ANNUAL REPORT 2023 / **24**

Boort District Health

Boort District Health

WE VALUE

INTEGRITY

Honesty, transparency and accountability

RESPECT

Dignity of the individual, rights and
self determination, fair, kind and considerate

INCLUSIVITY

Equality in the diversity of gender, culture,
socio-economic status, spiritual beliefs

COLLABORATIVE

Working in partnership for
better health outcomes

EXCELLENCE

Best practice and learning
culture informed by evidence

www.bdh.vic.gov.au

Contents

Welcome

Dja Dja Wurrung Clans
Aboriginal Corporation

We would like to acknowledge and extend our appreciation to the Dja Dja Wurrung Country of the Jaara People, the Traditional Custodians of the land we are standing on.

We pay our respects to Elders past, present and emerging for they hold the memories, the traditions, the culture and the hopes of all the Jaara people.

We express our gratitude in the sharing of this land, our sorrow for the personal, spiritual and cultural costs of that sharing of this land, our sorrow for the personal, spiritual and cultural costs of that sharing and our hope that we may walk forward together in harmony and in the spirit of healing.

Since **Boort District Health** was established on its current site in 1961 it has played a key role in the provision of public health services for the community of Boort and surrounding districts. The Annual Report 2023 –2024 is an important document that provides information to all stakeholders about the performance of the health service. The report highlights services provided as well as operational achievements and challenges during this financial year.

Reporting period from 1 July 2023 to 30 June 2024. This report is prepared for the Minister for Health, the Parliament of Victoria and the general public in accordance with relevant government and legislative requirements.

About Boort District Health

Boort District Health provides a comprehensive range of multidisciplinary health care services to Boort and the wider community.

BOORT DISTRICT HEALTH is a public hospital established in 1961 and is an incorporated body listed under Schedule 1 of the Health Services Act (1988).

The responsible Minister is the Minister for Health:

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

Boort District Health Urgent Care Centre (UCC) offers two (2) urgent care treatment trolleys and one (1) treatment room, 24 hours a day, 7 days a week. This service is supported by an on call system.

Outreach community support programs are coordinated by Boort District Health. These include Meals on Wheels, District Nursing and Transitional Care Planning (TCP)

BDH Residential Aged Care LODDON PLACE, operates twenty five (25) permanent residential aged care places, all single rooms with individual ensuite facilities.

Social Support Program operates weekly including outings, lunches, exercises, art and craft and community wellbeing programs.

BDH continue to offer placements for secondary school students for their years 10 and 11 work experience programs.

Acute Services: 7 single, ensuite acute rooms are provided, including one Transitional Care Program (TCP) bed-based bed and a family room with courtyard. Admission to our acute services is through the Visiting Medical Officers.

A number of Allied Health services are facilitated within Boort District Health including Physiotherapy, Podiatry, Health Education, Counselling and Health Promotion

108 Total Staff members. 100% of staff immunized for COVID-19 and Influenza.

Public and private oral health services are offered to the community. Within the public program, outreach services are offered to other towns, the service includes a preventative program to children and schools as well as oral health services to residents in care.

The Spanner Café is the communal hub of the Health Service, a place for residents, patients, clients, visitors and community to catch up over a drink, or enjoy a delicious meal prepared by our Café staff.

Our Board Chair and Chief Executive Officer

It is with pleasure that we present the Boort District Health Annual Report for the 2023-2024 financial year.

Boort District Health continued commitment to the strategic values of respect, quality, equity and collaboration in the reporting period. Key to our ongoing delivery of exceptional care is the grit and resilience of the entire team with the leadership of the senior executive and Board of Management.

Our BDH consumer representatives, staff, colleagues and volunteers have consistently demonstrated incredible dedication and compassion. Our workplace culture of safety and inclusivity was outstanding as reported in the People Matter Survey.

BDH worked collaboratively with existing and new partners to deliver great care and impove the health and well-being of the Boort and surrounding communities. BDH made a commitment to strengthen shared service models with Inglewood and Districts Health Service. BDH partners include the Consumer Advisory Committee, RFDS Wellbeing, RFDS Specialist Tele-health Services, Loddon Public Health Unit, Northern Districts Community Health, BLG executive network, Loddon Mallee Health Network, Murray Primary Health Network and the IHN, Ambulance Victoria, NCLLEN, Kerang District Health, Cohuna District Hospital, Loddon Shire Council, Dental Health Services Victoria and the Department of Health. BDH worked with Safer Care Victoria to design a regional system of clinical governance rather than participate, the Loddon Local Safety Committee working with key organisations in the LGA to address local safety issues and concerns with Victoria Police and the Loddon Prevention and Population Health Advisory sub-committee, in particular exploring health service effects on climate change and development of sustainable systems to reduce the BDH environmental impact.

Emerging from this great work in partnering have been initiatives with the Loddon Shire Council to execute the municipal health and wellbeing plan.

In recent annual reports we have recognised our staff for their resilience and in this current period they have proved yet again how responsive and adaptive they can be when faced with adversity. The transition from response to recovery continues for BDH. A COVID-19 outbreak occurred in April with 9 residents and 21 staff testing positive. COVID-19 continues to impact the wellbeing of our staff, residents and community and BDH adapts visiting, infection control practices and RAT testing requirements according to the current level of risk.

Jean McMahon, the LMHN First Nations Strategic and Partnership Lead has led a regional research project into system reform within EDs and UCCs and BDH have participated in first nations narrative interviews to inform the research and strengthen our commitment to delivery of culturally safe and responsive health care.

As we continue to work towards being recovered from the challenges we have faced, there were many notable positives. Our aged care STAR ratings hit 5/5. BDH was awarded 3 years accreditation from The Australian Council on Healthcare Standards following a short notice assessment held over two days in April.

Through our collaborative work with the IHN, there is now a sustainable Nurse Practitioner model and BDH has an ongoing contract with NDCH for Nurse Practitioner Simone to continue to practice in Boort once a fortnight.

The BDH art space is filled with brilliant new works created by the students at Boort District School. This ongoing arrangement Art teacher Nathan facilitates brings a real burst of colour and fun to our space. Our community garden is evolving. The raised garden beds have grown seasonal produce all year round used in our

kitchen and enjoyed by our residents. Further planting and development of the space has been supported by Healthy Loddon Campaspe and plans for the therapy path, signage and more community engagement continue too.

The COVID-19 outbreak at BDH, declared on 22 April 2024 and concluded on 6 May 2024, affected 31 individuals, including 9 residents (2 males, 7 females), 1 Transitional Care Program patient, and 21 staff members. Outbreak managed under the guidance of BDH Infection Control, LMPHU and Department of Health Surge staff assistance. There were no hospitalizations, and all residents and the TCP patient received antiviral treatments. During the outbreak, 21 staff were furloughed. Families of residents were kept informed.

Our Ladies Auxiliary have had an outstanding year in the OpShop and as a result BDH has generously received donations of the following equipment:
Two electric wheelchairs
Blood pressure monitor
Overnight multipurpose chair bed
ROHO cushion
Holter monitor
24 hour blood pressure monitor
Bladder scanner

BDH Strengthening Hospital's Response to Family Violence team held a number of awareness raising events regarding the prevention of family violence and violence against women and children. Awareness raising activities always utilize the Loddon Healthy Minds smoothie bike to ensure mental health and wellbeing are a focal point of the events. These activities align well with the objectives of the BDH partnership with CARE - Collective Action for Respect and Equality through the Women's Health Loddon Mallee organization. BDH also presented at the International Women's Day dinner in Boort where a fascinating journey of women connecting in unexpected ways was celebrated.

BDH staff were supported with further training opportunities and education. This included the Enrolled Nurse Transition to Practice, funding of three Enrolled Nurse positions. This program provides formal study days, supernumerary shifts, and clinical support, fostering the professional growth of our enrolled nurses. The ENTP underscores our commitment to enhancing our nursing workforce and delivering high-quality care to our community.

It has been a hugely successful year for BDH being adaptive to the health needs of our population, integrating in the region to deliver care when it is needed, closer to home and in growing our services to reduce the burden of living in a rural environment.

In accordance with the *Financial Management Act 1994*, I am pleased to present the report of operations for Boort District Health for the year ending 30 June 2024.

Wendy Gladman
Board Chair
Boort
30 June 2024

Board of Directors

The Directors of the Board of Management are appointed by the Governor-in-Council, under section 33(7) of the **Health Services Act 1988**, and are responsible for helping to shape and influence government decisions and services.

There is a diverse representation of skills and experience within the Board of Management, it provides multiple perspectives which help make meaningful decisions.

Boort District Health Board of Management has the following sub-committees; Safety, Quality & Clinical Governance; Finance, Risk & Audit; Consumer Advisory; and Board Excellence in Governance.

All members of the Board are required to lodge a declaration of pecuniary interest.

Wendy Gladman—Board Excellence in Governance (Chair), Safety, Quality & Clinical Governance, Finance, Risk & Audit

Laurie Maxted— Community Advisory (Chair) and Board Excellence in Governance

Brett Yates— Finance, Risk & Audit (Chair)

Greg Currie—Safety, Quality & Clinical Governance (Chair), Finance, Risk & Audit and Board Excellence in Governance

Amy Fay— Board Excellence in Governance and Community Advisory

Jerri Nelson— Safety, Quality & Clinical Governance, Finance, Risk & Audit and Board Excellence in Governance

Renee Harrison— Safety, Quality & Clinical Governance, Finance, Risk & Audit and Board Excellence in Governance

Elizabeth Trevanion— Board Excellence in Governance

John White—Safety, Quality & Clinical Governance, Community Advisory and Board Excellence in Governance

Daniel Snyder— Safety, Quality & Clinical Governance

Name	Date appointed to the Board	Meetings attended
Wendy Gladman Director of Community Wellbeing	Appointed 26 April 2017	11/11
Jerri Nelson Special Projects Manager	Appointed 1 July 2022	10/11
Gregory Currie Teacher (retired)	Appointed 1 July 2022	11/11
Renee Harrison Mental Health Clinician	Appointed 1 July 2022	6/11
John White Solicitor/Prosecutor (retired)	Appointed 1 July 2022	9/11
Brett Yates Business Director	Appointed 1 July 2022	10/11
Amy Fay Agriculture Consultant	Appointed 1 July 2022	8/11
Daniel Snyder Pharmacist	Appointed 1 July 2022	9/11
Elizabeth Trevanion Business Specialist	Appointed 1 July 2022	5/11
Laurie Maxted Primary Producer	Appointed 26 April 2017	9/11

Finance, Risk and Audit Committee

The **Finance, Risk and Audit Committee** is an advisory committee to the Board of Directors appointed pursuant to the By- Laws of BDH and in accordance with the purpose of the Health Services Act 1988. The purpose of the Finance, Risk and Audit Committee is to assist the Board in fulfilling its corporate governance responsibilities in regards to the integrity of financial reporting, risk management, the internal control environment, compliance with legal and regulatory obligations, oversight of the internal and external audit functions and other matters, within scope, referred by the Board.

Brett Yates (chair) – board director
Elizabeth Trevanion - board director
Jerri Nelson – board director
Gregory Currie – board director
Renee Harrison – board director
Grant Malone – external independent member
Samantha Anderson – external independent member
Raymond Stomann – external independent member

Report of Operations

Residential Aged Care - Loddon Place

Loddon Place offers 25 permanent aged care beds to residents with scope to use an additional 3 beds for respite, TCP or permanent care as needed in our acute ward.

Our single rooms have individual ensuites, temperature control, smart televisions, direct line telephones, ceiling hoists for mobility, call bell access and outlook into one of our courtyard and garden areas which have recently undertaken some major redevelopments.

Our Healing Garden is complete, showcasing a range of native flora and seating areas to offer a relaxing area for residents, families and visitors.

Loddon Place also offers a secure gopher parking bay with automatic gate access. Families and visitors are encouraged to visit in one of the sitting areas with their loved ones, with tea and coffee making facilities available for their use.

Lifestyle coordinator Sandra Poyner continues to run the activities program and adapt to the changing environment to ensure interesting and stimulating activities are offered. Our activity room is fully equipped with kitchen facilities, television, bathroom and a range of supplies for use for regular activities or by families for small gatherings or sharing a meal. It is utilised for our regular resident/ executive morning teas where our residents and their representatives are invited to meet with executive staff to review over morning tea what is working, what is not and provide general feedback. The large flat screen television in the activity room has been enjoyed by the residents who have a weekly movie session as part of their programs.

The integrated activity program includes scheduled activities for our aged care residents across five days of the week, including:

Boort Playgroup and Pre School
Boort Show
Men's Shed
Visiting entertainers
Church services
RSL
Senior citizens
Outings to local cafes and shops
Drives around the lake and surrounding districts and towns Cooked breakfasts
Bingo
Pet therapy
Music
Arts and craft
Cooking
Counter Lunches
Christmas in July
Birthday Celebrations
Football Tipping
Live Streaming of Funerals
BBQ
Taking Photos on the iPad
Word Games
High tea
Remembrance Day and Anzac Day
Oaks Day
Chats with family via FaceTime

Games
Memorial Service
Cancer Council Biggest morning teas held in the community.

Workforce Review and Design

Boort District Health continues to recruit and retain employees across all areas of service delivery. Staffing is in accordance with the most current Safe Patient Act and varied according to level of need, patient numbers as well as acute and Urgent Care Centre (UCC) throughput. We boast a diverse workforce from varying CALD backgrounds across all departments.

Upskilling of staff through successful grant applications sees BDH staff now being trained in advanced skills such as limited radiology, RIPERN and Advanced Life Support.
The close working relationship with Ambulance Victoria has continued and weekly in-house training and education sessions relevant to our urgent care presentations are now well established and continue to be streamed via teams to enable BDH staff who are off duty to attend.

Junior staff

There has been a significant increase in BDH partnerships with tertiary education facilities to offer placement to 46 enrolled nursing students. BDH continue to offer placements for secondary school students for their years 10 and 11 work experience programs. In collaboration with the NCLLEN and Boort District School, BDH have hosted a number of Structured Workplace Learning placements for students studying a VET Certificate in fields such as allied health and assistant in nursing.

