



BEECHWORTH  
HEALTH SERVICE



ANNUAL  
REPORT

2024



## **ACKNOWLEDGEMENT OF COUNTRY**

Beechworth Health Service acknowledges the Traditional Owners and Custodians of the land on which we work and live and pays respects to their Elders past and present. We acknowledge their significant cultural heritage, their fundamental spiritual connection to Country and value their unique contribution to our diverse community. We are proud to embrace the spirit of reconciliation and learn from the local Aboriginal and Torres Strait Islander communities about how to best work with them to advance their health, social and economic outcomes.

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# Disclosure Index

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

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# Attestations and Declarations

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## RESPONSIBLE BODIES DECLARATION AS AT 30 JUNE 2024

In accordance with the *Financial Management Act 1994*, I am pleased to present the Report of Operations for Beechworth Health Service for the year ending 30 June 2024.



19/9/2024

Dr. Isabel Paton  
Board Chair,  
Beechworth Health Service

Date

## ATTESTATION ON DATA INTEGRITY

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



19/9/2024

Susan Plath  
Chief Executive Officer,  
Beechworth Health Service

Date

## ATTESTATION ON MANAGING CONFLICT OF INTEREST

I, Susan Plath, certify that Beechworth Health Service has put in place appropriate internal controls and processes to ensure that it 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 Beechworth 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.



19/9/2024

Susan Plath  
Chief Executive Officer,  
Beechworth Health Service

Date

## ATTESTATION FOR FINANCIAL MANAGEMENT COMPLIANCE

I, Dr. Isabel Paton, on behalf of Beechworth Health Service, certify that Beechworth Health Service has no Material Compliance Deficiency with respect to the applicable Standing Directors under the *Financial Management Act 1994 and Instructions*.




19/9/2024

Dr. Isabel Paton  
Board Chair,  
Beechworth

Date

### ATTESTATION ON INTEGRITY, FRAUD AND CORRUPTION

I, Susan Plath certify that Beechworth 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 Beechworth Health Service during the year.

  
-----  
Susan Plath  
Chief Executive Officer,  
Beechworth Health Service

19/9/2024  
-----  
Date

### HEALTH SHARE VICTORIA (HSV) PURCHASING POLICIES

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

  
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Susan Plath  
Chief Executive Officer,  
Beechworth Health Service

19/9/2024  
-----  
Date

## Responsible Ministers

Beechworth Health Service is a Public Hospital service established under the *Health Services Act 1988 (Vic)*.

<b>Minister for Health</b> <b>Minister of Health Infrastructure</b> The Hon. Mary-Anne Thomas MP From 1 July 2023 to 30 June 2024	<b>Minister of Ambulance Services</b> The Hon. Gabrielle Williams From 1 July 2023 to 2 October 2023  The Hon. Mary-Anne Thomas MP From 2 October 2023 to 30 June 2024
<b>Minister for Mental Health</b> The Hon. Gabrielle Williams From 1 July 2023 to 2 October 2023  The Hon. Ingrid Stitt From 2 October 2023 to 30 June 2024	<b>Minister of Disability, Ageing and Carers</b> The Hon. Lizzie Blandthom From 1 July 2023 to 2 October 2023
<b>Minister of Disability / Minister for Children</b> The Hon. Lizzie Blandthom From 2 October 2023 to 30 June 2024	<b>Minister of Ageing</b> The Hon. Ingrid Stitt From 2 October 2023 to 30 June 2024



# Our Vision and Values

## Our Vision

Working together we are a healthy, connected community.

## Our Values

Respect for Everybody: We create an inclusive environment that promotes dignity, fairness, and equality. We recognise and celebrate difference and the contributions of all individuals. Our workplace and practices are safe and welcoming.

Commitment to Excellence: We are committed to setting the highest standards of quality in all aspects of our service. We prioritise innovation and learning to ensure that our care and services are continuously improving.

Integrity in Practice: We take seriously our responsibility as a trusted community partner and health care provider. We make decisions carefully in partnership with our patients, workforce, and the community.

Trust in each other: With trust, we work together to achieve shared goals. Trust creates the environment that enables us to communicate honestly, listen with an open mind, partner effectively and improve performance.

## The purpose, functions, powers and duties:

The objectives of the health service are to:

1. Provide public hospital and residential aged care services;
2. Provide health and community services and to work with the communities of Beechworth and surrounding areas to deliver comprehensive, quality health and wellness services in partnership with the community, health professionals and funding bodies; and
3. Pursue activities that are intended to make the health service more efficient.

## Our Strategic Plan 2023-2026

BHS Strategic Plan demonstrates our commitment to listening to and working in partnership with our community and our partners to deliver better access, better care, and better outcomes for our community.





# Chair and Chief Executive Report

## 'The Year in Review', incorporating Key Initiatives and Projects

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BHS celebrates diversity and welcomes people into its service and service planning from many backgrounds including but not limited to people from lesbian, gay, bisexual, trans and gender diverse and intersex communities, Aboriginal and Torres Strait Islander people, people from culturally and linguistically diverse and faith communities, refugees and asylum seekers, people with a disability, gender and different life stages.

On behalf of the Beechworth Health Service Board of Directors, we are pleased to present the Beechworth Health Service Annual Report for the year ending 30 June 2024 in accordance with the *Financial Management Act 1994*.

This report highlights our key initiatives, projects, and achievements over the past 12 months.

### CAPITAL WORKS

Supported by the Victorian State Government, BHS has made significant progress on several capital works projects, including:

- The commencement of our Community Walk, Community Street, and residential aged care bathroom refurbishment projects in March 2024. These projects are supported by the Victorian State Government's "Significant Facility Refurbishment" initiative (as part of the 2018-19 Regional Health Infrastructure Fund Round 3: Public Sector Residential Aged Care Services Grant Allocation round, and the 2020-2021 Rural Residential Aged Care Facilities Renewal Fund respectively).
- The completion of air-conditioning refurbishment works in our residential aged care (funded by the 2018-19 Regional Health Infrastructure Fund Round 3: Public Sector Residential Aged Care Services Allocation).
- Completed floor covering replacement in our acute and essential services areas (funded by the 2022-2023 Regional Health Infrastructure Fund).
- Completed refurbishment of our acute nurses' station and surrounds to mitigate the risk of occupational violence and aggression in the workplace.
- Installation of new onsite x-ray equipment funded by the 2020 - 2021 Regional Health Infrastructure Fund.
- Window and window frame replacement in our Administrative/Community wing as part of the 2022 - 2023 Regional Health Infrastructure Fund round.

### STRATEGIC INITIATIVES

We have also made significant progress on several strategic initiatives, including:

- Implementation of a successful staff influenza and COVID-19 vaccination program.
- Expansion of our 'What Matters' initiative to further embed a commitment to quality, safety and experience of care.
- Ongoing participation in the Innovative Models of Care (IMOC) project, funded by the Australian Government in partnership with La Trobe University's John Richards Centre, and five other health services. BHS serves as the

governing agency to oversee, monitor and capture the experience of implementing the Indigo 4Ms Framework.

- Active membership in health service partnerships, including Hume, Upper Hume, and Central Hume Health Service Partnerships.
- Full implementation of the Victorian Virtual Emergency Department initiative.
- BHS, in conjunction with staff, volunteers, service partners, community members, and community groups completed its 2023-2026 Strategic Plan, which sets out our key initiatives for the health service over the next four years.

### PEOPLE-FOCUSED APPROACH

Our success is dependent on the hard work and dedication of our staff, volunteers, community members, and service partners. We recognise the importance of people in achieving our goals and appreciate their contributions.

Under the leadership of our Board, this collective contribution continues to assist BHS in meeting its obligations for accreditation within the Aged Care Accreditation, The National Safety and Quality Health Service (NSQHS) Standards, and NDIS standards.

The following sections highlight BHS's key activities and achievements across the past 12 months.

### PERFORMANCE

Beechworth Health Service is a high performing small rural health service that continues to meet its requirements as set out by the Victorian Government in the annual Statement of Priorities. In the 2023-2024 financial year, Beechworth Health Service (BHS) continued to prioritise high-quality care to our local community, offering a range of services including residential aged care, acute care, and primary care.

Throughout the year, we remained committed to delivering exceptional service while maintaining a fiscally responsible approach, ensuring a strong and sustainable financial result.

Our quality, safety and experience of care performance also means that our community can choose to utilise BHS's services with confidence.

### COMMUNITY ENGAGEMENT

Over the next 12 months BHS is committed to strengthening its connections with the community through a comprehensive marketing and communications plan. This plan marks a significant shift in our approach, aimed at promoting our services, informing the public about how to access them, and providing transparent information on costs and waiting times.

At the heart of this renewed commitment is a focus on creating an environment that encourages community feedback and engagement. By listening to our community's needs and concerns, we can better understand their expectations and tailor our services to meet those needs.

## HEALTH PROMOTION

We are committed to engaging with our community and promoting our services, and our aim is to continually enhance our community engagement and promote our services. As our local community evolves, BHS adapts to meet their changing needs. The ongoing impact of COVID-19 has had a lasting effect on our community, leading to delays in accessing healthcare, delayed diagnosis of chronic conditions such as cancer and heart disease, and increased risk of injury from falls.

Our health promotion strategy is multifaceted, focusing on both broad community-level initiatives to promote overall health and wellbeing, as well as targeted efforts to address specific drivers of ill health, such as poor food choices, low activity levels, and substance misuse.

The pandemic has also exacerbated social isolation and mental health concerns, but we've seen an increased awareness and capacity for self-testing, symptom monitoring, and behaviour modification among our community. As a result, we're continuing to develop the skills of our staff in identifying and responding to family violence.

Our success relies heavily on the support and contributions of our residents, patients, students, and community members. Throughout the pandemic, our community has demonstrated remarkable resilience, prioritising the health and safety of our residents, patients, and staff above their own. We're also grateful for the support of our contractors and service partners, who have enabled us to maintain service delivery over the past year.

BHS remains an active participant in the Hume Health Service Partnership, the Upper Hume Local Health Partnership and the Central Hume Local Health Partnership. In these forums, BHS works with other providers to improve care and outcomes across the region.

## OUR STAFF

Throughout the past 12 months, Beechworth Health Service's staff have continued to provide exceptional care to our residents, patients, clients, and community, despite facing one of the most challenging periods in modern healthcare. Our team has demonstrated remarkable resilience, supporting each other and delivering high-quality care while prioritising service continuity.

Their 'can-do' spirit and willingness to contribute have been instrumental in driving the success of our projects and initiatives. Without their dedication, our challenges would have been significantly greater. Our essential services staff structure has continued to evolve and mature, enabling us to focus on enhancing the overall experience of our residents, patients, and clients through our food services and amenities.

We would like to extend our sincerest gratitude to each and every member of our team for their outstanding contributions over the past 12 months. Their dedication, hard work, and commitment to providing exceptional care to our patients and community have been truly remarkable.



Dr. Isabel Paton  
**Board Chair**  
Beechworth Health Service



Ms. Susan Plath  
**Interim CEO**  
Beechworth Health Service

## OUR VOLUNTEERS

We would like to recognise the contributions of our volunteers who have continued to support our service delivery across various critical themes. Our staff have also continued to provide high-quality care despite challenging circumstances.

Despite the added challenges posed by increasing compliance obligations related to worker check requirements, our volunteers have remained steadfast in their support for Beechworth Health Service. Their dedication and commitment to our organisation are truly remarkable, and we are grateful for their tireless efforts.

## BOARD DIRECTORS AND EXECUTIVE TEAM

We would like to welcome new members to our Executive team: Ms Susan Plath, Director of Business and Service Development/Interim CEO; Ms Dyan Hill, Director of Human Resources, and Ms Elizabeth Ibrom Acting Director of Clinical Services whilst Ms Angela Clement, Director of Clinical Services takes some extended leave. We would also like to acknowledge the departure of both Dr Mark Ashcroft, CEO and Ms Carolyn Shaw, Director of Corporate Services and express our gratitude for their contributions.

We would like to acknowledge Mr. Harry Thomas for his contribution and leadership to Beechworth Health Service in his capacity as Board Chair. Mr. Thomas is stepping down from the Board Chair role, and will be continuing as a Board Director for another twelve months. Dr. Isabel Paton was appointed as the new Board Chair and we look forward to working with Dr. Paton on delivering our Strategic Plan. The Board of Directors farewellled Mr. Nick Rideout and welcomed new Board Director, Dr. Tegwyn McManamny.

Finally, we recognise the contribution of absent friends and colleagues. Their memories will live on at BHS in the various contributions they have made in service to BHS over many years and in our hearts and memories.

Overall, we are very proud of our achievements over the past year and look forward to continuing to provide high-quality services to our community.

# Nature and range of services

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Beechworth Health Service is a public funded health service with its principal location in Beechworth, north east Victoria. There are approximately 10134 people in the Beechworth Health Service catchment area, and it serves the eastern aspect of Indigo Shire, including the communities of Beechworth, Stanley, Wooragee, Yackandandah, Tangambalanga and Kiewa Valley.

The following services are provided:

- **Acute** – Acute care unit that is inclusive of an urgent care centre. Local General Practitioners support medical service delivery in hours and after-hours medical services are supported through telehealth access to Virtual Video Emergency Department (VVED and MyEmergencyDr.
- **Aged Care** – 60 residential aged care beds.
- **Community Health** – Diverse range of community health services are provided. These services include physiotherapy, occupational therapy, dietetics, diabetes education, podiatry, speech pathology, health promotion, initial needs assessment and complex care coordination. They also include District Nursing Services, Community Connections programs in multiple locations, community-based palliative care services,

community-based service support to Commonwealth Home Support Program and Home Care Package program support as well as services to NDIS and Department of Veterans' Affairs (DVA) clients. Many of these community-based services are delivered in partnership with other agencies

- **Home and Community Care (HACC PYP, under 65yrs)** and Commonwealth Home Support Program (CHSP, over 65yrs)– this includes the service provision of district nursing, planned activity groups and podiatry across all of Indigo Shire. This also includes a partnership commitment to the indigo@home model of care. This model of care is responsible for overseeing and delivering Commonwealth Home Support Services within the Indigo Shire. The partnership within this model is currently represented by Beechworth Health Service, Yackandandah Health, Indigo North Health and Alpine Health (as lead agency).

Beechworth Health Service is an intrinsic part of the local community and has strong relationships with local educational facilities, community service organisations and neighbouring health providers.

# Corporate Governance

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The organisation has been governed by a Board appointed by the Governor-in-Council, upon the recommendation of the Minister for Health.

The main functions of the Board are to guide the entity in accordance with government policy. This involves providing strategic leadership, monitoring performance and ensuring accountability and compliance.

## BOARD OF DIRECTORS

The Beechworth Health Service Board of Directors is responsible for setting strategic direction, establishing goals and objectives for executive management and monitoring the organisation in line with current government health policies and directives and ensuring community consultation is undertaken.

Mr Harry Thomas, Board President  
Ms Gael Evans-Barr, Vice President  
Ms Glenda Beecher  
Ms Jennifer Bennett  
Mr Peter Kenyon  
Dr Isabel Paton  
Mr Nicholas Rideout  
Ms Kim Rowley  
Ms Natalie Willis  
Mr Donald Mace

## CLINICAL GOVERNANCE COMMITTEE

Ms Glenda Beecher (Chair)  
Mr. Peter Kenyon  
Dr. Isabel Paton  
Mr. Nicholas Rideout  
Ms. Jan Lang – Community Representative  
Ms. Carolyn Tozer – Community Representative

## FINANCE AND AUDIT COMMITTEE

Ms Kim Rowley (Chair)  
Mr. Donald Mace  
Mr Nicholas Rideout  
Mr Harry Thomas  
Ms Natalie Willis  
Ms. E Nightingale (01/07/2023-26/09/2023)

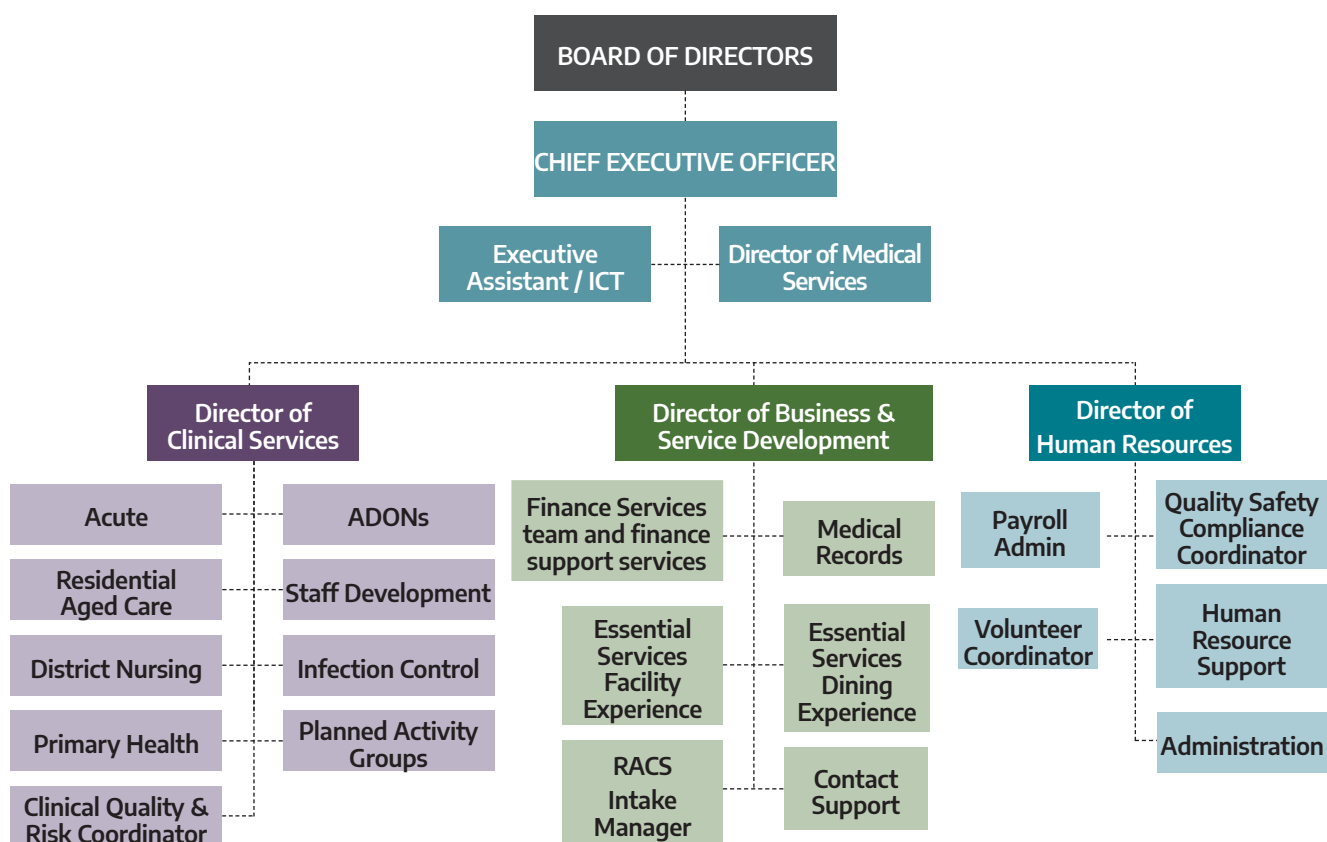
*Beechworth Health Services' Board of Management Performance Policy allows for Board Directors, at the discretion of the Board, to be granted a leave of absence, and this is recorded as such in the Board of Management - Committee Membership and Attendance record.*

