ENVIRONMENTAL PERFORMANCE AND SUSTAINABILITY

This report to be read in conjunction with the Chair and Chief Executive's Report on page 19.

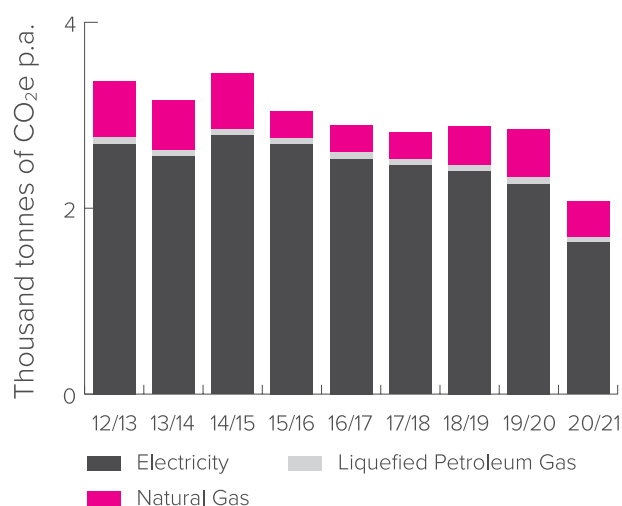
East Grampians Health Service continues to demonstrate its commitment to a more sustainable environment through a program of recycling appropriate waste, reducing energy consumption, reusing equipment and supplies and considering sustainability when purchasing these items.

Recognition of the link between the health and wellness of people and the health and wellness of the environment, is in keeping with our Mission Statement: East Grampians Health Service will improve our community's health and quality of life through strong partnerships and by responding to changing needs.

ENERGY AND WATER PERFORMANCE 2020 - 2021

Expenditure	2019-20 (\$ thousand)	2020-21 (\$ thousand)	Change from previous year
Electricity	\$445	\$345	-22.4%
Liquefied Petroleum Gas	\$33	\$19	-42.2%
Natural Gas	\$148	\$117	-20.6%
Potable Water	\$38	\$28	-26.6%
Total	\$664	\$509	-23.3%

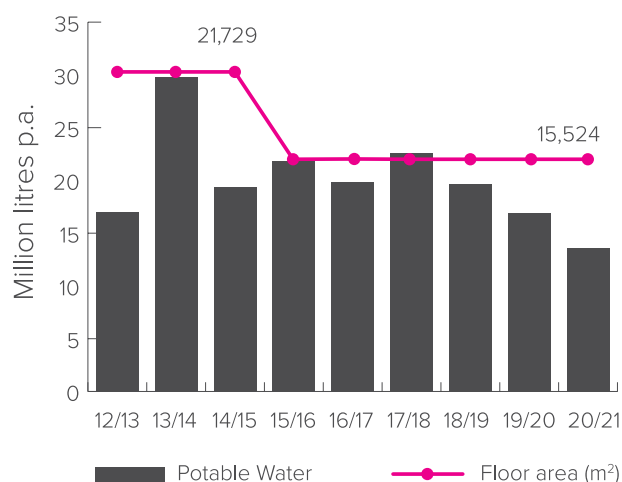
CARBON EMISSIONS



WASTE MANAGEMENT PERFORMANCE

Waste cost (collection & disposal)	2019-20	2020-21	Changes from previous year
Clinical waste	\$27,891	\$45,888	64.5%
General waste	\$28,323	\$29,395	3.8%
Recycling	\$23,400	\$25,913	10.7%
Total	\$79,614	\$101,196	27.1%

WATER USE



WASTE GENERATION

Clinical Waste (kg)	2019-20	2020-21
Incinerated	1,237	1,206
Sharps	590	645
Treated	11,574	18,598
Total	13,401	20,449

General Waste (kg)	2019-20	2020-21
Bins	-	-
Compactors	-	-
Skips	118,834	118,057
Total	118,834	118,057

WASTE COSTS

Waste costs (\$/PPT)	2019-20	2020-21
Clinical waste	0.62	1.07
General waste	0.63	0.69
Recycling	0.52	0.61

Carbon emissions	2019-20	2020-21
Carbon (tonnes CO2-e)	158	180

Factors influencing waste	2019-20	2020-21
Aged Care OBD	28,423	27,693
ED Departures LOS	11,173	9,986
Separations	5,043	5,055
Per patient treated	44,639	42,734

Over the past year the waste volume/weight has not increased significantly, however the contractor now charges to collect cardboard recycling and general waste, and this has increased expenditure.

ENVIRONMENTAL IMPACTS & ENERGY USE

Recycling Items	2019-20 Kgs	2020-21 Kgs
Batteries	28	19
Cardboard	17,160	17,160
Commingle	22,013	22,900
E-waste	300	14
Fluorescent tubes	49	12
Grease Traps	344	925
Organics (garden)	8,811	15,955
Paper (confidential)	3,785	32,889
PVC	122	36
Total	52,612	59,951

ENVIRONMENTAL IMPACTS & ENERGY USE

Energy Use	2019-20	2020-21
Electricity (MWh)	2,211	1,664
Liquefied Petroleum Gas (kL)	50	37
Natural Gas (gigajoules)	9,812	7,359

Carbon Emissions (thousand tonnes of CO2e)	2019-20	2020-21
Electricity	2.26	1.63
Liquefied Petroleum Gas	0.08	0.06
Natural Gas	0.51	0.38
Total emissions	2.85	2.07

Water Use (million litres)	2019-20	2020-21
Potable Water	16.90	13.56

Factors influencing environmental impacts	2019-20	2020-21
Floor area (m2)	15,524	15,524
Separations	5,043	5,055
Inpatient Bed Days	11,173	9,986
Aged Care Bed Nights	28,423	27,693

DISCLOSURE INDEX

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

Legislation	Requirement	Page	Legislation	Requirement	Page
Report of Operations - FRD Guidance			Attestations		
	<i>Charter and Purpose</i>			Attestation on Data Integrity	27
FRD 22I	Manner of establishment and the relevant Ministers	03		Attestation on managing Conflict of Interest	27
FRD 22I	Purpose, functions, powers and duties	03		Attestation on Integrity, Fraud and Corruption	27
FRD 22I	Nature and range of services provided	04			
FRD 22I	Activities, programs and achievements for the reporting period	07-11		Other reporting requirements	
FRD 22I	Significant changes in key initiatives and expectations for the future	19		Reporting of outcomes from Statement of Priorities 2020-2021	12-16
	<i>Management and Structure</i>			Occupational Violence reporting	06
FRD 22I	Organisational structure	05		Reporting obligations under the <i>Safe Patient Care Act 2015</i>	29
FRD 22I	Occupational Health and Safety	06		Reporting of compliance regarding Car Parking Fees (if applicable)	28
FRD 22I	Workforce data/employment and conduct principles	06		Reporting obligations under the Asset Management Accountability Framework (AMAF)	26
	<i>Financial Information</i>			Gender Equality Act 2020	28
FRD 22I	Summary of the financial results for the year	20		Additional information available on request	
FRD 22I	Significant changes in financial position during the year	FR		Consistent with FRD 22I (Section 5.19) East Grampians Health Service confirms that subject to the provisions of the Freedom of Information Act, the following information is retained by the Accountable Officer:	
FRD 22I	Operational and budgetary objectives and performance against objectives	FR		(a) Declarations of pecuniary interests have been duly completed by all relevant officers;	
FRD 22I	Subsequent events	FR		(b) Details of shares held by senior officers as nominee or held beneficially;	
FRD 22I	Details of consultancies over \$10,000	28		(c) Details of publications produced by the entity about itself, and how these can be obtained;	
FRD 22I	Details of consultancies under \$10,000	28		(d) Details of changes in prices, fees, charges, rates and levies charged by the Health Service;	
FRD 22I	Disclosure of ICT expenditure	28		(e) Details of any major external reviews carried out on the Health Service;	
	Legislation			(f) Details of major research and development activities undertaken by the Health Service that are not otherwise covered either in the Report of Operations or in a document that contains the financial statements and Report of Operations;	
FRD 22I	Application and operation of <i>Freedom of Information Act 1982</i>	29		(g) Details of overseas visits undertaken including a summary of the objectives and outcomes of each visit;	
FRD 22I	Compliance with building and maintenance provisions of <i>Building Act 1993</i>	28		(h) 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;	
FRD 22I	Application and operation of <i>Public Interest Disclosure Act 2012</i>	29		(i) Details of assessments and measures undertaken to improve the occupational health and safety of employees;	
FRD 22I	Statement on National Competition Policy	28		(j) 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;	
FRD 22I	Application and operation of <i>Carers Recognition Act 2012</i>	28		(k) A list of major committees sponsored by the Health Service, the purposes of each committee and the extent to which those purposes have been achieved;	
FRD 22I	Summary of the entity's environmental performance	19, 30-31		(l) Details of all consultancies and contractors including consultants/contractors engaged, services provided, and expenditure committed for each engagement.	
FRD 22I	Additional information available on request	32			
	Other relevant reporting directives				
FRD 25D	<i>Local Jobs First Act</i> disclosures	29			
SD 5.1.4	Financial Management Compliance attestation	27			
SD 5.2.3	Declaration in Report of Operations	19			

GLOSSARY

ACCREDITATION

Official certification of approval

AUSTRALIAN STANDARDS

National Standards developed by the Standards Association of Australia/New Zealand

CARERS

Carers of patient/clients

CATCHMENT AREA

Geographical area for which East Grampians Health Service is responsible to provide services

CLINICAL GOVERNANCE

Refers to the structures, systems and processes that the organisation puts in place to ensure that consumers get safe, quality healthcare and experiences

CONSUMERS

People who use our Health Service, as well as their family and carers. This includes people who have used our Health Service in the past or who could potentially use the service in the future.

DoH

The Department of Health

EGHS

East Grampians Health Service

ICT

Information and Communications Technology

INPATIENT

A person who is admitted to an acute bed

OHS

Occupational Health & Safety

OUTCOME

The result of a service provided

OUTPATIENT

A patient/client who is not admitted to a bed

PALLIATIVE CARE

Care for patients with a life limiting illness and their families

PATIENT CENTRED CARE

Care designed specifically for the individual

STRATEGIC PLANNING

Commitment to set future plans

STAKEHOLDERS

Customers (including patients, residents and clients), volunteers, all tiers of government, contractors, media and staff

THE BOARD

The Board of Governance East Grampians Health Service

THE DEPARTMENT

Victorian Department of Health

THE ORGANISATION

East Grampians Health Service

VALUES

The principles and beliefs that guide East Grampians Health Service

VMO

Visiting Medical Officer

WIES

Weighted Inlier Equivalent Separation. Every patient on discharge is allocated a DRG which reflects the primary reason for the patient's episode of care. The DRG has an assigned resource weight, which is related to the complexity of the patient's medical condition on which the WIES is calculated.

FINANCIAL REPORT

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Financial Statements

Financial Year ended 30 June 2021

Board member's, accountable officer's and chief finance & accounting officer's declaration

The attached financial statements for East Grampians Health Service and the Consolidated Entity 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 2021 and the financial position of East Grampians Health Service and the Consolidated Entity at 30 June 2021.

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 XX September 2021.



