Swan Hill
District Health
Connected Care. Best Experience

2023-24

Annual Report

ACKNOWLEDGEMENT OF COUNTRY

Swan Hill District Health would like to acknowledge First Nations communities of the Wamba Wamba, Waddi Waddi, Barapa Barapa, Latji Latji and the Tatti Tatti people on whose land, we work and live. We pay respect to all Elders past and present and honour their connection to the land and water.

RESPONSIBLE PERSONS DISCLOSURES

Swan Hill District Health was established as the Lower Murray District Hospital in 1860. It was incorporated as the Swan Hill District Hospital on March 11, 1872. The Health Service is now incorporated under Section 31 of the Health Services Act 1988.

We are a public health service established under the Health Services Act 1988 (Vic).

The responsible Minister is the Minister for Health:

Minister for Health
The Hon. Mary-Anne Thomas from 1 July 2023 - 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 - 30 June 2024

Minister for Mental Health
The Hon. Gabrielle Williams from 1 July 2023 - 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 - 2 October 2023

Four publications are produced which deal with the functions, powers, duties and activities of the Hospital. These publications can be obtained from Swan Hill District Health.

- The Constitution Objects and By-laws
- Strategic Plan
- The Annual Report and Financial Statements
- The Health Service Agreement.

Front Cover image by SHDH Staff Member.
The Murray River is depicted in the image.

Our Vision

Connected Care. Best Experience

Swan Hill District Health is committed to meeting the growing health care needs of our community through our new vision to provide better connected care and to achieve the best care experience.

Our Values

Inclusive

We provide an experience that welcomes and values everyone.

Progressive

We continue to strive for the best experience outcomes.

Accountable

We personally commit to taking responsibility for all of our decisions and actions.

Compassionate

We respond to our people with understanding, empathy and kindness.

Contents

Chair & CEO - Year in Review

In accordance with the Financial Management Act 1994, I am pleased to present the report of operations for Swan Hill District Health (SHDH) for the year ending 30 June 2024.

Throughout, the past reporting year, Swan Hill District Health (SHDH) has remained committed to meeting the health care needs and service demands of the community through a positive value led agenda focused on continuing to deliver high quality care and services to our catchment community.

We would like to again acknowledge the Board and Executive's recognition of the outstanding contribution our people continue to make to the provision of the best care experience, and their ability to continually and repeatedly rise to the challenges faced by a diminished local workforce availability, in an environment of increased demand for our services. Like many other health services across Victoria and Australia, SHDH has continued to experience significant workforce pressures and whilst, we have made significant inroads into addressing some of our key gaps, our loyal and highly skilled local workforce continues to step up to meet the needs of both our health service and our community. For this commitment and care, we could not be prouder of our team.

SHDH continues to cast wide-reaching recruitment campaigns to address these workforce challenges and attract the best staff to our team. Importantly, we also have a focused strategy on "Growing our own" by providing incentives for employees wishing to undertake clinical education and by increasing opportunities for local medical, nursing and allied health training.

Worker wellbeing remains a priority for SHDH and we will continue to invest in a number of strategies that better support worker wellbeing and prevent burnout. We acknowledge and respect the important contribution that consumers, carers and community groups play in the planning, delivery and evaluation of our care and we thank each and every one of them for their remarkable effort. We are highly appreciative of the many volunteers, who contribute their valuable time to support health service provision and sincerely wish to thank them for both their patience and their ongoing commitment to our services.

We acknowledge the Swan Hill District Health Op Shop Committee for their hard work and dedication to supporting SHDH with such wonderful annual donation support. We understand the financial strains currently facing many in our community and graciously acknowledge all of our generous donations.

Chair & CEO – Year in Review

Through our strong regional collaborative partnership across the Loddon Mallee Region of health services, SHDH has been working closely with our partners to increase local and regional access to elective surgery; to deliver more acute health care and social support services in the home rather than in hospital.

This year, we were pleased to complete a comprehensive review of the Model of Maternity Care available to the community at SHDH to ensure that this service continues to provide high safe, quality care. Of the many important research projects, SHDH has participated in the past year, one has been the provision of a culturally safe environment for First Nations Communities within Emergency Departments aimed at improving timely access to safe, quality care.

Thanks to a generous donor who wishes to remain anonymous, Jacaranda Lodge has been beautifully transformed and modernised with new floor coverings, paint upgrades and window furnishings. This, added to the renovation of the kitchenette, has significantly improved the look, feel and comfort of our Nyah based Residential Aged care service.

I am pleased to inform you that the SHDH Emergency Department development continues to track towards its planned completion dates with the Emergency Department component of the project scheduled for occupancy late 2024.
We are now focused on securing support for the next phase of our developments. A first crucial step has been taken towards this endeavour with the completion of the Entity Clinical Services Plan to better inform future development needs.
Additionally, with the support of the Loddon Mallee Region and the Department of Health, we continue to plan for a new Electronic Medical Record for SHDH.