## EXECUTIVE / LEADERSHIP TEAM

Dr. M Ashcroft - Chief Executive Officer (01/07/2023-07/06/2024)  
Ms. Susan Plath - Interim CEO (08/06/2024-30/06/2024)  
Ms Angela Clement - Director of Clinical Services  
Ms Elizabeth Ibrom - Clinical Quality & Risk Coordinator and Acting Director of Clinical Services (11/03/2024-30/06/2024)  
Ms Carolyn Shaw - Director Corporate Services (01/07/2023-14/01/2024)  
Ms Susan Plath - Director of Business and Service Development (12/03/2024-30/06/2024)  
Ms Dyan Hill – Director of Human Resources  
Mr Jose Ngo - Acting Clinical Quality & Risk Coordinator (06/05/2024-30/06/2024)  
Dr Patrick Giddings - Director of Medical Services  
Mrs Oriana McCormick - Executive Assistant  
Ms Michelle Borleis - Quality Safety Compliance Coordinator  
Ms Julia Brinsdon-Farr - Acute Nurse Unit Manager  
Ms Macy Rambla - Residential Care Manager (01/07/2023-06/05/2024)

Ms. S Knowles – Acting Residential Care Manager (06/05/2024-30/06/2024)  
Ms Louine Robinson - Primary Health Team Leader  
Mr. S O'Connor - Acting Primary Health Team Leader (08/04/2024-07/06/2024)  
Mrs Lynda Thompson - DNS NUM/PAG Team Leader  
Ms. M Davies – Acting DNS NUM/PAG Team Leader (06/05/2024-30/06/2024)  
Ms Gabriella Tange - Health Promotion/Community Engagement Officer  
Ms Gemma Howe - Infection Prevention & Control Officer  
Ms Rhonda Lea - Staff Development Officer  
Ms Belinda Achammer - Essential Dining Experience Supervisor  
Ms Crystal Price - Essential Facilities Experience Supervisor

# Organisational Structure



## Workforce Data

Labour Category	June Current Month FTE		Average Monthly FTE	
	2023	2024	2023	2024
Nursing	55.42	55.26	55.80	56.72
Administration & Clerical	13.39	12.81	14.41	12.60
Medical Support	0.00	0.00	0.00	0.00
Hotel & Allied Services	33.41	38.98	34.36	36.03
Medical Officers	0.00	0.00	0.00	0.00
Hospital Medical Officers	0.00	0.00	0.00	0.00
Sessional Clinicians	0.00	0.00	0.00	0.00
Ancillary Support (Allied Health)	12.43	12.13	12.05	12.38
<b>Totals</b>	<b>114.65</b>	<b>119.18</b>	<b>116.62</b>	<b>117.73</b>

BHS is committed to a diverse and inclusive workforce and follows Equal Employment Opportunity Principles. We encourage applications for Aboriginal and Torres Strait Islander people, all members of the LGBTQI+ community and people with disability.

BHS is committed to the application of the employment and conduct principles and all employees have been correctly classified in workforce data collections.

# Occupational Health and Safety

BHS secures the health, safety and welfare of employees, residents/patients, volunteers, visitors, contractors, students and others by fostering a safety culture where the inherent risks and hazards are eliminated, controlled and reduced, day-to-day attention to the prevention of injury and the prevention and management of violence and aggression.

BHS monitors its approach to workplace health and safety through its Occupational Health and Safety (OHS) Committee, ensuring all workers understand that health and safety is a priority. This is done by identifying, assessment, control and eliminating hazards and by applying OHS statutory requirements, codes and standards and enhanced with the readiness of the work force to report OHS issues and those to be addressed in a timely manner.

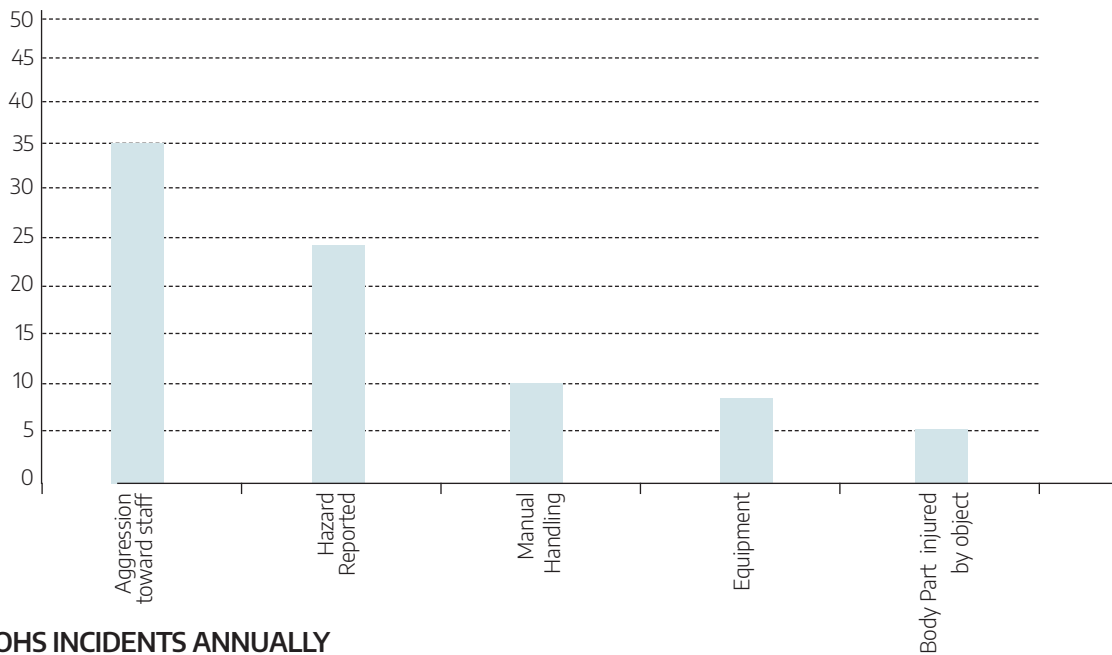
Designated Work Groups (DWG's) and Health & Safety Representatives (HSRs) are established in accordance with the OHS Act. This Committee monitors compliance to our commitments through safety audits and risk assessments. The data collected is the start of the feedback mechanism that enables us to review past performance with the aim to continually improving what we do, how we do it and why we do it.

The OHS committee also monitors compliance to our commitments as prescribed under the *Occupational Health and Safety Act 2004.*, legislation, statutory requirements, compliance codes and appropriate standards.

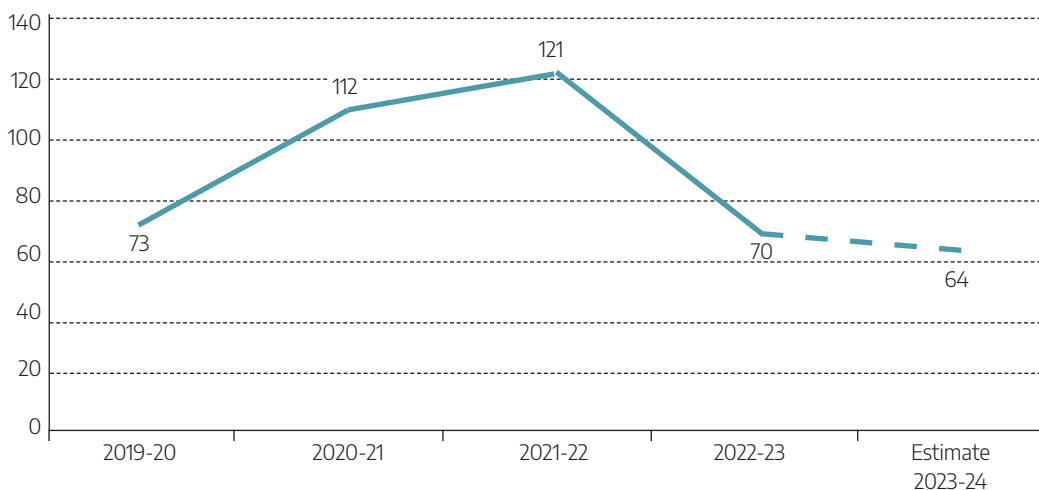
## OCCUPATIONAL HEALTH AND SAFETY (OHS) DATA 2023-2024

All OHS incidents reported via VHIMS.

Occupational Health and Safety Statistics	2023-24	2022-2023	2021-2022
The number of reported hazards/incidents for the year per 100 FTE	86.63	19.70	50.11
The number of 'lost time' standard WorkCover claims for the year per 100 FTE	5.1	6	3.4
The average cost per WorkCover claim for the year	\$2,422	\$3,136	\$3,265

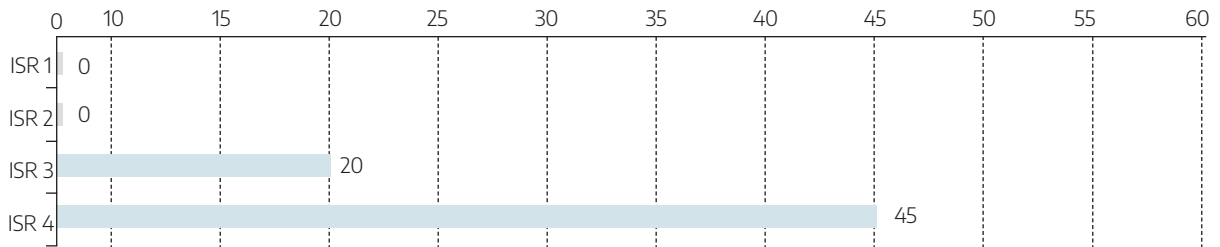


### OHS INCIDENTS ANNUALLY

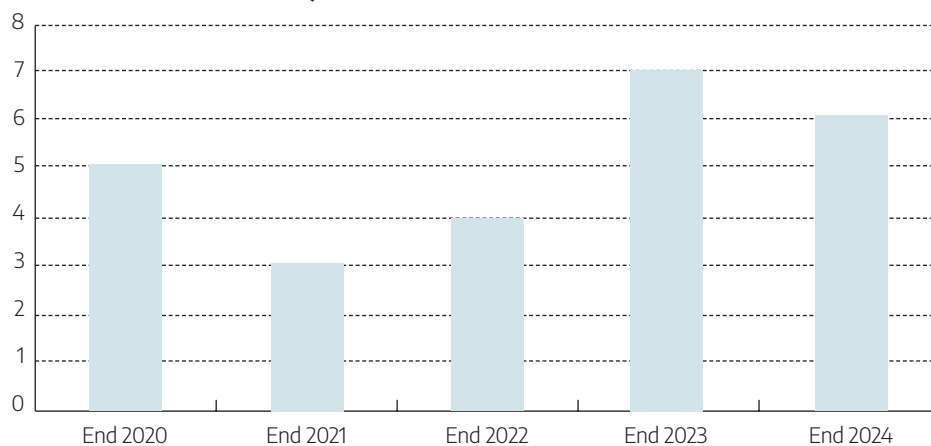


# Occupational Health and Safety

## OHS SEVERITY RATING



## LOST TO WORKPLACE INJURY



Six claims were lodged with our WorkCover Insurer for 2023-24. BHS strives to work with the employee to return them to work in their full capacity.

## Occupational Violence

All Victorian Health Services, including BHS, are required to monitor and publicly report incidents of occupational violence in the annual report. To ensure consistency in

annual reporting, BHS is required, as a minimum, to report the following occupational violence statistics in the following format, including the definitions listed underneath the table.

Occupational Violence incidents reported during 2023-24 were as follows:

Occupational violence statistics	2023-24
1. WorkCover accepted claims with an occupational violence cause per 100 FTE	0.00
2. Number of accepted WorkCover claims with lost time injury with an occupational violence cause per 1,000,000 hours worked.	0.00
3. Number of occupational violence incidents reported	35
4. Number of occupational violence incidents reported per 100 FTE	29.73
5. Percentage of occupational violence incidents resulting in a staff injury, illness or condition	0.00

### DEFINITIONS OF OCCUPATIONAL VIOLENCE

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

- **Occupational violence** – any incident where an employee is abused, threatened or assaulted in circumstances arising out of, or in the course of their employment.
- **Incident** – an event or circumstance that could have resulted in, or did result in, harm to an employee. Incidents of all severity rating are included. There were no Code Grey incidents in the 2023-2024 reporting period.
- **Accepted Workcover claims** – accepted Workcover claims that were lodged in 2023-2024.

- **Lost time** – lost time is defined as greater than one day.
- **Injury, illness or condition** – all reported harm as a result of the incident, regardless of whether the employee required time off work or submitted a claim.
- **FTE** – figures required in the above table are calculated consistent with the Workforce information FTE calculation..



## Summary of Financial Results

	2024	2023	2022	2021	2020
	\$000	\$000	\$000	\$000	\$000
<b>OPERATING RESULT*</b>	<b>1,038</b>	<b>264</b>	<b>98</b>	<b>262</b>	<b>36</b>
Total Revenue	21,777	19,166	17,158	16,571	15,596
Total Expenses	(21,327)	(20,040)	(18,564)	(17,657)	(16,983)
<b>Net results from transactions</b>	<b>450</b>	<b>(874)</b>	<b>(1,406)</b>	<b>(1,086)</b>	<b>(1,387)</b>
Total other economic flows	55	(20)	51	156	46
<b>Net Result</b>	<b>505</b>	<b>(894)</b>	<b>(1,355)</b>	<b>(930)</b>	<b>(1,341)</b>
Total Assets	53,756	40,282	38,305	34,751	33,653
Total Liabilities	14,452	(14,838)	(11,967)	(11,937)	(10,194)
<b>Net assets/ Total equity</b>	<b>39,304</b>	<b>25,444</b>	<b>26,338</b>	<b>22,814</b>	<b>23,459</b>

\* The **Operating result** is the result which the health service is monitored against in its Statement of Priorities.

BHS achieved an operating surplus of \$1,038m versus a statement of priorities target of \$0-breakeven. Continued identification and implementation of operational efficiency measures and a focus on occupancy in residential aged care during 2023-24 has ensured that BHS achieved a favourable variance to its statement of priorities target of \$1,038m for the financial year.

## Reconciliation between the Net result from transactions and Operating Result

	2023-24	2022-23	2021-22
	\$000	\$000	\$000
<b>Operating result</b>	1,038	264	98
Capital purpose income	1,122	418	235
Specific income	-	-	-
COVID-19 State Supply Arrangements			
- Assets received free of charge or for nil consideration under the State Supply	74	279	416
- State supply items consumed up to 30 June 2024	(74)	(279)	(416)
Assets provided free of charge	-	-	-
Assets received free of charge	-	-	-
Expenditure for capital purpose	(56)	(4)	(152)
Depreciation and amortisation	(1,599)	(1,552)	(1,587)
Impairment of non-financial assets	-	-	-
Finance cost (other)	-	-	-
<b>Net result from transactions</b>	<b>505</b>	<b>(874)</b>	<b>(1,406)</b>

## Details of Consultancies

### CONSULTANCIES UNDER \$10,000

In 2023-24 there were **7** consultancies where the total fees payable to the consultant were less than \$10,000 (excl. GST). The total expenditure incurred during 2023-24 in relation to this consultancy was **\$29,357** (excl. GST).

### CONSULTANCIES VALUED AT \$10,000 OR GREATER

In 2023-24, there were **no** consultancy where the total fees payable to the consultants were \$10,000 or greater (excl. GST). The total expenditure incurred during the 2022-23 in relation to these consultancies is **\$0** (excl. GST).

## Details of Information and Communication Technology (ICT) expenditure

The total ICT expenditure incurred during 2023-24 is **\$595,000** (excluding GST) with the details shown below.