BDH are thrilled to be partnering with Murray Primary Health Network (MPHN), East Wimmera Health Service, Northern District Community Health and Inglewood District Health Service (IDHS) in the Integrated Health Network Sustainable Rural Health Project (IHN). The key project this year was the introduction of the Nurse Practitioner pilot program. Boort District Medical Centre and BDH now host Nurse Practitioner Simone fortnightly. The pilot aims to support rural GPs to meet the unique health needs of their local communities.

BDH acknowledge that it is now time for us as the rural health providers in the region to start thinking innovatively and 'outside the square' in regard to how we can recruit, retain and sustain our workforce. Attracting health professionals to rural areas has long been an ongoing challenge and it is becoming even more critical to look deeper for these individuals in order to protect the health and wellbeing of our communities. The development of the junior staff program at BDH has progressed and BDH now host a junior employee across 7 days of the week. It is a wonderfully innovative program that enables the young achievers to grow confidence in working in a team environment in a trusted industry that may later become their chosen career pathway and earn income while they are at it.

Acute and UCC Services

The BDH UCC treated over 558 patients through it's department. This was ongoing COVID screening via the BDH drive through clinic until the more recent transition to use of standard Rapid Antigen Tests. Our UCC is supported by an on call system with VMO Dr Christopher Olise, providing both onsite and telephone medical advice. In the reporting period BDH built on its use of Telehealth with key involvement in the Loddon Mallee Regional Telehealth Strategy and we continued to be funded for afterhours My Emergency Doctor through the Murray PHN and are also now working with the Victorian Virtual Emergency Department (VVED) through Northern Health. Boort has continued to grow and establish our Royal Flying Doctor Wellbeing and telehealth

specialists' services and support the Boort District Medical Centre patients by offering a room and facilities to utilise telehealth as required.

Director of Clinical Services, Mubarak, has continued to offer limited x-ray services to UCC patients with the support of Bendigo Radiology who receive and report on images taken at BDH. There were 33 x-rays performed in the period.

Medical Services

Dr Craig Winter, Emergency Physician St Vincent's Hospital provides expertise as our Director of Medical Services visiting monthly to participate as chair of the Medical Staff committee, attend and advise on the Quality, Safety and Clinical Governance board subcommittee, our Medication Advisory committee, undertake case reviews and assist in training and education for clinical staff. He has provided invaluable guidance to our clinical and management team regarding all areas of our clinical service delivery.

Dental Services

Dr. Diana Aio has now been in the position of Chief Dentist to the team for just over 12 months. She has a reputation for excellent and compassionate care and along with the 4 Dental Assistants the dental team provide public dental services to the whole of Loddon five days a week.

Community Services

District Nursing services continue to be delivered by nurses to Boort and surrounding district community clients five days a week with provision of weekend services through our UCC as required. The service includes, medication management, complex wound care, post-acute care, pain management as well as general health monitoring.

Social Support Groups operate from our Day Centre four days/week. The groups enjoy getting out and about in the community or neighbouring towns enjoying meals, seeing shows, participating in community events or doing craft and other activities in-house. Maree and Sally have updated the programs and deliver the following regular sessions;

- Fun and Friends
- Ladies and Laughs
- Men on the Move

In addition to the face-to-face programs, Maree and Sally publish and distribute the regular newsletter full of up-to-date news and information along with some word games and jokes to keep our minds active.

Allied Health Assistant Deanne works with the IDHS Physiotherapy and Occupational Therapy team and the 3D physio group to deliver health programs and services to our residents, patients, clients and staff. Deane has continued to coordinate and run the strengthening exercise program in Boort twice a week and weekly in Pyramid Hill.

Transitional Care is offered by BDH to both bed-based and home-based clients. BDH has exceeded use of the program with 172% occupancy across the period. The program supports and assists many of our community clients with rehabilitation to optimal independence and return to home. It also offers allied health and home based services, assessment for and purchase of aids and equipment to assist clients work towards agreed health care goals. In the reporting period BDH supported one particular client with transitional care for an extended period of 18 weeks. Her return home after a total of 216 days was enabled after extensive work with DFFH, Ability First and ACAS.

Community Services

A total of 185 clients were provided services in the 23-24 financial year, including:
Programs and Services

- District Nursing:
  - 662 hours of District Nursing services provided to clients in Boort and surrounding communities.
- Domestic Assistance:
  - Provided support to 46 households, 662.5 service hours, helping with daily tasks and maintaining independence.
- Personal Care:
  - Provided 99 hours of personal care Service, assisting with self-care needs.
- Meals on Wheels:
  - 1685 meals were delivered to clients in Boort, Borung and Pyramid Hill areas.
- Home Maintenance:
  - 213 hours maintenance tasks were completed, ensuring safe living conditions.
- Social Support Groups:
  - Facilitated 1579 hours, supporting mental health and wellness in the community.
- Direct Transport:
  - 132 direct transport services have been provided with a safe and comfortable ride to chosen destinations.

We extend our gratitude to our dedicated staff, volunteers, and community partners for their invaluable contributions. Special thanks to volunteers for their support.

Occupational Violence

Occupational violence statistics	2023-2024
Workcover accepted claims with an occupational violence cause per 100 FTE	0
Number of accepted Workcover claims with lost time injury with an occupational violence cause per 1,000,000 hours worked.	0
Number of occupational violence incidents reported	10
Number of occupational violence incidents reported per 100 FTE	6
Percentage of occupational violence incidents resulting in a staff injury, illness or condition	0

- **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 must be included. Code Grey reporting is not included, however, if an incident occurs during the course of a planned or unplanned Code Grey, the incident must be included.
- **Accepted Workcover claims** – accepted Workcover claims that were lodged in 2023-2024.
- **Lost time** – is defined as greater than one day.
- **Injury, illness, or condition** – this includes all reported harm as a result of the incident, regardless of whether the employee required time off work or submitted a claim.

Report of Operations

Reconciliation of Net Result from Transactions and Operating Result	2024 ($000)
Net Operating result	574
Capital purpose income	204
Specific income	-
COVID 19 State Supply Arrangements - Assets received free of charge or for nil consideration under the State Supply	-
State supply items consumed up to 30 June 2023	-
Assets provided free of charge	-
Assets received free of charge	-
Expenditure for capital purpose	-
Depreciation and amortisation	(929)
Impairment of non-financial assets	154
Finance costs (other)	(3)
Net result from transactions	**(139)**

Financial Information	2024 $000	2023 $000	2022 $000	2021 $000	2020 $000
OPERATING RESULT*	66	66	52	504	-206
Total revenue	10578	8949	8372	8336	7306
Total expenses	-10717	-9776	-9142	-8759	-8239
Net result from transactions	**-139**	**-827**	**-770**	**-423**	**-933**
Total other economic flows	14	5	-31	43	-60
Net result	**-125**	**-822**	**-801**	**-380**	**-993**
Total assets	38452	21688	22061	21131	16463
Total liabilities	5506	3841	4596	4458	3976
Net assets/Total equity	**32946**	**17847**	**17465**	**16673**	**12487**

Consultancies Information

Details of consultancies (under $10,000)

In 2023-24, there were 7 consultancies where the total fees payable to the consultants were less than $10,000. The total expenditure incurred during 2023-24 in relation to these consultancies is $29,174 (excl. GST).

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

In 2023-24, there were zero consultancies where the total fees payable to the consultants were $10,000 or greater. Details of individual consultancies can be viewed at www.bdh.vic.gov.au

Governnment advertising campaign

Boort District Health did not participate in any media advertising campaigns in 2023-24.

Information and Communication Technology (ICT) disclosure

The total ICT expenditure incurred during 2023-24 is $398,474.68 excl. GST, with the details shown below.

Business as Usual (BAU) ICT expenditure	Non-Business as Usual (non-BAU) ICT expenditure		
Total (excluding GST)	Total of Operational and Capital Expenditure	Operational expenditure	Capital expenditure
$ 361,099.50	$37,375.18	$30,000	$7,375.18

Disclosure of review and study expenses

Boort District Health did not participate in any reviews or studies in 2023 - 24.

FTE

Hospitals labour category	JUNE current month FTE*		Average Monthly FTE**	
	2023	2024	2023	2024
Nursing	19.91	20.86	20.2	22.61
Administration and Clerical	9.13	8.74	8.8	8.78
Medical Support	11.91	9.72	13.59	8.21
Hotel and Allied Services	15.48	18.32	14.44	19.42
Medical Officers	0.11	0.11	0.11	0.11
Ancilliary Staff (Allied Health)	1.75	1.87	1.81	2.68
TOTAL	**58.29**	**59.62**	**58.95**	**61.81**

Social Procurement Framework

Social procurement creates an opportunity for BDH to deliver social and sustainable outcomes that help to build a fair, inclusive and sustainable Victoria through all procurement activities undertaken by, or on behalf of the Health Service. BDH Social Procurement Strategy is committed to advancing objectives through procurement in accordance with the Social Procurement Framework.

Social procurement activities and commitments	
Reporting Period: 2023 – 2024 Reporting Entity: Boort District Health	
Overall social procurement activities	**2023 – 2024**
Number of social benefit suppliers engaged during the reporting period.	1
Total amount spent with social benefit suppliers (direct spend) during the reporting period ($ GST exclusive).	$107,941
Total number of mainstream suppliers engaged that have made social procurement commitments in their contracts with the Victorian Government.	9
Total number of contracts that include social procurement commitments	1

Statement of Priorities

In 2023-24 Boort District Health will contribute to the achievement of the Victorian Government's commitments by:

Excellence in clinical governance

Goals	Health Service Deliverables	Achievements/Outcome
Identify and develop clinical service models where face to face consultations can be substituted by virtual care where-ever possible (using telehealth, remote monitoring), whilst ensuring strong clinical governance, safety surveillance and patient care	Adoption of ICT platforms that conform with accredited standards, guidelines, and frameworks measures to ensure technology used for clinical engagement interactions remains secure. Identify appropriate clinical cohorts that would benefit from virtual care. At all times ensuring consumers are made aware of the available options and the range of modalities available to support their care requirements.	LMSS migration continues. Security systems access is progressing with LMSS & security assistance. Spectralink phones have arrived and are being configured at Bendigo ready for installation Further liaison has occurred with Bendigo Cancer centre exploring options for virtual reviews for Boort patients. DMS supporting BDH to access medical community virtual consults for GP's to consult directly with specialists via virtual appointments
Embed strategies to ensure the implementation of the best practice 'Standards' outlined in the Nutrition and quality food standards for health services' (see Adults standards for hospitals and residential aged care services, and Paediatric standards for paediatric patients) Implementation of the nutrition and quality food standards for health services.	Consultation with dieticians to formulate strategies to ensure all food provided to patients and residents is of optimal nutritional quality, appealing, offers variety and is culturally diverse, to sustain their nutritional intake, quality of life and wellbeing. Provide a greater focus on the needs of aged care residents and paediatric patients by implementing nutrition and quality food standards that align with the National Safety and Quality Health Service (NSQHS) Standards and Aged Care Quality Standards (ACQS) accreditation requirements.	BDH menu is assessed and endorsed by our Dietitian. Catering Team Leader has facilitated a resident tasting of the new menu and sought extensive consumer feedback to inform the variety offered. Catering Team Leader has been consulting with our HEAS Nutrition Policy Advisor to update our Spanner Café choices. BDH annual Food Safety Audit is was successfully completed in July.

Excellence in clinical governance

Goals	Health Service Deliverables	Achievements/Outcome
Develop strong and effective systems to support early and accurate recognition and management of deterioration of paediatric patients.	Partner with 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. Improve paediatric patient outcomes through implementation of the "ViCTOR track and trigger" observation chart and escalation system, whenever children have observations taken. Implement staff training on the "ViCTOR track and trigger" tool to enhance identification and prompt response to deteriorating paediatric patient conditions.	ViCTOR charts in use in BDH UCC ViCTOR charts are for age groups; Under 3 months 3-12 months 1-4 years 5-11 years 12-18 years DCCS review of all paediatric presentations to ensure correct use of ViCTOR charts and escalate any relevant cases for DMS review will be reported in DCCS Clinical Indicators report. BDH will link with IDHS, KDH & CDH to coordinate training as it becomes available.

Statement of Priorities

High quality and safe care

Key performance measure	Target	Result
Infection prevention and control		
Compliance with the Hand Hygiene Australia program	85%	96.2%
Percentage of healthcare workers immunised for influenza	94%	99%
Key performance indicator	**Target**	**Result**
Patient experience		
Victorian Healthcare Experience Survey – percentage of positive patient experience responses – Quarter 1	95%	*Result suppressed due to less than 10 responses.
Victorian Healthcare Experience Survey – percentage of positive patient experience responses – Quarter 2	95%	*Result suppressed due to less than 10 responses.
Victorian Healthcare Experience Survey – percentage of positive patient experience responses – Quarter 3	95%	*Result suppressed due to less than 10 responses.

Strong governance, leadership and culture

Key performance measure	Target	Result
Organisational culture		
People matter survey – Percentage of staff with an overall positive response to safety culture survey questions	62%	85%

Effective financial management

Key performance measure	Target	Result
Organisational culture		
Operating result ($m)	As agreed in SoP	$0.57
Average number of days to pay trade creditors	60 days	29
Average number of days to receive patient fee debtors	60 days	35
Adjusted current asset ratio	0.7 or 3% improvement from health service base target	1.21
Variance between forecast and actual Net result from transactions (NRFT) for the current financial year ending 30 June.	Variance < $250,000	Achieved
Actual number of days available cash, measured on the last day of each month	14 days	100

Volunteers

Boort District Health formally recognises our volunteers. They support BDH by assisting our residents, patients and clients with questionnaires and surveys, are drivers and companions for our community transport program, assist with our Day Centre programs, provide music and company for residents, assist with activities, administration tasks, gardening and delivery of Meals on Wheels.