Ms Nancy Panter
Board President

Ararat
04 October 2021



Mr Peter Armstrong
Accountable Officer

Ararat
04 October 2021



Mr Tony Roberts
Chief Finance & Accounting
Officer

Ararat
04 October 2021

Independent Auditor's Report



To the Board of East Grampians Health Service

Opinion	<p>I have audited the financial report of East Grampians Health Service (the health service) which comprises the:</p> <ul style="list-style-type: none">• balance sheet as at 30 June 2021• 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 positions of the health service as at 30 June 2021 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.</p> <p>I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.</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 <i>Financial Management Act 1994</i>, 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>
Other Information	<p>The Board of the health service is responsible for the Other Information, which comprises the information in the health service's annual report for the year ended 30 June 2021, but does not include the financial report and my auditor's report thereon.</p> <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. 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>

Level 31 / 35 Collins Street, Melbourne Vic 3000
T 03 8601 7000 enquiries@audit.vic.gov.au www.audit.vic.gov.au

**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
28 October 2021



Dominika Ryan
as delegate for the Auditor-General of Victoria

East Grampians Health Service
Comprehensive Operating Statement
For the Year Ended 30 June 2021

	Note	Parent Entity 2021 \$'000	Parent Entity 2020 \$'000	Consolidated Entity 2020 \$'000
Income from Transactions				
Operating Activities	2.1	54,102	48,966	48,989
Non-operating Activities	2.1	316	372	423
Total Income from Transactions		54,418	49,338	49,412
Expenses from Transactions				
Employee Expenses	3.1	(35,822)	(32,592)	(32,593)
Supplies & Consumables	3.1	(6,128)	(5,916)	(5,916)
Finance Costs	3.1	(8)	(7)	(7)
Depreciation	3.1	(3,619)	(3,439)	(3,439)
Other Administrative Expenses	3.1	(3,957)	(3,046)	(3,046)
Other Operating Expenses	3.1	(2,680)	(3,367)	(2,991)
Total Expenses from Transactions		(52,214)	(48,367)	(47,992)
Net Result from Transactions - Net Operating Balance		2,206	971	1,423
Other economic flows included in net result				
Net gain/(loss) on non-financial assets	3.4	1,235	-	-
Net gain/(loss) on financial instruments	3.4	117	(502)	(510)
Other Gain/(Loss) from Other Economic Flows	3.4	402	(245)	(245)
Share of Other Economic Flows from Joint Operation	3.4	(3)	(2)	(2)
Total other economic flows included in net result		1,751	(749)	(757)
Net result for the year		3,957	222	666
Other comprehensive income				
Items that will not be reclassified to Net Result				
Changes in Property, Plant and Equipment Revaluation Surplus	4.2(f)	263	-	-
Total other comprehensive income		263	-	-
COMPREHENSIVE RESULT FOR THE YEAR		4,220	222	666

*This Statement should be read in conjunction with the accompanying notes.
Only Parent Entity results are required to be reported in 2021. See Note 1.4.*

East Grampians Health Service Balance Sheet

For the Year Ended 30 June 2021

	Note	Parent Entity 2021 \$'000	Parent Entity 2020 \$'000	Consolidated Entity 2020 \$'000
Current Assets				
Cash and Cash Equivalents	6.2	10,269	7,976	8,195
Receivables and Contract Assets	5.1	1,875	2,269	2,280
Financial Assets	4.1	2,489	2,299	4,071
Inventories		114	75	75
Other Assets		278	220	220
Total Current Assets		15,026	12,839	14,841
Non-Current Assets				
Receivables	5.1	670	656	656
Property, Plant & Equipment	4.2	52,052	51,616	51,616
Investment Properties	4.4	2,725	1,490	1,490
Total Non-Current Assets		55,447	53,762	53,762
TOTAL ASSETS		70,473	66,601	68,603
Current Liabilities				
Payables and Contract Liabilities	5.2	2,801	2,532	2,554
Borrowings	6.1	54	1,208	1,208
Employee Benefits	3.2	5,948	5,313	5,313
Other Liabilities	5.3	5,314	5,429	5,429
Total Current Liabilities		14,117	14,482	14,505
Non-Current Liabilities				
Employee Benefits	3.2	962	1,098	1,098
Borrowings	6.1	184	33	33
Total Non-Current Liabilities		1,146	1,131	1,131
TOTAL LIABILITIES		15,263	15,613	15,636
NET ASSETS		55,209	50,988	52,968
EQUITY				
Property, Plant & Equipment Revaluation Surplus	4.2(f)	38,169	37,904	37,904
General Purpose Surplus	SCE	-	136	136
Restricted Specific Purpose Surplus	SCE	4,915	3,769	3,769
Contributed Capital	SCE	19,896	19,896	19,896
Accumulated (Deficits)	SCE	(7,771)	(10,717)	(8,737)
TOTAL EQUITY		55,209	50,988	52,968

*This Statement should be read in conjunction with the accompanying notes.
Only Parent Entity results are required to be reported in 2021. See Note 1.4.*

East Grampians Health Service
Statement of Changes in Equity
For the Year Ended 30 June 2021

Consolidated Entity		Property, Plant & Equipment Revaluation Surplus	General Purpose Surplus	Restricted Specific Purpose Surplus	Contributed Capital	Accumulated Surpluses/ (Deficits)	Total
	Note	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
Balance at 30 June 2019		37,904	141	3,523	19,896	(9,155)	52,309
Net result for the year						666	666
Transfer to / (from) accumulated surplus		-	(4)	247	-	(243)	-
Balance at 30 June 2020		37,904	136	3,769	19,896	(8,734)	52,968

Parent Entity		Property, Plant & Equipment Revaluation Surplus	General Purpose Surplus	Restricted Specific Purpose Surplus	Contributed Capital	Accumulated Surpluses/ (Deficits)	Total
	Note	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
Balance at 30 June 2019		37,904	141	3,523	19,896	(10,691)	50,773
Net result for the year		-	-	-	-	222	222
Transfer to / (from) accumulated surplus		-	(4)	247	-	(243)	-
Balance at 30 June 2020		37,904	136	3,769	19,896	(10,713)	50,992
Net result for the year		-	-	-	-	3,957	3,957
Other comprehensive income for the year		263	-	-	-	-	263
Transfer to / (from) accumulated surplus		-	(136)	1,147	-	(1,011)	-
Balance at 30 June 2021		38,169	-	4,915	19,896	(7,771)	55,209

*This Statement should be read in conjunction with the accompanying notes.
Only Parent Entity results are required to be reported in 2021. See Note 1.4.*

East Grampians Health Service
Cash Flow Statement
For the Year Ended 30 June 2021

	Note	Parent Entity 2021 \$'000	Parent Entity 2020 \$'000	Consolidated Entity 2020 \$'000
Cash Flows from Operating Activities				
Operating Grants from Government		40,030	36,378	36,378
Capital Grants from Government - Cwlth		2,345	1,902	1,902
Capital Grants from Government - State		4,658	296	296
Patient Fees Received		5,123	5,227	5,227
Private Practice Fees Received		34	46	46
GST Received from/(paid to) ATO		289	460	461
Interest and Investment Income Received		210	148	190
Other Receipts		1,453	3,213	3,213
Total Receipts		54,142	47,670	47,713
Employee Expenses Paid		(35,720)	(31,948)	(31,948)
Payments for Supplies & Consumables		(5,945)	(6,815)	(6,815)
Payments for Medical Indemnity Insurance		(370)	(417)	(417)
Payments for Repairs and Maintenance		(1,191)	(1,228)	(1,228)
Finance Costs		(8)	(7)	(7)
Cash Outflows for Leases		(10)	(6)	(6)
Other Payments		(3,742)	(5,606)	(5,292)
Total Payments		(46,986)	(46,027)	(45,713)
Net Cash Flows from/(used in) Operating Activities	8.1	7,156	1,643	2,000
Cash Flows from Investing Activities				
Proceeds/(Purchase) of Investments		(53)	(10)	(455)
Payments for Non-Financial Assets		(3,585)	(2,842)	(2,842)
Capital Donations and Bequests Received		47	9	80
Net Cash Flows from/(used in) Investing Activities		(3,591)	(2,843)	(3,217)
Cash Flows from Financing Activities				
Proceeds from/ (repayment of) Borrowings		(1,200)	1,241	1,241
Receipt of Accommodation Deposits		4,192	1,832	1,832
Repayment of Accommodation Deposits		(4,265)	(2,389)	(2,389)
Net Cash Flows from /(used in) Financing Activities		(1,273)	684	684
Net Increase/(Decrease) in Cash and Cash Equivalents Held		2,292	(516)	(533)
Cash and Cash Equivalents at Beginning of Year		7,976	8,491	8,728
CASH AND CASH EQUIVALENTS AT END OF PERIOD	6.2	10,269	7,976	8,195

*This Statement should be read in conjunction with the accompanying notes.
Only Parent Entity results are required to be reported in 2021. See Note 1.4.*

East Grampians Health Service

Notes to the Financial Statements

For the Year Ended 30 June 2021

Note 1: Basis of presentation

These financial statements represent the audited general purpose financial statements for East Grampians Health Service for the year ended 30 June 2021. The report provides users with information about East Grampians Health Service's stewardship of the resources entrusted to it.

This section explains the basis of preparing the financial statements and identifies the key accounting estimates and judgements.

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.

East Grampians Health Service 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 East Grampians Health Service operates on a fund accounting basis and maintains three funds: Operating, Specific Purpose and Capital Funds.

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 have been prepared on a going concern basis (refer to Note 8.10 Economic Dependency).

The financial statements are 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 East Grampians Health Service 4th of October 2021.

Note 1.2 Impact of COVID-19 pandemic

In the previous financial year, a global pandemic caused by the COVID-19 Coronavirus (COVID-19) was declared. To contain the spread of COVID-19 and prioritise the health and safety of our community, East Grampians Health Service was required to comply with various restrictions announced by the Commonwealth and State Governments, which in turn, has continued to impact the way in which East Grampians Health Service operates.

East Grampians Health Service introduced a range of measures in both the prior and current year, including:

- introducing restrictions on non-essential visitors
- implementing reduced visitor hours
- deferring elective surgery and reducing activity
- performing COVID-19 testing
- administering COVID-19 vaccinations
- implementing work from home arrangements where appropriate.

As restrictions have eased towards the end of the financial year East Grampians Health Service has been able to revise some measures where appropriate including the reintroduction of elective surgery.

The financial impacts of the pandemic are disclosed at:

- Note 2: Funding delivery of our services
- Note 3: The cost of delivering services
- Note 4: Key assets to support service delivery
- Note 5: Other assets and liabilities
- Note 6: How we finance our operations

East Grampians Health Service

Notes to the Financial Statements

For the Year Ended 30 June 2021

Note 1.3 Abbreviations and terminology used in the financial statements

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

Reference	Title
AASB	Australian Accounting Standards Board
AASs	Australian Accounting Standards, which include Interpretations
DH	Department of Health
DTF	Department of Treasury and Finance
FMA	Financial Management Act 1994
FRD	Financial Reporting Direction
SD	Standing Direction
VAGO	Victorian Auditor General's Office
WIES	Weighted Inlier Equivalent Separation
EGHS	East Grampians Health Service

Note 1.4 Principles of consolidation

The consolidated comparative financial statements for the year ended 30 June 2020 include the assets and liabilities of East Grampians Health Services and the entity it controlled as at 30 June 2020 (East Grampians Health Building for the Future Foundation) and the consolidated results and cash flows for the year.

On 1 July 2020, the following changes were made to the Trust Deed for the East Grampians Health Building for the Future Foundation:

- Split appointor roles were instituted with EGHS now appointing a minority of Trustees;
- Unanimous consent of Trustees to make trust deed changes

East Grampians Health Service applies significant judgment when determining whether an entity is controlled by Health Service.

An entity is considered to be a controlled entity where East Grampians Health Service has the power to govern the financial and operating policies of an organisation so as to obtain benefits from its activities. In assessing control, potential voting rights that are presently exercisable are taken into account.

In addition to the above listed changes to the Trust Deed, East Grampians Health Service has considered the following elements of the Foundation's operations in determining that the Foundation is no longer a controlled entity:

- EGHS Board does not control a majority of voting rights
- Trustees exercise their discretion to approve Board requests

In 2020, East Grampians Health Service controlled the following entity:

East Grampians Health Building for the Future Foundation

Details of the controlled entities are set out in Note 8.7.

The financial statements for the year ended 30 June 2021 only include East Grampians Health Service.

East Grampians Health Service consolidated the results of the Foundation from the date on which the health service gained control until the date the health service ceased to have control (1 July 2020). Where dissimilar accounting policies were adopted by entities and their effect was considered material, adjustments were made to ensure consistent policies were adopted in the comparative financial statements.

Transactions between East Grampians Health Service and the Foundation have been eliminated for the year ended 30 June 2020 to reflect the extent of East Grampians Health Service's operations as a group.