Business As Usual (BAU) ICT expenditure	Non-Business as Usual (non-BAU) ICT expenditure		
Total (excluding GST)	Total = Operational expenditure and Capital expenditure (excluding GST) (a + b)	Operational expenditure (excluding GST) (a)	Capital expenditure (excluding GST) (b)
\$595,000	\$0	\$0	\$0

# Statement of Priorities

## Strategic priorities

In 2023-24 BHS will contribute to the achievement of the Government's commitments by:

Goals	Health Service Deliverables	Achievements/Outcomes
<p><b>EXCELLENCE IN CLINICAL GOVERNANCE</b></p> <p>MA3 working with Safer Care Victoria to reduce hospital acquired complications, including minimising COVID-19 transmission into and within the health service, including staff and patients.</p>	<p>MA3 Work with SCV to submit an annual quality account report to provide transparency of the health service safety performance and improvement strategies.</p>	<p>Status: Partially Achieved</p> <p>Following the Department of Health advice that an annual Quality Account report is not required for 2023-24, BHS did not publish the report. BHS continues to work with the Department of Health and SCV on health safety performance and improvement strategies.</p> <p>BHS continues to monitor the safety and quality of our clinical care, and actively work in reducing the risk of infection and have adhered closely to any COVID-19 status changes.</p>
<p>MA1 Develop strong and effective relationships with consumers and clinical partners to drive service improvement</p>	<p>MA1 BHS will refresh its Partnering in Healthcare Plan in 2023-2024</p>	<p>Status: Achieved</p> <p>BHS currently satisfies all the accreditation requirements required of us across the Aged Care Standards (incorporating Home Care Standards), National Safety and Quality Health Service Standards and National Disability Insurance Scheme accreditation. BHS continues to see the resident and patients benefits of investing in innovative approaches to the reduction of clinical risks in our environment which has resulted in a down ward trend in unwanted and unwelcome harm.</p>
<p>MA11 Develop strong and effective systems to support early and accurate recognition and management of deterioration of paediatric patients.</p>	<p>MA11 Partner with Safer Care Victoria (SCV) and relevant multidisciplinary groups to establish protocols and auditing processes to manage effective monitoring and escalation of deterioration in paediatric patients via VICTOR charts.</p>	<p>Not applicable</p>
	<p>MA11 Improve paediatric patient outcomes through implementation of the "ViCTOR track and trigger" observation charts and escalation system, whenever children have observations taken</p>	<p>Not applicable</p>
	<p>MA11 Implement staff training on the "ViCTOR track and trigger" tool to enhance identification and prompt response to deteriorating paediatric patient conditions.</p>	<p>Not applicable</p>
<p><b>WORKING TO ACHIEVE LONG TERM FINANCIAL SUSTAINABILITY</b></p> <p>MB1 Co-operate with the support Department-led reform that look towards reducing waste and improving efficiency to address financial sustainability, operational safety performance and system management.</p>	<p>MB1 Implementation of cost-saving initiatives: identify and implement cost-saving measures such as reducing unnecessary procedures, optimizing supply chain management, and streamlining administrative process.</p>	<p>Status: Ongoing</p> <p>Commentary: BHS continues to focus on process and practice efficiency measures through its relationship with Health Share Victoria (HSV). Over the past 12 months, BHS has strengthened its relationship with HSV in practice which has contributed to a review of radiology service delivery. Furthermore, BHS continues to work directly with supply vendors and as such analyzed, clarified, and made improvements to ordering process and stock amounts in order to reduce waste and stock held on shelf unnecessarily.</p>
<p><b>IMPROVING EQUITABLE ACCESS TO HEALTHCARE AND WELLBEING</b></p> <p>MC1 Address service access issues and equity of health outcomes for rural and regional people including more support for primary, community, home-based and virtual care, and addiction services.</p>	<p>MC1 CEO and Executive leadership to drive and be accountable for outcomes in cultural safety and Aboriginal self-determination</p>	<p>Status: Ongoing</p> <p>BHS has met its commitment to the delivery timeline for its next strategic plan (Strategic Plan 2023-2026) within which BHS has committed to the development of its first reconciliation plan. This commitment is also accompanied by acknowledgement and celebration of NAIDOC week, the erection of the Aboriginal and Torres Strait Islander flags adjacent to the Australian flag at BHS. We continue to assess our consumer demographic for the purposes of structuring our ATSI focus on service development and cultural alignment appropriately.</p>

# Statement of Priorities

Goals	Health Service Deliverables	Achievements/Outcomes
<p><b>A STRONGER WORKFORCE</b></p> <p>MD1 Improve employee experience across four initial focus areas to assure safe, high quality care; leadership, health and safety, flexibility, and career development and agility.</p>	<p>MD1 Implement and/ or evaluate a new/expanded wellbeing and safety program and its improvement on workforce wellbeing.</p>	<p>Status: Ongoing</p> <p>BHS is committed to its Joyful Workplace policy. This policy position describes a range of actions that BHS is committed to in order to enhance the experience of working at BHS. This policy guideline also informs BHS's response to its annual People Matter Survey results. Over the past 12 months, BHS have maintained a focus on staff health and wellbeing through initiatives such as the Department of Health and wellbeing worker support funding which has enabled BHS to invest in enhancements to meal access and to plan for enhanced break out spaces for staff. BHS has also enhanced its employee assistance offerings and continues to confront opportunities to mitigate the risks of OVA in its business for staff.</p>
<p><b>MOVING FROM COMPETITION TO COLLABORATION</b></p> <p>ME1 Partner with other organisations (for example community health, ACCHOs, PHNs, General Practice, private health) to drive further collaboration and build a more integrated system.</p>	<p>ME1 Work with the relevant PHN and community health providers to develop integrated service models that will provide earlier care to patients and support patients following hospital discharge.</p>	<p>Status: Ongoing</p> <p>BHS remains an active member and participant in each of the Hume Health Service Partnership, Central Hume Health Service Partnership and the Upper Hume Health Service Partnership. Critically, BHS's Board of Directors has engaged representation from each into its own strategic planning, along with local service partners, staff, volunteers, community groups and services, the Department of Health and community members to conjointly contribute to BHS's future planning. BHS continues to work, in a leadership capacity, with local partner agencies and the tertiary sector, in the development of innovative models of care such as the Indigo 4M model of care.</p>
<p><b>CARE CLOSER TO HOME</b></p> <p>EB1 improve pathways through the health system and implement models of care to enable more people access care closer to , or in their homes.</p>	<p>EB1 Implement new models of care that improve coordination across health services and with primary, and community care so that patients can more easily receive care closer to, or in their homes.</p>	<p>Status: Achieved</p> <p>BHS capacity and practice in delivering care closer to home was expanded over the past year. This expansion included telecare-based service delivery for people unable to attend BHS outpatient clinics during COVID-19 restrictions and the provision of telecare support for patients, residents and urgent care presentations through the support of online telemedicine models of care such as VVED and MED. BHS has also continued to invest in tele-enabling equipment to enhance the safety, quality and experience of telehealth services. Furthermore, BHS expanded its service model for care closer to home through the introduction of a local cardio-respiratory rehabilitation program in partnership with Alpine Health and with funding support from the Better@Home initiative.</p>
<p><b>A HEALTH SYSTEM THAT TAKES EFFECTIVE CLIMATE ACTION</b></p> <p>EC2 Implement climate adaption initiatives to support the health service's resilience and prepare for future challenges.</p>	<p>ECS Plan/ implement and adaptation initiative to enhance the resilience of infrastructure or service continuity.</p>	<p>Status: Ongoing</p> <p>BHS has received and acted up the recommendations form its internal audit process to develop a strategic commitment to environmental sustainability. BHS's Environmental Sustainability Strategy now provides the framework for BHS to monitor, review, report and take action on matters such as energy use, energy capture, energy performance monitoring and waste management.</p>
<p><b>LOCAL GOAL</b></p> <p>Ongoing implementation of the Commonwealth Government/Department of the Health funded Innovative Models of Care Project (IMOC).</p>	<p>Meet the IMOC project deliverable for year one.</p>	<p>Status: Ongoing</p> <p>Beechworth Health Service continues to provide Governance oversight and leadership to the implementation of the Innovative Models of Care Project (IMOC) initiative, along with partner small rural health, community health agencies and La Trobe University. This initiative is a multiyear initiative that continues to satisfy progress milestones.</p>

# Performance Priorities

## HIGH QUALITY AND SAFETY

Key performance indicators	Target	2023-24 Result
Infection prevention and control		
Compliance with the Hand Hygiene Australia program	85%	85%
Percentage of healthcare workers immunised for influenza	94%	100%
Patient experience		
Victorian Healthcare Experience Survey – percentage of positive patient experience response – Quarter 1	95% positive experience	N/A**
Victorian Healthcare Experience Survey – percentage of very positive responses to questions on discharge care – Quarter 2	95% very positive experience	N/A**
Victorian Healthcare Experience Survey – percentage of very positive responses to questions on discharge care – Quarter 3	95% very positive experience	N/A**
Aboriginal Health		
Percentage of Aboriginal admitted patients who left against medical advice	25% reduction in gap based on prior year's annual rate	N/A**

\* The data included in this annual report was accurate at the time of publication and is subject to validation by official sources from the Department of Health

\*\*less than 10 responses received

## STRONG GOVERNANCE, LEADERSHIP AND CULTURE

Key performance indicator	Target	2023-24 Result
Organisational Culture		
Safety Culture Among Healthcare Workers	62%	76%

## EFFECTIVE FINANCIAL MANAGEMENT

Key performance indicator	Target	2023-24 Result
Operating result (\$m)	0.00	1.04
Average number of days to paying trade creditors	60 days	28
Average number of days to receiving patient fee debtors	60 days	46
Adjusted current asset ratio	0.70 or 3% improvement from health service base target	1.16
Actual number of days available cash, measured on the last day of each month	14 days	44.4
Variance between forecast and actual Net result from transactions (NRFT) for the current financial year ending 30th June.	Variance ≤ \$250,000	Achieved

\* The data included in this annual report was accurate at the time of publication and is subject to validation by official sources from the Department of Health

# Acute /Aged Care Service Performance

## Small Rural Health Service Activity Reporting

Funding type	2023-24 Activity achievement	Unit
Acute admitted		
Public	223.91	NWAU**
Private	35.53	NWAU**
Small Rural Acute		
Acute/Transition Care	2020	Beddays
DVA/TAC	22.06	NWAU**
Small Rural Residential Care		
The Acacias	10063	Beddays
Stringybark Lodge	10441	Beddays
Small Rural Primary Health & HACC		
Physiotherapy	1284	Service Hours
Dietetics	365	Service Hours
Occupational Therapy	519	Service Hours
Podiatry	532	Service Hours
Speech Therapy	202	Service Hours
Care Coordination	342	Service Hours
Initial Needs Identification	410	Service Hours
Podiatry -HACC***	73	Service Hours
Podiatry -CHPS****	539	Service Hours
Nursing (Diabetes Educator)	198	Service Hours
Planned Activity Groups –HACC***	441	Service Hours
Planned Activity Groups –CHSP****	19710	Service Hours
Planned Activity Groups -Full Fee/NDIS*****	753	Service Hours
District Nursing -HACC***	160	Service Hours
District Nursing -CHPS****	1345	Service Hours
District Nursing Other	1120	Service Hours
Primary Health-Full Fee/NDIS*****	320	Service Hours
Health Workforce	61	Student Numbers

\* The data included in this annual report was accurate at the time of publication and is subject to validation by official sources from the Department of Health

\*\* NWAU – National Weighted Activity Unit

\*\*\* Funding for Planned Activity Group, DNS and Podiatry from 2023-24 is recorded as State Funded Hours

\*\*\*\* Funding for Planned Activity Group, DNS and Podiatry from 2023-24 is recorded as Commonwealth Funded Hours

\*\*\*\*\* Full cost recovery/NDIS

# Statements of Compliance

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## FREEDOM OF INFORMATION

During 2023-24, Beechworth Health Service received 5 applications. Of these requests, none were from Members of Parliament, none from the media, and the remainder from the general public.

Beechworth Health Service made 3 FOI decisions during the 12 months ended 20 June 2024.

There were 3 decisions made within the statutory time periods. Of the decisions made outside time, none were made within a further 45 days and no decisions were made in greater than 45 days. A total of 3 FOI access decisions were made where access to documents was granted in full, granted in part or denied in full. No decisions were made after mandatory extensions had been applied or extensions were agreed upon by the applicant. Of request finalised, the average number of days over/ under the statutory time (including extended timeframes) to decide the request as 2 days.

During 2023-24, no requests were subject to a complaint/internal review by Office of Victorian Information Commissioner. No requests progressed to the Victorian Civil and Administrative Tribunal (VACT).

## BUILDING ACT 1993

Beechworth Health Service complies with the provisions of the *Building Act 1993* in accordance with DHS Capital Development Guidelines (Assistant Treasurer Guideline Building Act 1993/Standards for Publicly Owned Buildings 1994/Building (Interim) Regulations 2005 and Building Code of Australia 2004).

Beechworth Health Service undertook a Fire Safety Audit in July 2023 reporting compliance with Fire Safety Standards. Beechworth Health will be undertaking Aged Care Works (Community Street/Walk) and all building compliance obligations has been scoped into the planning.

Beechworth Health Service also undertook some major works project in 2023-24 consisting of the following:

- Patient Flow Enhancement \$44,000.00 – upgrade to the Acute Urgent Care Room
- J Wing Window replacement \$350,000.00 – replace all lead painted windows in J Wing with double glazed aluminium framed windows.
- Acute and Catering Floor replacement \$454,800.00 – replace all the flooring in Acute and Catering corridors.
- Community Street/ Walk – Aged Care works \$821,000.00 - provide a community setting, including a café, auditorium, library and outdoor walks.

Beechworth Health Service building have been inspected and evaluated of all its properties in 2024 and no issues of compliance with the Building Act 1993 were noted. Furthermore, the building permit of the Aged Care major works was issue during 2023-24.

Beechworth Health Service has a building preventative maintenance schedule, where building inspections, reporting and maintenance are carried out annually. Beechworth Health Service has not had any emergency or building orders in relation to existing buildings, nor has any building been brought into conformity with the building standards during 2023-24.

## PUBLIC INTEREST DISCLOSURE ACT 2012

Beechworth Health Service has applied and operated in accordance with the *Public Interest Disclosure Act 2012* to the establishment of procedures for making, handling and notifying any disclosures. No disclosures have been received in 2023-24.

## COMPETITIVE NEUTRALITY POLICY VICTORIA

In accordance with government policy Beechworth Health Service has ensured that during 2023-24 competitive neutrality requirements per the Competitive Neutrality Policy Victoria and subsequent reforms were met. Beechworth Health Service has not received any competitive neutrality complaints for the 2023-24 year, nor has there been an application for alteration from previous year.

## CARERS RECOGNITION ACT 2012

Beechworth Health Service has taken all practical measures to comply with the obligations under the Act. These include ensuring our staff have an awareness and understanding of the care relationship principles set out in the Act (e.g. developing and implementing a staff awareness strategy about the principles in the Act and what they mean for staff; induction and training programs offered by the organisation include discussion of the Act and the statement of principles therein).

Considering the care relationships principles set out in the Act when setting policies and providing services (e.g. reviewing our employment policies such as flexible working arrangements and leave provisions to ensure that these comply with the state of principles in the Act; developing a satisfaction survey for distribution at assessment and review meetings between workers, carers and those receiving care).

## LOCAL JOBS FIRST POLICY ACT 2003

Beechworth Health Service has **no** items relevant to the Act during the reporting period 2023-24.

## SAFE PATIENT CARE ACT 2015

Beechworth Health Service complies with the requirements of the *Safe Patient Care Act 2015* in accordance with its obligations under the Nurses and Midwives (Victorian Public Sector) (Single Interest Employers) Enterprise Agreement 2016-2020. Beechworth Health Service has no reportable instances in relation to its obligations under section 40 of the *Safe Patient Care Act 2015*.

## GENDER EQUALITY ACT 2020

Beechworth Health is committed to creating an inclusive environment that values equal opportunity and diversity for our workforce, residents, patients and visitors. We will continue to develop and embed our gender equality initiatives.

BHS's measurable progress against our Gender Equality Action plan (GEAP) and Workforce Gender Audits have successfully introduced a number of gender quality initiatives



# Statements of Compliance

## GENDER EQUALITY ACT 2020

BHS's measurable progress against our Gender Equality Action plan (GEAP) and Workforce Gender Audits have successfully introduced a number of gender quality initiatives:

Objective	Actions	Progress	Key results
To set targets for recruitment of diverse persons to BHS Board of Directors	To recruit at least 1 Aboriginal and Torres Straits Islander on the Board of Directors. To recruit a least 1 person from a CALD background to the Board of Directors. To recruit 1 person with a disability onto the Board of Directors.	100%	Board recruitment process makes provision for the recruitment of people culturally diverse backgrounds and disabilities
Collect intersectionality data on all staff at BHS	To design and administer an intersectionality survey to current staff.	100%	Conduct Annual People Matter Survey method
Continue to develop new recruitment and onboarding systems to ensure capture of gender composition data on recruitment.	Data collection system to include: <ul style="list-style-type: none"> <li>Aboriginally</li> <li>Disability</li> <li>Age</li> <li>Ethnicity and race.</li> <li>Gender</li> </ul>	80%	Age and ethnicity and race data is captured in recruitment processes.
To apply a gender lens over each department at BHS.	To analyse the current workforce and determine the gender imbalance between departments.	100%	Equal opportunity for all applicants. Appointments are based on merit.
To promote and educate staff on sexual harassment.	Continue with annual training. Set up internal campaign that answers the Who. What. Why. When of reporting	100%	Mandatory annual online training Strengthening Hospital Responses to Family Violence (SHRFV) Schedule critical policies as policy of the month annually- Org 139 Prevention & Management of Workplace Bullying, Harassment & Discrimination.
Introduce mandatory training on gender equality, diversity and respect.	Review availability of different training packages.	100%	Introduction of LGBTIQ+ awareness in the work place training. Introduction of Aboriginal & Torres Strait Islander Cultural Sensitivity and Patient Care.
To develop a system to collect flexible work arrangements with staff.	Data collection system to include: <ul style="list-style-type: none"> <li>Aboriginally</li> <li>Disability</li> <li>Age</li> <li>Ethnicity and race.</li> </ul>	100%	Outlined in policy and EBA System is developed Arrangements by negotiation with Line Manager.
Conduct Gender Impact Assessments (GIAs) on community programs and policies	Undertake GIA's on all new policies, programs and services which directly and significantly impact the public.	Ongoing	Assess the effects that the policy, program or service may have on people of different genders. Apply an intersectional approach to consider how gender inequality can be compounded by disadvantage or discrimination that a person may experience on basis of factors such as age, disability or ethnicity

# Environmental Performance

BHS has continued to seek opportunities to reduce our carbon footprint and to improve sustainability. This year we have:

- Commenced a Sustainability Working Party to investigate recycling and waste ideas.
- Reviewed clinical and general waste policies to ensure compliance.
- Reviewed and implemented new rubbish bin system ensuring appropriate rubbish segregation can occur at the point of use.
- Implemented monitoring waste stream usage and decreased general waste going into landfill and commenced rubbish streams.
- Reviewed and implemented dosing chemical dispensers
- BHS is in the final stages of replacing lead based painted windows in the Administration and Allied Health Building.
- Air conditioning systems has been replaced.
- Gardening practices are reviewing best mulching techniques that do not increase bushfire risk
- Replaced floor covering throughout residential care
- All water sample testing has passed with no detection of contaminants
- Reducing clinical waste by disposing of any clean PPE into general waste
- Further opportunities have been identified through a recent Victorian Health Building Authority (VHBA) initiative pertaining to energy efficiencies