We wish to acknowledge and recognize the following valued volunteers for these milestones:

Past

5-10 years

6 years	Cathie Haw
	Brian McDonald
	Honie Tweddle
8 years	Graeme Tweddle
	Ken Loader
	Laurence Cochrane
9 years	Alan Everall
	Stephen Field
	Graeme Slatter
	Hennie Carton
	Pat Stringer

10-15 years

10 years	Margaret Wagner
13 years	Dorothy Wellard
15 years	Peter Byrne
	Morrie Gierisch

15-20 years

17 years	Donald Rothacker
18 years	Daisy Streader
	Alan Streader
20 years	Lorna Fawcett

Present

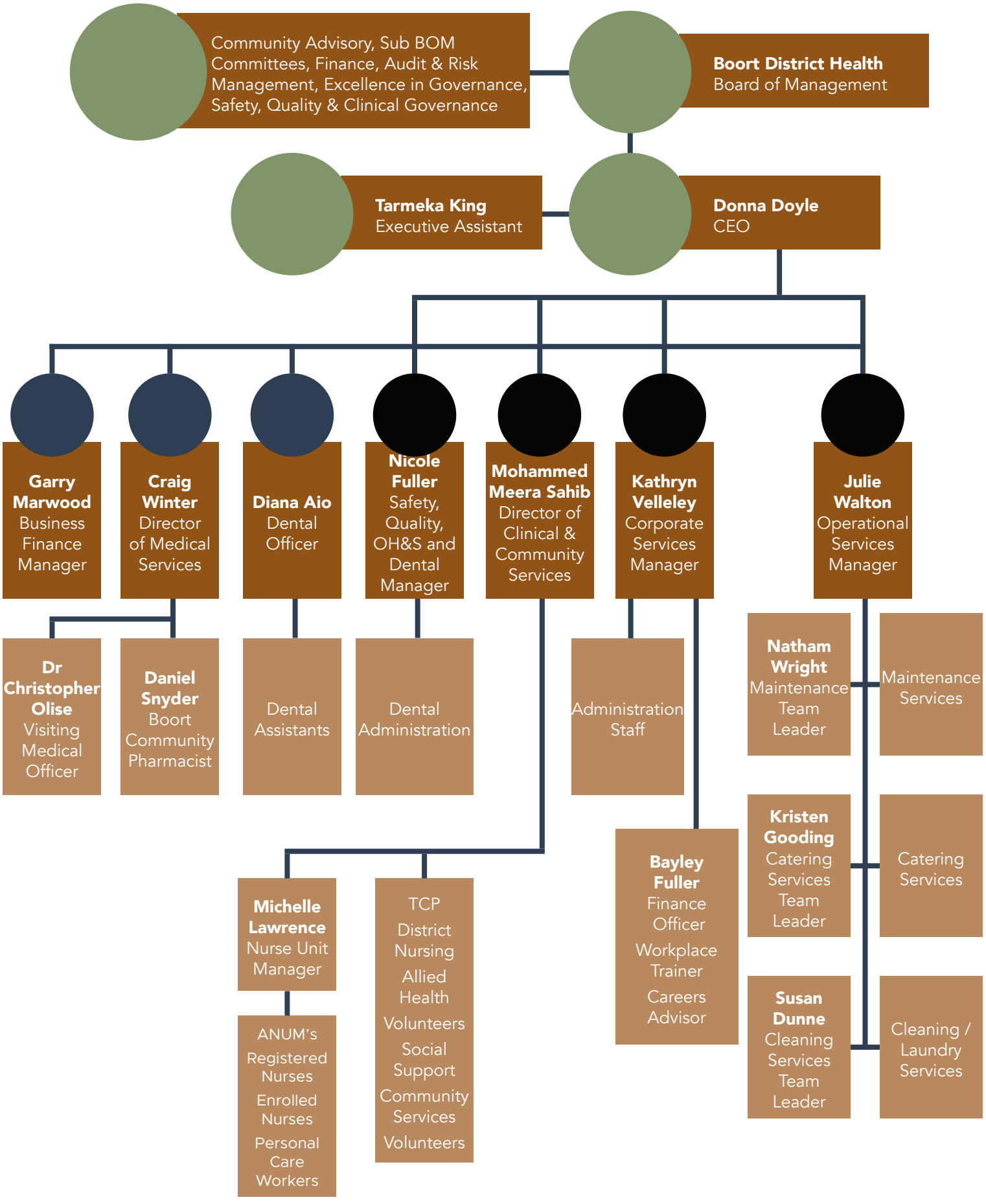
5-10 years

5 years	Julie Dean
6 years	Lynette Clark
	Kerry Lanyon
	Lois Malone
	Wendy Mills
7 years	Pamela Contarino
8 years	Jenny Allison
	Kathy Lowrie
9 years	Carmel Allison
10 years	Kevin Walton
	Nancy Walton
	Elaine Everall

10-15 years

11 years	Denise Rhook
13 years	Sharon Martin
	Graham Pattison
14 years	Gwen Parker

Organisation Chart



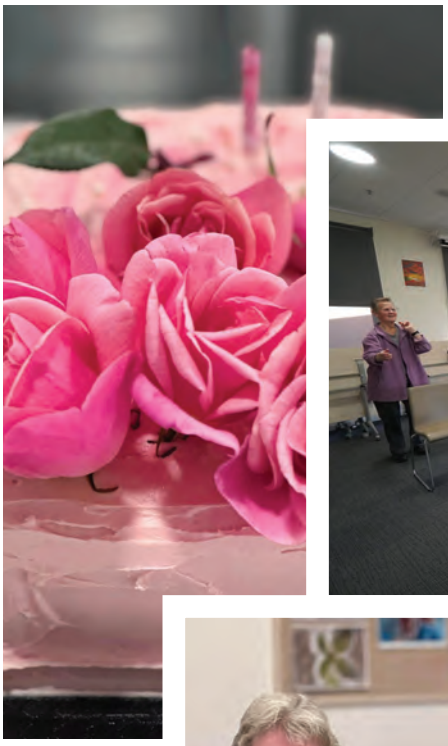
Environmental Performance

Environmental impacts & energy usage			
EL1 – Total electricity Consumption segmented by source	**2021-22**	**2022-23**	**2023-24**
Purchased	512.02	409.35	427.81
Self-generated			-0.13
EL1 Total electricity consumption [MWh]			427.68
EL4 – Total electricity offsets segmented by offset			
RPP (Renewable Power Percentage in the grid)	95.19	76.96	80.43
EL4 Total electricity offset [MWh]	95.19	76.96	80.43
T2 – Number and proportion of vehicles in the organisational boundary segmented by engine/fuel type and vehicle category			
Electric	0	0	0
Hybrid	0	0	1
Petrol	4	4	4
Diesel	3	3	3
Total	7	7	7
B3 – NABERS Energy ratings of newly completed/occupied entity-owned office buildings and substantial tenancy fit-outs			
The entity did not acquire newly completed entity owned office buildings or hold office leases during the reporting period.			

Occupational Health and Safety

Occupational Health and Safety Statistics	2021-22	2022-23	2023-24
The number of reported hazards / incidents for the year per 100 FTE	177	441	284
The number of 'lost time' standard WorkCover claims for the year per 100 FTE	0	1.72	1
The average cost per WorkCover claim for the year ('000)	0	$71,930.73	$55,789.57

BDH Highlights




psrac
AGED CARE EMPLOYEE DAY 2024
Who is your stand out colleague or leadership aged care professional, who is a positive inspiration in your team?
WINNER
PSRAC LC 100 Words Competion 2024
MICHELLE
HOLLAND
IS RECOGNISED AND CONGRATULATED FOR EXCEPTIONAL CONTRIBUTION


DO
SOMETHING
NICE
today

Statutory reporting requirements

Freedom of Information Act 1982

During 2023-24, Boort District Health received 3 applications. All these requests were from the general public. NIL request received from the parliament or from the media. Boort District Health made 3 FOI decisions during the 12 months ended 30 June 2024. All 3 decisions were made within the statutory time periods. A total of 3 FOI access decisions were made where access to documents was granted in full, granted in part or denied in full. 1 requests was subject to a complaint/internal review by Office of the Victorian Information Commissioner. Nil requests progressed to the Victorian Civil and Administrative Tribunal (VCAT).

Building Act 1993

Boort District Health does not own or control any government buildings and is exempt from notifying its compliance with the building and maintenance provisions of the Act.

Public Interest Disclosures Act 2012

Boort District Health is committed to the aims and objectives of the Protected Disclosure Act 2012 and to complying with the requirements of the Act, which provides for the disclosure of improper conduct by public bodies and public officials and the protection for those who come forward with a disclosure. It also provides for the investigation of disclosures that meet the legislative definition of a protected disclosure. Further information can be found at www.bdh.vic.gov.au

Statement on National Competition Policy

Boort District Health applies competitive neutral costing and pricing arrangement to significant business units within its operations. These arrangements are in line with the Government policy and the model principles applicable to the health sector.

Carers Recognition Act 2012

Boort District Health recognises its obligations under Section 12.12 of the Carers Recognition Act 2012 by ensuring that;

- Its employees and agents have an awareness and understanding of the care relationship principles;
- All practicable measures are taken to ensure that persons who are in care relationships and who are receiving services have an understanding of the care relationship principles;
- All practicable measures are taken to ensure that the organisation and its employees and agents reflect the principles in developing, supporting and providing assistance for persons in care relationships.

Additional information available on request

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):

- a statement that declarations of pecuniary interests have been duly completed by all relevant officers;
- details of shares held by a senior officer as nominee or held beneficially in a statutory authority or subsidiary;
- details of publications produced by the entity about itself, and how these can be obtained;
- details of changes in prices, fees, charges, rates, and levies charged by the entity;

- details of any major external reviews carried out on the entity;
- details of major research and development activities undertaken by the entity;
- details of overseas visits undertaken including a summary of the objectives and outcomes of each visit;
- details of major promotional, public relations and marketing activities undertaken by the entity to develop community awareness of the entity and its services;
- details of assessments and measures undertaken to improve the occupational health and safety of employees;
- a general statement on industrial relations within the entity and details of time lost through industrial accidents and disputes;
- a list of major committees sponsored by the entity, the purposes of each committee and the extent to which the purposes have been achieved; and
- details of all consultancies and contractors including:

(i) consultants/contractors engaged;
(ii) services provided; and
(iii) expenditure committed to for each engagement

Local Jobs First Act 2003

In 2023-2024 there were no contracts requiring disclosure under the Local Jobs First Act 2003.

Gender Equality Act 2020

Boort District Health is working towards creating an inclusive working environment where equal opportunity and diversity are valued, and that reflects the community we serve consistent with the Gender Equality Act. BDH continues to complete gender impact assessments and continues to collect workforce data for future reporting and target initiatives. The Gender Equity Progress Report was submitted in February 2024 for review. The BDH Gender Equality Action Plan 2021-2025 is available for review at www.bdh.vic.gov.au

Safe Patient Care Act 2015

Boort District Health has no matter to report in relation to its obligations under section 40 of the Safe Patient Care Act 2015.

Subsequent Events

As at the time of writing this report there were no events subsequent of the reporting date at which by their nature and / or amount will have or may have a financial effect on the financial position of the entity.

Statutory reporting requirements

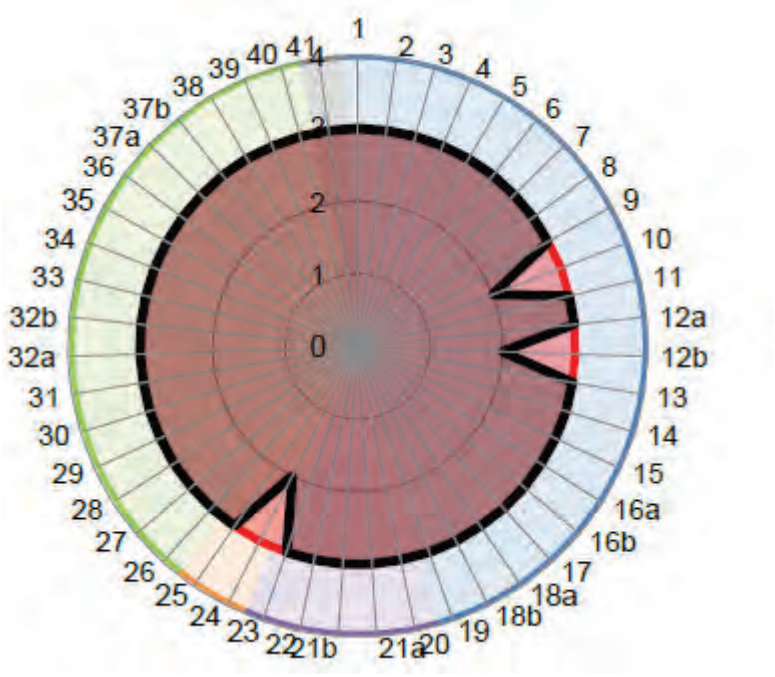
Asset Management Accountability Framework (AMAF) maturity assessment

The AMAF Compliance Assessment Tool (Tool) has been used to evaluate Boort District Health's (BDH's) current asset management maturity.

The Tool provides compliance ratings based on the maturity of the system status and the effectiveness of application and compares to maturity ratings as set by DTF. The asset management lifecycle areas covered by the AMAF are leadership and accountability; planning; acquisition; operation; and disposal.

The following sections summarise Boort District Health assessment of maturity against the requirements of the Asset Management Accountability Framework (AMAF). BDH has met the DTF's target maturity level of Competence (DTF defined rating of three or above) for 44 of the 47 requirements. The remaining four requirements have been assessed as partially compliant. According to the DTF an assessment below 'Competence' (3) is assessed as partial compliance. There were no instances of BDH being assessed with a maturity of Innocence (0), which would result in non-compliance.

The following graphic is a pictorial representation of BDH's maturity assessment, using the DTF AMAF Compliance Tool.



Legend

Status	Scale
Not Applicable	N/A
Innocence	0
Awareness	1
Developing	2
Competence	3
Optimising	4
Unassessed	U/A

Target

Overall


AUSSIE
AUSSIE
AUSSIE
AUSTRALIA

Attestations

Attestations and declarations (Standing Directions 2018 (S.D))

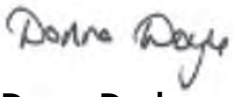
Boort District Health Financial Management Compliance Attestation Statement

I, Wendy Gladman, on behalf of the Responsible Body, certify that the Boort District Health has no Material Compliance Deficiency with respect to the applicable Standing Directions under the Financial Management Act 1994 and Instructions.