Note 1.5 Joint arrangements

Interests in joint arrangements are accounted for by recognising in East Grampians Health Service's financial statements, its share of assets and liabilities and any revenue and expenses of such joint arrangements.

East Grampians Health Service has the following joint arrangements:

- Grampians Region Health IT Alliance (GRHA)

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

Note 1.6 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.

East Grampians Health Service

Notes to the Financial Statements

For the Year Ended 30 June 2021

Note 1.7 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 East Grampians Health Service 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 2020-8: <i>Amendments to Australian Accounting Standards – Interest Rate Benchmark Reform – Phase 2</i>	Reporting periods on or after 1 January 2021.	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 East Grampians Health Service in future periods.

Note 1.8 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, which are disclosed as operating cash flows.

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

Note 1.9 Reporting Entity

The financial statements include all the controlled activities of East Grampians Health Service.

Its principal address is:

Girdlestone Road
Ararat, Victoria 3377

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

East Grampians Health Service

Notes to the Financial Statements

For the Year Ended 30 June 2021

Note: 2 Funding delivery of our services

The hospital's overall objective is to deliver quality health programs and services that support and enhance the wellbeing of all Victorians.

The hospital is predominantly funded by accrual based grant funding for the provision of outputs. The hospital also receives income from the supply of services.

Structure

- 2.1 Income from Transactions
- 2.2 Fair value of assets and services received free of charge or for nominal consideration
- 2.3 Other income

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 Coronavirus pandemic and its impact on our economy and the health of our community.

Additional revenue was received to fund:

- COVID swabbing clinics
- COVID vaccination clinics
- COVID-related capital requirements
- Aged care staff retention
- Repurposing grants to cover shortfall in activity targets

Key judgements and estimates

This section contains the following key judgements and estimates:

Key judgements and estimates	Description
Identifying performance obligations	<p>East Grampians Health Service 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 East Grampians Health Service to recognise revenue as or when the health service transfers promised goods or services to customers.</p> <p>If this criteria is not met, funding is recognised immediately in the net result from operations.</p>
Determining timing of revenue recognition	<p>East Grampians Health Service 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.</p>
Determining time of capital grant income recognition	<p>East Grampians Health Service applies significant judgement to determine when its obligation to construct an asset is satisfied. Costs incurred is used to measure the health service's progress as this is deemed to be the most accurate reflection of the stage of completion.</p>

East Grampians Health Service

Notes to the Financial Statements

For the Year Ended 30 June 2021

Note 2.1 (a): Income from Transactions

	Parent	Consolidated
	Total 2021 \$'000	Total 2020 \$'000
Operating Activities		
Revenue from contracts with customers		
Government Grants (State) - Operating	21,357	21,343
Government Grants (Commonwealth) - Operating	9,379	9,022
Patient and Resident Fees	5,292	5,295
Private Practice Fees	34	46
Total revenue from contracts with customers	36,062	35,706
Other sources of income		
Government Grants (State)- Operating	9,321	5,513
Government Grants (State)- Capital	4,658	1,902
Commercial Activities ¹	217	261
Other Capital purpose income	1,110	296
Assets received free of charge or for nominal consideration	452	2,484
Other Revenue from Operating Activities (including non-capital donations)	2,282	2,827
Total other sources of income	18,040	13,283
Total revenue and income from operating activities	54,102	48,989
Non-operating activities		
Income from other sources		
Other Interest	39	112
Dividends	63	159
Rental Revenue	214	152
Total other sources of income	316	423
Total income from non-operating activities	316	423
Total Income from Transactions	54,418	49,412

¹ Commercial activities represent business activities which health service enter into to support their operations.

How we recognise revenue and income from transactions

Government operating grants

To recognise revenue, East Grampians Health Service assesses 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, the health service:

- 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.

Where the contract is not enforceable and/or does not have sufficiently specific performance obligations, in accordance with AASB 1058 - Income for not-for-profit entities, the health service:

- 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.

The types of government grants recognised under AASB 15: Revenue from Contracts with Customers includes:

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, in accordance with the WIES activity when an episode of care for an admitted patient is completed.</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.</p>
Other one-off grants if funding conditions contain enforceable and sufficiently specific performance obligations	For other grants with performance obligations East Grampians Health Service exercises judgement over whether the performance obligations have been met, on a grant by grant basis.

East Grampians Health Service

Notes to the Financial Statements

For the Year Ended 30 June 2021

Note 2.1 (a): Income from Transactions (continued)

Capital grants

Where East Grampians Health Service 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 East Grampians Health Service'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 the provision of meals to external users, cafés and recoveries for salaries and wages. Commercial activity revenue is recognised at a point in time, upon provision of the goods or service to the customer.

Non-cash contributions from the Department of Health

The Department of Health makes some payments on behalf of East Grampians Health Service as follows:

Supplier	Description
Victorian Managed Insurance Authority	The Department of Health purchases non-medical indemnity insurance for East Grampians Health Service 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 long service leave funding arrangements set out in the relevant Department of Health Hospital Circular.

2.2 Fair value of assets and services received free of charge or for nominal consideration

	Parent 2021 \$'000	Consolidated 2020 \$'000
Cash donations and gifts	68	2,454
PPE under State Supply	384	30
Total fair value of assets and services received free of charge or for nominal consideration	452	2,484

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 East Grampians Health Service 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 East Grampians Health Service 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.

East Grampians Health Service

Notes to the Financial Statements

For the Year Ended 30 June 2021

2.2 Fair value of assets and services received free of charge or for nominal consideration (Continued)

Contributions

East Grampians Health Service may receive assets for nil or nominal consideration to further its objectives. The assets are recognised at their fair value when East Grampians Health Service 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, East Grampians Health Service recognises related amounts being contributions by owners, lease liabilities, financial instruments, provisions and revenue or contract liabilities arising from a contract with a customer.

East Grampians Health Service 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 East Grampians Health Service as a capital contribution transfer.

Voluntary Services

Contributions by volunteers, in the form of services, are only recognised when fair value can be reliably measured, and the services would have been purchased if they had not been donated.

2.3 Other income

	Parent 2021 \$'000	Consolidated 2020 \$'000
Rental income	214	152
Dividends received from investments	63	159
Other interest	39	112
Total other income	316	423

How we recognise other income

Rental income – investment properties

Rental income from investment properties is recognised on a straight-line basis over the term of the lease, unless another systematic basis is more representative of the pattern of use of the underlying asset.

The following table sets out the maturity analysis of undiscounted future lease payments receivable under our operating leases:

	As at 30 June	
	2021 \$'000	2020 \$'000
Within one year	51	51
Within one to two years	51	102

Dividend Income

Dividend income is recognised when the right to receive payment is established. Dividends represent the income arising from East Grampians Health Service and its controlled entities' investments in financial assets.

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 3: The Cost of delivering services

This section provides an account of the expenses incurred by the hospital in delivering services and outputs. In Section 2, the funds that enable the provision of services were disclosed and in this note the cost associated with provision of services are recorded.

Structure

- 3.1 Expenses from Transactions
- 3.2 Employee benefits in the balance sheet
- 3.3 Superannuation
- 3.4 Other economic flows

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 Coronavirus pandemic and its impact on our economy and the health of our community.

Additional costs were incurred to deliver the following additional services:

- establish swabbing and vaccination clinics to administer vaccines to staff and the community resulting in an increase in employee costs, additional equipment purchased and other costs.
- implement COVID safe practices throughout EGHS including increased cleaning, increased security, consumption of personal protective equipment provided as resources free of charge

Key judgements and estimates	Description
Measuring and classifying employee benefit liabilities	<p>East Grampians Health Service applies significant judgment when measuring and classifying its employee benefit liabilities.</p> <p>Employee benefit liabilities are classified as a current liability if East Grampians Health Service 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 East Grampians Health Service 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> <p>The health service also applies judgement to determine when it expects its employee entitlements to be paid. With reference to historical data, if the health service does not expect entitlements to be paid within 12 months, the entitlement is measured at its present value. All other entitlements are measured at their nominal value.</p>

Note 3.1: Expenses from transactions

	Parent Total 2021 \$'000	Consolidated Total 2020 \$'000
Salaries and wages	25,022	22,937
On-costs	6,312	5,454
Fee for service medical officer expenses	4,050	3,845
Workcover premium	439	358
Total employee expenses	35,822	32,593
Drug supplies	1,332	1,313
Medical and surgical supplies (including Prostheses)	2,415	2,414
Diagnostic and radiology Supplies	848	691
Other supplies and consumables	1,533	1,498
Total supplies and consumables	6,128	5,916
Finance costs	8	7
Total finance costs	8	7
Other administrative expenses	3,957	2,991
Total other administrative expenses	3,957	2,991
Fuel, light, power and water	553	713
Repairs and maintenance	697	716
Maintenance contracts	494	400
Medical indemnity insurance	370	379
Expenses related to short term leases	-	6
Expenditure for capital purposes	567	833
Total other operating expenses	2,680	3,046
Total operating expenses	48,595	44,553
Depreciation and amortisation	3,619	3,439
Total depreciation and amortisation	3,619	3,439
Total non-operating expenses	3,619	3,439
Total Expenses from Transactions	52,214	47,992

4.3

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 premium.

Supplies and consumables

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

Finance Costs

Finance costs include:

- interest on bank overdrafts and short-term and long-term borrowings (Interest expense is recognised in the period in which it is incurred);
- amortisation of discounts or premiums relating to borrowings;
- amortisation of ancillary costs incurred in connection with the arrangement of borrowings; and
- finance charges in respect of finance leases which are recognised in accordance with AASB 117 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 and power
- 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 East Grampians Health Service. 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: Employee benefits in the balance sheet

	Parent 2021 \$'000	Consolidated 2020 \$'000
Current Provisions		
Employee Benefits		
Annual leave		
- Unconditional and expected to be settled wholly within 12 months (i)	2,210	1,999
- Unconditional and expected to be settled wholly after 12 months (ii)	192	174
Accrued days off		
- Unconditional and expected to be settled wholly within 12 months (i)	95	78
Long service leave		
- Unconditional and expected to be settled wholly within 12 months (i)	450	399
- Unconditional and expected to be settled wholly after 12 months (ii)	2,364	2,093
	5,311	4,743
Provisions related to Employee Benefit On-Costs		
- Unconditional and expected to be settled within 12 months (i)	331	297
- Unconditional and expected to be settled wholly after 12 months (ii)	307	272
	638	569
Total Current Employee Benefits.	5,948	5,312
Non-Current Provisions		
Conditional long service leave (ii)	859	980
Provisions related to Employee Benefit On-Costs (ii)	103	118
Total Non-Current Provisions	962	1,098
Total Provisions	6,910	6,410

Notes:

(i) The amounts disclosed are nominal values

(ii) The amounts disclosed are discounted to present values

How we recognise employee benefits

Employee Benefit Recognition

Provision is made for benefits accruing to employees in respect of wages and salaries, annual leave and long service leave for services rendered to the reporting date as an expense during the period the services are delivered.

Provisions

Provisions are recognised when East Grampians Health Service has a present obligation, the future sacrifice of economic benefits is probable, and the amount of the provision can be measured reliably.

The amount recognised as a liability is the best estimate of the consideration required to settle the present obligation at reporting date, taking into account the risks and uncertainties surrounding the obligation.

Annual Leave and Accrued Days Off

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

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

- Nominal value – if the health service expects to wholly settle within 12 months; or
- Present value – if the health service does not expect to wholly settle within 12 months.

Note 3.2: Employee benefits in the balance sheet (continued)

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 East Grampians Health Service does not expect to settle the liability within 12 months because it will not have the unconditional right to defer the settlement of the entitlement should an employee take leave within 12 months. An unconditional right arises after a qualifying period.

The components of this current LSL liability are measured at:

- Nominal value – if East Grampians Health Service expects to wholly settle within 12 months; or
- Present value – if East Grampians Health Service does not expect to wholly settle within 12 months.