This year, SHDH was saddened with the passing of Dr Stewart Booth.
Dr Booth's impact on our community has been profound, leaving an indelible mark through his commitment to quality healthcare across our wider community. In 1994, Dr Stewart Booth was appointed as a Visiting Medical Officer at Swan Hill District Health, bringing with him exceptional skills in surgery, anaesthetics, and obstetrics.
Dr Booth’s passion for providing comprehensive and high quality healthcare was evident as he served with dedication and compassion. SHDH also acknowledges the significant contribution made by Dr Booth to the health and wellbeing of the Sea Lake and Swan Hill communities during his long tenure as a General Practitioner in our local area.

Chair & CEO - Year in Review

SHDH has continued to strive to meet the Primary General Practice needs of the community through the SHDH Primary Health Medical Centre and more recently, Swan Hill Medical Group.

We have now successfully completed the SHDH 2020-2024 Strategic Plan and we look forward to the development of our new Plan in 2025. Our embedded and strong governance systems underpin our approach to the delivery of high quality care.

During 2023-2024, the Board farewelled three of its valued members in Andriy Kurtsev, Alison Von Bibra and Hayden Collins who contributed strong leadership and governance to the Board. On behalf of the Board, we welcome Terry Jennings to the Board for the coming term.

Andrew Gilchrist has completed his maximum term of four years as Chair of the Board. A highlight of this term has seen the approval of funding for the new emergency department and commencement of the building works. This is a project that many people have worked so hard for over many years. This term also saw the impact of COVID-19. This provided many significant challenges and our staff were magnificent in rising to meet the needs of our community. Overall, the Board Chair role has been very satisfying and it has been great to work alongside the executive for the improvement of the quality of care provided by our health service. Janice Kelly is the new Chair who brings excellent leadership skills to the Board. Andrew still has two years on the Board and hopes to see the continued improvement of the health service during this time.

In closing, we wish to acknowledge the dedication and commitment of the entire SHDH team and the support of the community. The SHDH team have and continue to do an outstanding job throughout for which we are so grateful.

Swan Hill District Health (SHDH) has remained committed to meeting the health care needs and service demands of the community through the provision of effective and high quality health services that achieve broad and effective health outcomes for our catchment community.

Andrew Gilchrist
Board Chair
Swan Hill District Health
07/10/2024

Peter Abraham
Chief Executive Officer
Swan Hill District Health
07/10/2024

Board of Directors

Andrew Gilchrist
Chair

Janice Kelly
Deputy Chair

Alison Von Bibra
Executive Member

Deb Colville

Julie Wiggins

Ajai Verma

Hayden Collins

Greg Kuchel

Andriy Kurtsev

BOARD GOVERNANCE SUB-COMMITTEES

Corporate Governance Committee
(Audit, Risk & Finance)
Janice Kelly (Chair)
Alison Von Bibra
Andriy Kurtsev (resigned 05.02.24)
Greg Kuchel (commenced 06.02.24)

Community & Cultural Engagement Committee
Hayden Collins (Chair until 15.09.23)
Greg Kuchel (Chair from 16.09.23)
Andrew Gilchrist
Helen Gell (Community Representative)
Vicki Clark (Community Representative until 04.12.23)

Clinical Governance Committee
Deb Colville (Chair)
Julie Wiggins
Ajai Verma
Eryne Eastwood and Roy Date (Community Representatives)

Executive Remuneration Committee
Andrew Gilchrist (Chair)
Janice Kelly
Alison Von Bibra