Wendy Gladman
Board Chair
Boort
30 June 2024

Data Integrity Declaration

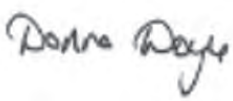
I, Donna Doyle certify that Boort District Health has put in place appropriate internal controls and processes to ensure that reported data accurately reflects actual performance. Boort District Health has critically reviewed these controls and processes during the year



Donna Doyle
CEO
Boort
30 June 2024

Conflict of Interest Declaration

I, Donna Doyle, certify that Boort District Health 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 Boort District Health and members of the board, and all declared conflicts have been addressed and are being managed. Conflict of interest is a standard agenda item for declaration and documenting at each executive board meeting.



Donna Doyle
CEO
Boort
30 June 2024

Integrity, Fraud and Corruption Declaration

I, Donna Doyle, certify that Boort District Health has put in place appropriate internal controls and processes to ensure that Integrity, fraud and corruption risks have been reviewed and addressed at Boort District Health during the year.

Donna Doyle
CEO
Boort
30 June 2024

Compliance with Health Share Victoria (HSV) Purchasing Policies

No compliance issues

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

Donna Doyle
CEO
Boort
30 June 2024

Disclosure Index

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

Legislation	Requirement	Page Reference
Ministerial Directions		
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FRD 22	Purpose, functions, powers and duties	18
FRD 22	Nature and range of services provided	14-16
FRD 22	Activities, programs and achievements for the reporting period	8-11
FRD 22	Significant changes in key initiatives and expectations for the future	14-16
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FRD 22	Workforce data / employment and conduct principles	13
FRD 22	Occupational Health and Safety	19
Financial information		
FRD 22	Summary of the financial results for the year	FR
FRD 22	Significant changes in financial position during the year	FR
FRD 22	Operational and budgetary objectives and performance against objectives	FR
FRD 22	Subsequent events	23
FRD 22	Details of consultancies under $10,000	12
FRD 22	Details of consultancies over $10,000	12
FRD 22	Disclosure of ICT expenditure	13
FRD 22	Asset Management Accountability Framework	24
FRD 22	Review and Studies expenditure	13
Legislation		
FRD 22	Application and operation of *Freedom of Information Act 1982*	22
FRD 22	Compliance with building and maintenance provisions of *Building Act 1993*	22
FRD 22	Application and operation of *Public Interest Disclosure Act 2012*	22
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Attestations		
Attestation on Data Integrity		26
Attestation on managing Conflicts of Interest		26
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• Reporting obligations under the *Safe Patient Care Act 2015*		23

Our Team

CEO
Donna Doyle

Board Chairperson
Wendy Gladman

Director of Medical Services
Dr Craig Winter

Director of Clinical & Community Services
Mubarak Meera Sahib

Nurse Unit Manager
Michelle Lawrence

Executive Assistant
Tarmeka King

Clinical Services
Aneesh Sasidharan
Arshad Salahudeen
Barry Putman
Beverley Taylor
Caitlin Bell
Carmen Cauchi
Cathy Perrotta
Christy Thomas
Daniel Bell
Dhanyamol Varghese
Elizabeth Bell
Elodie McKenzie
Emma Koch
Ena Green
Helen Goudie
Jaspal Singh
Jeanette Long
Jincy Mukalel
Judy Parker
Julie Dean
Justine Thomas
Kate Burton
Kerry Baker
Laura Palmer
Linda Young
Lisa Tulloch
Loida Pacala
Lois Whykes
Madeleine Scott
Madeline Wagner
Madison Ough
Marie Pompeia
Mary Loosley
Michele Schmidt
Michelle Lawrence
Michelle Holland
Michelle Nisbet
Nadine Chalmers
Narelle Vernon
Neethu Ahamed
Pamela Griffiths
Pauline Cooper
Peter Jose
Philip Eddy
Renu Pattison
Robert Lahtz
Roshni Thomas
Roslyn Stone
Sally Keeble
Samantha Isaac
Saritha Sajan
Sharon Wright
Tracey Bird
Vincy Jacob
Wendy Russell

District Nursing
Tanya Buchanan

Allied Health
Deanne Smith

Quality, Safety, OHS/Dental Manager
Nicole Fuller

Dentist
Diana Aio

Dental Staff
Guessey Ocaya
Kim Griffiths
Krista Kerr
Nikki Lanyon
Stacey Streader

Operational Services Manager
Julie Walton

Workplace Trainer/Careers Program Advisor/Finance Officer
Bayley Fuller

Food Services Team Leader
Kristen Gooding

Cleaning Team Leader
Susan Dunne

Maintenance Team Leader
Natham Wright

Support Services
Alec Velleley
Alice Spowart
Amanda Mitchell
Anthony Sullivan
Binu Karuvelil Varghese
Bradley Kerr
Carmel Gillespie
Chrizelle Andoy
Ella Streader
Eliana Haw
Emma Gawne
Emma Malone
Georgia Walton
Guianne Ocaya
Giul Ocaya
Harjit Aulakh
Helen Absalom
Joe Velleley
Johnothan Vernon
Judilyn Ocaya
Judith Perryman
Kayla McPherson
Keziah Pacala
Lauren Gawne
Leanne Hodoras
Leona Nixon
Linda Ross
Margaret Lanyon
Milly Scott
Mitchelle Maymiero
Noel Collins
Phoebe Malone
Rajwinder Kaur
Roslyn Wright
Roger Brewer
Sally Gillings
Samuel Barraclough
Sarah Mae Gumilao
Sarah Polack
Sinu Karavelil Varghese
Susan Dunne

Corporate Services Manager
Kathryn Velleley

Administration
Dylan Hatcher
Jess Collins
Mamatha Gopinath
Nyzelle Andoy
Ralph Beja
Sharyn O'Rourke
Sibin Charly

Activities
Sally Keeble
Maree Stringer
Mia Braun
Sandra Poyner

Ladies Auxiliary

It is with great pleasure that I present my report to the CEO Donna Doyle and members of the Board of Management.

The Hospital ladies Auxiliary ran their annual Easter Egg raffle which proved to be very successful. Thank you to Boort IGA for their generous donation. The Christmas Cake raffle was also very successful. We thank Gail Armstrong for making and decorating the cake and the Boort Newsagency and member for helping to sell tickets for this.

The Auxiliary again funded many new items for the Health Service totalling $103,244.29; including: The construction and installation of two pergolas in the internal courtyard of the Aged Care area.

- Acoustic panelling in the Café and administration waiting areas
- Two gazebos
- One Accella Therapy Monitor
- New chairs for the Day Centre
- Over toilet frames
- Pressure Cushions
- Cordless Alarm mats for the aged care residents

The OpShop has continued doing very well this year. A big thank you to all the members for working their rostered shifts and all the extra jobs completed on Thursdays at the back of the shop, including pricing and resetting shelves, washing clothes and so on. This is a tremendous effort by all involved.

Thank you to the public for their generous donations and for support "our little shop".
Thank you to my secretary Leanne Streader for all her help over the last 12 months. Also to our treasurer Robyn Kennedy for an amazing job with the finances.

Lastly a huge thank you to all Auxiliary members for all the help and support this year.
I think we make an Amazing Team!

Judy Perryman
President

Donations / Years of Service /Life Governors

Life Governors

Mrs. E.M. Wilson	September	1972
Mrs. H.E. Lanyon	September	1972
Mrs. N.M. Weaver	September	1972
Mr. L.R. Meadows	September	1972
Mr. L.F. Whitmore	September	1972
Mr. G.A. Frost	October	1974
Mr. W.N. Haw	March	1976
Mr. H.D. Cable	September	1980
Mr. W.A. Boyle	April	1985
Mr. H.F. Slatter	April	1985
Mr. K.I. McKay	April	1985
Mr. E.L. Poxon	October	1989
Miss A. Donnellon	December	1989
Mr. F.L. Boyle	December	1989
Mr. K.M. Weaver	October	1992
Mrs. F.J. Meadows	March	1995
Mr. K.M. Jeffery	October	2000
Dr. G.C. Findlow	May	2001
Dr. J.E. Findlow	May	2001
Mr. M.J. Nolan	October	2002
Mrs. M.A. Birt	October	2003
Mr. G.E. Arundell	October	2006
Mrs. P. Byrne	December	2009
Mrs. M. Worland	October	2011
Mrs. B. Jeffery	October	2014
Mrs. E. Barnes	October	2016
Mrs. J. Keath	October	2016

Service Awards

Gwen Parker	15 years
Elma Gierisch	15 years
Roslyn Wright	15 years
Kim Griffiths	15 years
Val Mayberry	20 years
Sally Keeble	40 years

Donations

Boort donations 2023/24 as at 30th June 2024	
Paul Chrystie	$19.00
Finn Poxon	$30.00
Ryan Family	$100.00
Boort Newsagency Tin	$149.05
Boort Bowls Club	$300.00
Korong Vale Bowling Club	$2000.00
B & B Barnes	$4000.00
Terrapee Contractors	$18000.00
Total	**$24,598.05**

Independent Auditor's Report

Victorian Auditor-General's Office

Independent Auditor's Report

To the Board of Boort District Health

Opinion	I have audited the financial report of Boort District Health (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 significant accounting policies • board director's, chief executive officer's, and chief finance 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 and fair presentation of a financial report that is free from material misstatement, whether due to fraud or error. In preparing the financial report, the Board is responsible for assessing the health service's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless it is inappropriate to do so.

Auditor's responsibilities for the audit of the financial report

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

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

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

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

MELBOURNE
13 September 2024

Dominika Ryan
as delegate for the Auditor-General of Victoria

Financial Report

Boort District Health
Financial Statements
Financial Year ended 30 June 2024

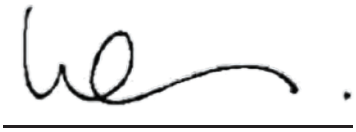
Board Members, Accountable Officer's, and Chief Finance & Accounting Officer's declaration

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

We further state that, in our opinion, the information set out in the comprehensive operating statement, balance sheet, statement of changes in equity, cash flow statement and accompanying notes, presents fairly the financial transactions during the year ended 30 June 2024 and the financial position of Boort District Health 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.

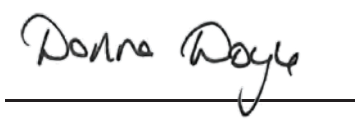
We authorise the attached financial statements for issue on 21st August 2024.



Wendy Gladman

Board Chair

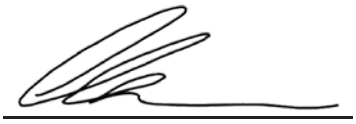
Boort
21st August 2024



Donna Doyle

Chief Executive Officer

Boort
21st August 2024



Cameron Olsen

Chief Finance & Accounting Officer

Boort
21st August 2024

Boort District Health
Comprehensive Operating Statement
For the Year Ended 30 June 2024

	Note	2024 $'000	2023 $'000
Revenue and Income from Transactions			
Operating Activities	2.1	9,810	8,411
Non-operating Activities	2.1	185	59
Share of revenue from joint operations	8.7	583	479
Total Revenue and Income from Transactions		**10,578**	**8,949**
Expenses from Transactions			
Employee Expenses	3.1	(6,934)	(6,301)
Supplies and consumables	3.1	(690)	(650)
Finance costs	3.1	(3)	(3)
Depreciation	3.1	(929)	(888)
Share of expenditure from joint operations	8.7	(568)	(415)
Other Administrative Expenses	3.1	(1,132)	(1,099)
Other Operating expenses	3.1	(461)	(420)
Total Expenses from Transactions		**(10,717)**	**(9,776)**
Net Result from Transactions - Net Operating Balance		**(139)**	**(827)**
Other Economic Flows included in Net Result			
Net Gain/(Loss) on Sale of Non-Financial Assets	3.2	(11)	-
Other Gains/(Loss) from Other Economic Flows	3.2	15	5
Share of Other Economic Flows from Joint Operation	3.2	10	-
Total Other Economic Flows included in Net Result		**14**	**5**
Net Result for the year		**(125)**	**(822)**
Other Comprehensive Income			
Items that will not be reclassified to Net Result			
Changes in Property, Plant and Equipment Revaluation Surplus		15,224	1,204
Total Other Comprehensive Income		**15,224**	**1,204**
Comprehensive Result for the year		**15,099**	**382**

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

Financial Report

Boort District Health
Balance Sheet
As at 30 June 2024

	Note	2024 $'000	2023 $'000
Current Assets			
Cash and Cash Equivalents	6.2	5,155	3,231
Receivables	5.1	401	367
Inventories		64	52
Prepayments		75	29
Share of assets in joint operations	8.7	670	543
Total Current Assets		**6,365**	**4,222**
Non-Current Assets			
Receivables	5.1	148	36
Property, Plant & Equipment	4.1(a)	31,770	17,272
Right of use assets	4.2(a)	146	135
Share of assets in joint operations	8.7	23	23
Total Non-Current Assets		**32,087**	**17,466**
Total Assets		**38,452**	**21,688**
Current Liabilities			
Payables	5.2	478	422
Contract Liabilities	5.3	18	366
Borrowings	6.1	62	37
Provisions	3.3	1,226	1,023
Other Liabilities	5.4	3,154	1,460
Share of liabilities in joint operations	8.7	411	310
Total Current Liabilities		**5,349**	**3,618**
Non-Current Liabilities			
Borrowings	6.1	84	99
Provisions	3.3	73	124
Total Non-Current Liabilities		**157**	**223**
Total Liabilities		**5,506**	**3,841**
Net Assets		**32,946**	**17,847**
Equity			
Property, Plant & Equipment Revaluation Surplus	SCE	23,715	8,491
Restricted Special Purpose Reserve	SCE	1,124	1,124
Contributed Capital	SCE	3,161	3,161
Accumulated Surpluses	SCE	4,946	5,071
Total Equity		**32,946**	**17,847**

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

Boort District Health
Statement of Changes in Equity
For the Year Ended 30 June 2024

	Note	Property, Plant and Equipment Revaluation Surplus	Restricted Special Purpose Reserve	Contributed Capital	Accumulated Surpluses	Total
		$'000	$'000	$'000	$'000	$'000
Balance at 1 July 2022		7,287	1,124	3,161	5,893	17,465
Net result for the year		-	-	-	(822)	(822)
Other comprehensive income for the year	4.1(b)	1,204	-	-	-	1,204
Balance at 30 June 2023		**8,491**	**1,124**	**3,161**	**5,071**	**17,847**
Net result for the year		-	-	-	(125)	(125)
Other comprehensive income for the year	4.1(b)	15,224	-	-	-	15,224
Balance at 30 June 2024		**23,715**	**1,124**	**3,161**	**4,946**	**32,946**