PUBLIC ENVIRONMENT REPORT - BEECHWORTH HEALTH SERVICE ORGANISATION HIERARCHY - 2023/2024			
GREENHOUSE GAS EMISSIONS			
Total greenhouse gas emissions (tonnes CO <sub>2</sub> e)	2021-22	2022-23	2023-24
Scope 1 (direct) Carbon Dioxide, Methane & Nitrous Oxide	153	158	140
Scope 2 (indirect electricity)	581	576	503
Scope 3 (other indirect) associated with commercial air travel and waste	-	-	
<b>Total</b>	<b>733</b>	<b>734</b>	<b>643</b>
Normalised greenhouse gas emissions	2021-22	2022-23	2023-24
Emissions per unit of floor space (kgCO <sub>2</sub> e/m <sup>2</sup> )	123.2197	123.2908	111.0283
Emissions per unit of Separations (kgCO <sub>2</sub> e/Separations)	3,760.4118	4,764.3071	4,464.3918
Emissions per unit of bed-day (LOS+Aged Care OBD) (kgCO <sub>2</sub> e/OBD)	30.8672	31.2627	40.9183
STATIONARY ENERGY			
Total stationary energy purchased by energy type (GJ)	2021-22	2022-23	2023-24
Electricity	2,297	2,438	2,453
Liquefied Petroleum Gas	2,518	2,610	2,317
<b>Total</b>	<b>4,815</b>	<b>5,047</b>	<b>4770</b>
Normalised stationary energy consumption	2021-22	2022-23	2023-24
Energy per unit of floor space (GJ/m <sup>2</sup> )	0.8092	0.8482	0.8016
Energy per unit of Separations (GJ/Separations)	24.6944	32.7751	32.233
Energy per unit of bed-day (LOS+Aged Care OBD) (GJ/OBD)	0.2027	0.2151	0.1764
WATER			
Total water consumption by type (kL)	2021-22	2022-23	2023-24
Potable Water	13,249	13,143	11,006
<b>Total</b>	<b>13,249</b>	<b>13,143</b>	<b>11,006</b>

<b>Normalised water consumption (Potable + Class A)</b>	<b>2021-22</b>	<b>2022-23</b>	<b>2023-24</b>
Water per unit of floor space (kL/m <sup>2</sup> )	2.2263	2.2085	1.85
Water per unit of Separations (kL/Separations)	67.9436	85.3442	74.36
Water per unit of bed-day (LOS+Aged Care OBD) (kL/OBD)	0.5577	0.5600	0.41
<b>WASTE AND RECYCLING</b>			
<b>Waste</b>	<b>2021-22</b>	<b>2022-23</b>	<b>2023-24</b>
Total waste generated (kg clinical waste+kg general waste+kg recycling waste)	56,115	42,344	52,966
Total waste to landfill generated (kg clinical waste+kg general waste)	39,537	31,080	41,249
Total waste to landfill per patient treated ((kg clinical waste+kg general waste)/PPT)	1.6507	1.3157	1.47
Recycling rate % (kg recycling / (kg general waste+kg recycling))	30.7568	27.6373	22.7025
<b>EXPENDITURE</b>			
<b>Expenditure Rates (\$ thousand)</b>	<b>2021-22</b>	<b>2022-23</b>	<b>2023-24</b>
Electricity	129.6498	136.8804	155.905
Potable Water	31.6092	32.8528	36.250
<b>Total</b>	<b>161</b>	<b>170</b>	<b>192</b>
<b>Normalised expenditure rates (Electricity, Natural Gas, Potable Water, Steam, Diesel Oil in Buildings)</b>	<b>2021-22</b>	<b>2022-23</b>	<b>2023-24</b>
Expenditure per unit of floor space (\$ thousand/m <sup>2</sup> )	0.027	0.029	0.042
Expenditure per unit of Separations (\$ thousand/separation)	0.827	1.102	1.709
Expenditure per unit of bed-day (\$ thousand/(LOS+Aged Care OBD))	0.007	0.007	0.009
Expenditure per unit of Aged Care Bed Day (\$ thousand/Aged Care OBD)	0.007	0.008	0.010
	<b>0.868</b>	<b>1.146</b>	<b>1.77</b>
NOTES AND CONTEXTUAL INFORMATION			
<b>Normalisers (for information only)</b>	<b>2021-22</b>	<b>2022-23</b>	<b>2023-24</b>
Area M2	5,951	5,951	5,951
Aged Care OBD	21,676	21,447	25,096
FTE	118	N/A	117
LOS	2,080	2,022	1,940
OBD	23,756	23,469	27,036
PPT	23,951	23,623	27,184
Separations	195	154	148

# Social Procurement Framework

## Social Procurement Framework metrics for 2023-2024

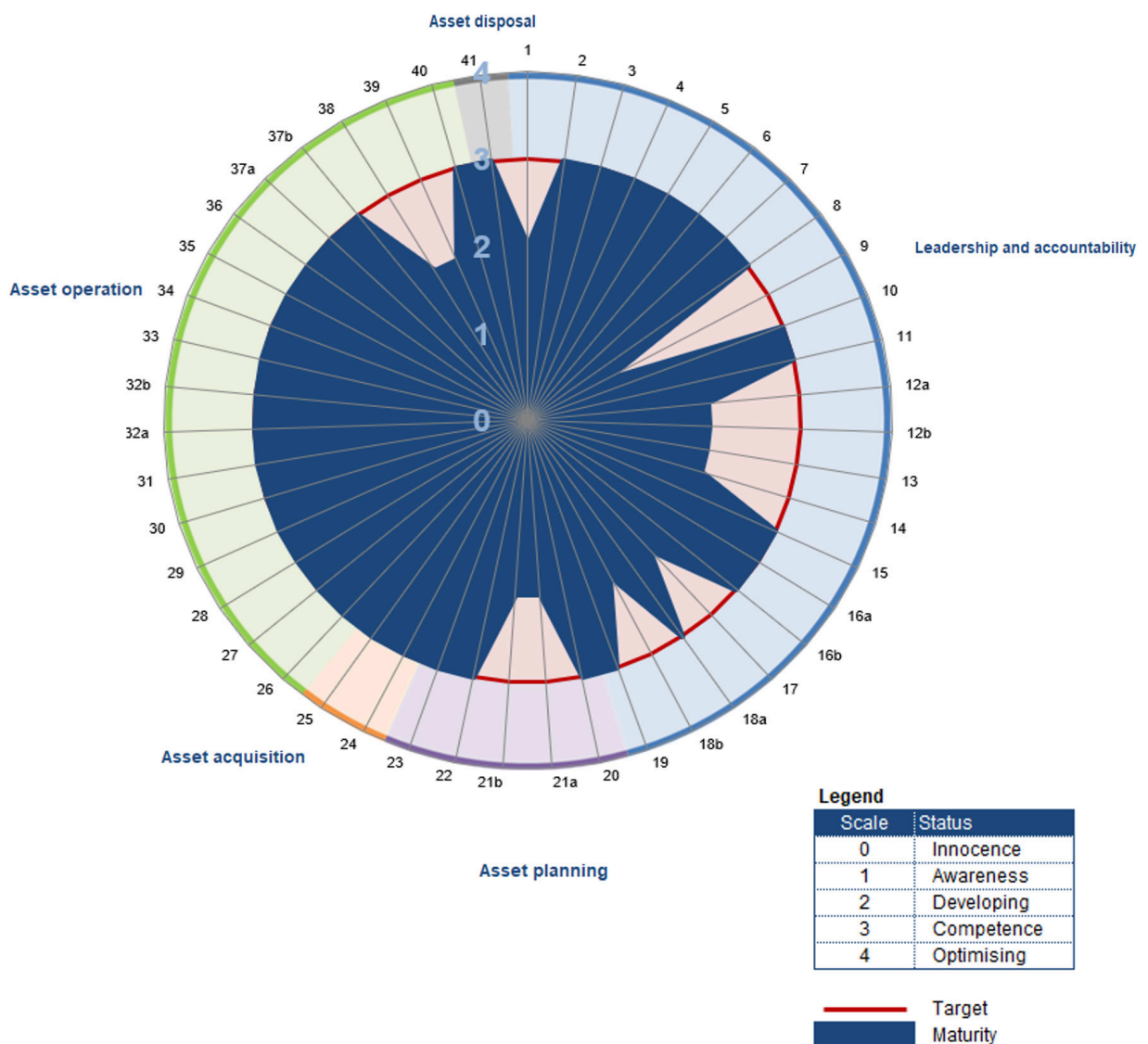
Metric Description	Number
<b>Aggregate Spend</b>	
<b>All Suppliers</b>	
Number of suppliers	340
Total spent with suppliers	\$5,745,591
<b>Social benefit suppliers</b>	
Number of social benefit suppliers	1
Total spent with social benefit suppliers	\$250
<b>Objective: Opportunities for Victorian Aboriginal people</b>	
<b>Outcome: Purchasing from Victorian Aboriginal businesses</b>	
Number of Victorian Aboriginal businesses engaged	-
Total expenditure with Victorian Aboriginal businesses (excl. GST)	\$-
<b>Objective: Opportunities for Victorians with disability</b>	
<b>Outcome: Purchasing from Victorian social enterprises and Australian Disability Enterprises</b>	
Number of Victorian social enterprises (led by a mission for people with disability) and Australian Disability Enterprises engaged (Group 1)	-
Total expenditure with Victorian social enterprises (led by a mission for people with disability) and Australian Disability Enterprises engaged (Group 1)	\$-
<b>Objective: Opportunities for Victorian priority jobseekers</b>	
<b>Outcome: Purchasing from Victorian social enterprises</b>	
Number of Victorian social enterprises (led by a mission for job readiness and employment of Victorian priority jobseekers) engaged	-
Total expenditure with Victorian social enterprises (led by a mission for job readiness and employment of Victorian priority jobseekers; excl GST)	\$-
<b>Objective: Sustainable Victorian social enterprises and Aboriginal business sectors</b>	
<b>Outcome: Purchasing from Victorian social enterprises and Aboriginal businesses</b>	
Number of Victorian social enterprises engaged	1
Total expenditure with Victorian social enterprises (Excl.GST)	\$250
Number of Victorian Aboriginal businesses engaged)	0
Total expenditure with Victorian Aboriginal Businesses (Excl.GST)	\$-

# Asset Management Accountability Framework Maturity Assessment

The following section summarises Beechworth Health Service’s assessment of maturity against the requirements of the Asset Management Accountability Framework (AMAF). The AMAF is a non-prescriptive, devolved accountability model of asset management that requires compliance with 41 mandatory requirements. These requirements can be found on the DTF website:

(<https://www.dtf.vic.gov.au/infrastructure-investment/asset-management-accountability-framework>).

Beechworth Health Service’s target maturity rating is ‘competence’ (or, 3), meaning systems and processes fully in place, consistently applied and systematically meeting the AMAF requirement, including a continuous improvement process to expand system performance above AMAF minimum requirements.



# Asset Management Accountability Framework Maturity Assessment

AMAF Clause	Domain	Maturity Self-Assessment Outcome
3.1	Leadership and Accountability (requirements 1-19)	Beechworth Health Service has met its maturity status target of 'competence' for most of the sections required for leadership and accountability.  While there were no material non-compliances reported in this category - Beechworth Health Service did observe compliance deficiencies for some requirements and has developed an action plan to establish processes that will aim to increase its maturity rating in this domain.  Key area for improvement was around monitoring asset performance.
3.2	Planning (requirements 20 – 23)	Beechworth Health Service has met its target maturity level in this domain.
3.3	Acquisition (requirements 24 and 25)	Beechworth Health Service has met its target maturity level in this domain.
3.4	Operation (requirements 26 – 40)	Beechworth Health Service has met its target maturity level in this domain.
3.5	Disposal (requirement 41)	Beechworth Health Service has met its target maturity level in this domain.

## Additional Information Available On Request

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Details in respect of the items listed below have been retained by the health service and are available to the relevant Ministers, Members of Parliament and the public on request (subject to the Freedom of Information requirements, if applicable);

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

## Other Information Donors and Contributors

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Donations and bequests assist Beechworth Health Service to maintain its high standard of services to residents and the community. For 2023-24, we acknowledge the financial contributions of:

### OVER \$500

Beechworth WAWCU  
Bendigo Community Bank  
Quercus  
Gold Coin donations

### \$500 & UNDER

Adrian Osborne (Tiny & Splatoons)  
Alison O'Hearn  
Beechworth Lions Club  
Beechworth Lodge  
Beechworth Red Cross  
Beechworth Rotary Club  
CWA  
Salvation Army

### BEECHWORTH COMMUNITY CHRISTMAS LUNCHEON

Beechworth Bakery – Shortbread/bread rolls  
Beechworth Florist – table decorations  
Beechworth Memorial Hall Committee  
Beechworth Sweet Company – Toffees and Choc  
Bilsons – cordial and sodas  
Fyna Foods – Chocolate balls  
IGA – Water  
Jim Jam Foods – Cranberry sauce  
Provincial Home Living – Serviettes & placemats  
Thompsons Cherries  
Tru Blue Honey – Honey



# Beechworth Health Service

## Annual Financial Statements

for the year ended 30 June 2024

# Financial Statements

## Financial Year ended 30 June 2024

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

The attached financial statements for Beechworth Health Services 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 2024 and the financial position of Beechworth Health Services at 30 June 2024.

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 19th September, 2024.

#### **Board member**



Dr Isabel Paton

Chair

Beechworth  
19th September, 2024

#### **Accountable Officer**



Ms Susan Plath

Interim Chief Executive Officer

Beechworth  
19th September, 2024

#### **Chief Finance & Accounting Officer**



Mr Steven Jackel

Chief Finance and Accounting Officer

Beechworth  
19th September, 2024

# Independent Auditor's Report

## To the Board of Beechworth Health Service

**Opinion** I have audited the financial report of Beechworth Health Service (the health service) which comprises the:

- Balance Sheet as at 30 June 2024
- 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 material accounting policy information
- Board member's, accountable officer's, and chief finance & accounting officer's declaration.

In my opinion the financial report presents fairly, in all material respects, the financial position of the health service as at 30 June 2024 and their financial performance and cash flows for the year then ended in accordance with the financial reporting requirements of Part 7 of the *Financial Management Act 1994* and applicable Australian Accounting Standards.

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

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

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

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

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

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**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.

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Dominika Ryan

*as delegate for the Auditor-General of Victoria*

MELBOURNE  
26 September 2024

**Beechworth Health Services**  
**Comprehensive Operating Statement**  
**For the Financial Year Ended 30 June 2024**

		<b>Total 2024 \$'000</b>	<b>Total 2023 \$'000</b>
<b>Revenue and income from transactions</b>			
Operating activities	2.1	21,112	18,732
Non-operating activities	2.1	665	434
<b>Total revenue and income from transactions</b>		<b>21,777</b>	<b>19,166</b>
<b>Expenses from transactions</b>			
Employee expenses	3.1	(14,692)	(14,226)
Supplies and consumables	3.1	(1,522)	(1,742)
Depreciation and amortisation	3.1	(1,599)	(1,552)
Other administrative expenses	3.1	(2,368)	(1,573)
Other operating expenses	3.1	(1,146)	(939)
Bad and doubtful debts expense	3.1	-	(8)
<b>Total Expenses from transactions</b>		<b>(21,327)</b>	<b>(20,040)</b>
<b>Net result from transactions - net operating balance</b>		<b>450</b>	<b>(874)</b>
<b>Other economic flows included in net result</b>			
Net gain/(loss) on sale of non-financial assets	3.2	-	2
Net gain/(loss) on financial instruments	3.2	(3)	(1)
Other gain/(loss) from other economic flows	3.2	58	(21)
<b>Total other economic flows included in net result</b>		<b>55</b>	<b>(20)</b>
<b>Net result for the year</b>		<b>505</b>	<b>(894)</b>
<b>Other economic flows - other comprehensive income</b>			
<b>Items that will not be reclassified to net result</b>			
Changes in property, plant and equipment revaluation surplus	4.3	13,355	-
<b>Total other comprehensive income</b>		<b>13,355</b>	<b>-</b>
<b>Comprehensive result for the year</b>		<b>13,860</b>	<b>(894)</b>

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

**Beechworth Health Services**  
**Balance Sheet**  
**As at 30 June 2024**

		<b>Total 2024 \$'000</b>	<b>Total 2023 \$'000</b>
<b>Current assets</b>			
Cash and cash equivalents	6.2	12,825	12,697
Receivables	5.1	969	836
Contract assets	5.2	72	-
Inventories	4.6	166	166
Prepaid expenses		224	88
<b>Total current assets</b>		<b>14,256</b>	<b>13,787</b>
<b>Non-current assets</b>			
Receivables	5.1	602	624
Property, plant and equipment	4.1 (a)	38,884	25,854
Right of use assets	4.2 (a)	13	15
Intangible assets	4.4 (a)	1	2
<b>Total non-current assets</b>		<b>39,500</b>	<b>26,495</b>
<b>Total assets</b>		<b>53,756</b>	<b>40,282</b>
<b>Current liabilities</b>			
Payables	5.3	2,168	1,481
Contract liabilities	5.4	9	551
Borrowings	6.1	26	3
Employee benefits	3.3	2,995	3,062
Other liabilities	5.5	8,940	9,345
<b>Total current liabilities</b>		<b>14,138</b>	<b>14,442</b>
<b>Non-current liabilities</b>			
Borrowings	6.1	30	76
Employee benefits	3.3	284	320
<b>Total non-current liabilities</b>		<b>314</b>	<b>396</b>
<b>Total liabilities</b>		<b>14,452</b>	<b>14,838</b>
<b>Net assets</b>		<b>39,304</b>	<b>25,444</b>
<b>Equity</b>			
Property, plant and equipment revaluation surplus	4.3	36,061	22,706
Contributed capital	SCE	8,311	8,311
Accumulated surplus/(deficit)	SCE	(5,068)	(5,573)
<b>Total equity</b>		<b>39,304</b>	<b>25,444</b>