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

Termination Benefits

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

On-Costs Related to Employee Expense

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

Note 3.2 (a) Employee Benefits and Related On-Costs

	Parent 2021 \$'000	Consolidated 2020 \$'000
Current Employee Benefits and related on-costs		
Unconditional LSL Entitlement	3,152	2,791
Annual Leave Entitlements	2,690	2,434
Accrued Days Off	106	87
Non-Current Employee Benefits and related on-costs		
Conditional Long Service Leave Entitlements	962	1,098
Total Employee Benefits and Related On-Costs	6,910	6,410
Carrying amount at start of year	6,410	5,720
Additional provisions recognised	3,118	3,108
Amounts incurred during the year	(2,618)	(2,418)
Balance at end of year	6,910	6,410

East Grampians Health Service

Notes to the Financial Statements

For the Year Ended 30 June 2021

Note 3.3: Superannuation

Defined benefit plans:

Aware Superannuation Fund

Defined contribution plans:

Aware Superannuation Fund

HESTA Superannuation Fund

Other - Various

Total

Paid Contribution for the Year		Contribution Outstanding at Year End	
Parent 2021 \$'000	Consolidated 2020 \$'000	Parent 2021 \$'000	Consolidated 2020 \$'000
104	96	1	4
1289	1,197	10	56
694	613	6	29
533	438	4	20
2,620	2,344	21	109

How we recognise superannuation

Employees of East Grampians Health Service are entitled to receive superannuation benefits and East Grampians Health Service contributes to both the defined benefit and defined contribution plans.

Defined benefit superannuation plans

The defined benefit plan(s) provide 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 the Health Service to the superannuation plans in respect of the services of current Health Service staff during the reporting period. Superannuation contributions are made to the plans based on the relevant rules of each plan, and are based upon actuarial advice.

The Health Service does not recognise any defined benefit liability in respect of the plan(s) because the entity has no legal or constructive obligation to pay future benefits relating to its employees; its only obligation is to pay superannuation contributions as they fall due.

The Department of Treasury & Finance discloses the State's defined benefits liabilities in its disclosure for administered items. However superannuation contributions paid or payable for the reporting period are included as part of employee benefits in the comprehensive operating statement of the Health Service.

The name and details of the major employee superannuation funds and contributions made by the East Grampians Health Service 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 and details of the major employee superannuation funds and contributions made by the East Grampians Health Service are disclosed above.

Note 3.4: Other economic flows

Revaluation of investment property

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

Allowance for impairment losses of contractual receivables

Net gain/(loss) arising from revaluation of financial assets at fair value through profit or loss

Total net gain/(loss) on financial instruments

Change in equity share of joint entities

Total Share of other economic flows from Joint Operations

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

Total other gains/(losses) from other economic flows

Total other gains/(losses) from economic flows

Parent 2021 \$'000	Consolidated 2020 \$'000
1,235	-
1,235	-
(20)	(11)
137	(499)
117	(510)
(3)	(2)
(3)	(2)
402	(245)
402	(245)
1,751	(757)

How we recognise other economic flows

Other economic flows are changes in the volume or value of an asset or liability that do not result from transactions. Other gains/(losses) from other economic flows include the gains or losses from:

- the revaluation of the present value of the long service leave liability due to changes in the bond interest rates; and
- reclassified amounts relating to available-for-sale financial instruments from the reserves to net result due to a disposal or derecognition of the financial instrument. This does not include reclassification between equity accounts due to machinery of government changes or 'other transfers' of assets.

Net gain/ (loss) on non-financial assets

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

- Revaluation gains/ (losses) of non-financial physical assets (Refer to Note 4.4 Investment Properties.)
- 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.

Net gain/ (loss) on financial instruments

Net gain/ (loss) on financial instruments at fair value includes:

- realised and unrealised gains and losses from revaluations of financial instruments at fair value.
- impairment and reversal of impairment for financial instruments at amortised cost.

Other gains/ (losses) from other economic flows

Other gains/ (losses) include:

- the revaluation of the present value of the long service leave liability due to changes in the bond rate movements, inflation rate movements and the impact of changes in probability factors; and
- transfer of amounts from the reserves to accumulated surplus or net result due to disposal or derecognition or reclassification.

East Grampians Health Service

Notes to the Financial Statements

For the Year Ended 30 June 2021

Note 4: Key Assets to support service delivery

The hospital controls infrastructure and other investments that are utilised in fulfilling its objectives and conducting its activities. They represent the key resources that have been entrusted to the hospital to be utilised for delivery of those outputs.

Structure

- 4.1 Investments and other financial assets
- 4.2 Property, plant & equipment
- 4.3 Depreciation and amortisation
- 4.4 Investment properties

Telling the COVID-19 story

Assets used to support the delivery of our services during the financial year were not materially impacted by the COVID-19 Coronavirus pandemic and its impact on our economy and the health of our community.

Key judgements and estimates	Description
Measuring fair value of property, plant and equipment and investment properties	<p>East Grampians Health Service obtains independent valuations for its non-current assets at least once every five years.</p> <p>If an independent valuation has not been undertaken at balance date, the health service estimates possible changes in fair value since the date of the last independent valuation with reference to Valuer-General of Victoria indices.</p> <p>Managerial adjustments are recorded if the assessment concludes a material change in fair value has occurred. Where exceptionally large movements are identified, an interim independent valuation is undertaken.</p>
Estimating useful life and residual value of property, plant and equipment	<p>East Grampians Health Service assigns an estimated useful life to each item of property, plant and equipment, whilst also estimating the residual value of the asset, if any, at the end of the useful life. This is used to calculate depreciation of the asset.</p> <p>The health service 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.</p>
Estimating useful life of right-of-use assets	<p>The useful life of each right-of-use asset is typically the respective lease term, except where the health service 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.</p> <p>East Grampians Health Service applies significant judgement to determine whether or not it is reasonably certain to exercise such purchase options.</p>
Identifying indicators of impairment	<p>At the end of each year, East Grampians Health Service assesses impairment by evaluating the conditions and events specific to the health service that may be indicative of impairment triggers. Where an indication exists, the health service tests the asset for impairment.</p> <p>The health service considers a range of information when performing its assessment, including considering:</p> <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 the health service 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. <p>Where an impairment trigger exists, the health services applies significant judgement and estimate to determine the recoverable amount of the asset.</p>

Note 4.1: Investments and Other Financial Assets

CURRENT

Financial Assets at Amortised cost

Term Deposits > 3 months

Financial instruments at fair value through profit and loss

Australian Listed Equity Securities

Total Current

TOTAL

Represented by:

Health Service Investments

Foundation Investments

TOTAL

Capital Fund	Parent	Consolidated
2021	2021	2020
\$'000	\$'000	\$'000
11	1,440	11
2,478	2,631	2,478
2,489	4,071	2,489
2,489	4,071	2,489
2,489	2,299	2,489
-	1,772	-
2,489	4,071	2,489

How we recognise investments and other financial assets

East Grampians's Health Service's investments and other financial assets are made in accordance with Standing Direction 3.7.2 - Treasury Management, including the Central Banking System.

East Grampians Health Service manages its investments and other financial assets in accordance with an investment policy approved by the Board.

Investments held by East Grampians Health Service Foundation do not fall in the scope of the Standing Directions as they are not public entity funds (i.e. not controlled by the government). However, such investments are consolidated into East Grampians Health Service's financial statements as East Grampians Health Service has control of East Grampians Health Service Foundation. Refer to Note 8.7 for further information.

Investments are recognised when East Grampians Health Service enters into a contract to either purchase or sell the investment (i.e. when it becomes a party to the contractual provisions to the investment). Investments are initially measured at fair value, net of transaction costs.

East Grampians Health Service classifies its other financial assets between current and non-current assets based on the Board's intention at balance date with respect to the timing of disposal of each asset. Term deposits with original maturity dates of three to twelve months are classified as current, whilst term deposits with original maturity dates in excess of 12 months are classified as non-current.

East Grampians Health Service assesses at each balance sheet date whether a financial asset or group of financial assets is impaired.

All financial assets, except for those measured at fair value through the Comprehensive Operating Statement are subject to annual review for impairment.

Note 4.2: Property, Plant & Equipment

(a) Gross carrying amount and accumulated depreciation

	Parent 2021 \$'000	Consolidated 2020 \$'000
Land		
Freehold Land	290	242
Crown Land at Fair Value	1,293	1,077
Land Improvements at Fair Value	941	941
Less Accumulated Depreciation	(75)	(37)
Total Land	2,449	2,223
Buildings		
Buildings at Fair Value	47,482	47,482
Less Accumulated Depreciation	(5,049)	(2,486)
Buildings Work in Progress at Cost	3,646	744
Total Buildings	46,078	45,740
Plant and Equipment		
Plant and Equipment at Fair Value	4,247	3,938
Less Accumulated Depreciation	(2,612)	(2,101)
Total Plant and Equipment	1,635	1,837
Motor Vehicles		
Motor Vehicles at Fair Value	1,098	1,098
Less Accumulated Depreciation	(1,003)	(968)
Motor Vehicles	95	130
Medical Equipment		
Medical Equipment at Fair Value	4,231	4,006
Less Accumulated Depreciation	(3,008)	(2,702)
Total Medical Equipment	1,223	1,304
GRHA Equipment		
GRHA Equipment at Fair Value	692	533
Less Accumulated Depreciation	(358)	(191)
Total Jointly Controlled Equipment	334	342
Right of Use Vehicles		
Right of Use Vehicles	47	47
Less Accumulated Depreciation	(15)	(7)
Total Right of Use	32	40
Right of Use Equipment Lease		
Right of Use Equipment Lease	217	-
Less Accumulated Depreciation	(11)	-
Total Right of Use	206	-
TOTAL	52,052	51,616

East Grampians Health Service

Notes to the Financial Statements

For the Year Ended 30 June 2021

Note 4.2 (b): Property, Plant & Equipment (Continued)

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

	Land & Improvements \$'000	Buildings \$'000	Plant & Equipment \$'000	Motor Vehicles \$'000	Medical Equipment \$'000	Jointly Controlled Equipment \$'000	Rights of Use Motor Vehicles \$'000	Rights of Use Leased Assets \$'000	Total \$'000
Balance at 30 June 2019	2,183	46,995	992	238	1,412	388	-	-	52,208
Additions	77	1,363	1,115	-	203	43	47	-	2,848
Net Transfers between Classes	-	(132)	132	-	-	-	-	-	-
Depreciation (note 4.3)	(37)	(2,486)	(402)	(107)	(311)	(89)	(7)	-	(3,439)
Balance at 30 June 2020	2,223	45,740	1,837	130	1,304	342	40	-	51,616
Additions	-	2,902	309	-	225	139	-	217	3,792
Net Revaluation Increments/(Decrements)	263	-	-	-	-	-	-	-	263
Depreciation (note 4.3)	(37)	(2,564)	(512)	(34)	(306)	(146)	(8)	(11)	(3,619)
Balance at 30 June 2021	2,449	46,078	1,635	95	1,223	334	32	206	52,052

Land and buildings carried at valuation

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

How we recognise property, plant and equipment

Property, plant and equipment are tangible items that are used by East Grampians Health Service in the supply of goods or services, for rental to others, or for administration purposes, and are expected to be used during more than one financial year.

Initial recognition

Items of property, plant and equipment (excluding right-of-use assets) 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. Assets transferred as part of an amalgamation/machinery of government change are transferred at their carrying amounts.

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 (excluding right-of-use assets) 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 below.

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, East Grampians Health Service 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%, East Grampians Health Service would obtain an interim independent valuation prior to the next scheduled independent valuation.

An independent valuation of East Grampians Health Service's property, plant and equipment was performed by the VGV effective 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 2021 indicated an overall:

- increase in fair value of land of 20% (\$263k)
- increase in fair value of buildings of 6%

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 2021.

As the cumulative movement was greater than 10% for land and buildings since the last revaluation a managerial revaluation adjustment was required as at 30 June 2021.

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 asset revaluation reserve, 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 asset revaluation reserve 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 reserve 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.

Impairment

At the end of each financial year, East Grampians Health Service assesses if there is any indication that an item of property, plant and equipment may be impaired by considering internal and external sources of information. If an indication exists, East Grampians Health Service estimates the recoverable amount of the asset. Where the carrying amount of the asset exceeds its recoverable amount, an impairment loss is recognised. An impairment loss of a revalued asset is treated as a revaluation decrease as noted above.