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

Financial Report

Boort District Health
Cash Flow Statement
For the Year Ended 30 June 2024

	Note	2024 $'000	2023 $'000
Cash Flows from Operating Activities			
Operating Grants from Government		7,884	6,840
Capital Grants from Government- State		21	85
Patient and Resident Fees Received		1,133	832
Donations and Bequests Received		24	5
GST received from ATO		217	195
Interest Received		185	59
Other Receipts		569	744
Total Receipts		**10,033**	**8,760**
Employee Expenses Paid		(6,848)	(6,232)
Payments for Supplies & Consumables		(857)	(692)
Payments for Medical Indemnity Insurance		(12)	(11)
Finance Costs		(3)	(3)
Cash Outflow for Leases		(14)	(15)
GST paid to ATO		(59)	(42)
Other Payments		(1,757)	(1,114)
Total Payments		**(9,550)**	**(8,110)**
Net Cash Flows from Operating Activities	8.1	**483**	**650**
Cash Flows from Investing Activities			
Payments for Non-Financial Assets		(189)	(335)
Net Cash Flows used in Investing Activities		**(189)**	**(335)**
Cash Flows from Financing Activities			
Receipt of Borrowings		39	-
Repayment of Borrowings		(102)	(58)
Receipt of Accommodation Deposits		2,034	145
Repayments of Accommodation Deposits		(341)	(1,622)
Net Cash Flows from/(used in) Financing Activities		**1,630**	**(1,534)**
Net Increase/(decrease) in Cash and Cash Equivalents Held		**1,925**	**(1,219)**
Cash and Cash Equivalents at beginning of year		3,231	4,450
Cash and Cash Equivalents at End of Year	6.2	**5,155**	**3,231**

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

Boort District Health
Notes to the Financial Statement
For the 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 Material accounting estimates and judgements
1.5 Accounting standards issued but not yet effective
1.6 Goods and Services Tax (GST)
1.7 Reporting entity

Financial Report

Boort District Health
Notes to the Financial Statement
For the Year Ended 30 June 2024

Note 1 Basis of Preparation

These financial statements represent the audited general purpose financial statements for Boort District Health for the year ended 30 June 2024. The report provides users with information about Boort District Health's stewardship of 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, and relevant Standing Directions (SDs) authorised by the Assistant Treasurer.

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

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

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

The financial statements are prepared on a going concern basis (refer to note 8.8 Economic Dependency).

These financial statements are in Australian dollars.

All amounts shown 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 Boort District Health on 21st August 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
NWAU	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 Boort District Health's financial statements, its share of assets and liabilities and any revenue and expenses of such joint arrangements.

Boort District Health has the following joint arrangements:

- Loddon Mallee Rural Health Alliance

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

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 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 4.3: Depreciation and amortisation
- Note 4.4: Impairment of assets
- Note 5.1: Receivables
- Note 5.2: Payables
- Note 5.3: Contract liabilities
- Note 6.1(a): Lease liabilities
- Note 7.4: Fair value determination

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 Boort District Health and their potential impact when adopted in future periods is outlined below:

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

Boort District Health
Notes to the Financial Statement
For the 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 associated GST, unless the GST incurred is not recoverable from the Australian Taxation Office (ATO). In this case the GST payable is recognised as part of the cost of acquisition of the asset or as part of the expense.

Receivables and payables are stated inclusive of the amount of GST receivable or payable. 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 presented on a gross basis. The GST components of cash flows arising from investing and/or financing activities which are recoverable from, or payable to the ATO. These GST components are presented 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 Boort District Health.

Its principal address is:

31 Kiniry Street

Boort VIC 3537

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

Boort District Health
Notes to the Financial Statement
For the Year Ended 30 June 2024

Note 2 Funding Delivery of Our Services

Boort District Health's overall objective is to provide quality health services that support and enhance the wellbeing of the community. Boort District Health is predominantly funded by grant funding for the provision of outputs.

Boort District Health also receives income from the supply of services.

Structure

2.1 Revenue and income from transactions

Material judgements and estimates

This section contains the following material judgements and estimates:

Material judgements and estimates	Description
Identifying performance obligations	Boort District Health applies material judgement when reviewing the terms and conditions of funding agreements and contracts to determine whether they contain sufficiently specific and enforceable performance obligations. If this criterion is met, the contract/funding agreement is treated as a contract with a customer, requiring Boort District Health to recognise revenue as or when the health service transfers promised goods or services to customers. If this criterion is not met, funding is recognised immediately in the net result from operations.
Determining timing of revenue recognition	Boort District Health 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.
Determining time of capital grant income recognition	Boort District Health 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.
Assets and services received free of charge or for nominal consideration	Boort District Health applies material judgement to determine the fair value of assets and services provided free of charge or for nominal value. This includes consistently reviewing market prices, and assessing market demands.

Boort District Health
Notes to the Financial Statement
For the Year Ended 30 June 2024

Note 2.1 Revenue and Income from Transactions

	Note	2024 $'000	2023 $'000
Operating Activities			
Revenue from Contracts with Customers			
Government grants (State) - operating		18	18
Government grants (Commonwealth) - operating		3,356	2,295
Patient and resident fees		1,136	827
Commercial activities [1]		206	108
Total Revenue from Contracts with Customers	2.1(a)	**4,716**	**3,248**
Other Sources of Income			
Government grants (State) - operating		4,456	4,527
Government grants (State) - capital		76	85
Assets received free of charge or for nominal consideration		-	66
Donations		24	5
Other revenue from operating activities (including non-capital donations)		538	480
Total Other Sources of Income		**5,094**	**5,163**
Total Revenue and Income from Operating Activities		**9,810**	**8,411**
Non-Operating Activities			
Income from Other Sources			
Other interest		185	59
Total Income from Other Sources		**185**	**59**
Total Income from Non-Operating Activities		**185**	**59**
Total Revenue and Income from Transactions		**9,995**	**8,470**

1. Commercial activities represent business activities which Boort District Health enters into to support its operations.

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

	2024 $'000	2023 $'000
Boort District Health disaggregates revenue by the timing of revenue recognition.		
Good and Services Transferred to Customers:		
At a point in time	4,510	3,140
Over time	206	108
Total Revenue from Contracts with Customers	**4,716**	**3,248**

How we recognise revenue and income from operating activities
Government operating grants

To recognise revenue, Boort District Health assesses whether there is a contract that is enforceable and has sufficiently specific performance obligations in accordance with AASB 15: *Revenue from Contracts with Customers.*

When both these conditions are satisfied, the health service:

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

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

Where the contract is not enforceable and/or does not have sufficiently specific performance obligations, 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 *Income for not-for-profit entities.*

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

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

Government grant	Performance obligation
Commonwealth Aged Care Funding	The performance obligations for Commonwealth Aged Care Funding are the number and mix of residents in the Aged Care facilities. Revenue is recognised at a point in time, which is when AIMS data is submitted monthly.

Capital grants

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

Income is recognised progressively as the asset is constructed which aligns with Boort District Health 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 at a point in time, to reflect the period accommodation is provided.

Commercial activities

Revenue from commercial activities includes items such as cafeteria income and meals on wheels income. 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.

Boort District Health
Notes to the Financial Statement
For the Year Ended 30 June 2024

2.1(b) Fair value of assets and services received free of charge or for nominal consideration

	2024 $'000	2023 $'000
Cash donations	24	5
Personal protective equipment	-	66
Total fair value of assets and services received free of charge or for nominal consideration	**24**	**71**

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 Boort District Health usually obtained control of the asset) as they do not contain sufficiently specific and enforceable performance obligations. Where sufficiently specific and enforceable performance obligations exist, revenue is recorded as and when the performance obligation is satisfied.

Personal protective equipment

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

Contributions of resources

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

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

Voluntary Services

Boort District Health receives volunteer services from members of the community in the following areas:

- Boort District Health Op Shop
- Meals on Wheels
- Adult Activity Day Centre Programs
- Aged Care Activity Programs
- Volunteer Transport
- Community Representation.

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

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

Non-cash contributions from the Department of Health

The Department of Health makes some payments on behalf of the Boort District Health as follows:

Supplier	Description
Victorian Managed Insurance Authority	The Department of Health purchases non-medical indemnity insurance for Boort District Health which is paid directly to the Victorian Managed Insurance Authority. To record this contribution, such payments are recognised as income with a matching expense in the net result from transactions.
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 Boort District Health.
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 with the DH.

Boort District Health
Notes to the Financial Statement
For the Year Ended 30 June 2024

Note 3 The Cost of Delivering Our Services

This section provides an account of the expenses incurred by Boort District Health in delivering services and outputs. In Note 2, the funds that enable the provision of services were disclosed and in this note the costs 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	Boort District Health applies material judgement when classifying its employee benefit liabilities. Employee benefit liabilities are classified as a current liability if Boort District Health does not have an unconditional right to defer payment beyond 12 months. Annual leave, accrued days off and long service leave entitlements (for staff who have exceeded the minimum vesting period) fall into this category. Employee benefit liabilities are classified as a non-current liability if Boort District Health has a conditional right to defer payment beyond 12 months. Long service leave entitlements (for staff who have not yet exceeded the minimum vesting period) fall into this category.
Measuring employee benefit liabilities	Boort District Health applies material judgement when measuring its employee benefit liabilities. Boort District Health applies judgement to determine when it expects its employee entitlements to be paid. With reference to historical data, if Boort District Health does not expect entitlements to be paid within 12 months, the entitlement is measured at its present value, being the expected future payments to employees. Expected future payments incorporate: ▪ an inflation rate of 4.45%, reflecting the future wage and salary levels ▪ durations of service and employee departures, which are used to determine the estimated value of long service leave that will be taken in the future, for employees who have not yet reached the vesting period. The estimated rates are between 15% and 83% ▪ discounting at the rate of 4.348%, as determined with reference to market yields on government bonds at the end of the reporting period. All other entitlements are measured at their nominal value.

Boort District Health
Notes to the Financial Statement
For the Year Ended 30 June 2024

Note 3.1 Expenses from Transactions

	Note	2024 $'000	2023 $'000
Salaries and Wages		5,258	4,784
On-costs		1,296	1,104
Agency Expenses		131	94
Fee for Service Medical Officer Expenses		144	245
Workcover Premium		105	74
Total Employee Expenses		**6,934**	**6,301**
Drug Supplies		51	55
Medical and Surgical Supplies (including Prostheses)		217	227
Other Supplies and Consumables		422	368
Total Supplies and Consumables		**690**	**650**
Finance Costs		3	3
Total Finance Costs		**3**	**3**
Other Administrative Expenses		1,132	1,099
Total Other Administrative Expenses		**1,132**	**1,099**
Fuel, Light, Power and Water		157	146
Repairs and Maintenance		196	147
Maintenance Contracts		82	101
Medical Indemnity Insurance		12	11
Expenses related to leases for low value assets		14	15
Total Other Operating Expenses		**461**	**420**
Total Operating Expenses		**9,220**	**8,473**
Depreciation	4.3	929	888
Total Depreciation		**929**	**888**
Total Expenses from Transactions		**10,149**	**9,361**

Boort District Health
Notes to the Financial Statement
For the Year Ended 30 June 2024

How we recognise expenses from transactions

Expense recognition

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

Employee Expenses

Employee expenses include:

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

Supplies and consumables

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

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.

The Department of Health also makes certain payments on behalf of Boort District Health. These amounts have been brought to account in determining the operating result for the year, by recording them as revenue and recording a corresponding expense.

Non-operating expenses

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

Note 3.2 Other Economic Flows

	2024 $'000	2023 $'000
Net gain/(loss) on disposal of property,plant and equipment	(11)	-
Total net gain/(loss) on non-financial assets	**(11)**	**-**
Share of net profits/(losses) of joint entities, excluding dividends	10	-
Total Share of other economic flows from Joint Operations	**10**	**-**
Net gain/(loss) arising from revaluation of long service liability	15	5
Total other gains/(losses) from other economic flows	**15**	**5**
Total gains/(losses) from Economic Flows	**14**	**5**

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.

Boort District Health
Notes to the Financial Statement
For the Year Ended 30 June 2024

Note 3.3 Employee Benefits and Related On-Costs

	2024 $'000	2023 $'000
Current employee benefits and related on-costs		
Accrued Day Off		
- Unconditional and expected to be settled wholly within 12 months [(i)]	2	3
- Unconditional and expected to be settled wholly after 12 months [(ii)]	-	1
Annual Leave		
- Unconditional and expected to be settled wholly within 12 months [(i)]	400	395
- Unconditional and expected to be settled wholly after 12 months [(ii)]	67	63
Long Service Leave		
- Unconditional and expected to be settled wholly within 12 months [(i)]	146	106
- Unconditional and expected to be settled wholly after 12 months [(ii)]	472	342
	1,087	**910**
Provisions related to employee benefit on-costs		
- Unconditional and expected to be settled wholly within 12 months [(i)]	66	59
- Unconditional and expected to be settled wholly after 12 months [(ii)]	73	54
	139	**113**
Total current employee benefits and related on-costs	**1,226**	**1,023**
Non-current provisions employee benefits and related on-costs		
Conditional Long Service Leave [(ii)]	64	109
Provisions related to employee benefits on-costs [(ii)]	9	15
Total non-current employee benefits and related on-costs	**73**	**124**
Total Employee Benefits and Related On-Costs	**1,299**	**1,147**

[i] The amounts disclosed are nominal amounts.
[ii] The amounts disclosed are discounted to present values.

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

Current employee benefits and related on-costs		
Unconditional Accrued Days Off	3	4
Unconditional Annual Leave Entitlements	520	511
Unconditional Long Service Leave Entitlements	703	508
Total Current Employee Benefits and Related On-Costs	**1,226**	**1,023**
Non-Current employee benefits and related on-costs		
Conditional Long Service Leave Entitlements	73	124
Total Non-Current Employee Benefits and Related On-Costs	**73**	**124**
Total Employee Benefits and Related On-Costs	**1,299**	**1,147**
Attributable to:		
Employee Benefits	1,151	1,019
Provision for related on-costs	148	128
Total Employee Benefits and Related On-Costs	**1,299**	**1,147**

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

Carrying amount at start of year	**128**	**116**
Additional provisions recognised	53	59
Amounts incurred during the year	(48)	(52)
Net gain/(loss) arising from revaluation of long service leave	15	5
Carrying amount at end of year	**148**	**128**

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 Boort District Health does not have an unconditional right to defer settlements of these liabilities.