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

**Beechworth Health Services**  
**Cash Flow Statement**  
**For the Financial Year Ended 30 June 2024**

	<b>Total 2024 \$'000</b>	<b>Total 2023 \$'000</b>
<b>Cash Flows from operating activities</b>		
Operating grants from State Government	8,022	9,628
Operating grants from Commonwealth Government	7,560	5,557
Capital grants from government - State Government	942	81
Patient fees received	2,314	2,070
Donations and bequests received	14	20
Interest and investment income received	665	434
Commercial Income Received	1,325	1,246
Movement in Monies Held in Trust	5	7
Other receipts	525	588
<b>Total receipts</b>	<b>21,372</b>	<b>19,631</b>
Payments to employees	(13,968)	(14,054)
Payments to contractors and consultants	(544)	(27)
Payments for supplies and consumables	(1,338)	(1,336)
Payments for medical indemnity insurance	(48)	(38)
Payments for repairs and maintenance	(760)	(625)
GST paid to ATO	(83)	(15)
Other payments	(2,842)	(1,780)
<b>Total payments</b>	<b>(19,583)</b>	<b>(17,875)</b>
<b>Net cash flows from/(used in) operating activities</b>	<b>1,789</b>	<b>1,756</b>
	8.1	
<b>Cash Flows from investing activities</b>		
Purchase of non-financial assets	(1,270)	(583)
Purchase of Intangible assets	(1)	-
Proceeds from sale of non-financial assets	-	8
<b>Net cash flows from/(used in) investing activities</b>	<b>(1,271)</b>	<b>(575)</b>
<b>Cash flows from financing activities</b>		
Repayment of borrowings	(26)	(15)
Receipt of accommodation deposits	3,355	4,462
Repayment of accommodation deposits	(3,719)	(2,217)
<b>Net cash flows from /(used in) financing activities</b>	<b>(390)</b>	<b>2,230</b>
<b>Net increase/(decrease) in cash and cash equivalents held</b>	<b>128</b>	<b>3,411</b>
Cash and cash equivalents at beginning of year	12,697	9,286
<b>Cash and cash equivalents at end of year</b>	<b>12,825</b>	<b>12,697</b>
	6.2	

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



**Beechworth Health Services**  
**Statement of Changes in Equity**  
**For the Financial Year Ended 30 June 2024**

Total	Property, Plant and Equipment			Total
	Revaluation Surplus	Contributed Capital	Accumulated Surplus/(Deficits)	
Note	\$'000	\$'000	\$'000	\$'000
<b>Balance at 1 July 2022</b>	<b>22,706</b>	<b>8,311</b>	<b>(4,679)</b>	<b>26,338</b>
Net result for the year	-	-	(894)	(894)
Other comprehensive income for the year	-	-	-	-
<b>Balance at 30 June 2023</b>	<b>22,706</b>	<b>8,311</b>	<b>(5,573)</b>	<b>25,444</b>
Net result for the year	-	-	505	505
Other comprehensive income for the year	13,355	-	-	13,355
<b>Balance at 30 June 2024</b>	<b>36,061</b>	<b>8,311</b>	<b>(5,068)</b>	<b>39,304</b>

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

**Beechworth Health Services**  
**Notes to the Financial Statements**  
**For the Financial Year Ended 30 June 2024**

## **Note 1: Basis of preparation**

### **Structure**

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

# Beechworth Health Services

## Notes to the Financial Statements

### For the Financial Year Ended 30 June 2024

## Note 1: Basis of preparation

These financial statements represent the audited general purpose financial statements for Beechworth Health Services for the year ended 30 June 2024. The report provides users with information about Beechworth Health Services's stewardship of the resources entrusted to it.

This section explains the basis of preparing the financial statements.

#### **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.

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

Australian Accounting Standards set out accounting policies that the AASB has concluded would result in financial statements containing relevant and reliable information about transactions, events and conditions. Apart from the changes in accounting policies, standards and interpretations as noted below, material accounting policies adopted in the preparation of these financial statements are the same as those adopted in the previous period.

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

The financial statements have been prepared on a going concern basis (refer to Note 8.9 Economic Dependency).

The financial statements are presented in Australian dollars.

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

The annual financial statements were authorised for issue by the Board of Beechworth Health Services on 19th September, 2024.

# Beechworth Health Services

## Notes to the Financial Statements

### For the Financial Year Ended 30 June 2024

#### **Note 1.2 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
NWUA	National Weighted Activity Unit
SD	Standing Direction
VAGO	Victorian Auditor General's Office

#### **Note 1.3 Joint arrangements**

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

Beechworth Health Services has the following joint arrangements:

- Hume Region Health Alliance - Joint Operation

Details of the joint arrangements are set out in Note 8.7.

# **Beechworth Health Services**

## **Notes to the Financial Statements**

### **For the Financial Year Ended 30 June 2024**

#### ***Note 1.4 Material 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 material accounting policies and significant management judgements and estimates used, and any changes thereto, are identified at the beginning of each section where applicable and relate to the following disclosures:

- Note 2.1: Revenue and income from transactions
- Note 3.3: Employee benefits and related on-costs
- Note 4.1: Property, plant and equipment
- Note 4.2: Right-of-use assets
- Note 4.4: Intangible assets
- Note 4.5: Depreciation and amortisation
- Note 4.7: Impairment of assets
- Note 5.1: Receivables
- Note 5.2: Contract assets
- Note 5.3: Payables
- Note 5.4: Contract liabilities
- Note 5.5: Other liabilities
- Note 6.1(a): Lease liabilities
- Note 7.4: Fair value determination

# Beechworth Health Services

## Notes to the Financial Statements

### For the Financial Year Ended 30 June 2024

**Note 1.5 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 Beechworth Health Services and their potential impact when adopted in future periods is outlined below:

Standard	Adoption Date	Impact
AASB 2022-5: <i>Amendments to Australian Accounting Standards - Lease Liability in a Sale and Leaseback</i>	Reporting periods beginning on or after 1 January 2024.	Adoption of this standard is not expected to have a material impact.
AASB 2022-9: <i>Amendments to Australian Accounting Standards - Insurance Contracts in the Public Sector</i>	Reporting periods beginning on or after 1 January 2026.	Adoption of this standard is not expected to have a material impact.
AASB 2022-10: <i>Amendments to Australian Accounting Standards - Fair Value Measurement of Non-Financial Assets of Not-for-profit Public Sector Entities</i>	Reporting periods beginning on or after 1 January 2024.	Adoption of this standard is not expected to have a material impact.

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

# **Beechworth Health Services**

## **Notes to the Financial Statements**

### **For the Financial Year Ended 30 June 2024**

#### ***Note 1.6 Goods and Services Tax (GST)***

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

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

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

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

#### ***Note 1.7 Reporting Entity***

The financial statements include all the controlled activities of Beechworth Health Services.

Beechworth Health Service's principal address is:

52 Sydney Road  
Beechworth, Victoria 3747

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

## Note 2: Funding delivery of our services

Beechworth Health Services's overall objective is to provide quality health service that support and enhance the wellbeing of all Victorians. Beechworth Health Services is predominantly funded by grant funding for the provision of outputs. Beechworth Health Services also receives income from the supply of services.

### Structure

#### *2.1 Revenue and income from transactions*

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

### Material judgements and estimates

This section contains the following material judgements and estimates:

Material judgements and estimates	Description
Identifying performance obligations	<p>Beechworth Health Services applies material 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 criterion is met, the contract/funding agreement is treated as a contract with a customer, requiring Beechworth Health Services to recognise revenue as or when the health service transfers promised goods or services to customers.</p> <p>If this criterion is not met, funding is recognised immediately in the net result from operations.</p>
Determining timing of revenue recognition	<p>Beechworth Health Services applies material 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>Beechworth Health Services applies material 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>



## Note 2.1 Revenue and income from transactions

	<b>Total 2024 \$'000</b>	<b>Total 2023 \$'000</b>
<b>Operating activities</b>		
<b>Revenue from contracts with customers</b>		
Government grants (State) - Operating	150	66
Government grants (Commonwealth) - Operating	7,544	5,542
Patient and resident fees	2,289	2,131
Commercial activities <sup>1</sup>	1,325	1,246
<b>Total revenue from contracts with customers</b>	<b>11,308</b>	<b>8,985</b>
2.1(a)		
<b>Other sources of income</b>		
Government grants (State) - Operating	8,424	8,725
Government grants (Commonwealth) - Operating	16	15
Government grants (State) - Capital	590	81
Other capital purpose income	125	109
Assets received free of charge or for nominal consideration	88	298
2.2		
Other revenue from operating activities (including non-capital donations)	561	519
<b>Total other sources of income</b>	<b>9,804</b>	<b>9,747</b>
<b>Total revenue and income from operating activities</b>	<b>21,112</b>	<b>18,732</b>
<b>Non-operating activities</b>		
<b>Income from other sources</b>		
Other interest	665	434
<b>Total other sources of income</b>	<b>665</b>	<b>434</b>
<b>Total income from non-operating activities</b>	<b>665</b>	<b>434</b>
<b>Total revenue and income from transactions</b>	<b>21,777</b>	<b>19,166</b>

1. Commercial activities represent business activities which Beechworth Health Services enter into to support their operations.

## Note 2.1 Revenue and income from transactions (continued)

### Note 2.1(a): Timing of revenue from contracts with customers

	Total 2024 \$'000	Total 2023 \$'000
Beechworth Health Services disaggregates revenue by the timing of revenue recognition.		
<b>Goods and services transferred to customers:</b>		
At a point in time	9,983	7,739
Over time	1,325	1,246
<b>Total revenue from contracts with customers</b>	<b>11,308</b>	<b>8,985</b>

## How we recognise revenue and income from operating activities

### Government operating grants

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

When both these conditions are satisfied, 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 a point in time or over time as and when services are rendered.

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

Where the contract is not enforceable and/or does not have sufficiently specific performance obligations, 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 in accordance with AASB 1058.

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

## Note 2.1 Revenue and income from transactions

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

Government grant	Performance obligation
Activity Based Funding (ABF) paid as National Weighted Activity Unit (NWAU)	NWAU is a measure of health service activity expressed as a common unit against which the national efficient price (NEP) is paid. The performance obligations for NWAU are the number and mix of admissions, emergency department presentations and outpatient episodes, and is weighted for clinical complexity. Revenue is recognised at point in time, which is when a patient is discharged.
Commonwealth Aged Care Funding	Commonwealth Aged Care Funding is provided on behalf of residents who occupy our aged care facilities. Funding is based on individual assessments for each resident and is paid on a monthly basis. Adjustments are made based on revised assessments and/or variations in the number of days occupying our facility. Revenue is recognised based on the entitlement earned on a daily basis.

### Capital grants

Where Beechworth Health Services 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 Beechworth Health Services'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.

### Commercial activities

Revenue from commercial activities includes items such as meal sales and provision of accommodation. Commercial activity revenue is recognised at a point in time, upon provision of the goods or service to the customer.

## How we recognise revenue and income from non-operating activities

### Interest Income

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

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

	<b>Total 2024 \$'000</b>	<b>Total 2023 \$'000</b>
Cash donations and gifts	14	20
Personal protective equipment	74	278
<b>Total fair value of assets and services received free of charge or for nominal consideration</b>	<b>88</b>	<b>298</b>

**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 Beechworth Health Services 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**

Under the State Supply Arrangement, Health Share Victoria supplies personal protective equipment to Beechworth Health Services for nil consideration.

**Contributions of resources**

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

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

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

### Volunteer Services

Beechworth Health Services receives volunteer services from members of the community to support and assist our residents in aged care and patients within the hospital setting.

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

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

### Non-cash contributions from the Department of Health

The Department of Health makes some payments on behalf of Beechworth Health Services as follows:

Supplier	Description
Victorian Managed Insurance Authority	The Department of Health purchases non-medical indemnity insurance for Beechworth Health Services 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.
Victorian Health Building Authority	The Department of Health made payments to the Victorian Health Building Authority to fund capital works projects during the year ended 30 June 2024, on behalf of Beechworth Health Services.
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.

## Note 3: The cost of delivering our services

This section provides an account of the expenses incurred by the health service 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 the provision of services are disclosed.

### Structure

#### *3.1 Expenses from transactions*

#### *3.2 Other economic flows*

#### *3.3 Employee benefits and related on-costs*

#### *3.4 Superannuation*

### Material judgements and estimates

This section contains the following material judgements and estimates:

Material judgements and estimates	Description
Classifying employee benefit liabilities	<p>Beechworth Health Services applies material judgment when measuring and classifying its employee benefit liabilities.</p> <p>Employee benefit liabilities are classified as a current liability if Beechworth Health Services 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 Beechworth Health Services has a conditional right to defer payment beyond 12 months. Long service leave entitlements (for staff who have not yet exceeded the minimum vesting period) fall into this category.</p>
Measuring employee benefit liabilities	<p>Beechworth Health Services applies material judgment when measuring its employee benefit liabilities.</p> <p>The health service applies judgement to determine when it expects its employee entitlements to be paid.</p> <p>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, being the expected future payments to employees.</p> <p>Expected future payments incorporate:</p> <ul style="list-style-type: none"> <li>• an inflation rate of 4.45%, reflecting the future wage and salary levels</li> <li>• durations of service and employee departures, which are used to determine the estimated value of long service leave that will be taken in the future, for employees who have not yet reached the vesting period. The estimated rates are between 9.14% and 79%</li> <li>• discounting at the rate of 4.348%, as determined with reference to market yields on government bonds at the end of the reporting period.</li> </ul> <p>All other entitlements are measured at their nominal value.</p>

### Note 3.1 Expenses from transactions

Note	Total 2024 \$'000	Total 2023 \$'000
Salaries and wages	12,385	12,518
On-costs	1,287	1,241
Agency expenses	544	27
Fee for service medical officer expenses	202	162
Workcover premium	274	278
<b>Total employee expenses</b>	<b>14,692</b>	<b>14,226</b>
Drug supplies	138	96
Medical and surgical supplies (including Prostheses)	497	718
Diagnostic and radiology supplies	9	25
Other supplies and consumables	878	903
<b>Total supplies and consumables</b>	<b>1,522</b>	<b>1,742</b>
Other administrative expenses	2,368	1,573
<b>Total other administrative expenses</b>	<b>2,368</b>	<b>1,573</b>
Fuel, light, power and water	290	284
Repairs and maintenance	640	509
Maintenance contracts	120	116
Medical indemnity insurance	48	38
Expenditure for capital purposes	48	(8)
<b>Total other operating expenses</b>	<b>1,146</b>	<b>939</b>
<b>Total operating expense</b>	<b>19,728</b>	<b>18,480</b>
Depreciation and amortisation	4.5 1,599	1,552
<b>Total depreciation and amortisation</b>	<b>1,599</b>	<b>1,552</b>
Bad and doubtful debt expense	-	8
<b>Total other non-operating expenses</b>	<b>-</b>	<b>8</b>
<b>Total non-operating expense</b>	<b>1,599</b>	<b>1,560</b>
<b>Total expenses from transactions</b>	<b>21,327</b>	<b>20,040</b>

### **Note 3.1 Expenses from transactions**

#### **How we recognise expenses from transactions**

##### **Expense recognition**

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

##### **Employee expenses**

Employee expenses include:

- Salaries and wages (including fringe benefits tax, leave entitlements, termination payments)
- On-costs
- Agency expenses
- Fee for service medical officer expenses
- Work cover premiums.

##### **Supplies and consumables**

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

##### **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 Beechworth Health Services. These amounts have been brought to account in determining the operating result for the year by recording them as revenue and also recording a corresponding expense.

##### **Non-operating expenses**

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



**Note 3.2 Other economic flows included in net result**

	<b>Total 2024 \$'000</b>	<b>Total 2023 \$'000</b>
Net gain/(loss) on disposal of property plant and equipment	-	2
<b>Total net gain/(loss) on non-financial assets</b>	<b>-</b>	<b>2</b>
Other gains/(losses) from other economic flows	(3)	(1)
<b>Total net gain/(loss) on financial instruments</b>	<b>(3)</b>	<b>(1)</b>
Net gain/(loss) arising from revaluation of long service liability	58	(21)
<b>Total other gains/(losses) from other economic flows</b>	<b>58</b>	<b>(21)</b>
<b>Total gains/(losses) from other economic flows</b>	<b>55</b>	<b>(20)</b>

**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

**Net gain/(loss) on non-financial assets**

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

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

### Note 3.3 Employee benefits and related on-costs

#### Current employee benefits and related on-costs

##### *Accrued days off*

Unconditional and expected to be settled wholly within 12 months <sup>i</sup>

Total 2024 \$'000	Total 2023 \$'000
30	34
<b>30</b>	<b>34</b>

##### *Annual leave*

Unconditional and expected to be settled wholly within 12 months <sup>i</sup>

Unconditional and expected to be settled wholly after 12 months <sup>ii</sup>

1,175	1,166
162	198
<b>1,337</b>	<b>1,364</b>

##### *Long service leave*

Unconditional and expected to be settled wholly within 12 months <sup>i</sup>

Unconditional and expected to be settled wholly after 12 months <sup>ii</sup>

176	185
1,059	1,127
<b>1,235</b>	<b>1,312</b>

##### *Provisions related to employee benefit on-costs*

Unconditional and expected to be settled within 12 months <sup>i</sup>

Unconditional and expected to be settled after 12 months <sup>ii</sup>

212	160
181	192
<b>393</b>	<b>352</b>

#### **Total current employee benefits and related on-costs**

<b>2,995</b>	<b>3,062</b>
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#### **Non-current provisions and related on-costs**

Conditional long service leave

Provisions related to employee benefit on-costs

248	279
36	41
<b>284</b>	<b>320</b>

#### **Total non-current employee benefits and related on-costs**

<b>284</b>	<b>320</b>
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#### **Total employee benefits and related on-costs**

<b>3,279</b>	<b>3,382</b>
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<sup>i</sup> The amounts disclosed are nominal amounts.

<sup>ii</sup> The amounts disclosed are discounted to present values.

**Note 3.3 (a) Employee benefits and related on-costs**

	<b>Total 2024 \$'000</b>	<b>Total 2023 \$'000</b>
<b>Current employee benefits and related on-costs</b>		
Unconditional accrued days off	30	34
Unconditional annual leave entitlements	1,550	1,525
Unconditional long service leave entitlements	1,415	1,503
<b>Total current employee benefits and related on-costs</b>	<b>2,995</b>	<b>3,062</b>
<b>Non-current employee benefits and related on-costs</b>		
Conditional long service leave entitlements	284	320
<b>Total non-current employee benefits and related on-costs</b>	<b>284</b>	<b>320</b>
<b>Total employee benefits and related on-costs</b>	<b>3,279</b>	<b>3,382</b>
<b>Attributable to:</b>		
Employee benefits	2,850	2,989
Provision for related on-costs	429	393
<b>Total employee benefits and related on-costs</b>	<b>3,279</b>	<b>3,382</b>

**Note 3.3 (b) Provision for related on-costs movement schedule**

	<b>Total 2024 \$'000</b>	<b>Total 2023 \$'000</b>
<b>Carrying amount at start of year</b>	393	312
Additional provisions recognised	175	243
Unwinding of discount and effect of changes in the discount rate	6	(2)
Amounts incurred during the year	(145)	(160)
<b>Carrying amount at end of year</b>	<b>429</b>	<b>393</b>

## **How we recognise employee benefits**

### **Employee benefit recognition**

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

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

### **Annual leave and accrued days off**

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

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

- Nominal value – if Beechworth Health Services expects to wholly settle within 12 months or
- Present value – if Beechworth Health Services does not expect to wholly settle within 12 months.