East Grampians Health Service has concluded that the recoverable amount of property, plant and equipment which are regularly revalued is expected to be materially consistent with the current fair value. As such, there were no indications of property, plant and equipment being impaired at balance date.

East Grampians Health Service

Notes to the Financial Statements

For the Year Ended 30 June 2021

Note 4.2 (b): Property, Plant & Equipment (Continued)

How we recognise right-of-use assets

Where East Grampians Health Service enters a contract, which provides the health service 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. East Grampians Health Service presents its right-of-use assets as part of property, plant and equipment as if the asset was owned by the health service.

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

Class of right-of-use asset	Lease term
Leased plant, equipment and vehicles	3 to 5 years

Presentation of right-of-use assets

East Grampians Health Service presents right-of-use assets as 'property plant equipment' unless they meet the definition of investment property, in which case they are disclosed as 'investment property' in the balance sheet.

Initial recognition

When a contract is entered into, East Grampians Health Service 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 and
- an estimate of costs to dismantle and remove the underlying asset or to restore the underlying asset or the site on which it is located, less any lease incentive received.

East Grampians Health Service's [insert lease agreement types] lease agreements contain purchase options which the health service [is/is not] reasonably certain to exercise at the completion of the lease.

East Grampians Health Service holds lease agreements which contain significantly below-market terms and conditions, which are principally to enable the health service to further its objectives. The health service has applied temporary relief and continues to measure those right-of-use asset at cost. Refer to Note 6.1 for further information regarding the nature and terms of the concessional lease, and East Grampians Health Service's dependency on such lease arrangements.

Subsequent measurement

Right-of-use assets 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).

Impairment

At the end of each financial year, East Grampians Health Service assesses if there is any indication that a right-of-use asset may be impaired by considering internal and external sources of information. If an indication exists, East Grampians Health Service estimates the recoverable amount of the asset. Where the carrying amount of the asset exceeds its recoverable amount, an impairment loss is recognised.

East Grampians Health Service
Notes to the Financial Statements
For the Year Ended 30 June 2021

Note 4.2 (c): Fair value measurement hierarchy for assets

Note	Carrying amount as at 30 June 2021	Fair value measurement at end of reporting period using:		
		Level 1 ⁽¹⁾	Level 2 ⁽¹⁾	Level 3 ⁽¹⁾
Land at fair value				
Non-specialised land	290	-	290	-
Specialised land	2,159	-	-	2,159
Total land at fair value	2,449	-	290	2,159
Buildings at fair value				
Non-specialised buildings	248	-	248	-
Specialised buildings	42,185	-	-	42,185
Total building at fair value	42,433	-	248	42,185
Plant and equipment at fair value				
Plant equipment and vehicles at fair value				
- Motor Vehicles	95	-	95	-
- Plant and equipment	1,633	-	-	1,633
Total plant, equipment and vehicles at fair value	1,728	-	95	1,633
Medical equipment at fair value				
Specialised medical equipment	1,223	-	-	1,223
Total medical equipment at fair value	1,223	-	-	1,223
Jointly controlled equipment at fair value				
Specialised ICT equipment	334	-	-	334
Total jointly controlled equipment at fair value	334	-	-	334
TOTAL	48,167	-	633	47,534

Note

(1) Classified in accordance with the fair value hierarchy.

Note	Carrying amount as at 30 June 2020	Fair value measurement at end of reporting period using:		
		Level 1 ⁽¹⁾	Level 2 ⁽¹⁾	Level 3 ⁽¹⁾
Land at fair value				
Non-specialised land	242	-	242	-
Specialised land	1,981	-	-	1,981
Total land at fair value	2,223	-	242	1,981
Buildings at fair value				
Non-specialised buildings	264	-	264	-
Specialised buildings	44,732	-	-	44,732
Total building at fair value	44,996	-	264	44,732
Plant and equipment at fair value				
Plant equipment and vehicles at fair value				
- Motor Vehicles	130	-	130	-
- Plant and equipment	1,837	-	-	1,837
Total plant, equipment and vehicles at fair value	1,967	-	130	1,837
Medical equipment at fair value				
Specialised medical equipment	1,304	-	-	1,304
Total medical equipment at fair value	1,304	-	-	1,304
Jointly controlled equipment at fair value				
Specialised ICT equipment	342	-	-	342
Total jointly controlled equipment at fair value	342	-	-	342
TOTAL	50,832	-	636	50,196

Note

(1) Classified in accordance with the fair value hierarchy.

Note 4.2 (d): Reconciliation of Level 3 fair value

	Land \$'000	Buildings \$'000	Plant & Equipment \$'000	Medical Equipment \$'000	GRHA Equipment \$'000	Total \$'000
Parent						
Balance at 1 July 2019	2,018	43,363	993	1,412	388	48,174
Purchases (sales)	-	3,838	1,245	203	43	5,329
- Depreciation	(37)	(2,470)	(402)	(311)	(89)	(3,309)
Balance at 30 June 2020	1,981	44,731	1,836	1,304	342	50,194
Purchases (sales)	-	50	308	225	138	721
Net Revaluation Increments/(Decrements)	215					215
- Depreciation	(37)	(2,596)	(512)	(306)	(146)	(3,597)
Balance at 30 June 2021	2,159	42,185	1,633	1,223	334	47,534

(i) Classified in accordance with the fair value hierarchy, refer Note 4.2 (C)

East Grampians Health Service

Notes to the Financial Statements

For the Year Ended 30 June 2021

Note 4.2 (e): Fair value determination

Asset class	Likely valuation approach	Significant inputs (Level 3 only)
Non-specialised land	Market approach	n.a.
Specialised Land (Crown / Freehold)	Market approach	Community Service Obligations Adjustments (-20%)
Non-specialised buildings	Market approach	n.a.
Specialised buildings	Depreciated replacement cost approach	- Cost per square metre - Useful life
Vehicles	Market approach	n.a.
Rights of Use Assets - Vehicles	Market approach	n.a.
Plant and equipment	Depreciated replacement cost approach	- Cost per unit - Useful life
Medical equipment	Depreciated replacement cost approach	- Cost per unit - Useful life

A community service obligation (CSO) of 20% was applied to the health services specialised land classified in accordance with the fair value hierarchy.

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.

For the purpose of fair value disclosures, East Grampians Health Service has determined classes of assets on the basis of the nature, characteristics and risks of the asset and the level of the fair value hierarchy as explained above.

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

There have been no transfers between levels during the period. In the prior year, there is a transfer between non-specialised land and specialised land to reflect the correct fair value as per the independent revaluation in 2019.

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

The estimates and underlying assumptions are reviewed on an ongoing basis.

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.

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.

Consideration of highest and best use (HBU) for non-financial physical assets

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, East Grampians Health Service 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.

East Grampians Health Service

Notes to the Financial Statements

For the Year Ended 30 June 2021

Note 4.2 (e): Fair value determination (continued)

Non-specialised land, non-specialised buildings

Non-specialised land, non-specialised buildings and cultural assets 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, East Grampians Health Service 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 East Grampians Health Service, 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 East Grampians Health Service's specialised land and specialised buildings was performed by the Valuer-General Victoria. The effective date of the valuation is 30 June 2019.

Vehicles

The East Grampians Health Service acquires new vehicles and at times disposes of them before completion of their economic life. The process of acquisition, use and disposal in the market is managed by the health service 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 2021.

(f) Property, Plant & Equipment Revaluation Surplus

	Parent 2021 \$'000	Consolidated 2020 \$'000
Property, Plant and Equipment Revaluation Surplus		
Balance at the beginning of the reporting period	37,905	37,905
Revaluation Increment		
- Land	263	-
- Buildings	-	-
Balance at the end of the reporting period*	38,168	37,905
* Represented by:		
- Land	3,447	3,184
- Buildings	34,722	34,721
	38,169	37,905

East Grampians Health Service

Notes to the Financial Statements

For the Year Ended 30 June 2021

Note 4.3: Depreciation

	Parent 2021 \$'000	Consolidated 2020 \$'000
Depreciation		
Land Improvements	37	37
Buildings	2,564	2,486
Plant & Equipment	512	402
Motor Vehicles	34	107
Medical Equipment	306	311
GRHA Depreciation	146	89
Rights of Use Motor Vehicles	9	7
Rights of Use Leased Assets	11	-
Total Depreciation	3,619	3,439

How we recognise depreciation

All infrastructure assets, buildings, plant and equipment and other non-financial physical assets (excluding items under operating leases, assets held for sale, land and investment properties) 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 the health service anticipates to exercise a purchase option, the specific right-of-use asset is depreciated over the useful life of the underlying asset.

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

	2021	2020
Buildings		
- Structure Shell Building Fabric	24 to 38 years	24 to 38 years
- Site Engineering Services and Central Plant	14 to 28 years	14 to 28 years
Central Plant		
- Fit Out	7 to 18 years	7 to 18 years
- Trunk Reticulated Building Systems	7 to 18 years	7 to 18 years
Plant & Equipment	5 to 15 years	5 to 15 years
Medical Equipment	5 to 15 years	5 to 15 years
Computers and Communication	3 to 5 years	3 to 5 years
Furniture and Fitting	5 to 15 years	5 to 15 years
Motor Vehicles	5 to 7 years	5 to 7 years

Note 4.4: Investment Properties

(a) Movements in carrying value for investment properties as at 30 June 2021

	Parent 2021 \$'000	Consolidated 2020 \$'000
Balance at Beginning of Period	1,490	1,490
Net Gain/(Loss) from Fair Value Adjustments	1,235	-
Balance at End of Period	2,725	1,490

(b) Fair value measurement hierarchy for investment properties as at 30 June 2021

	Carrying amount as at 30 June 2021	Fair value measurement at end of reporting period using:		
		Level 1 ⁽¹⁾	Level 2 ⁽¹⁾	Level 3 ⁽¹⁾
Investment properties	2,725	-	2,725	-
	2,725	-	2,725	-

	Carrying amount as at 30 June 2020	Fair value measurement at end of reporting period using:		
		Level 1 ⁽¹⁾	Level 2 ⁽¹⁾	Level 3 ⁽¹⁾
Investment properties	1,490	-	1,490	-
	1,490	-	1,490	-

⁽¹⁾ classified in accordance with the fair value hierarchy

How we recognise investment properties

Investment properties represent properties held to earn rentals or for capital appreciation or both. Investment properties exclude properties held to meet service delivery objectives of the health services.

Initial recognition

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

Subsequent measurement

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

For investment properties measured at fair value, the current use of the asset is considered the highest and best use.

The fair value of the Health Service's investment properties at 30 June 2021 have been arrived on the basis of an independent valuation carried out by Herron Todd White in 2021. The valuation was determined by reference to market evidence of transaction process for similar properties with no significant unobservable adjustments, in the same location and condition and subject to similar lease and other contracts.

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

There have been no transfers between levels during the period. There were no changes in valuation techniques throughout the period to 30 June 2021.

Note 5: Other assets and liabilities

This section sets out those assets and liabilities that arose from the hospital's operations.

Structure

- 5.1 Receivables
- 5.2 Payables
- 5.3 Other liabilities

Telling the COVID-19 story

Assets used to support the delivery of our services during the financial year were not materially impacted by the COVID-19 Coronavirus pandemic and its impact on our economy and the health of our community.

Key judgements and estimates	Description
Estimating the provision for expected credit losses	East Grampians Health Service 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 East Grampians Health Service 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.
Measuring contract liabilities	East Grampians Health Service 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, the health service assigns funds to the outstanding obligation and records this as a contract liability until the promised good or service is transferred to the customer.
Recognition of other provisions	Other provisions include East Grampians Health Service's obligation to restore leased assets to their original condition at the end of a lease term. The health service applies significant judgement and estimate to determine the present value of such restoration costs.