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

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

Long Service Leave

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

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

The components of this current LSL liability are measured at:

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

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

Termination Benefits

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

Provision for On-Costs Related to Employee Benefits

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

Boort District Health
Notes to the Financial Statement
For the Year Ended 30 June 2024

Note 3.4 Superannuation

	Paid Contribution for the Year	
	2024 $'000	2023 $'000
Defined Benefits plans:		
Aware Super	14	18
Defined Contribution plans:		
Aware Super	418	361
HESTA Administration	113	113
Other	84	69
TOTAL	**629**	**561**

How we recognise superannuation

Employees of Boort District Health 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 Boort District Health to the superannuation plans in respect of the services of current Boort District Health's staff during the reporting period. Superannuation contributions are made to the plans based on the relevant rules of each plan and are based upon actuarial advice.

Boort District Health 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 Department of Treasury and Finance discloses the State's defined benefits liabilities in its disclosure for administered items.

Superannuation contributions paid or payable for the reporting period however, are included as part of employee benefits in the Comprehensive Operating Statement of Boort District Health.

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

Defined Contribution Superannuation Plans

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

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

Boort District Health
Notes to the Financial Statement
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Note 4 Key Assets to Support Service Delivery

Boort District Health 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 Boort District Health to be utilised for delivery of those outputs.

Structure
4.1 Property, Plant & Equipment
4.2 Right-of-use Assets
4.3 Depreciation
4.4 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	Boort District Health 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, residual value and depreciation rates of all assets at the end of each financial year and where necessary, records a change in accounting estimate.
Estimating useful life of right-of-use assets	The useful life of each right-of-use asset is typically the respective lease term, except where the health service is reasonably certain to exercise a purchase option contained within the lease (if any), in which case the useful life reverts to the estimated useful life of the underlying asset. Boort District Health applies material judgement to determine whether or not it is reasonably certain to exercise such purchase options.
Identifying indicators of impairment	At the end of each year, Boort District Health 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. The health service considers a range of information when performing its assessment, including considering: ▪ If an asset's value has declined more than expected based on normal use ▪ If a significant change in technological, market, economic or legal environment which adversely impacts the way the health service uses an asset ▪ If an asset is obsolete or damaged ▪ If the asset has become idle or if there are plans to discontinue or dispose of the asset before the end of its useful life ▪ If the performance of the asset is or will be worse than initially expected. Where an impairment trigger exists, the health service applies material judgement and estimate to determine the recoverable amount of the asset.

Boort District Health
Notes to the Financial Statement
For the Year Ended 30 June 2024

Note 4.1 Property, Plant and Equipment
Note 4.1 (a) Gross Carrying Amount and Accummulated Depreciation

	2024 $'000	2023 $'000
Land at Fair Value	680	1,398
Landscaping at Fair Value	618	91
Less Accumulated Depreciation	-	(22)
Total Land at fair value	**1,298**	**1,467**
Buildings at Fair Value	29,626	14,372
Less Accumulated Depreciation	-	-
Total Buildings at fair value	**29,626**	**14,372**
Work In Progress- Buildings at Cost	122	790
Total Land and Buildings	**31,046**	**16,629**
Plant and Equipment at Fair Value	1,220	1,081
Less Accumulated Depreciation	(691)	(644)
Total Plant and Equipment at fair value	**529**	**437**
Motor Vehicles at Fair Value	174	174
Less Accumulated Depreciation	(174)	(174)
Total Motor Vehicles at fair value	**-**	**-**
Computers and Communications at Fair Value	159	148
Less Accumulated Depreciation	(86)	(55)
Total Computers and Communications at fair value	**73**	**93**
Furniture and Fittings at Fair Value	237	210
Less Accumulated Depreciation	(115)	(97)
Total Furniture and Fittings at fair value	**122**	**113**
Total Plant, Equipment, Vehicles, Computers and Communications and Furniture and Fittings at fair value	**723**	**642**
Total property, plant and equipment	**31,770**	**17,272**

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

	Note	Land $'000	Buildings $'000	Plant & Equipment $'000	Computer and Communications $'000	Furniture & Fittings $'000	Work in Progress $'000	Total $'000
Balance at 1 July 2022		**1,187**	**14,199**	**461**	**108**	**88**	**636**	**16,679**
Additions		-		50	10	41	154	255
Transfers In/(out)		-	-	-	-	-	-	-
Disposals		-	-	-	-	-	-	-
Revalution increments/(decrements)		285	919	-	-	-	-	1,204
Depreciation	4.3	(5)	(746)	(74)	(25)	(16)	-	(866)
Balance at 30 June 2023	4.1(a)	**1,467**	**14,372**	**437**	**93**	**114**	**790**	**17,272**
Additions		-	22	128	9	25	5	189
Transfers In/(out)		48	541	84	-	-	(673)	-
Disposals		-	-	(14)	-	-	-	(14)
Revalution increments/(decrements)		(209)	15,433	-	-	-	-	15,224
Depreciation	4.3	(8)	(742)	(106)	(29)	(17)	-	(902)
Balance at 30 June 2024	4.1(a)	**1,298**	**29,626**	**529**	**73**	**122**	**122**	**31,770**

Land and Buildings Carried at Valuation

The Valuer-General Victoria undertook to re-value all of Boort District Health's land and buildings to determine their fair value. The valuation,which conforms to Australian Valuation standards, was determined by reference to the amounts for which assets could be exchanged between knowledgable willing parties in an arms length transaction. The valuation was based on independant assessment. The effective date of valuation was 30 June 2024.

How we recognise property, plant and equipment

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

Initial recognition

Items of property, plant and equipment (excluding right-of-use assets) are initially measured at cost. Where an asset is acquired for no or nominal cost, being far below the fair value of the asset, the deemed cost is its fair value at the date of acquisition. Assets transferred as part of an amalgamation/machinery of government change are transferred at their carrying amounts.

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

Subsequent measurement

Items of property, plant and equipment (excluding right-of-use assets) are subsequently measured at fair value less accumulated depreciation and impairment losses where applicable.

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

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, Boort District Health perform a managerial assessment to estimate possible changes in fair value of land and buildings since the date of the last independent valuation with reference to Valuer-General of Victoria (VGV) indices.

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

An independent valuation of Boort District Health's property, plant and equipment was performed by the VGV on 30 June 2024. The valuation, which complies with Australian Valuation Standards, was determined with 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.

Boort District Health
Notes to the Financial Statement
For the Year Ended 30 June 2024

Note 4.2 Right-of-use assets

Note 4.2 (a) Gross carrying amount and accumulated depreciation

	2024 $'000	2023 $'000
Right of use Vehicles at Fair Value	228	189
Less Accumulated Depreciation	(82)	(54)
Total right of use vehicles at fair value	**146**	**135**
Total right of use assets	**146**	**135**

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

	Note	Right of Use Vehicles $'000	Total $'000
Balance at 1 July 2022		**77**	**77**
Additions		80	80
Depreciation	4.3	(22)	(22)
Balance at 30 June 2023	4.2(a)	**135**	**135**
Additions		38	38
Depreciation	4.3	(27)	(27)
Balance at 30 June 2024	4.2(a)	**146**	**146**

How we recognise right-of-use assets

Initial recognition

When a contract is entered into, Boort District Health 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, adjusted for:

- any lease payments made at or before the commencement date
- any initial direct costs incurred; and
- an estimate of costs to dismantle and remove the underlying asset or to restore the underlying asset or the site on which it is located, less any lease incentive received.

Boort District Health 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, which are subsequently measured at cost, less accumulated depreciation and accumulated impairment losses where applicable.

Right-of-use assets are also adjusted for certain re-measurements 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.

Boort District Health
Notes to the Financial Statement
For the Year Ended 30 June 2024

Note 4.3 Depreciation

	2024 $'000	2023 $'000
Depreciation		
Property,plant and equipment		
Buildings	742	746
Landscaping	8	5
Plant & Equipment	106	74
Motor Vehicles	-	-
Computer and Communications	29	25
Furniture and Fittings	17	16
Total Depreciation - property,plant and equipment	**902**	**866**
Right -of-use-assets		
Right-of-use plant,equipment,furniture,fittings and motor vehicles	27	22
Total Depreciation - right-of-use assets	**27**	**22**
Total depreciation	**929**	**888**

How we recognise depreciation

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

Right-of-use assets are depreciated over the lease term or useful life of the underlying asset, whichever is the shortest. Where a lease transfers ownership of the underlying asset or the cost of the right-of-use asset reflects that the health service anticipates to exercise a purchase option, the specific right-of-use asset is depreciated over the useful life of the underlying asset.

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

	2024	2023
Buildings		
- Structure Shell Building Fabric	7 to 56 years	7 to 56 years
- Site Engineering Services and Central Plant	7 to 56 years	7 to 56 years
Central Plant		
- Fit Out	10 to 27 years	5 to 46 years
- Trunk Reticulated Building Systems	10 to 27 years	5 to 46 years
Plant & Equipment	3 to 25 years	3 to 25 years
Medical Equipment	3 to 20 years	3 to 14 years
Motor Vehicles	5 to 6 years	3 to 6 years
Computers and Communication	3 to 10 years	3 to 10 years
Furniture and Fittings	3 to 20 years	3 to 20 years

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

Note 4.4 Impairment of Assets

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

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

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

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

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

Boort District Health did not record any impairment losses for the year ended 30 June 2024 (30 June 2023: Nil).

Boort District Health
Notes to the Financial Statement
For the Year Ended 30 June 2024

Note 5 Other Assets and Liabilities

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

Structure
5.1 Receivables
5.2 Payables
5.3 Contract liabilities
5.4 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	Boort District Health uses a simplified approach to account for the expected credit loss provision. A provision matrix is used, which considers historical experience, external indicators and forward-looking information to determine expected credit loss rates.
Measuring deferred capital grant income	Where Boort District Health has received funding to construct an identifiable non-financial asset, such funding is recognised as deferred capital grant income until the underlying asset is constructed. Boort District Health 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	Boort District Health 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

	Notes	2024 $'000	2023 $'000
Current receivables			
Contractual			
Inter Hospital Debtors		48	40
Trade Debtors		28	26
Patient Fees		146	136
Accrued Revenue - Other		64	51
Amounts receivable from governments and agencies		73	74
Allowance for Impairment Losses	5.1(a)	(20)	(20)
Total Contractual Receivables		**339**	**307**
Statutory			
GST Receivable		62	60
Total Statutory Receivables		**62**	**60**
Total current receivables		**401**	**367**
Non-current receivables and contract assets			
Contractual			
Long Service Leave - Department of Health and Human Services		148	36
Total Contractual Receivables		**148**	**36**
Total non-current receivables and contract assets		**148**	**36**
Total receivables		**549**	**403**
(i) Financial assets classified as receivables (Note 7.1(a))			
Total receivables		549	403
GST receivable		(62)	(60)
Total financial assets and classified as recievables	7.1(a)	**487**	**343**

Note 5.1 (a): Movement in the Allowance for impairment losses of contractual receivables

Balance at the beginning of year	20	16
Increase in allowance recognised in net result	-	4
Balance at the end of year	**20**	**20**

How we recognise receivables

Receivables consist of:

- **Contractual receivables**, including debtors that relate to goods and services. 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. Boort District Health holds the contractual receivables with the objective to collect the contractual cash flows and therefore subsequently measured at amortised cost using the effective interest method, less any impairment.

Boort District Health
Notes to the Financial Statement
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- **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. Boort District Health applies AASB 9 for initial measurement of the statutory receivables and as a result statutory receivables are initially recognised at fair value plus any directly attributable transaction cost.

Trade debtors are carried at nominal amounts due 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 Boort District Health's contractual impairment losses.

Note 5.2 Payables

	Notes	2024 $'000	2023 $'000
Current payables			
Contractual			
Accrued Salaries and Wages		316	256
Accrued Expenses		11	9
Amounts payable governments and agencies		92	53
Deferred capital grant income	5.2(a)	25	25
Other Payables		23	66
Total contractual payables		**467**	**409**
Statutory			
GST Payable		11	13
Total statutory payables		**11**	**13**
Total payables		**478**	**422**

(i) Financial liabilities classified as payables (Note 7.1(a))

Total payables		478	422
Deferred grant income		(25)	(25)
GST Payable		(11)	(13)
Total financial liabilities classified as payables	7.1(a)	**442**	**384**

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 Boort District Health prior to the end of the financial year that are unpaid.

- **Statutory payables,** including Goods and Services Tax (GST) payable. Statutory payables that are recognised and measured similarly to contractual payables, but are not classified as financial instruments and not included in the category of financial liabilities at amortised cost, because they do not arise from contracts.

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

Note 5.2 (a) Movement in deferred capital grant income

Opening balance of deferred capital grant income	**25**	25
Grant consideration for capital works received during the year	76	-
Deferred grant revenue recognised as revenue due to completion of capital works	(76)	-
Closing balance of deferred capital grant income	**25**	**25**

How we recognise deferred capital grant income

Grant consideration was received from the Department of Treasury and Finance to support the constuction of the Solar/LED project. Capital Grant income is recognised progressively as the asset is constructed, since this is the time when Boort District Health satisfies its obligations. The progressive percentage costs incurred is used to recognise income because this most closely reflects the percentage of completion of the building works. As a result, Boort District Health has deferred recognition of a portion of the grant consideration received as a liability for the outstanding obligations.

Boort District Health expects to recognise all of the remaining deferred capital grant income for capital works by the end of 2024-25 financial year.

Boort District Health
Notes to the Financial Statement
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Note 5.3 Contract Liabilities

	2024 $'000	2023 $'000
Current		
Contract liabilities	18	366
Total current contract liabilities	**18**	**366**
Total contract liabilities	**18**	**366**

Note 5.3(a) Movement in contract liabilities

	2024 $'000	2023 $'000
Opening balance of contract liabilities	366	43
Add: Payments received for performance obligations not yet fulfiled	3,008	2,618
Less: Revenue recognised for the completion of a performance obligation	(3,356)	(2,295)
Total contract liabilities	**18**	**366**

How we recognise contract liabilities

Contract liabilities include consideration received in advance from customers in respect of activity. The balance of contract liabilities was significantly higher than the previous reporting period due to activity.