### **Long service leave**

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

Unconditional LSL is disclosed in the notes to the financial statements as a current liability even where Beechworth Health Services 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 Beechworth Health Services expects to wholly settle within 12 months or
- Present value – if Beechworth Health Services does not expect to wholly settle within 12 months.

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

### **Provision for on-costs related to employee benefits**

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

### Note 3.4 Superannuation

	Paid Contribution for the Year		Contribution Outstanding at Year End	
	Total	Total	Total	Total
	2024	2023	2024	2023
	\$'000	\$'000	\$'000	\$'000
<b>Defined benefit plans:<sup>i</sup></b>				
Aware Super	4	7	-	-
<b>Defined contribution plans:</b>				
Aware Super	649	596	-	-
Hesta	248	266	-	-
HostPlus	59	66	-	-
Other	327	306	-	-
<b>Total</b>	<b>1,287</b>	<b>1,241</b>	<b>-</b>	<b>-</b>

<sup>i</sup> The basis for determining the level of contributions is determined by the various actuaries of the defined benefit superannuation plans.

#### How we recognise superannuation

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

#### Defined benefit superannuation plans

A defined benefit plan provides benefits based on years of service and final average salary. The amount charged to the Comprehensive Operating Statement in respect of defined benefit superannuation plans represents the contributions made by Beechworth Health Services to the superannuation plans in respect of the services of current Beechworth Health Services's staff during the reporting period. Superannuation contributions are made to the plans based on the relevant rules of each plan and are based upon actuarial advice.

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

The DTF discloses the State's defined benefits liabilities in its disclosure for administered items. However superannuation contributions paid or payable for the reporting period are included as part of employee benefits in the Comprehensive Operating Statement of Beechworth Health Services.

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

#### Defined contribution superannuation plans

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

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

## Note 4: Key assets to support service delivery

Beechworth Health Services 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 Beechworth Health Services to be utilised for delivery of those outputs.

### Structure

#### *4.1 Property, plant & equipment*

#### *4.2 Right-of-use assets*

#### *4.3 Revaluation surplus*

#### *4.4 Intangible assets*

#### *4.5 Depreciation and amortisation*

#### *4.6 Inventories*

#### *4.7 Impairment of assets*

### Material judgements and estimates

This section contains the following material judgements and estimates:

Material judgements and estimates	Description
Estimating useful life of property, plant and equipment	Beechworth Health Service assigns an estimated useful life to each item of property, plant and equipment. This is used to calculate depreciation of the asset. The health service reviews the useful life and depreciation rates of all assets at the end of each financial year and where necessary, records a change in accounting estimate.
Identifying indicators of impairment	<p>At the end of each year, Beechworth Health Services 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"><li>▪ If an asset's value has declined more than expected based on normal use</li><li>▪ If a significant change in technological, market, economic or legal environment which adversely impacts the way the health service uses an asset</li><li>▪ If an asset is obsolete or damaged</li><li>▪ 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</li><li>▪ If the performance of the asset is or will be worse than initially expected.</li></ul> <p>Where an impairment trigger exists, the health services applies material judgement and estimate to determine the recoverable amount of the asset.</p>

**Note 4.1 Property, plant & equipment**

**Note 4.1 (a) Gross carrying amount and accumulated depreciation**

	<b>Total 2024 \$'000</b>	<b>Total 2023 \$'000</b>
Land at fair value - Freehold	2,575	2,451
<b>Total land at fair value</b>	<b>2,575</b>	<b>2,451</b>
Buildings at fair value	34,412	23,296
Less accumulated depreciation	-	(1,339)
<b>Total buildings at fair value</b>	<b>34,412</b>	<b>21,957</b>
Works in progress at fair value	<b>416</b>	<b>382</b>
<b>Total land and buildings</b>	<b>37,403</b>	<b>24,790</b>
Plant and equipment at fair value	1,702	1,364
Less accumulated depreciation	(856)	(750)
<b>Total plant and equipment at fair value</b>	<b>846</b>	<b>614</b>
Motor vehicles at fair value	558	558
Less accumulated depreciation	(508)	(485)
<b>Total motor vehicles at fair value</b>	<b>50</b>	<b>73</b>
Medical equipment at fair value	1,397	1,120
Less accumulated depreciation	(962)	(884)
<b>Total medical equipment at fair value</b>	<b>435</b>	<b>236</b>
Computer equipment at fair value	281	235
Less accumulated depreciation	(234)	(215)
<b>Total computer equipment at fair value</b>	<b>47</b>	<b>20</b>
Furniture and fittings at fair value	245	245
Less accumulated depreciation	(142)	(124)
<b>Total furniture and fittings at fair value</b>	<b>103</b>	<b>121</b>
<b>Total plant, equipment, furniture, fittings and vehicles at fair value</b>	<b>1,481</b>	<b>1,064</b>
<b>Total property, plant and equipment</b>	<b>38,884</b>	<b>25,854</b>

**Note 4.1 (b) Reconciliations of the carrying amount by class of asset**

	Land \$'000	Buildings \$'000	Building works in progress \$'000	Plant & equipment \$'000	Motor vehicles \$'000	Medical Equipment \$'000	Computer Equipment \$'000	Furniture & Fittings \$'000	Total \$'000
<b>Balance at 1 July 2022</b>	<b>2,451</b>	<b>23,240</b>	<b>182</b>	<b>454</b>	<b>97</b>	<b>252</b>	<b>35</b>	<b>127</b>	<b>26,838</b>
Additions	-	-	298	206	-	53	-	12	569
Disposals	-	-	-	-	-	(6)	-	-	(6)
Net transfers between classes	-	56	(98)	42	-	-	-	-	-
Depreciation	-	(1,339)	-	(88)	(24)	(63)	(15)	(18)	(1,547)
<b>Balance at 30 June 2023</b>	<b>2,451</b>	<b>21,957</b>	<b>382</b>	<b>614</b>	<b>73</b>	<b>236</b>	<b>20</b>	<b>121</b>	<b>25,854</b>
Additions	-	51	884	231	-	88	15	-	1,269
Revaluation increments/(decrements)	124	13,231	-	-	-	-	-	-	13,355
Net Transfers between classes	-	511	(850)	119	-	189	31	-	-
Depreciation	-	(1,338)	-	(118)	(23)	(78)	(19)	(18)	(1,594)
<b>Balance at 30 June 2024</b>	<b>2,575</b>	<b>34,412</b>	<b>416</b>	<b>846</b>	<b>50</b>	<b>435</b>	<b>47</b>	<b>103</b>	<b>38,884</b>

**Land and Buildings and Leased Assets Carried at Valuation**

The Valuer-General Victoria undertook to re-value all of Beechworth Health Services owned land and buildings to determine their fair value. The valuation, which conforms to Australian Valuation Standards, was determined with reference to the amount at which an orderly transaction to sell the asset or transfer the liability would take place between market participants at the measurement date, under current conditions. The valuation was based on independent assessments. The effective date of the valuation was 30 June 2024.



#### **Note 4.1 (b) Reconciliations of the carrying amounts of each class of asset**

##### **How we recognise property, plant and equipment**

Property, plant and equipment are tangible items that are used by Beechworth Health Services 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 are subsequently measured at fair value less accumulated depreciation and impairment losses where applicable.

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

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

##### **Revaluation**

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

Where an independent valuation has not been undertaken at balance date, Beechworth Health Services 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 (VG) indices.

#### **Note 4.1 (b) Reconciliations of the carrying amounts of each class of asset**

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%, Beechworth Health Services would obtain an interim independent valuation prior to the next scheduled independent valuation.

An independent valuation of Beechworth Health Service's property, plant and equipment was performed by the VGV on 30 June 2024. The valuation, which complies with Australian Valuation Standards, was determined by reference to the amount for which an orderly transaction to sell the asset or transfer the liability would take place between market participants at the measurement date, under current market conditions.

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.

## Note 4.2 Right-of-use assets

### Note 4.2(a) Gross carrying amount and accumulated depreciation

	Total 2024 \$'000	Total 2023 \$'000
Right of use plant, equipment, furniture, fittings and vehicles at fair value	27	25
Less accumulated depreciation	(14)	(10)
<b>Total right of use plant, equipment, furniture, fittings and vehicles at fair value</b>	<b>13</b>	<b>15</b>
<b>Total right of use plant, equipment, furniture, fittings and vehicles at fair value</b>	<b>13</b>	<b>15</b>
<b>Total right of use assets</b>	<b>13</b>	<b>15</b>

### Note 4.2(b) Reconciliations of the carrying amount by class of asset

	Note	Right-of-use - PE, FF&V \$'000	Total \$'000
<b>Balance at 1 July 2022</b>		<b>6</b>	<b>6</b>
Additions		12	12
Depreciation	4.5	(3)	(3)
<b>Balance at 30 June 2023</b>	4.2 (a)	<b>15</b>	<b>15</b>
Additions		1	1
Depreciation	4.5	(3)	(3)
<b>Balance at 30 June 2024</b>	4.2 (a)	<b>13</b>	<b>13</b>

## **Note 4.2 (b) Reconciliations of the carrying amount by class of asset**

### **How we recognise right-of-use assets**

#### **Initial recognition**

When a contract is entered into, Beechworth Health Services assesses if the contract contains or is 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.

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

- 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.

Beechworth 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.

#### **Subsequent measurement**

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

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

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

**Note 4.3 Revaluation Surplus**

	<b>Total 2024 \$'000</b>	<b>Total 2023 \$'000</b>
<b>Note</b>		
Balance at the beginning of the reporting period	22,706	22,706
<b>Revaluation increment</b>		
- Land	124	-
- Buildings	13,231	-
<b>Balance at the end of the Reporting Period*</b>	<b>36,061</b>	<b>22,706</b>
<b>* Represented by:</b>		
- Land	2,305	2,181
- Buildings	33,756	20,525
	<b>36,061</b>	<b>22,706</b>

## Note 4.4 Intangible assets

### Note 4.4 (a) Intangible assets - Gross carrying amount and accumulated amortisation

	Total 2024 \$'000	Total 2023 \$'000
Intangible produced assets - software	3	7
Less accumulated amortisation	(2)	(5)
<b>Total intangible produced assets - software</b>	<b>1</b>	<b>2</b>
<b>Total intangible assets</b>	<b>1</b>	<b>2</b>

### Note 4.4 (b) Intangible assets - Reconciliations of the carrying amount by class of asset

	Note	Software \$'000	Total \$'000
<b>Balance at 1 July 2022</b>		<b>2</b>	<b>2</b>
Additions		2	2
Amortisation	4.5	(2)	(2)
<b>Balance at 30 June 2023</b>	<b>4.4</b>	<b>2</b>	<b>2</b>
Additions		1	1
Amortisation	4.5	(2)	(2)
<b>Balance at 30 June 2024</b>	<b>4.4</b>	<b>1</b>	<b>1</b>

#### How we recognise intangible assets

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

#### Initial recognition

Purchased intangible assets are initially recognised at cost.

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

- the technical feasibility of completing the intangible asset so that it will be available for use or sale
- an intention to complete the intangible asset and use or sell it
- the ability to use or sell the intangible asset
- the intangible asset will generate probable future economic benefits
- the availability of adequate technical, financial and other resources to complete the development and to use or sell the intangible asset and
- the ability to measure reliably the expenditure attributable to the intangible asset during its development.

Expenditure on research activities is recognised as an expense in the period on which it is incurred.

#### Subsequent measurement

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

## Note 4.5 Depreciation and amortisation

	Total 2024 \$'000	Total 2023 \$'000
<b>Depreciation</b>		
Buildings	1,338	1,339
Plant and equipment	118	88
Motor vehicles	23	24
Medical equipment	78	63
Computer equipment	19	15
Furniture and fittings	18	18
<b>Total depreciation</b>	<b>1,594</b>	<b>1,547</b>
<b>Right-of-use assets</b>		
Right of use - plant, equipment, furniture, fittings and motor vehicles	3	3
<b>Total Depreciation - right-of-use assets</b>	<b>3</b>	<b>3</b>
<b>Amortisation</b>		
Software	2	2
<b>Total amortisation</b>	<b>2</b>	<b>2</b>
<b>Total depreciation</b>	<b>1,599</b>	<b>1,552</b>

### How we recognise depreciation

All infrastructure assets, buildings, plant and equipment and other non-financial physical assets (excluding items under 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.

### How we recognise amortisation

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

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

	2024	2023
Buildings		
- Structure shell building fabric	10 to 40 years	10 to 40 years
- Site engineering services and central plant	10 years	10 years
Central Plant		
- Fit Out	10 years	10 years
- Trunk reticulated building system	10 to 16 years	10 to 16 years
Plant and equipment	3 to 7 years	3 to 7 years
Medical equipment	7 to 10 years	7 to 10 years
Computers and communication	3 years	3 years
Furniture and fitting	13 years	13 years
Motor Vehicles	10 years	10 years

As part of the building valuation, building values are separated into components and each component assessed for its useful life which is represented above.

## Note 4.6 Inventories

	<b>Total 2024 \$'000</b>	<b>Total 2023 \$'000</b>
Medical and surgical consumables at cost	56	78
Pharmacy supplies at cost	-	27
General stores at cost	110	61
<b>Total inventories</b>	<b>166</b>	<b>166</b>

### How we recognise inventories

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



#### **Note 4.7: Impairment of assets**

##### **How we recognise impairment**

At the end of each reporting period, Beechworth Health Service reviews the carrying amount of its tangible and intangible assets that have a finite useful life, to determine whether there is any indication that an asset may be impaired. The assessment will include consideration of external sources of information and internal sources of information.

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

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

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

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

Beechworth Health Service did not record any impairment losses against Property, Plant and Equipment for the year ended 30 June 2024 (30 June 2023:Nil).

## Note 5: Other assets and liabilities

This section sets out those assets and liabilities that arose from Beechworth Health Services's operations.

### Structure

#### *5.1 Receivables*

#### *5.2 Contract assets*

#### *5.3 Payables*

#### *5.4 Contract liabilities*

#### *5.5 Other liabilities*

### Material judgements and estimates

This section contains the following material judgements and estimates:

Material judgements and estimates	Description
Estimating the provision for expected credit losses	Beechworth Health Services 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 Beechworth Health Services 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.  Beechworth Health Services applies material judgement when measuring the deferred capital grant income balance, which references the estimated the stage of completion at the end of each financial year.
Measuring contract liabilities	Beechworth Health Services applies material 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.

## Note 5.1 Receivables

	<b>Total 2024 \$'000</b>	<b>Total 2023 \$'000</b>
<b>Current receivables</b>		
<b>Contractual</b>		
Inter hospital debtors	269	128
Trade receivables	164	190
Patient fees	278	303
Allowance for impairment losses - Patient Fees	(32)	(32)
Accrued revenue	164	198
Amounts receivable from governments and agencies	18	24
<b>Total contractual receivables</b>	<b>861</b>	<b>811</b>
<b>Statutory</b>		
GST receivable	108	25
<b>Total statutory receivables</b>	<b>108</b>	<b>25</b>
<b>Total current receivables</b>	<b>969</b>	<b>836</b>
<b>Non-current receivables</b>		
<b>Contractual</b>		
Long service leave - Department of Health	602	624
<b>Total contractual receivables</b>	<b>602</b>	<b>624</b>
<b>Total non-current receivables</b>	<b>602</b>	<b>624</b>
<b>Total receivables</b>	<b>1,571</b>	<b>1,460</b>
<i>(i) Financial assets classified as receivables(Note 7.1(a))</i>		
Total receivables	1,571	1,460
Provision for impairment	32	32
GST receivable	(108)	(25)
<b>Total financial assets classified as receivables</b>	<b>1,495</b>	<b>1,467</b>

7.1(a)

**Note 5.1 (a) Movement in the allowance for impairment losses of contractual receivables**

	<b>Total 2024 \$'000</b>	<b>Total 2023 \$'000</b>
<b>Balance at the beginning of the year</b>	32	39
Increase in allowance	-	(7)
<b>Balance at the end of the year</b>	<b>32</b>	<b>32</b>

**How we recognise receivables**

Receivables consist of:

- **Contractual receivables**, including debtors that relates to goods and services and accrued revenue from Government agencies. These receivables are classified as financial instruments and are categorised as 'financial assets at amortised costs'. They are initially recognised at fair value plus any directly attributable transaction costs. The health service holds the contractual receivables with the objective to collect the contractual cash flows and therefore they are subsequently measured at amortised cost using the effective interest method, less any impairment.
- **Statutory receivables**, including 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. The 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 the nominal amounts due and are due for settlement within 30 days from the date of recognition.

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

**Impairment losses of contractual receivables**

Refer to Note 7.2 (a) for Beechworth Health Services's contractual impairment losses.

**Note 5.2 Contract assets**

	<b>Total 2024 \$'000</b>	<b>Total 2023 \$'000</b>
<b>Current</b>		
Contract assets	72	-
<b>Total contract assets</b>	<b>72</b>	<b>-</b>

	<b>Total 2024 \$'000</b>	<b>Total 2023 \$'000</b>
<b>Balance at the beginning of the year</b>	-	-
Add: Additional costs incurred that are recoverable from the customer	72	-
<b>Total contract assets</b>	<b>72</b>	<b>-</b>

**How we recognise contract assets**

Contract assets relate to the Beechworth Health Services's right to consideration in exchange for goods transferred to customers for works completed, but not yet billed at the reporting date. The contract assets are transferred to receivables when the rights become unconditional, at this time an invoice is issued. Contract assets are expected to be recovered during the next financial year.