Note 5.1: Receivables and contract assets

	Parent 2021 \$'000	Consolidated Entity 2020 \$'000
CURRENT		
Contractual		
Trade Debtors	839	762
Contract asset	13	-
GRHA Receivables	86	5
Patient Fees	372	223
Accrued Investment Income	-	108
Accrued Revenue - Other	345	448
Less: Allowance for impairment losses of contractual receivables		
- Patient Fees	(40)	(20)
	1,615	1,526
Statutory		
GST Receivable	261	551
PAYGWH	-	204
	261	755
Total current receivables and contractual assets	1,875	2,280
NON CURRENT		
Contractual		
Long Service Leave - Department of Health and Human Services	670	656
	670	656
Total non-current receivables and contract assets	670	656
Total receivables and contract assets	2,545	2,936

(i) Financial assets classified as receivables and contract assets (Note 7.1(a))

Total receivables and contract assets	2,545	2,936
Provision for impairment	40	20
Contract asset	(13)	-
GST receivable	(261)	(551)
PAYGWH	-	(204)
Total financial assets	2,311	2,201

7.1(a)

(a) Movement in the Allowance for impairment losses of contractual receivables

	Parent 2021 \$'000	Consolidated Entity 2020 \$'000
Balance at beginning of year	20	9
Amounts written off during the year	-	-
Increase/(decrease) in allowance recognised in net result	20	11
Balance at end of year	40	20

Note 5.1: Receivables and contract assets (Continued)

How we recognise receivables

Receivables consist of:

- Contractual receivables, which mostly include 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. East Grampians Health Service holds the contractual receivables with the objective to collect the contractual cash flows and therefore subsequently measured at amortised cost using the effective interest method, less any impairment.
- Statutory receivables, which mostly include amounts owing from the Victorian Government and 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. East Grampians Health Service 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.

East Grampians Health Service is not exposed to any significant credit risk exposure to any single counterparty or any group of counterparties 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 7.1 (a) for East Grampians Health Service's contractual impairment losses.

Note 5.2: Payables and Contract Liabilities

	Note	Parent 2021 \$'000	Consolidated 2020 \$'000
Current payables and contract liabilities			
Contractual			
Trade Creditors		1,234	740
Accrued Salaries & Wages		222	1,224
Accrued Expenses		867	396
GRHA Payables		231	28
Contract liabilities	5.2(a)	247	165
Total current payables and contract liabilities		2,801	2,553
<i>(i) Financial liabilities classified as payables and contract liabilities (Note 7.1(a))</i>			
Total payables and contract liabilities		2,801	2,553
Contract liabilities		(247)	(165)
Total financial liabilities	7.1(a)	2,554	2,388

How we recognise payables and contract liabilities

Payables consist of:

- **contractual payables**, classified as financial instruments and measured at amortised cost. Accounts payable represent liabilities for goods and services provided to the Department prior to the end of the financial year that are unpaid; and
- **statutory payables**, that 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 30 days.

Maturity analysis of payables

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

Note 5.2 (a) Contract liabilities

	Parent 2021 \$'000	Consolidated 2020 \$'000
Opening balance	165	-
Add: Payments received for performance obligations yet to be completed during the period	247	165
Less: Revenue recognised in the reporting period for the completion of a performance obligation	(165)	-
Total contract liabilities	247	165
Represented by		
Current contract liabilities	247	165

How we recognise contract liabilities

Contract liabilities include consideration received in advance from State Government in respect of grants and share of GRHA income in advance.

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

Note 5.3: Other Liabilities

CURRENT

Monies Held in Trust*

- Patient Monies Held in Trust* 298
- Accommodation Bonds (Refundable Entrance Fees)* 4,785
- Other Monies Held in Trust* 231

Total Current

Total Other Liabilities

* Total Monies Held in Trust

Represented by the following assets:

Cash Assets

TOTAL

Parent 2021 \$'000	Consolidated 2020 \$'000
298	294
4,785	4,900
231	236
5,314	5,430
5,314	5,430
5,314	5,430
5,314	5,430

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 the Group upon admission. These deposits are liabilities which fall due and payable when the resident leaves the home. 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.

East Grampians Health Service

Notes to the Financial Statements

For the Year Ended 30 June 2021

Note 6: How we finance our operations

This section provides information on the sources of finance utilised by the hospital during its operations and other information related to financing activities of the hospital.

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

Assets used to support the delivery of our services during the financial year were not materially impacted by the COVID-19 Coronavirus pandemic and its impact on our economy and the health of our community.

Key judgements and estimates	Description
Determining if a contract is or contains a lease	<p>East Grampians Health Service applies significant judgement to determine if a contract is or contains a lease by considering if the health service:</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>East Grampians Health Service applies significant judgement when determining if a lease meets the short-term or low value lease exemption criteria.</p> <p>The health service estimates the fair value of leased assets when new. Where the estimated fair value is less than \$10,000, the health service applies the low-value lease exemption.</p> <p>The health service 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 the health service applies the short-term lease exemption.</p>
Discount rate applied to future lease payments	<p>East Grampians Health Service 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 the health service's lease arrangements, East Grampians Health Service uses its incremental borrowing rate, which is the amount the health service 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 East Grampians Health Service is reasonably certain to exercise such options.</p> <p>East Grampians Health Service 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), the health service is typically reasonably certain to extend (or not terminate) the lease. - If any leasehold improvements are expected to have a significant remaining value, the health service is typically reasonably certain to extend (or not terminate) the lease. - The health service considers historical lease durations and the costs and business disruption to replace such leased assets.

East Grampians Health Service

Notes to the Financial Statements

For the Year Ended 30 June 2021

Note 6.1: Borrowings

	Parent 2021 \$'000	Consolidated 2020 \$'000
CURRENT		
Lease liability ⁽ⁱ⁾	54	8
Advances from government ⁽ⁱⁱ⁾	-	1,200
Total Current Borrowings	54	1,208
NON CURRENT		
Lease liability ⁽ⁱ⁾	184	33
Total Non Current Borrowings	184	33
Total Borrowings	238	1,241

(i) Secured by the assets leased. Finance leases are effectively secured as the rights to the leased assets revert to the lessor in the event of default.

(ii) These are unsecured loans which bear no interest.

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, service concession arrangements 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 East Grampians Health Service 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 7.1 for the ageing analysis of borrowings.

Defaults and Breaches

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

6.1 (a) Lease Liabilities

East Grampians Health Service's lease liabilities are summarised below:

	Parent 2021 \$'000	Consolidated 2020 \$'000
Total undiscounted lease liabilities	250	43
Less unexpired finance expenses	12	2
Net lease liabilities	262	41

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

	Parent 2021 \$'000	Consolidated 2020 \$'000
Not longer than one year	55	10
Longer than one year but not longer than five years	195	33
Longer than 5 years	-	-
Minimum future lease liability	250	43
Less unexpired finance expenses	(12)	(2)
Present value of lease liability	238	41

*Represented by:

- Current liabilities	54	8
- Non-current liabilities	184	33
	238	41

East Grampians Health Service

Notes to the Financial Statements

For the Year Ended 30 June 2021

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 East Grampians Health Service to use an asset for a period of time in exchange for payment.

To apply this definition, East Grampians Health Service 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 East Grampians Health Service and for which the supplier does not have substantive substitution rights
- East Grampians Health Service 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 East Grampians Health Service has the right to direct the use of the identified asset throughout the period of use and
- East Grampians Health Service has the right to take decisions in respect of 'how and for what purpose' the asset is used throughout the period of use.

East Grampians Health Service's lease arrangements consist of the following:

Type of asset leased	Lease term
Leased plant, equipment, furniture, fittings and vehicles	3 to 5 years

All leases are recognised on the balance sheet, with the exception of low value leases (less than \$10,000 AUD) and short term leases of less than 12 months. The following low value, short term and variable 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	Residential tenancy
Short-term lease payments	Leases with a term less than 12 months	Residential tenancy

6.1 (a) Lease Liabilities (Continued)

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 East Grampians Health Services incremental borrowing rate. Our lease liability has been discounted by rates of between 3% to 5%.

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
- amounts expected to be payable under a residual value guarantee and
- payments arising from purchase and termination options reasonably certain to be exercised.

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.

East Grampians Health Service

Notes to the Financial Statements

For the Year Ended 30 June 2021

Note 6.2: Cash and cash equivalents

Cash on Hand (excluding Monies held in trust)
Cash at Bank (excluding Monies held in trust)
Cash at Bank - GRHA

Total cash held for operations

Cash on Hand (Monies held in trust)

Cash at Bank (Monies held in trust)

Total cash held as monies in trust

Total cash and cash equivalents

Parent 2021 \$'000	Consolidated Total 2020 \$'000
3	3
4,499	2,439
453	323
4,955	2,765
1	1
5,313	5,430
5,314	5,431
10,269	8,196

How we recognise cash and cash equivalents

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

Capital Expenditure Commitments

Not later than one year

Total Commitments for Capital Expenditure (inclusive of GST)

Less GST recoverable from Australian Tax Office

TOTAL COMMITMENTS FOR EXPENDITURE (exclusive of GST)

Parent 2021 \$'000	Consolidated 2020 \$'000
3,309	634
3,309	634
(301)	(58)
3,008	576

Future lease payments are recognised on the balance sheet, refer to Note 6.1 Borrowings.

How we disclose our commitments

Our commitments relate to expenditure.

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.

East Grampians Health Service

Notes to the Financial Statements

For the Year Ended 30 June 2021

Note 7: Risks, contingencies & valuation uncertainties

The hospital is exposed to risk 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 the hospital 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

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 East Grampians Health Services' activities, certain financial assets and financial liabilities arise under statute rather than a contract. Such financial assets and financial liabilities do not meet the definition of financial instruments in AASB 132 *Financial Instruments: Presentation*.

(a) Categorisation of financial instruments

Parent		Financial Assets at Amortised Cost	Financial Assets at Fair Value Through Net Result	Financial Liabilities at Amortised Cost	Total
2021		\$'000		\$'000	\$'000
Contractual Financial Assets					
Cash and Cash Equivalents	6.2	10,269	-	-	10,269
Receivables and contract assets	5.1	2,311	-	-	2,311
Investments and financial assets	4.1	11	2,478	-	2,489
Total Financial Assets¹		12,591	2,478	-	15,069
Financial Liabilities					
Payables	5.2	-	-	2,554	2,554
Borrowings	6.1	-	-	238	238
Other Financial Liabilities:					
- Accommodation Bonds	5.3	-	-	4,785	4,785
- Other	5.3	-	-	529	529
Total Financial Liabilities¹		-	-	8,106	8,106

Consolidated		Financial Assets at Amortised Cost	Financial Assets at Fair Value Through Net Result	Financial Liabilities at Amortised Cost	Total
2020		\$'000		\$'000	\$'000
Contractual Financial Assets					
Cash and Cash Equivalents	6.2	8,195	-	-	8,195
Receivables and contract assets	5.1	2,201	-	-	2,201
Investments and financial assets	4.1	1,440	2,631	-	4,071
Total Financial Assets¹		11,836	2,631	-	14,467
Financial Liabilities					
Payables	5.2	-	-	2,388	2,388
Borrowings	6.1	-	-	1,241	1,241
Other Financial Liabilities:					
- Accommodation bonds	5.3	-	-	4,900	4,900
- Other	5.3	-	-	530	530
Total Financial Liabilities¹		-	-	9,059	9,059

¹ The carrying amount excludes statutory receivables (i.e. GST receivable and DHHS receivable) and statutory payables (i.e. Revenue in Advance and DoH payable).

How we categorise financial instruments

Categories of financial assets

Financial assets are recognised when East Grampians Health Service becomes party to the contractual provisions to the instrument. For financial assets, this is at the date East Grampians Health Service 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 East Grampians Health Service 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.

East Grampians Health Service recognises the following assets in this category:

- cash and deposits
- receivables (excluding statutory receivables) and
- term deposits.

East Grampians Health Service

Notes to the Financial Statements

For the Year Ended 30 June 2021

Note 7.1: Financial Instruments (Continued)

Financial assets at fair value through other comprehensive income

A financial asset that meets the following conditions is subsequently measured at fair value through other comprehensive income:

- the assets are held by East Grampians Health Service to achieve its objective both by collecting the contractual cash flows and by selling the financial assets and
- the assets' contractual terms give rise to cash flows that are solely payments of principal and interest.