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 5.4 Other Liabilities

	2024 $'000	2023 $'000
Current monies held in trust		
Refundable accommodation deposits	3,154	1,460
Total current monies held in trust	**3,154**	**1,460**
Total Other Liabilities	**3,154**	**1,460**
Represented by:		
Cash assets	3,154	1,460
	3,154	**1,460**

How we recognise other liabilities

Refundable Accommodation Deposit ("RAD")/Accommodation Bond liabilities

RAD/accommodation bonds are non-interest-bearing deposits made by some aged care residents to Boort District Health 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.*

Boort District Health
Notes to the Financial Statement
For the Year Ended 30 June 2024

Note 6: How we Finance Our Operations

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

This section includes disclosures of balances that are financial instruments (such as borrowings and cash balances). Note: 7.1 provides additional, specific financial instrument disclosures.

Structure
6.1 Borrowings
6.2 Cash and Cash Equivalents
6.3 Commitments for Expenditure

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	Boort District Health applies material judgement to determine if a contract is or contains a lease by considering if the health service: ▪ has the right-to-use an identified asset ▪ has the right to obtain substantially all economic benefits from the use of the leased asset and ▪ can decide how and for what purpose the asset is used throughout the lease.
Determining if a lease meets the short-term or low value asset lease exemption	Boort District Health applies material judgement when determining if a lease meets the short-term or low value lease exemption criteria. 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. Boort District Health also estimates the lease term with reference to remaining lease term and period that the lease remains enforceable. Where the enforceable lease period is less than 12 months the health service applies the short-term lease exemption.
Discount rate applied to future lease payments	Boort District Health discounts its lease payments using the interest rate implicit in the lease. If this rate cannot be readily determined, which is generally the case for the health service's lease arrangements, the health service uses its incremental borrowing rate, which is the amount the health service would have to pay to borrow funds necessary to obtain an asset of similar value to the right-of-use asset in a similar economic environment with similar terms, security and conditions.
Assessing the lease term	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 Boort District Health is reasonably certain to exercise such options. Boort District Health determines the likelihood of exercising such options on a lease-by-lease basis through consideration of various factors including: ▪ If there are significant penalties to terminate (or not extend), the health service service is typically reasonably certain to extend (or not terminate) the lease. ▪ If any leasehold improvements are expected to have a significant remaining value, the health service is typically reasonably certain to extend (or not terminate) the lease. ▪ The health service considers historical lease durations and the costs and business disruption to replace such leased assets.

Note 6.1 Borrowings

	Note	2024 $'000	2023 $'000
Current borrowings			
Lease Liability [(i)]	6.1(a)	62	37
Total Current Borrowings		**62**	**37**
Non-current borrowings			
Lease Liability [(i)]	6.1(a)	84	99
Total Non-Current Borrowings		**84**	**99**
Total Borrowings		**146**	**136**

[i] Secured by the assets leased.

How we recognise borrowings
Borrowings refer to interest bearing liabilities mainly from funds raised through lease liabilities.

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 borrowings.

Boort District Health
Notes to the Financial Statement
For the Year Ended 30 June 2024

Note 6.1 (a) Lease liabilities

Boort District Health lease liabilities are summarised below:

	2024 $'000	2023 $'000
Total undiscounted lease liabilities	153	140
Less unexpired finance expenses	(7)	(4)
Net lease liabilities	**146**	**136**

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

Not longer than one year	66	39
Longer than 1 year and not later than 5 years	87	101
Minimum lease payments	**153**	**140**
Less unexpired finance expenses	(7)	(4)
Present value of lease liability	**146**	**136**
Represented by:		
- Current liabilities	62	37
- Non-current liabilities	84	99
	146	**136**

How we recognise lease liabilities

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

To apply this definition, Boort District Health ensures the contract meets the following criteria:

- the contract contains an identified asset, which is either explicitly identified in the contract or implicitly specified by being identified at the time the asset is made available to Boort District Health and for which the supplier does not have substantive substitution rights
- Boort District Health has the right to obtain substantially all of the economic benefits from use of the identified asset throughout the period of use, considering its rights within the defined scope of the contract and Boort District Health has the right to direct the use of the identified asset throughout the period of use; and
- Boort District Health has the right to take decisions in respect of 'how and for what purpose' the asset is used throughout the period of use.

Boort District Health's lease arrangements consist of the following:

Type of asset leased	Lease term
Leased vehicles	3 to 5 years

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

Type of payment	Description of payment	Type of leases captured
Low value lease payments	Leases where the underlying asset's fair value, when new, is no more than $10,000	Computer leases

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 Boort District Health's incremental borrowing rate.

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.

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 of fixed payments.

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

Boort District Health
Notes to the Financial Statement
For the Year Ended 30 June 2024

Note 6.2 Cash and Cash Equivalents

	2024 $'000	2023 $'000
Cash at Bank (excluding Monies held in trust)	-	200
Cash at Bank - CBS (excluding monies held in trust)	2,485	1,571
Total cash held for operations	**2,485**	**1,771**
Cash at Bank - CBS (Monies held in trust)	2,670	1,460
Total cash held as monies in trust	**2,670**	**1,460**
Total cash and cash equivalents	**5,155**	**3,231**

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 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

	2024 $'000	2023 $'000
Capital Expenditure Commitments		
Less than 1 year	25	25
Total capital Expenditure Commitments	**25**	**25**
Non- cancellable short term and low value lease commitments		
Less than 1 year	-	8
Total non- cancellable short term and low value lease commitments	**-**	**8**
Total commitments for expenditure (inclusive of GST)	**25**	**33**
Less GST recoverable from Australian Tax Office	-	1
Total commitments for expenditure (exclusive of GST)	**25**	**32**

How we disclose our commitments
Our commitments relate to capital expenditure and low value assets leases.

Expenditure commitments

Commitments for future expenditure include operating and capital commitments arising from contracts. These commitments are disclosed at their nominal value and are inclusive of the GST payable. In addition, where it is considered appropriate and provides additional relevant information to users, the net present values of significant projects are stated. These future expenditures cease to be disclosed as commitments once the related liabilities are recognised on the Balance Sheet.

Capital Expenditure commitments disclosed relates to the construction of staff accommodation and installation of solar.

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

Boort District Health
Notes to the Financial Statement
For the Year Ended 30 June 2024

Note 7: Risks, Contingencies & Valuation Uncertainties

Boort District Health 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	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. In determining the highest and best use, Boort District Health has assumed the current use is its highest and best use. Accordingly, characteristics of the health service's assets are considered, including condition, location and any restrictions on the use and disposal of such assets. Boort District Health uses a range of valuation techniques to estimate fair value, which include the following: ▪ Market approach, which uses prices and other relevant information generated by market transactions involving identical or comparable assets and liabilities. The fair value of Boort District Health's specialised land, non-specialised land and non-specialised buildings are measured using this approach. ▪ Cost approach, which reflects the amount that would be required to replace the service capacity of the asset (referred to as current replacement cost). The fair value of Boort District Health's specialised buildings, furniture, fittings, plant, equipment and vehicles are measured using this approach. ▪ Income approach, which converts future cash flows or income and expenses to a single undiscounted amount. Boort District Health does not this use approach to measure fair value. 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. Subsequently, the health service applies material judgement to categorise and disclose such assets within a fair value hierarchy, which includes: ▪ Level 1, using quoted prices (unadjusted) in active markets for identical assets that the health service can access at measurement date. Boort District Health does not categorise any fair values within this level. ▪ Level 2, inputs other than quoted prices included within Level 1 that are observable for the asset, either directly or indirectly. Boort District Health categorises non-specialised land and non-specialised buildings in this level. ▪ Level 3, where inputs are unobservable. Boort District Health categorises specialised land, specialised buildings, plant, equipment, furniture, fittings, vehicles, right-of-use vehicles, computer and communication and landscaping in this level.

Boort District Health
Notes to the Financial Statement
For the Year Ended 30 June 2024

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 Boort District Health'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

30 June 2024	Note	Financial Assets at Amortised Cost $'000	Financial Liabilities at Amortised Cost $'000	Total $'000
Contractual Financial Assets				
Cash and cash equivalents	6.2	5,155	-	5,155
Receivables and contract assets	5.1	487	-	487
Total Financial Assets [(i)]		**5,642**	**-**	**5,642**
Financial Liabilities				
Payables	5.3	-	442	442
Borrowings	6.1	-	146	146
Other Financial Liabilties - Refundable Accommodation Deposits	5.5	-	3,154	3,154
Total Financial Liabilities [(i)]		**-**	**3,743**	**3,743**

30 June 2023	Note	Financial Assets at Amortised Cost $'000	Financial Liabilities at Amortised Cost $'000	Total $'000
Contractual Financial Assets				
Cash and cash equivalents	6.2	3,231	-	3,231
Receivables and contract assets	5.1	343	-	343
Total Financial Assets [(i)]		**3,574**	**-**	**3,574**
Financial Liabilities				
Payables	5.3	-	384	384
Borrowings	6.1	-	136	136
Other Financial Liabilties - Refundable Accommodation Deposits	5.5	-	1,460	1,460
Total Financial Liabilities [(i)]		**-**	**1,980**	**1,980**

[i] The carrying amount excludes statutory receivables (i.e. GST receivable and DH receivable) and statutory payables (i.e. Revenue in Advance and DH payable).

How we categorise financial instruments

Categories of financial assets

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

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

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

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

Financial assets at amortised cost

Financial assets are measured at amortised costs 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 Boort District Health to collect the contractual cash flows, and
- the assets' contractual terms give rise to cash flows that are solely payments of principal and interests.

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

Boort District Health recognises the following assets in this category:

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

Categories of financial liabilities

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

Financial liabilities at amortised cost

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

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

Boort District Health recognises the following liabilities in this category:

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

Derecognition of financial assets

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

- the rights to receive cash flows from the asset have expired or
- Boort District Health retains the right to receive cash flows from the asset, but has assumed an obligation to pay them in full without material delay to a third party under a 'pass through' arrangement or
- Boort District Health has transferred its rights to receive cash flows from the asset and either:
  - has transferred substantially all the risks and rewards of the asset or
  - has neither transferred nor retained substantially all the risks and rewards of the asset but has transferred control of the asset.

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

Offsetting financial instruments

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

Boort District Health
Notes to the Financial Statement
For the Year Ended 30 June 2024

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, Boort District Health's business model for managing its financial assets has changed such that its previous model would no longer apply.

A financial liability reclassification is not permitted.

Note 7.2 Financial risk management objectives and policies

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

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

Boort District Health's main financial risks include credit risk and liquidity risk. Boort District Health manages these financial risks in accordance with its financial risk management policy.

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

Credit risk associated with Boort District Health'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.

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

Provision of impairment for contractual financial assets is recognised when there is objective evidence that Boort District Health 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 Boort District Health's maximum exposure to credit risk without taking account of the value of any collateral obtained.

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

Impairment of financial assets under AASB 9

Boort District Health records the allowance for expected credit loss for the relevant financial instruments, in accordance with AASB 9's 'Expected Credit Loss' approach. Subject to AASB 9, the impairment assessment includes Boort District Health's contractual receivables, statutory 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

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

On this basis, Boort District Health determines the closing loss allowance at end of the financial year as follows.

	Note	Current	Less than 1 month	1–3 months	3 months –1 year	1–5 years	Total
30 June 2024							
Expected loss rate		0.88%	0.0%	0.0%	20.40%	50.50%	
Gross carrying amount of contractual receivables		$ 176,717	$ -	$ 8,087	$ 818	$ 36,615	**$ 222,237**
Loss allowance	5.1	**1,547**	**-**	**-**	**167**	**18,491**	**20,204**

	Note	Current	Less than 1 month	1–3 months	3 months –1 year	1–5 years	Total
30 June 2023							
Expected loss rate		1.0%	0.0%	0.0%	20.4%	50.5%	
Gross carrying amount of contractual receivables		$ 69,896	-$ 1,715	$ 1,270	$ 23,958	$ 28,605	**$ 122,014**
Loss allowance	5.1	**665**	**-**	**-**	**4,887**	**14,446**	**19,998**

Statutory receivables and debt investments at amortised cost

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

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.

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Note 7.2 (b) Liquidity risk

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

Boort District Health 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:

- maintaining an adequate level of uncommitted funds that can be drawn at short notice to meet its short-term obligations
- holding investments and other contractual financial assets that are readily tradeable in the financial markets; and
- careful maturity planning of its financial obligations based on forecasts of future cash flows.

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

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

				Maturity Dates			
		Carrying Amount	Nominal Amount	Less than 1 Month	1-3 Months	3 months - 1 Year	1-5 Years
30 June 2024	**Note**	**$'000**	**$'000**	**$'000**	**$'000**	**$'000**	**$'000**
Financial Liabilities at amortised cost							
Payables	5.3	478	478	478	-	-	-
Borrowings	6.1	145	145	-	-	62	84
Other Financial Liabilities - Refundable Accommodation Deposits [(i)]	5.5	3,154	3,154	3,154		-	-
Total Financial Liabilities		**3,778**	**3,778**	**3,632**	**-**	**62**	**84**

				Maturity Dates			
		Carrying Amount	Nominal Amount	Less than 1 Month	1-3 Months	3 months - 1 Year	1-5 Years
	Note	**$'000**	**$'000**	**$'000**	**$'000**	**$'000**	**$'000**
30 June 2023							
Financial Liabilities at amortised cost							
Payables	5.3	422	422	422	-	-	-
Borrowings	6.1	136	136	-	-	37	99
Other Financial Liabilities - Refundable Accommodation Deposits [(i)]	5.5	1,460	1,460	1,460			-
Total Financial Liabilities		**2,018**	**2,018**	**1,882**	**-**	**37**	**99**

[(i)] Ageing analysis of financial liabilities excludes statutory financial liabilities (i.e GST payable).

Note 7.3 Contingent Assets and Contingent Liabilities

Boort District Health has no known contingent assets or contingent liabilities at 30 June 2024.

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.