### Note 5.3 Payables

	<b>Total 2024 \$'000</b>	<b>Total 2023 \$'000</b>
<b>Note</b>		
<b>Current payables</b>		
<b>Contractual</b>		
Trade creditors	204	262
Accrued salaries and wages	637	412
Accrued expenses	405	394
Deferred Capital grant income	763	411
Inter hospital creditors	104	2
Amounts payable to governments and agencies	55	-
<b>Total contractual payables</b>	<b>2,168</b>	<b>1,481</b>
<b>Total payables</b>	<b>2,168</b>	<b>1,481</b>
<i>(i) Financial liabilities classified as payables (Note 7.1(a))</i>		
Total payables	2,168	1,481
Deferred grant income	(763)	(411)
<b>Total financial liabilities classified as payables</b>	<b>1,405</b>	<b>1,070</b>

#### How we recognise payables

Payables consist of:

- **Contractual payables**, including payables that relate to the purchase of goods and services. These payables are classified as financial instruments and measured at amortised cost. Accounts payable and salaries and wages payable represent liabilities for goods and services provided to Beechworth Health Services prior to the end of the financial year that are unpaid.
  
- **Statutory payables**, including Goods and Services Tax (GST) payable (if any). Statutory payables are recognised and measured similarly to contractual payables, but are not classified as financial instruments and not included in the category of financial liabilities at amortised cost, because they do not arise from contracts.

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

**Note 5.3 (a) Deferred capital grant income**

	<b>Total 2024 \$'000</b>	<b>Total 2023 \$'000</b>
<b>Opening balance of deferred capital grant income</b>	411	299
Grant consideration for capital works received during the year	942	160
Deferred grant revenue recognised as revenue due to completion of capital works	(590)	(48)
<b>Closing balance of deferred capital grant income</b>	<b>763</b>	<b>411</b>

**How we recognise deferred capital grant revenue**

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

#### Note 5.4 Contract liabilities

	<b>Total 2024 \$'000</b>	<b>Total 2023 \$'000</b>
<b>Current</b>		
Contract liabilities	9	551
<b>Total current contract liabilities</b>	<b>9</b>	<b>551</b>

#### Note 5.4(a) Movement in contract liabilities

	<b>Total 2024 \$'000</b>	<b>Total 2023 \$'000</b>
<b>Opening balance of contract liabilities</b>	551	294
Grant consideration for sufficiently specific performance obligations received during the year	282	559
Revenue recognised for the completion of a performance obligation	(824)	(302)
<b>Total contract liabilities</b>	<b>9</b>	<b>551</b>
<b>* Represented by:</b>		
- Current contract liabilities	9	551
	<b>9</b>	<b>551</b>

#### How we recognise contract liabilities

Contract liabilities include consideration received in advance from customers in respect of activity based funding and Primary Care Innovative Multidisciplinary modelling. The balance of contract liabilities was significantly lower than the previous reporting period due to project funding that was received late in the previous financial period being expended in the current year.

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

#### Maturity analysis of payables

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



## Note 5.5 Other liabilities

	<b>Total 2024 \$'000</b>	<b>Total 2023 \$'000</b>
<b>Note</b>		
<b>Current monies held in trust</b>		
Patient monies	163	158
Refundable accommodation deposits	8,687	9,051
Other monies	90	136
<b>Total current monies held in trust</b>	<b>8,940</b>	<b>9,345</b>
<b>Total other liabilities</b>	<b>8,940</b>	<b>9,345</b>
<b>* Represented by:</b>		
- Cash assets	6.2 8,940	9,345
	<b>8,940</b>	<b>9,345</b>

### 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 Beechworth Health Services 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*.

## Note 6: How we finance our operations

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

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**

### Material judgements and estimates

This section contains the following material judgements and estimates:

Material judgements and estimates	Description
Determining if a contract is or contains a lease	<p>Beechworth Health Services applies material judgement to determine if a contract is or contains a lease by considering if the health service:</p> <ul style="list-style-type: none"> <li>• has the right-to-use an identified asset</li> <li>• has the right to obtain substantially all economic benefits from the use of the leased asset and</li> <li>• can decide how and for what purpose the asset is used throughout the lease.</li> </ul>
Determining if a lease meets the short-term or low value asset lease exemption	<p>Beechworth Health Services applies material 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>Beechworth Health Services 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, Beechworth Health Services 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> <p>For leased plant, equipment, furniture, fittings and vehicles, the implicit interest rate is between 2.18% and 2.42%.</p>

## Material judgements and estimates (continued)

Material judgements and estimates	Description
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 Beechworth Health Services is reasonably certain to exercise such options.</p> <p>Beechworth Health Services 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"><li>• If there are significant penalties to terminate (or not extend), the health service is typically reasonably certain to extend (or not terminate) the lease.</li><li>• 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.</li><li>• The health service considers historical lease durations and the costs and business disruption to replace such leased assets.</li></ul>

## Note 6.1 Borrowings

Note	Total 2024 \$'000	Total 2023 \$'000
<b>Current borrowings</b>		
Lease liability <sup>(i)</sup>	3	3
Advances from government (ii)	23	-
<b>Total current borrowings</b>	<b>26</b>	<b>3</b>
<b>Non-current borrowings</b>		
Lease liability <sup>(i)</sup>	10	12
Advances from government (ii)	20	64
<b>Total non-current borrowings</b>	<b>30</b>	<b>76</b>
<b>Total borrowings</b>	<b>56</b>	<b>79</b>

<sup>i</sup> Secured by the assets leased.

<sup>ii</sup> These are unsecured loans which bear no interest.

### How we recognise borrowings

Borrowings refer to interest bearing liabilities mainly raised from other funds raised through lease liabilities and other interest-bearing arrangements.

### Initial recognition

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

### Subsequent measurement

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

### Maturity analysis

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

### Defaults and breaches

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

## Note 6.1 (a) Lease liabilities

Beechworth Health Services's lease liabilities are summarised below:

	Total 2024 \$'000	Total 2023 \$'000
Total undiscounted lease liabilities	14	16
Less unexpired finance expenses	(1)	(1)
<b>Net lease liabilities</b>	<b>13</b>	<b>15</b>

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

	Total 2024 \$'000	Total 2023 \$'000
Not longer than one year	3	3
Longer than one year but not longer than five years	11	11
Longer than five years	-	2
<b>Minimum future lease liability</b>	<b>14</b>	<b>16</b>
Less unexpired finance expenses	(1)	(1)
<b>Present value of lease liability</b>	<b>13</b>	<b>15</b>
<b>* Represented by:</b>		
- Current liabilities	3	3
- Non-current liabilities	10	12
	<b>13</b>	<b>15</b>

### How we recognise lease liabilities

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

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

Beechworth Health Services's lease arrangements consist of the following:

Type of asset leased	Lease term
Leased plant, equipment, furniture, fittings and vehicles	2 to 5 years

## Note 6.1 (a) Lease liabilities

### 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 Beechworth 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.

The following types of lease arrangements, contain extension and termination options:

- Motor vehicle leases provided through VicFleet

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

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

### Subsequent measurement

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

### Leases with significantly below market terms and conditions

Beechworth Health Service does not hold any lease arrangements which contain significantly below-market terms and conditions.

## Note 6.2 Cash and Cash Equivalents

Note	Total 2024 \$'000	Total 2023 \$'000
Cash on hand (excluding monies held in trust)	1	1
Cash at bank (excluding monies held in trust)	961	1,231
Cash at bank - CBS (excluding monies held in trust)	2,923	2,120
<b>Total cash held for operations</b>	<b>3,885</b>	<b>3,352</b>
Cash on hand (monies held in trust)	1	1
Cash at bank (monies held in trust)	45	41
Cash at bank - CBS (monies held in trust)	8,771	9,180
Term deposits < 3 months (monies held in trust)	123	123
<b>Total cash held as monies in trust</b>	<b>8,940</b>	<b>9,345</b>
<b>Total cash and cash equivalents</b>	<b>12,825</b>	<b>12,697</b>

### How we recognise cash and cash equivalents

Cash and cash equivalents recognised on the balance sheet comprise cash on hand and in banks, deposits at call and highly liquid investments (with an original maturity date of three months or less).

Cash and cash equivalents are held for the purpose of meeting short term cash commitments rather than for investment purposes and are readily convertible to known amounts of cash and are subject to insignificant risk of changes in value.

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

### Note 6.3 Commitments for expenditure

	<b>Total 2024 \$'000</b>	<b>Total 2023 \$'000</b>
<b>Capital expenditure commitments</b>		
Less than one year	953	411
<b>Total capital expenditure commitments</b>	<b>953</b>	<b>411</b>
<b>Operating commitments</b>		
Less than one year	459	315
<b>Total non-cancellable short term and low value lease commitments</b>	<b>459</b>	<b>315</b>
<b>Total commitments for expenditure (exclusive of GST)</b>	<b>1,412</b>	<b>726</b>
Less GST recoverable from Australian Tax Office	(128)	(66)
<b>Total commitments for expenditure (exclusive of GST)</b>	<b>1,284</b>	<b>660</b>

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 on the provision of IT services.

#### 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.



## Note 7: Risks, contingencies and valuation uncertainties

Beechworth Health Services 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 health service is related mainly to fair value determination.

### Structure

#### *7.1 Financial instruments*

#### *7.2 Financial risk management objectives and policies*

#### *7.3 Contingent assets and contingent liabilities*

#### *7.4 Fair value determination*

### Material judgements and estimates

This section contains the following material judgements and estimates:

Material judgements and estimates	Description
Measuring fair value of non-financial assets	<p>Fair value is measured with reference to highest and best use, that is, the use of the asset by a market participant that is physically possible, legally permissible, financially feasible, and which results in the highest value, or to sell it to another market participant that would use the same asset in its highest and best use.</p> <p>In determining the highest and best use, Beechworth Health Service has assumed the current use is its highest and best use. Accordingly, characteristics of the health service's assets are considered, including condition, location and any restrictions on the use and disposal of such assets.</p>

## Material judgements and estimates (continued)

Material judgements and estimates	Description
Measuring fair value of non-financial assets	<p>Beechworth Health Service uses a range of valuation techniques to estimate fair value, which include the following:</p> <ul style="list-style-type: none"> <li>▪ Market approach, which uses prices and other relevant information generated by market transactions involving identical or comparable assets and liabilities. The fair value of Beechworth Health Service’s non specialised land and non specialised buildings are measured using this approach.</li> <li>▪ Cost approach, which reflects the amount that would be required to replace the service capacity of the asset (referred to as current replacement cost). The fair value of Beechworth Health Service’s specialised buildings, furniture, fittings, plant, equipment and vehicles are measured using this approach.</li> <li>▪ Income approach, which converts future cash flows or income and expenses to a single undiscounted amount. Beechworth Health Service does not this use approach to measure fair value.</li> </ul> <p>The health service selects a valuation technique which is considered most appropriate, and for which there is sufficient data available to measure fair value, maximising the use of relevant observable inputs and minimising the use of unobservable inputs.</p> <p>Subsequently, the health service applies material judgement to categorise and disclose such assets within a fair value hierarchy, which includes:</p> <ul style="list-style-type: none"> <li>▪ Level 1, using quoted prices (unadjusted) in active markets for identical assets that the health service can access at measurement date. Beechworth Health Service does not categorise any fair values within this level.</li> <li>▪ Level 2, inputs other than quoted prices included within Level 1 that are observable for the asset, either directly or indirectly. Beechworth Health Service categorises non-specialised land and right-of-use concessionary land in this level.</li> <li>▪ Level 3, where inputs are unobservable. Beechworth Health Service categorises specialised land, specialised buildings, plant, equipment, furniture, fittings, vehicles and right-of-use plant, equipment, furniture and fittings in this level.</li> </ul>

**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 Beechworth Health Services's activities, certain financial assets and financial liabilities arise under statute rather than a contract (for example, taxes, fines and penalties). Such financial assets and financial liabilities do not meet the definition of financial instruments in AASB 132 *Financial Instruments: Presentation*.

**Note 7.1 (a) Categorisation of financial instruments**

	Financial Assets at Amortised Cost	Financial Liabilities at Amortised Cost	Total
Note	\$'000	\$'000	\$'000
<b>Total</b>			
<b>30 June 2024</b>			
<b>Contractual Financial Assets</b>			
Cash and Cash Equivalents	12,825	-	12,825
Receivables	1,495	-	1,495
<b>Total Financial Assets<sup>i</sup></b>	<b>14,320</b>	<b>-</b>	<b>14,320</b>
<b>Financial Liabilities</b>			
Payables	-	1,405	1,405
Borrowings	-	56	56
Other Financial Liabilities - Refundable Accommodation Deposits	-	8,687	8,687
Other Financial Liabilities - Patient and other monies held in trust	-	253	253
<b>Total Financial Liabilities<sup>i</sup></b>	<b>-</b>	<b>10,401</b>	<b>10,401</b>

## Note 7.1 (a) Categorisation of financial instruments

Total 30 June 2023	Financial Assets at Amortised Cost \$'000	Financial Liabilities at Amortised Cost \$'000	Total \$'000
<b>Contractual Financial Assets</b>			
Cash and cash equivalents	12,697	-	12,697
Receivables	1,467	-	1,467
<b>Total Financial Assets<sup>1</sup></b>	<b>14,164</b>	<b>-</b>	<b>14,164</b>
<b>Financial Liabilities</b>			
Payables	-	1,070	1,070
Borrowings	-	79	79
Other Financial Liabilities - Refundable Accommodation Deposits	-	9,051	9,051
Other Financial Liabilities - Patient monies held in trust	-	294	294
<b>Total Financial Liabilities<sup>1</sup></b>	<b>-</b>	<b>10,494</b>	<b>10,494</b>

<sup>1</sup> The carrying amount excludes statutory receivables (i.e. GST receivable) and statutory payables (i.e. Revenue in Advance).

### How we categorise financial instruments

#### Categories of financial assets

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

## Note 7.1 (a) Categorisation of financial instruments

### 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 Beechworth Health Services 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.

Beechworth Health Services recognises the following assets in this category:

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

## Note 7.1 (a) Categorisation of financial instruments

### Categories of financial liabilities

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

#### Financial liabilities at amortised cost

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

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

Beechworth Health Services recognises the following liabilities in this category:

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

### Offsetting financial instruments

Financial instrument assets and liabilities are offset and the net amount presented in the consolidated balance sheet when, and only when, Beechworth Health Services 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 Beechworth Health Services 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.

### **Note 7.1 (a) Categorisation of financial instruments**

#### **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
- Beechworth Health Services 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
- Beechworth Health Services 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 Beechworth Health Services has neither transferred nor retained substantially all the risks and rewards or transferred control, the asset is recognised to the extent of Beechworth Health Services' 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, Beechworth Health Services's business model for managing its financial assets has changed such that its previous model would no longer apply.

A financial liability reclassification is not permitted.

**Note 7.2: Financial risk management objectives and policies**

As a whole, Beechworth Health Services'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.

Beechworth Health Services's main financial risks include credit risk, liquidity risk and interest rate risk. Beechworth Health Services manages these financial risks in accordance with its financial risk management policy. It is considered these risks are insignificant for Beechworth Health Services.

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. Beechworth Health Services's exposure to credit risk arises from the potential default of a counter party on their contractual obligations resulting in financial loss to Beechworth Health Services. Credit risk is measured at fair value and is monitored on a regular basis.

Credit risk associated with Beechworth Health Services'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, Beechworth Health Services 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, Beechworth Health Services'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 Beechworth Health Services 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 Beechworth Health Services's maximum exposure to credit risk without taking account of the value of any collateral obtained.

There has been no material change to Beechworth Health Services's credit risk profile in 2023-24.



**Note 7.2 (a) Credit risk**

**Impairment of financial assets under AASB 9**

Beechworth Health Services records the allowance for expected credit loss for the relevant financial instruments applying AASB 9's Expected Credit Loss approach. Subject to AASB 9, the 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 an impairment assessment under AASB 9.

The credit loss allowance is classified as other economic flows in the net result.

**Contractual receivables at amortised cost**

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

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

**Note 7.2 (b) Contractual receivables at amortised cost**

	Note	Current	Less than 1 month	1-3 months	3 months -1 year	1-5 years	Total
<b>30 June 2024</b>							
<b>Expected loss rate</b>		0.0%	0.0%	10.0%	10.0%	21.0%	
Gross carrying amount of contractual receivables	5.1	426	117	16	13	139	711
<b>Loss allowance</b>		-	-	(2)	(1)	(29)	(32)
<b>30 June 2023</b>							
<b>Expected loss rate</b>		0.0%	0.0%	10.0%	32.0%	0.0%	
Gross carrying amount of contractual receivables	5.1	499	13	13	96	0	621
<b>Loss allowance</b>		-	-	(1)	(31)	-	(32)

### **Note 7.2 (b) Contractual receivables at amortised cost**

#### **Statutory receivables and debt investments at amortised cost**

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

Both the statutory receivables and investments in debt instruments are considered to have low credit risk, considering the counterparty's credit rating, risk of default and capacity to meet contractual cash flow obligations in the near term. As a result, no loss allowance has been recognised.

### **Note 7.2 (c) Liquidity risk**

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

Beechworth Health Services 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 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.

Beechworth Health Services'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 other financial assets.

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

### Note 7.2 (d) Payables and borrowings maturity analysis

	Carrying Amount \$'000	Nominal Amount \$'000	Maturity Dates						
			Less than 1 Month \$'000	1-3 Months \$'000	3 months - 1 Year \$'000	1-5 Years \$'000	Over 5 years \$'000		
<b>Total</b>									
<b>30 June 2024</b>									
<b>Financial Liabilities at amortised cost</b>									
Payables	1,405	1,405	1,405	-	-	-	-	-	-
Borrowings	56	56	1	2	23	30	-	-	-
Other Financial Liabilities - Refundable Accommodation Deposits	8,687	9,051	9,051	-	-	-	-	-	-
Other Financial Liabilities - Patient and other monies held in trust	253	253	253	-	-	-	-	-	-
<b>Total Financial Liabilities</b>	<b>10,401</b>	<b>10,765</b>	<b>10,710</b>	<b>2</b>	<b>23</b>	<b>30</b>			
<b>Total</b>									
<b>30 June 2023</b>									
<b>Financial Liabilities at amortised cost</b>									
Payables	1,070	1,070	1,070	-	-	-	-	-	-
Borrowings	79	79	1	2	23	53	-	-	-
Other Financial Liabilities - Refundable Accommodation Deposits	9,051	9,051	9,051	-	-	-	-	-	-
Other Financial Liabilities - Patient monies held in trust	294	294	294	-	-	-	-	-	-
<b>Total Financial Liabilities</b>	<b>10,494</b>	<b>10,494</b>	<b>10,416</b>	<b>2</b>	<b>23</b>	<b>53</b>			

<sup>i</sup> Ageing analysis of financial liabilities excludes statutory financial liabilities (i.e. GST payable).