Equity investments are measured at fair value through other comprehensive income if the assets are not held for trading and East Grampians Health Service has irrevocably elected at initial recognition to recognise in this category.

East Grampians Health Service recognises the following assets in this category:

- investments in equity instruments.

Financial assets at fair value through net result

East Grampians Health Service initially designates a financial instrument as measured at fair value through net result if:

- it eliminates or significantly reduces a measurement or recognition inconsistency (often referred to as an "accounting mismatch") that would otherwise arise from measuring assets or recognising the gains and losses on them, on a different basis
- it is in accordance with the documented risk management or investment strategy and information about the groupings was documented appropriately, so the performance of the financial asset can be managed and evaluated consistently on a fair value basis or
- it is a hybrid contract that contains an embedded derivative that significantly modifies the cash flows otherwise required by the contract.

The initial designation of the financial instruments to measure at fair value through net result is a one-time option on initial classification and is irrevocable until the financial asset is derecognised.

East Grampians Health Service recognises listed equity securities as mandatorily measured at fair value through net result and has designated all managed investment schemes as well as certain 5-year government bonds as fair value through net result.

Categories of financial liabilities

Financial liabilities are recognised when East Grampians Health Service 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 fair value through net result

A financial liability is measured at fair value through net result if the financial liability is:

- held for trading or
- initially designated as at fair value through net result.

Changes in fair value are recognised in the net results as other economic flows, unless the changes in fair value relate to changes in East Grampians Health Service's own credit risk. In this case, the portion of the change attributable to changes in East Grampians's Health Service's own credit risk is recognised in other comprehensive income with no subsequent recycling to net result when the financial liability is derecognised.

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.

East Grampians Health Service recognises the following liabilities in this category:

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

Derivative financial instruments

A derivative financial instrument is classified as a held for trading financial asset or financial liability. They are initially recognised at fair value on the date on which a derivative contract is entered.

Derivatives are carried as assets when their fair value is positive and as liabilities when their fair value is negative. Any gains or losses arising from changes in the fair value of derivatives after initial recognition, are recognised in the consolidated comprehensive operating statement as an other economic flow included in the net result.

Offsetting financial instruments

Financial instrument assets and liabilities are offset and the net amount presented in the consolidated balance sheet when, and only when, East Grampians Health Service has a legal right to offset the amounts and intend either to settle on a net basis or to realise the asset and settle the liability simultaneously.

Some master netting arrangements do not result in an offset of balance sheet assets and liabilities. Where East Grampians Health Service does not have a legally enforceable right to offset recognised amounts, because the right to offset is enforceable only on the occurrence of future events such as default, insolvency or bankruptcy, they are reported on a gross basis.

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
- East Grampians Health Service retains the right to receive cash flows from the asset, but has assumed an obligation to pay them in full without material delay to a third party under a 'pass through' arrangement or
- East Grampians Health Service 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 East Grampians Health Service has neither transferred nor retained substantially all the risks and rewards or transferred control, the asset is recognised to the extent of East Grampians Health Service'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, East Grampians Health Service'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.

East Grampians Health Service

Notes to the Financial Statements

For the Year Ended 30 June 2021

Note 7.2: Financial risk management objectives and policies

As a whole, East Grampians Health Service'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.

East Grampians Health Service's main financial risks include credit risk, liquidity risk, interest rate risk, foreign currency risk and equity price risk. East Grampians Health Service manages these financial risks in accordance with its financial risk management policy.

East Grampians Health Service uses different methods to measure and manage the different risks to which it is exposed. Primary responsibility for the identification and management of financial risks rests with the 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. East Grampians Health Service's exposure to credit risk arises from the potential default of a counter party on their contractual obligations resulting in financial loss to East Grampians Health Service. Credit risk is measured at fair value and is monitored on a regular basis.

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

In addition, East Grampians Health Service does not engage in hedging for its contractual financial assets and mainly obtains contractual financial assets that are on fixed interest, except for cash and deposits, which are mainly cash at bank. As with the policy for debtors, East Grampians Health Service's policy is to only deal with banks with high credit ratings.

Provision of impairment for contractual financial assets is recognised when there is objective evidence that East Grampians Health Service will not be able to collect a receivable. Objective evidence includes financial difficulties of the debtor, default payments, debtors that are more than 60 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 East Grampians Health Service's maximum exposure to credit risk without taking account of the value of any collateral obtained.

There has been no material change to East Grampians Health Service's credit risk profile in 2020-21.

Impairment of financial assets under AASB 9

East Grampians Health Service records the allowance for expected credit loss for the relevant financial instruments applying AASB 9's Expected Credit Loss approach. Subject to AASB 9, impairment assessment includes the health service's contractual receivables and its investment in debt instruments.

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

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

Contractual receivables at amortised cost

East Grampians Health Service 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. East Grampians Health Service has grouped contractual receivables on shared credit risk characteristics and days past due and select the expected credit loss rate based on East Grampians Health Service's past history, existing market conditions, as well as forward looking estimates at the end of the financial year.

On this basis, East Grampians Health Service determines the closing loss allowance at the end of the financial year as follows:

	30-Jun-21	Current	Less than 1 month	1-3 months	3 months - 1 year	1-5 years	Total
Expected loss rate		0%	0%	0%	0%	100%	
Gross carrying amount of contractual receivables		2,054	191	25	0	40	2311
Loss allowance		0	0	0	0	40	40

	30-Jun-20	Current	Less than 1 month	1-3 months	3 months - 1 year	1-5 years	Total
Expected loss rate		0%	0%	0%	0%	100%	
Gross carrying amount of contractual receivables		1872	273	36	0	20	2201
Loss allowance		0	0	0	0	20	20

Note 7.2 (b) Liquidity risk

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

East Grampians Health Service is exposed to liquidity risk mainly through the financial liabilities as disclosed in the face of the balance sheet and the amounts related to financial guarantees. The health service manages its liquidity risk by:

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

East Grampians Health Service's exposure to liquidity risk is deemed insignificant based on prior periods' data and current assessment of risk. Cash for unexpected events is generally sourced from liquidation of investments and other financial assets.

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

Maturity analysis of Financial Liabilities as at 30 June

Note	Carrying Amount	Nominal Amount	Maturity Dates			
			Less than 1 Month	1-3 Months	3 months - 1 Year	1-5 Years
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
2021						
Financial Liabilities						
At amortised cost						
Payables	5.2	2,554	2,554	2,516	-	-
Borrowings	6.1	238	238	14	36	184
Other Financial Liabilities (i)	5.3	4,785	-	-	1,196	3,589
- Accommodation Deposits		529	-	-	529	-
- Other	5.3	-	-	-	-	-
Total Financial Liabilities		8,106	8,106	2,521	52	3,773
2020						
Financial Liabilities						
At amortised cost						
Payables	5.2	2,388	2,388	2,350	38	-
Borrowings	6.1	1,241	1,241	1,201	2	5
Other Financial Liabilities (i)						33
- Accommodation Deposits (ii)	5.3	4,900	4,900	-	-	4,900
- Other	5.3	530	530	530	-	-
Total Financial Liabilities		9,059	9,059	4,081	40	4,905

- (i) Maturity analysis of financial liabilities excludes statutory financial liabilities (i.e GST payable)
- (ii) Maturity analysis of accommodation bonds is based on payment history.

East Grampians Health Service

Notes to the Financial Statements

For the Year Ended 30 June 2021

Note 7.2 (c) Market risk

East Grampians Health Service's exposures to market risk are primarily through interest rate risk and equity price risk. Objectives, policies and processes used to manage each of these risks are disclosed below.

Sensitivity disclosure analysis and assumptions

East Grampians Health Service's sensitivity to market risk is determined based on the observed range of actual historical data for the preceding five-year period.

East Grampians Health Service's fund managers 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 1% up or down and
- a change in the top ASX 200 index of 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. East Grampians Health Service 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. East Grampians Health Service has minimal exposure to cash flow interest rate risks through cash and deposits, term deposits and bank overdrafts that are at floating rate.

Equity risk

East Grampians Health Service is exposed to equity price risk through its investments in listed and unlisted shares and managed investment schemes. Such investments are allocated and traded to match the health service's investment objectives.

East Grampians Health Service's sensitivity to equity price risk is set out below.

2021	-15%		15%	
	Carrying amount	Net result	Net result	Fair value through OCI revaluation reserve
Investments and other contractual financial assets	2,478	-372	372	48
Total impact		-372	372	48

2020	-15%		15%	
	Carrying amount	Net result	Net result	Fair value through OCI revaluation reserve
Investments and other contractual financial assets	2,631	-395	395	0
Total impact		-395	395	0

Note 7.3: Contingent assets and contingent liabilities

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

Note 8: Other disclosures

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

Structure

- 8.1 Reconciliation of net result for the year to net cash flow from operating activities
- 8.2 Responsible persons disclosures
- 8.3 Executive officer disclosures
- 8.4 Related parties
- 8.5 Remuneration of auditors
- 8.6 Events occurring after the balance sheet date
- 8.7 Controlled entities
- 8.8 Jointly controlled operations and assets
- 8.9 Equity
- 8.10 Economic Dependency

Telling the COVID-19 story

Our other disclosures were not materially impacted by the COVID-19 Coronavirus pandemic and its impact on our economy and the health of our community.

Note 8.1: Reconciliation of Net Result for the Year to Net Cash Flow from Operating Activities

	Parent 2021 \$'000	Consolidated 2020 \$'000
Net Result for the Year	3,957	666
Non-Cash Movements:		
Depreciation & Amortisation	3,619	3,439
Revaluation of Investment Property	(1,235)	-
Change in Provision for Doubtful Debts	20	11
Unrealised (gain)/loss on Financial Assets	(117)	499
Movements included in Investing and Financing Activities:		
Capital Donations	(47)	(2,854)
Change in Operating Assets & Liabilities		
(Increase)/Decrease in Receivables	340	(127)
(Increase)/Decrease in Other Assets	(58)	(52)
(Increase)/Decrease in Inventories	(39)	(5)
Increase/(Decrease) in Payables	259	(324)
Increase/(Decrease) in Provisions	499	690
Increase/(Decrease) in Other Liabilities	(42)	263
NET CASH INFLOW/(OUTFLOW) FROM OPERATING ACTIVITIES	7,156	2,204

East Grampians Health Service
Notes to the Financial Statements
For the Year Ended 30 June 2021

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 Minister:

The Honourable Martin Foley:
Minister for Mental Health
Minister for Health
Minister for Ambulance Services
Minister for the Coordination of Health and Human Services: COVID-19

The Honourable Jenny Mikakos:
Minister for Health
Minister for Ambulance Services
Minister for the Coordination of Health and Human Services: COVID-19

The Honourable Luke Donellan:
Minister for Child Protection
Minister for Disability, Ageing and Carers

The Honourable James Merlino:
Minister for Mental Health

Governing Boards

Ms N Panter (Chair of Board)
Mr D Cole
Ms F Cochrane
Mr P Hooper
Ms G Czarnota
Ms S Burmeister-Abbott
Mr P Wigg
Ms S Craven
Mr K Peter
Ms D Walker

Accountable Officers

Mr A Freeman

Period
1/07/2020 - 29/09/2020
26/09/2020 - 30/06/2021
26/09/2020 - 30/06/2021
26/09/2020 - 09/11/2020
1/07/2020 - 26/09/2020
1/07/2020 - 26/09/2020
1/07/2020 - 26/09/2020
1/07/2020 - 30/06/2021
1/07/2020 - 30/06/2021
29/09/2020 - 30/06/2021
1/07/2020 - 30/06/2021
1/07/2020 - 30/06/2021
1/07/2020 - 30/06/2021
1/07/2020 - 30/06/2021
1/07/2020 - 30/06/2021
1/07/2020 - 30/06/2021
1/07/2020 - 30/06/2021
1/07/2020 - 30/06/2021
1/07/2020 - 30/06/2021
1/07/2020 - 30/06/2021

Remuneration of Responsible Persons

Income Band

\$0 - \$9,999
\$280,000 - \$289,999
\$300,000 - \$309,999

Total Numbers

Parent 2021 No.	Consolidated 2020 No.
10	11
-	1
1	-
11	12
2021 \$'000	2020 \$'000
354	326

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

Amounts relating to the controlled entities' Governing Board Members and Accountable Officer are disclosed in the East Grampians Health Service's controlled entities financial statements.