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

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

Identifying unobservable inputs (level 3) fair value measurements

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

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

Boort District Health
Notes to the Financial Statement
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Note 7.4(a) Fair value determination of non-financial physical assets

	Note	Carrying Amount 30 June 2024 $'000	Fair value measurement at end of reporting period using: Level 1 [(i)] $'000	Level 2 [(i)] $'000	Level 3 [(i)] $'000
Non-specialised land		420	-	420	-
Specialised land		260	-	-	260
Total of land at fair value	4.1(a)	**680**	**-**	**420**	**260**
Non-specialised buildings		372	-	372	-
Specialised buildings		29,254	-	-	29,254
Total of building at fair value	4.1(a)	**29,626**	**-**	**372**	**29,254**
Landscaping at fair value	4.1(a)	618	-	437	181
Plant and Equipment at fair value	4.1(a)	529	-	-	529
Computer and Communications at fair value	4.1(a)	73	-	-	73
Furniture and Fittings at fair value	4.1(a)	122	-	-	122
Total plant, equipment, furniture, fittings and vehicles at fair value		**1,342**	-	**437**	**905**
Right-of-use Vehicles	4.2(a)	146	-	-	146
Total right-of-use assets at fair value		**146**	-	-	**146**
Total non- financial physical assets at fair value		**31,795**	**-**	**1,229**	**30,565**

[i] Classified in accordance with the fair value hierarchy.

		Carrying Amount 30 June 2023 $'000	Fair value measurement at end of reporting period using: Level 1 [(i)] $'000	Level 2 [(i)] $'000	Level 3 [(i)] $'000
Non-specialised land		806	-	806	-
Specialised land		592	-	-	592
Total of land at fair value	4.1(a)	**1,398**	**-**	**806**	**592**
Non-specialised buildings		1,057	-	1,057	-
Specialised buildings		13,315	-	-	13,315
Total of building at fair value	4.1(a)	**14,372**	**-**	**1,057**	**13,315**
Landscaping at fair value	4.1(a)	69	-	-	69
Plant and Equipment at fair value	4.1(a)	437	-	-	437
Computer and Communications at fair value	4.1(a)	93	-	-	93
Furniture and Fittings at fair value	4.1(a)	113	-	-	113
Total plant, equipment, furniture, fittings and vehicles at fair value		**712**	-	-	**712**
Right-of-use Vehicles	4.2(a)	135	-	-	135
Total right-of-use assets at fair value		**135**	-	-	**135**
Total non- financial physical assets at fair value		**16,617**	**-**	**1,863**	**14,754**

[i] Classified in accordance with the fair value hierarchy.

How we measure fair value of non-financial physical assets

The fair value measurement of non-financial physical assets 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.

Boort District Health has assumed the current use of a non-financial physical 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 use.

Non-specialised land, 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 land and specialised buildings

Specialised land includes Crown Land which is measured at fair value with regard to the property's highest and best use after due consideration is made for any legal or physical restrictions imposed on the asset, public announcements or commitments made in relation to the intended use of the asset.

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

The market approach is also used for specialised land although it is adjusted for the community service obligation (CSO) to reflect the specialised nature of the assets being valued. Specialised assets contain significant, unobservable adjustments; therefore, these assets are classified as Level 3 under the market based direct comparison approach.

The CSO adjustment reflects the valuer's assessment of the impact of restrictions associated with an asset to the extent that is also equally applicable to market participants. This approach is in light of the highest and best use consideration required for fair value measurement and considers the use of the asset that is physically possible, legally permissible and financially feasible. As adjustments of CSO are considered as significant unobservable inputs, specialised land would be classified as Level 3 assets.

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

Vehicles

Boort District Health acquires new vehicles and at times disposes of them before completion of their economic life. The process of acquisition, use and disposal in the market is managed by 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.

Boort District Health
Notes to the Financial Statement
For the Year Ended 30 June 2024

Reconciliation of Level 3 Fair Value measurement

	Land $'000	Buildings $'000	Landscaping $'000	Plant and Equipment $'000	Computers and Communications $'000	Furniture and Fittings $'000	Right-of-use Vehicles $'000
Balance at 1 July 2022	**429**	**13,168**	**75**	**461**	**108**	**88**	**77**
Additions/(Disposals)	-	-	-	50	10	41	80
Gains or losses recognised in net result							
- Depreciation	-	(722)	(5)	(74)	(25)	(16)	(22)
Items recognised in other comprehensive income							
- Revaluation	163	869	-	-	-	-	-
Balance at 30 June 2023	**592**	**13,315**	**70**	**437**	**93**	**113**	**135**
Additions/(Disposals)	-	-	48	198	9	25	38
Gains or losses recognised in net result							
- Depreciation	-	(717)	(8)	(106)	(29)	(17)	(27)
Items recognised in other comprehensive income							
- Revaluation	(332)	16,656	71	-	-	-	-
Balance at 30 June 2024	**260**	**29,254**	**181**	**529**	**73**	**121**	**146**

[i] Classified in accordance with the fair value hierarchy, refer Note 7.4(a).

Fair value determination of level 3 fair value measurement

Asset class	Likely valuation approach	Significant inputs (Level 3 only)[(c)]
Specialised Land	Market approach	Community Service Obligations Adjustments (a)
Specialised buildings	Current replacement cost approach	- Cost per square metre
		- Useful life
Landscaping	Current replacement cost approach	- Cost per square metre
		- Useful life
Plant and equipment	Current replacement cost approach	- Cost per unit
		- Useful life
Computers and Communication	Current replacement cost approach	- Cost per unit
		- Useful life
Furniture and Fittings	Current replacement cost approach	- Cost per unit
		- Useful life

(a) A community Service Obligation (CSO) of 20% was applied to Boort District Health specialised land.

Boort District Health
Notes to the Financial Statement
For the Year Ended 30 June 2024

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 Disclosure
8.3 Remuneration of Executive Officers
8.4 Related Parties
8.5 Remuneration of Auditors
8.6 Events Occurring after the Balance Sheet Date
8.7 Joint Arrangements
8.8 Economic Dependency
8.9 Equity

Boort District Health
Notes to the Financial Statement
For the Year Ended 30 June 2024

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

	Note	2024 $'000	2023 $'000
Net result for the Year		(125)	(822)
Non-cash movements:			
Depreciation	4.3	929	888
Share of Net Result in Joint Ventures		12	50
Net Loss on sale of non-financial assets		11	-
Movements in assets and liabilities:			
Change in operating assets and liabilities			
(Increase)/Decrease in Receivables and contract assets		(146)	(44)
(Increase)/Decrease in Prepayments		(46)	9
Increase/(Decrease) in Payables and contract liabilities		(292)	386
Increase/(Decrease) in Provisions		152	79
(Increase)/Decrease in Inventories		(12)	104
Net cash inflow from operating activities		**483**	**650**

Note 8.2 Responsible Persons Disclosures

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

Responsible Ministers:	**Period**
The Honourable Mary-Anne Thomas MP:	
Minister for Health	01/07/2023 - 30/06/2024
Minister for Health Infrastructure	01/07/2023 - 30/06/2024
Minister for Ambulance Services	02/10/2023 - 30/06/2024
The Honourable Ingrid Stitt MP:	
Minister for Mental Health	02/10/2023 - 30/06/2024
Minister for Ageing	02/10/2023 - 30/06/2024
Minister for Multicultural Affairs	02/10/2023 - 30/06/2024
The Honourable Gabrielle Williams MP:	
Minister for Mental Health	01/07/2023 - 02/10/2023
Minister for Ambulance Services	01/07/2023 - 02/10/2023
The Honourable Lizzy Blandthorn MP:	
Minister for Children	02/10/2023 - 30/06/2024
Minister for Disability	02/10/2023 - 30/06/2024
Governing Boards	
Mrs Wendy Gladman (Board Chair)	01/07/2023 - 30/06/2024
Mr Gregory Currie	01/07/2023 - 30/06/2024
Ms Amy Fay	01/07/2023 - 30/06/2024
Ms Renée Harrison	01/07/2023 - 30/06/2024
Mr Laurie Maxted	01/07/2023 - 30/06/2024
Ms Jerri Nelson	01/07/2023 - 30/06/2024
Mr Daniel Snyder	01/07/2023 - 30/06/2024
Mrs Elizabeth Trevanion	01/07/2023 - 30/06/2024
Mr John White	01/07/2023 - 30/06/2024
Mr Brett Yates	01/07/2023 - 30/06/2024
Accountable Officers	
Ms Donna Doyle	01/07/2023 - 30/06/2024

Remuneration of Responsible Persons

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

Income Band	**2024 No.**	**2023 No.**
$0-$9,999	9	11
$10,000-$19,999	1	0
$120,000-$129,999	0	0
$150,000-$159,000	0	1
$170,000-$179,000	1	0
Total Numbers	**11**	**12**

	2024 $'000	**2023 $'000**
Total remuneration received or due and receivable by Responsible Persons from the reporting entity amounted to:	**222**	**188**

Amounts relating to Responsible Ministers are reported within the State's Annual Financial Report.

Boort District Health
Notes to the Financial Statement
For the Year Ended 30 June 2024

Note 8.3 Remuneration of Executives

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

	Total Remuneration	
Remuneration of Executive Officers	**2024**	**2023**
(including Key Management Personnel Disclosed in Note 8.4)	**$'000**	**$'000**
Short term employee benefits	146	143
Post-employment benefits	16	15
Other long-term benefits	4	4
Total Remuneration [i]	**166**	**162**
Total Number of Executives	1	1
Total Annualised Employee Equivalent [ii]	1	1

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

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

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

Remuneration comprises employee benefits in all forms of consideration paid, payable or provided in exchange of 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 guarentee 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.

Note 8.4 Related Parties

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

- All key management personnel (KMP) and their close family members and personal business interests;
- Cabinet ministers (where applicable) and their close family members;
- Jointly Controlled Operations - A member of the Loddon Mallee Rural Health Alliance Joint Ventures; 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 Boort District Healths and its controlled entities, directly or indirectly.

Key management personnel

The Board of Directors, Chief Executive Officer and the Executive Directors of Boort District Health are deemed to be KMPs. This includes the following:

KMPs	**Position Titile**
Mrs W Gladman (Board Chair)	Chair of the Board
Mr Brett Yates	Chair of Audit & Risk
Mr Gregory Currie	Board Member
Ms Amy Fay	Board Member
Mr Laurie Maxted	Board Member
Ms Jerri Nelson	Board Member
Ms Renée Harrison	Board Member
Mrs Elizabeth Trevanion	Board Member
Mr Daniel Snyder	Board Member
Mr John White	Board Member
Ms Donna Doyle	Chief Executive Officer
Mr Mohammed Mubarak Meera Sahib	Director of Nursing

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

	2024 $'000	**2023 $'000**
Compensation - KMPs		
Short term employee benefits	342	314
Post-employment benefits	38	29
Other long-term benefits	7	7
Total [i]	**387**	**350**

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

Boort District Health
Notes to the Financial Statement
For the Year Ended 30 June 2024

Significant transactions with government related entities

Boort District Health received funding from the Department of Health and Human Services of $4.46m (2023: $4.53m).

Expenses incurred by Boort District Health in delivering services and outputs are in accordance with Health Purchasing 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 Boort District Health to hold cash (in excess of working capital) in accordance with the State's centralised banking arrangements. All borrowings are required to be sourced from Treasury Corporation 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 Victorian Government Procurement Board requirements.

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

Except for the transactions listed below, there were no other related party transactions required to be disclosed for Boort District Health; Board of Directors, Chief Executive Officer and Executive Directors in 2024.

Mr D Snyder is a Director of Boort Community Pharmacy.

The transactions between the two entities relate to reimbursements made by Boort District Health to Boort Community Pharmacy for goods. All dealings are in the normal course of business and are on normal commercial terms and conditions.

	2024 $'000	2023 $'000
Supplier Payments	47	47
	47	**47**

Note 8.5 Remuneration of auditors

	2024 $'000	2023 $'000
Victorian Auditor-General's Office		
Audit of the Financial Statements	27	26
Total remuneration of auditors	**27**	**26**

Note 8.6 Events occurring after the balance sheet date

There are no events occurring after the Balance Sheet date.

Boort District Health
Notes to the Financial Statement
For the Year Ended 30 June 2024

Note 8.7 Joint Arrangements

Name of entity	Principal Activity	Ownership Interest 2024	Ownership Interest 2023
Loddon Mallee Rural Health Alliance	Information Technology	2.96%	2.85%

Boort District Health's interest in the above joint arrangements are detailed below.
The amounts are included in the financial statements under their respective categories:

	2024 $'000	2023 $'000
Current assets		
Cash and Cash Equivalents	562	402
Receivables	74	59
Prepayments	34	82
Total current assets	**670**	**543**
Non-current assets		
Property, Plant and Equipment	23	23
Total non-current assets	**23**	**23**
Total assets	**693**	**566**
Current liabilities		
Payables	15	21
Accrued Expenses	152	169
Contract Liabilities - Income received in advance	244	120
Total current liabilities	**411**	**310**
Total liabilities	**411**	**310**
Net assets	**282**	**256**
Equity		
Accumulated Surplus	282	256
Total equity	**282**	**256**

Boort District Health's 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.

	2024 $'000	2023 $'000
Revenue and income from transactions		
Operating activities	544	459
Non-operating activities	39	20
Total revenue and income from transations	**583**	**479**
Expenses from transations		
Operating expenses	568	415
Total expenses from transactions	**568**	**415**
Net result from transations	**15**	**64**
Comprehensive result for the year	**15**	**64**

*Figures obtained from the unaudited Loddon Mallee Rural Health Alliance Joint Venture annual report.

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

Note 8.8 Economic Dependency

Boort District Health is dependent on the DH for the majority of its revenue used to operate the health service. At the date of this report, the Board of Directors believe the DH will continue to support Boort District Health.

Note 8.9 Equity

Contributed capital

Contributions by owners (that is, contributed capital and its repayment) are treated as equity transactions and, therefore, do not form part of the income and expenses of Boort District Health.

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 the accumulated surpluses/(deficits) on derecognition of the relevant asset.

Restricted specific purpose reserves

Restricted specific purpose reserves are funds where Boort District Health have possession or title to the funds, but have no discretion to amend or vary the restriction and/or condition underlying the funds.

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Boort
District Health

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