### **Note 7.3: Contingent assets and contingent liabilities**

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

#### **How we measure and disclose contingent assets and contingent liabilities**

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

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

#### **Contingent assets**

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

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

#### **Contingent liabilities**

Contingent liabilities are:

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

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

## Note 7.4: Fair Value Determination

### How we measure fair value

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

The following assets and liabilities are carried at fair value:

- Property, plant and equipment
- Right-of-use assets

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

### Valuation hierarchy

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

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

Beechworth 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.

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

### Identifying unobservable inputs (level 3) fair value measurements

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

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

#### Note 7.4 (a) Fair value determination of non-financial physical assets

	Note	Total carrying amount	Fair value measurement at end of reporting period using:		
		30 June 2024	Level 1 <sup>i</sup>	Level 2 <sup>i</sup>	Level 3 <sup>i</sup>
		\$'000	\$'000	\$'000	\$'000
Non-specialised land		2,575	-	2,575	-
<b>Total land at fair value</b>	4.1 (a)	<b>2,575</b>	-	<b>2,575</b>	-
Non-specialised buildings		310	-	310	-
Specialised buildings		34,102	-	-	34,102
<b>Total buildings at fair value</b>	4.1 (a)	<b>34,412</b>	-	<b>310</b>	<b>34,102</b>
Plant and equipment	4.1 (a)	846	-	-	846
Motor vehicles	4.1 (a)	50	-	-	50
Medical equipment at	4.1 (a)	435	-	-	435
Computer equipment	4.1 (a)	47	-	-	47
Furniture and fittings	4.1 (a)	103	-	-	103
<b>Total plant, equipment, furniture, fittings and vehicles</b>		<b>1,481</b>	-	-	<b>1,481</b>
Right of use equipment	4.2 (a)	13	-	-	13
<b>Total right-of-use assets at fair value</b>		<b>13</b>	-	-	<b>13</b>
<b>Total non-financial physical assets at fair value</b>		<b>38,481</b>	-	<b>2,885</b>	<b>35,596</b>

	Note	Total carrying amount	Fair value measurement at end of reporting period using:		
		30 June 2023	Level 1 <sup>i</sup>	Level 2 <sup>i</sup>	Level 3 <sup>i</sup>
		\$'000	\$'000	\$'000	\$'000
Non-specialised land <sup>ii</sup>		2,451	-	2,451	-
<b>Total land at fair value</b>	4.1 (a)	<b>2,451</b>	-	<b>2,451</b>	-
Non-specialised buildings <sup>ii</sup>		131	-	131	-
Specialised buildings		21,826	-	-	21,826
<b>Total buildings at fair value</b>	4.1 (a)	<b>21,957</b>	-	<b>131</b>	<b>21,826</b>
Plant and equipment	4.1 (a)	614	-	-	614
Motor vehicles	4.1 (a)	73	-	-	73
Medical equipment	4.1 (a)	236	-	-	236
Computer equipment	4.1 (a)	20	-	-	20
Furniture and fittings	4.1 (a)	121	-	-	121
<b>Total plant, equipment, furniture, fittings and vehicles at fair value</b>		<b>1,064</b>	-	-	<b>1,064</b>
Right of use equipment	4.2 (a)	15	-	-	15
<b>Total right-of-use assets at fair value</b>		<b>15</b>	-	-	<b>15</b>
<b>Total non-financial physical assets at fair value</b>		<b>25,487</b>	-	<b>2,582</b>	<b>22,905</b>

<sup>i</sup> Classified in accordance with the fair value hierarchy.

<sup>ii</sup> Prior year disclosures of land and buildings have been updated to reflect the correct allocation between specialised and non specialised assets.

### **How we measure fair value of non-financial physical assets**

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

Judgements about highest and best use must consider 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.

Beechworth Health Service has assumed the current use of a non-financial asset is its highest and best use 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 considered until it is virtually certain that any restrictions will no longer apply. Therefore, unless otherwise disclosed, the current use of these non-financial physical assets will be their highest and best uses.

### **Non-specialised land and non-specialised buildings**

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

For non-specialised land and non-specialised buildings, an independent valuation was performed by the Valuer-General Victoria to determine the fair value using the market approach. Valuation of the assets was determined by analysing comparable sales and allowing for share, size, topography, location and other relevant factors specific to the asset being valued. An appropriate rate per square metre has been applied to the subject asset. The effective date of the valuation is 30 June 2024.

### **Specialised buildings**

The market approach is 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.

For Beechworth Health Service, the current 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 Beechworth Health Service's specialised land and specialised buildings was performed by the Valuer-General Victoria. The effective date of the valuation is 30 June 2024.

## **How we measure fair value of non-financial physical assets**

### **Vehicles**

The Beechworth 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 current 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 current replacement cost will be materially different from the existing carrying amount.

There were no changes in valuation techniques throughout the period to 30 June 2024



#### 7.4 (b): Reconciliation of level 3 fair value measurement

Total	Note	Land \$'000	Buildings \$'000	Plant, equipment, vehicles, furniture & fittings \$'000	Right of Use Assets \$'000
<b>Balance at 1 July 2022</b>		2,451	23,240	965	6
Additions/(Disposals)		-	56	307	12
Assets provided free of charge		-	-	-	-
Net Transfers between classes <sup>ii</sup>		(2,451)	(131)	-	-
Gains/(Losses) recognised in net result					
- Depreciation and amortisation		-	(1,339)	(208)	(3)
<b>Balance at 30 June 2023</b>	7.4 (a)	-	21,826	1,064	15
Additions/(Disposals)		-	511	673	1
Gains/(Losses) recognised in net result					
- Depreciation and Amortisation		-	(1,338)	(256)	(3)
Items recognised in other comprehensive income					
- Revaluation		-	13,103	-	-
<b>Balance at 30 June 2024</b>	7.4 (a)	-	34,102	1,481	13

<sup>i</sup> Classified in accordance with the fair value hierarchy, refer Note 7.4.

<sup>ii</sup> Correction of allocation to non specialised land and buildings included in balance at end of the previous year.

#### Fair value determination of level 3 fair value measurement

Asset class	Likely valuation approach	Significant inputs (Level 3 only)
Specialised buildings	Current replacement cost approach	- Cost per square metre - Useful life
Plant, equipment, furniture, fittings and vehicles	Current replacement cost approach	- Cost per unit - Useful life

## 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 Remuneration of executives***

***8.4 Related parties***

***8.5 Remuneration of auditors***

***8.6 Events occurring after the balance sheet date***

***8.7 Joint arrangements***

***8.8 Equity***

***8.9 Economic dependency***

**Note 8.1 Reconciliation of net result for the year to net cash flows from operating activities**

	<b>Total 2024 \$'000</b>	<b>Total 2023 \$'000</b>
<b>Net result for the year</b>	505	(894)
<b>Non-cash movements:</b>		
(Gain)/Loss on sale or disposal of non-financial assets	3.2 -	(2)
Depreciation and amortisation of non-current assets	4.5 1,599	1,552
Bad and doubtful debt expense	3.1 -	(7)
Discount (interest) / expense on loan	3	1
<b>Movements in Assets and Liabilities:</b>		
(Increase)/Decrease in receivables	(183)	382
(Increase)/Decrease in inventories	-	74
(Increase)/Decrease in prepaid expenses	(136)	10
Increase/(Decrease) in payables and contract liabilities	145	470
Increase/(Decrease) in employee benefits	(103)	193
Increase/(Decrease) in other liabilities	(41)	(23)
<b>Net cash inflow from operating activities</b>	<b>1,789</b>	<b>1,756</b>

## Note 8.2 Responsible person 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.

	Period
The Honourable Mary-Anne Thomas MP	
Minister for Health	1 Jul 2023 - 30 Jun 2024
Minister for Health Infrastructure	1 Jul 2023 - 30 Jun 2024
Minister for Ambulance Services	3 Oct 2023 - 30 Jun 2024
The Honourable Gabrielle Williams MP	
Minister for Mental Health	1 Jul 2023 - 2 Oct 2023
Former Minister for Ambulance Services	5 Dec 2022 - 2 Oct 2023
The Honourable Ingrid Stitt MP	
Minister for Mental Health	2 Oct 2023 - 30 Jun 2024
Minister for Ageing	2 Oct 2023 - 30 Jun 2024
Minister for Multicultural Affairs	2 Oct 2023 - 30 Jun 2024
The Honourable Lizzy Blandthorn MP	
Former Minister for Children	2 Oct 2023 - 30 Jun 2024
Former Minister for Disability	2 Oct 2023 - 30 Jun 2024
<b>Governing Boards</b>	
Mr Donald Mace	1 Jul 2023 - 30 Jun 2024
Mr Harold Thomas	1 Jul 2023 - 30 Jun 2024
Ms Jennifer Bennett	1 Jul 2023 - 30 Jun 2024
Mr Nicholas Rideout	1 Jul 2023 - 30 Jun 2024
Dr Isabel Paton	1 Jul 2023 - 30 Jun 2024
Ms Kim Rowley	1 Jul 2023 - 30 Jun 2024
Ms Natalie Willis	1 Jul 2023 - 30 Jun 2024
Ms Glenda Beecher	1 Jul 2023 - 30 Jun 2024
Ms Gael Evans-Barr	1 Jul 2023 - 30 Jun 2024
Mr Peter Kenyon	1 Jul 2023 - 30 Jun 2024
<b>Accountable Officers</b>	
Ms Susan Plath (Interim Chief Executive Officer)	17 Jun 2024 - 30 Jun 2024
Dr Mark Ashcroft (Chief Executive Officer)	1 Jul 2023 - 16 Jun 2024

**Note 8.2 Responsible persons (continued)**

**Remuneration of Responsible Persons**

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

<b>Income Band</b>	<b>Total 2024 No</b>	<b>Total 2023 No</b>
\$0 - \$9,999	10	8
\$10,000 - \$19,999	1	1
\$240,000 - \$249,999	-	1
\$280,000 - \$289,999	1	
<b>Total Numbers</b>	<b>12</b>	<b>10</b>

<b>Total remuneration received or due and receivable by Responsible Persons from the reporting entity amounted to:</b>	<b>Total 2024 \$'000</b>	<b>Total 2023 \$'000</b>
	<b>\$335</b>	<b>\$291</b>

Amounts relating to Responsible Ministers are reported within the States' Annual Financial Report

### Note 8.3 Remuneration of executives

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

#### Remuneration of executive officers

(including Key Management Personnel disclosed in Note 8.4)

Short-term benefits

Post-employment benefits

Other long-term benefits

**Total remuneration<sup>i</sup>**

Total number of executives

Total annualised employee equivalent<sup>ii</sup>

	Total Remuneration	
	2024 \$'000	2023 \$'000
Short-term benefits	249	302
Post-employment benefits	26	31
Other long-term benefits	8	9
<b>Total remuneration<sup>i</sup></b>	<b>283</b>	<b>342</b>
Total number of executives	3	3
Total annualised employee equivalent <sup>ii</sup>	2.0	2.2

<sup>i</sup> The total number of executive officers includes persons who meet the definition of Key Management Personnel (KMP) of Beechworth Health Services under AASB 124 Related Party Disclosures and are also reported within Note 8.4 Related Parties.

<sup>ii</sup> Annualised employee equivalent is based on working 38 ordinary hours per week 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 employment has ceased.

#### Other long-term benefits

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

#### Termination benefits

Termination of employment payments, such as severance packages.

## Note 8.4: Related Parties

Beechworth Health Services is a wholly owned and controlled entity of the State of Victoria. Related parties of the health service include:

- all key management personnel (KMP) and their close family members and personal business interests
- cabinet ministers (where applicable) and their close family members
- jointly controlled operations – A member of the HRHA Joint Venture Alliance and
- all health services and public sector entities that are controlled and consolidated into the State of Victoria financial statements.

KMPs are those people with the authority and responsibility for planning, directing and controlling the activities of Beechworth Health Services and its controlled entities, directly or indirectly.

### Key management personnel

The Board of Directors, Chief Executive Officer and the Executive Directors of Beechworth Health Services are deemed to be KMPs.

Entity	KMPs	Position Title
Beechworth Health Services	Dr Isabel Paton	Board Chair
Beechworth Health Services	Mr Harold Thomas	Board Member
Beechworth Health Services	Ms Jennifer Bennett	Board Member
Beechworth Health Services	Mr Nicholas Rideout	Board Member
Beechworth Health Services	Mr Donald Mace	Board Member
Beechworth Health Services	Ms Kim Rowley	Board Member
Beechworth Health Services	Ms Natalie Willis	Board Member
Beechworth Health Services	Ms Glenda Beecher	Board Member
Beechworth Health Services	Ms Gael Evans-Barr	Board Member
Beechworth Health Services	Mr Peter Kenyon	Board Member
Beechworth Health Services	Ms Susan Plath	Interim Chief Executive Officer (from Jun-24)
Beechworth Health Services	Dr Mark Ashcroft	Chief Executive Officer (to Jun-24)
Beechworth Health Services	Ms Angela Clement	Director of Clinical Services
Beechworth Health Services	Ms Susan Plath	Director of Business Service Development (from Mar-24)
Beechworth Health Services	Ms Carolyn Shaw	Director of Corporate Services (to Jan-24)

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 States' Annual Financial Report.

	Total 2024 \$'000	Total 2023 \$'000
<b>Compensation - KMPs</b>		
Short-term Employee Benefits <sup>i</sup>	548	559
Post-employment Benefits	55	57
Other Long-term Benefits	15	16
<b>Total <sup>ii</sup></b>	<b>618</b>	<b>632</b>

<sup>i</sup> Total remuneration paid to KMPs employed as a contractor during the reporting period through accounts payable has been reported under short-term employee benefits.

<sup>ii</sup> KMPs are also reported in Note 8.2 Responsible Persons or Note 8.3 Remuneration of Executives.

## Note 8.4: Related Parties

### Significant transactions with government related entities

Beechworth Health Services received funding from the Department of Health of \$9.088 m (2023: \$8.872 m) and indirect contributions of \$0.076 m (2023: \$0.092 m). Balances outstanding as at 30 June 2024 are \$0.072 m (2023 \$0.073 m)

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

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

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

### Transactions with KMPs and other related parties

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

Outside of normal citizen type transactions with Beechworth Health Services, there were no related party transactions that involved key management personnel, their close family members or their personal business interests. No provision has been required, nor any expense recognised, for impairment of receivables from related parties. There were no related party transactions with Cabinet Ministers required to be disclosed in 2024 (2023: none).

There were no related party transactions required to be disclosed for Beechworth Health Services Board of Directors, Chief Executive Officer and Executive Directors in 2024 (2023: none).



**Note 8.5: Remuneration of Auditors**

**Victorian Auditor-General's Office**  
Audit of the financial statements  
**Total remuneration of auditors**

<b>Total 2024 \$'000</b>	<b>Total 2023 \$'000</b>
25	24
<b>25</b>	<b>24</b>

**Note 8.6: Events occurring after the balance sheet date**

There have been no further events occurring after balance date that require additional disclosure.

## Note 8.7 Joint arrangements

	Principal Activity	Ownership Interest	
		2024	2023
		%	%
Hume Region Health Alliance	Information Technology Services	4.64	4.38

Beechworth Health Services interest in assets and liabilities of the above joint arrangements are detailed below. The amounts are included in the consolidated financial statements under their respective categories:

	2024	2023
	\$'000	\$'000
<b>Current assets</b>		
Cash and cash equivalents	532	546
Receivables	109	62
Prepaid expenses	14	14
<b>Total current assets</b>	<b>655</b>	<b>622</b>
<b>Non-current assets</b>		
Property, plant and equipment	26	21
<b>Total non-current assets</b>	<b>26</b>	<b>21</b>
<b>Total assets</b>	<b>681</b>	<b>643</b>
<b>Current liabilities</b>		
Payables	281	233
Monies in Trust	90	136
Lease Liability	3	3
<b>Total current liabilities</b>	<b>374</b>	<b>372</b>
<b>Non-current liabilities</b>		
Lease Liability	10	11
<b>Total non-current liabilities</b>	<b>10</b>	<b>11</b>
<b>Total liabilities</b>	<b>384</b>	<b>383</b>
<b>Net assets</b>	<b>297</b>	<b>260</b>
<b>Equity</b>		
Accumulated surplus	297	260
<b>Total equity</b>	<b>297</b>	<b>260</b>

## Note 8.7 Joint arrangements

Beechworth Health Services interest in revenues and expenses resulting from joint arrangements are detailed below. The amounts are included in the Consolidated financial statements under their respective categories:

	<b>2024</b>	<b>2023</b>
	<b>\$'000</b>	<b>\$'000</b>
<b>Revenue</b>		
Operating Activities	320	290
Non Operating Activities	24	14
Capital Purpose Income	36	10
<b>Total revenue</b>	<b>380</b>	<b>314</b>
<b>Expenses</b>		
Employee Benefits	133	113
Other Expenses from Continuing Operations	207	175
Depreciation	9	10
Capital Purpose Expenditure	20	25
<b>Total expenses</b>	<b>369</b>	<b>323</b>
<b>Net result</b>	<b>11</b>	<b>(9)</b>

Figures obtained from the unaudited Hume Region Health Alliance Joint Venture annual report.

### Contingent liabilities and capital commitments

There are no known contingent liabilities or capital commitments held by the joint arrangements at balance date.

**Note 8.8: 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 Beechworth Health Services.

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

**Property, plant and equipment revaluation surplus**

The property, plant and equipment revaluation surplus arises on the revaluation of infrastructure, land and buildings. The revaluation surplus is not normally transferred to accumulated surpluses/(deficits) on derecognition of the relevant asset.

**Note 8.9: Economic dependency**

Beechworth Health Services is a public health service governed and managed in accordance with the *Health Services Act 1988* and its results form part of the Victorian General Government consolidated financial position. Beechworth Health Service provides essential services and is predominantly dependent on the continued financial support of the State Government, particularly the Department of Health, and the Commonwealth funding via the *National Health Reform Agreement* (NHRA). The State of Victoria plans to continue Beechworth Health Services operations and on that basis, the financial statements have been prepared on a going concern basis.