Amounts relating to Responsible Ministers are reported within the Department of Parliamentary Services' Financial Report.

East Grampians Health Service

Notes to the Financial Statements

For the Year Ended 30 June 2021

Note 8.3: Remuneration of Executives

The number of executive officers, other than Ministers and Accountable Officers, 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 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 and free or subsidised goods or services.

Post-employment Benefits

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

Other Long-term Benefits

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

Termination Benefits

Termination of employment payments, such as severance packages.

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 of executives

	Total remuneration	
	Parent 2021 \$'000	Consolidated 2020 \$'000
Short-term employee benefits	902	744
Post-employment benefits	113	82
Other long-term benefits	25	22
Total Remuneration	1040	848
Total number of executives ⁽ⁱ⁾	6	5
Total annualised employee equivalent (AEE) ⁽ⁱⁱ⁾	5.2	5

⁽ⁱ⁾ The total number of executive officers includes persons who meet the definition of Key Management Personnel (KMP) of the entity under AASB 124 Related Party Disclosures and are also reported within the related parties note disclosure (Note 8.4)

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

Note 8.4: Related parties

East Grampians Health Service is a wholly owned and controlled entity of the State of Victoria. Related parties of the hospital include:

- All key management personnel (KMP) and their close family members;
- Cabinet ministers (where applicable) and their close family members;
- Controlled Entities - East Grampians Health Building for the Future Foundation;
- Jointly Controlled Operation - GRHA; and
- All hospitals 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 East Grampians Health Service and its controlled entities, directly or indirectly.

Key management personnel

The Board of Directors and the Executive Directors of the East Grampians Health Service and its controlled entities are deemed to be KMPs. This includes the following:

Entity	KMPs	Position Title
East Grampians Health Service	Ms N Panter	Chair of the Board
East Grampians Health Service	Mr D Cole	Board Member
East Grampians Health Service	Ms F Cochrane	Board Member
East Grampians Health Service	Mr P Hooper	Board Member
East Grampians Health Service	Ms G Czarnota	Board Member
East Grampians Health Service	Ms S Burmeister-Abbott	Board Member
East Grampians Health Service	Mr P Wigg	Board Member
East Grampians Health Service	Ms S Craven	Board Member
East Grampians Health Service	Mr K Peter	Board Member
East Grampians Health Service	Ms D Walker	Board Member
East Grampians Health Service	Mr A Freeman	Chief Executive
East Grampians Health Service	Mr P Armstrong	Director of Clinical Services
East Grampians Health Service	Mr S Kerr	Director of Support Services
East Grampians Health Service	Ms S Philip	Director of Community Services
East Grampians Health Service	Mr M Santilli	Director of Quality & Improvement
East Grampians Health Service	Mr T Roberts	Director of Finance
East Grampians Health Service	Ms S Ping	Director of Medical Services

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 Department of Parliamentary Services' Financial Report.

	Parent 2021 (\$'000)	Consolidated 2020 (\$'000)
Compensation		
Short-term employee benefits	1,224	1,040
Post-employment benefits	137	104
Other long-term benefits	33	29
Termination benefits	-	-
Share-based payments	-	-
Total (i)	1,394	1,173

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

East Grampians Health Service

Notes to the Financial Statements

For the Year Ended 30 June 2021

Note 8.4: Related parties (Continued)

Significant transactions with government related entities

East Grampians Health Service received the following funding from the Department of Health.

	Parent 2021 (\$'000)	Consolidated 2020 (\$'000)
Grant Funding	21,357	27,211
Indirect Contributions	77	28
DHHS LSL Debtor mvt	402	256
Funding Advance	-	1,200
Total DHHS Funding	21,836	28,183

Expenses incurred by East Grampians Health Service in delivering services and outputs are in accordance with Health Purchasing Victoria requirements. Some goods and services including procurement and operational support are provided by other Victorian Health Service Providers on commercial terms.

Professional medical indemnity insurance and other insurance products are obtained from a Victorian Public Financial Corporation.

The Standing Directions of the Assistant Treasurer require the East Grampians Health Service to hold cash (in excess of working capital) in accordance with the State's centralised banking arrangements. All borrowings are required to be sourced from Treasury Corporation Victorian unless an exemption has been approved by the Minister for Health and Human Services 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 Victorian Government Procurement Board requirements.

Outside of normal citizen type transactions with the Department of Health and Human Services, all other related party transactions that involved KMPs and their close family members have been entered into on an arm's length basis. Transactions are disclosed when they are considered material to the users of the financial report in making and evaluation decisions about the allocation of scarce resources.

There were no related party transactions with Cabinet Ministers required to be disclosed in 2021.

There were no related party transactions required to be disclosed for East Grampians Health Services Board of Directors or Executive Directors in 2021.

Controlled Entities Related Party Transactions

East Grampians Health Building for the Future Foundation

The transactions between the two entities relate to reimbursements made by East Grampians Health Building for the Future Foundation to East Grampians Health Service for goods and services and the transfer of funds by way of distributions made to the hospital. All dealings are in the normal course of business and are on normal commercial terms and conditions.

	Parent 2021 \$'000	Consolidated 2020 \$'000
Distribution of funds by East Grampians Health Building for the Future Foundation	-	49
EGHS Transfer to the East Grampians Building for the Future Foundation	-	400

Note 8.5: Remuneration of auditors

Victorian Auditor-General's Office
Audit of the Financial Statements
Total remuneration of auditors

Parent 2021 \$'000	Consolidated 2020 \$'000
14	19
14	19

Note 8.6: Events Occurring after the Balance Sheet Date

There are no events occurring after Balance Sheet date

Note 8.7: Controlled Entities

Name of entity	Country of incorporation	Equity Holding	
		2021	2020
East Grampians Health Building for the Future Foundation	Australia	0%	100%

CONTROLLED ENTITIES CONTRIBUTION TO THE CONSOLIDATED RESULTS

	2021 \$'000	2020 \$'000
NET RESULT FOR THE YEAR		
East Grampians Health Building for the Future Foundation	-	442

Details of the principles of consolidation are set out in Note 1.4.

Note 8.8: Jointly Controlled Operations and Assets

Name of Entity	Principal Activity	Ownership Interest	
		2021 %	2020 %
Grampians Region Health IT Alliance	ICT Systems	8.46	7.65

East Grampians Health Service's interest in the above jointly controlled operations and assets is detailed below. The amounts are included in the consolidated financial statements under their respective categories:

	2021 \$'000	2020 \$'000
Current Assets		
Cash and Cash Equivalents	453	323
Receivables	74	5
Other Current Assets	108	14
Total Current Assets	635	342
Non Current Assets		
Property, Plant and Equipment	334	341
Total Non Current Assets	334	341
Total Assets	969	683
Current Liabilities		
Payables	441	159
Total Current Liabilities	441	159
Total Liabilities	441	159

East Grampians Health Service's interest in revenues and expenses resulting from jointly controlled operations and assets are detailed below:

	2021 \$'000	2020 \$'000
Revenues		
Operating receipts	631	539
Capital receipts	139	52
Total Revenue	770	591
Expenses		
Information Technology and Administrative Expenses	624	537
Capital expenses	150	89
Total Expenses	774	626
Net result	(4)	(35)

Contingent Liabilities and Capital Commitments

As at 30 June 2021 the Grampians Region Health IT Alliance has not reported any contingent liabilities.

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 the East Grampians Health Service.

Transfers of net assets arising from administrative restructurings are treated as distributions to or contributions by owners. Transfers of net liabilities arising from administrative restructurings are treated as distributions to owners.

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.

Financial assets at fair value through comprehensive income revaluation reserve

The financial assets at fair value through other comprehensive income revaluation reserve arises on the revaluation of financial assets (such as equity instruments) measured at fair value through other comprehensive income. Where such a financial asset is sold, that portion of the reserve which relates to that financial asset may be transferred to accumulated surplus/deficit.

Specific restricted purpose reserves

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

Note 8.10: Financial Dependency

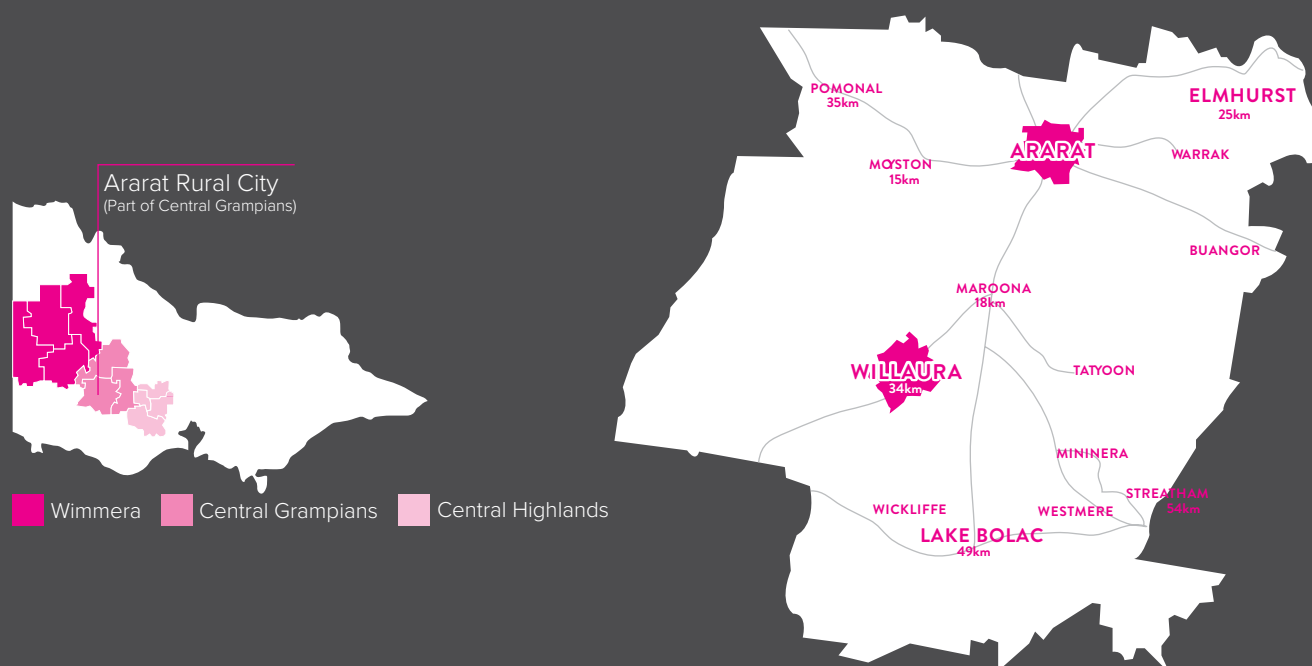
East Grampians Health Service is wholly dependent on the continued financial support of the State Government and in particular, the Department of Health.

The Department of Health has provided confirmation that it will continue to provide the East Grampians Health Service adequate cash flow support to meet its current and future obligations as and when they fall due for a period up to September 2022. On that basis, the financial statements have been prepared on a going concern basis.



East Grampians
Health Service

SITE DIRECTORY AND LOCATION MAPS



EAST GRAMPIANS HEALTH SERVICE

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Girdlestone Street, Ararat 3377

P: 03 5352 9300
F: 03 5352 5676

E: info@eghs.net.au

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70 LOWE STREET

Aged Care Facility
70 Lowe Street, Ararat 3377
P: 03 5352 9323

GARDEN VIEW COURT

Lowe Street, Ararat 3377
P: 03 5352 9324

PATRICIA HINCHEY CENTRE

Girdlestone Street, Ararat 3377
P: 03 5352 9326

WILLAURA HEALTH CARE

Delacombe Way, Willaura 3379
P: 03 5354 1600

PARKLAND HOUSE

Delacombe Way, Willaura 3379
P: 03 5354 1613



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