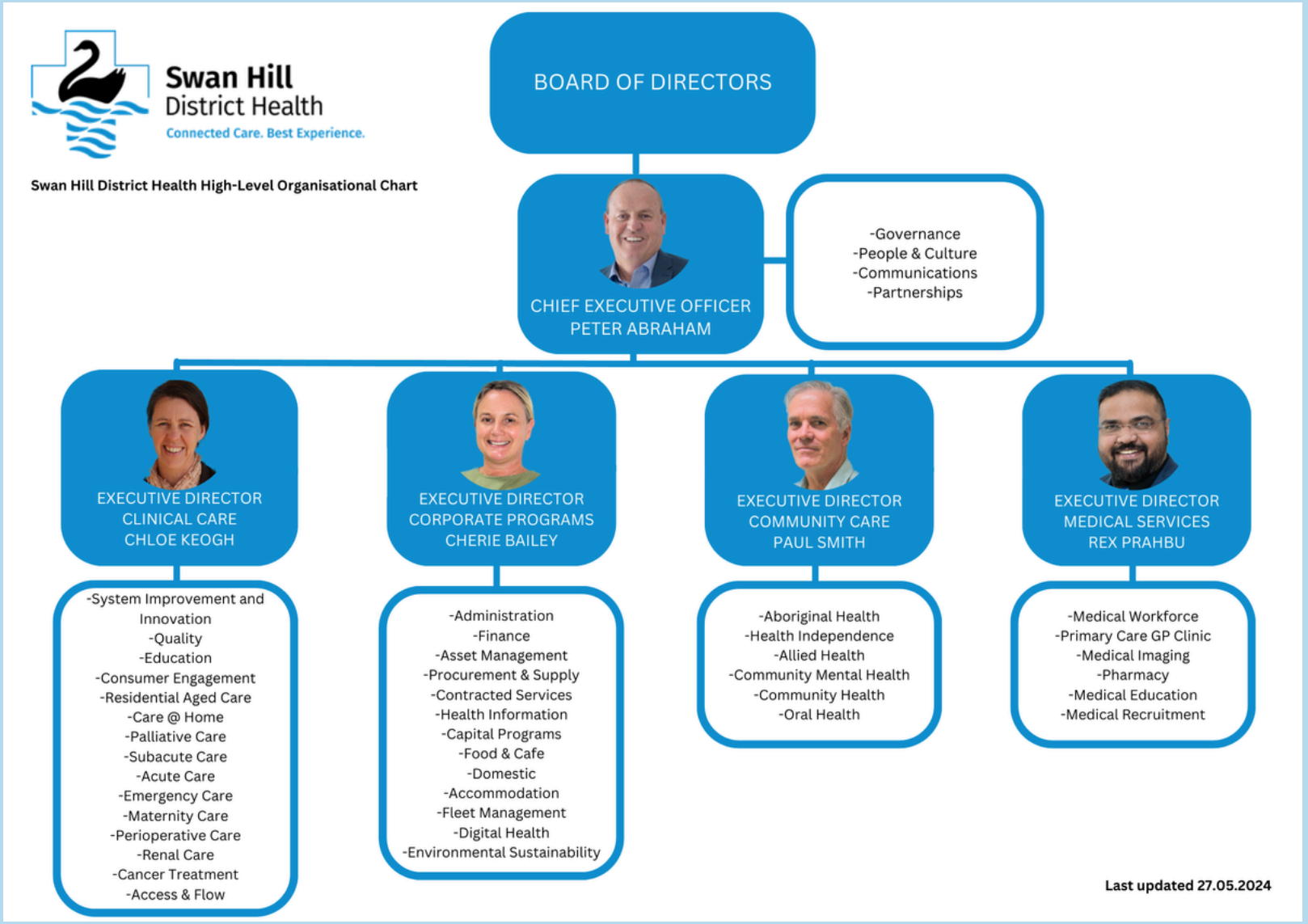
AUDITORS AND BANKS

Auditor:
Crowe Australiasia
(as agents of the Auditor General Victoria)

Internal Auditor:
KPMG Accounting

Banks:
National Australia Bank
Westpac Bank

Organisational Structure



Executive Directors

Peter Abraham - Chief Executive Officer
Appointed Jun 2019
Dip App Science Nursing, Dip Hlth Mgt.
The Chief Executive Officer is responsible to the Board for leading the workforce to deliver on the vision and strategic objectives of SHDH. Key responsibilities include delivering appropriate health care within the parameters of Government policies, the development and implementation of operational plans, maximizing service efficiency, quality improvement and minimisation of risk.

Chloe Keogh - Executive Director of Clinical Care and System Improvement
Appointed Dec 2019
Ba.Nsg, Grad. Dip Mid, Grad. Dip MCH, Masters (Health Serv. Mgmt)
The Executive Director of Clinical Care is responsible for nursing professional standards across all services and has operational responsibility for Acute Inpatient Services, Maternity, Emergency Department, Perioperative Services, Renal Dialysis, District Nursing, Aged Care, Sub Acute, Palliative Care, Cancer Care and Oncology and Advance Care Planning. Furthermore, supports the Entity Service Planning process, and determines recommendations from this review, clinical oversight into the capital redevelopment of our Emergency Department and other processes that improve efficiency. The Quality, Experience and Safety Unit is also headed by this directorate.

Ro Enever – Executive Director of Corporate Business
Appointed Oct 2022 - Apr 2024;
GDip Haz. Mgt, FSS, CPMSIA, GAICD.
The Executive Director of Corporate Business is responsible for all Procurement Services, Contracts Supply, Digital Transformation, Engineering, Accommodation, Food Services, Cleaning and Laundry Services (Support Services) and Security Functions. The Executive Director of Corporate Business role has oversight of Capital Projects, Legislative Compliance and Asset Management Accountability Framework compliance.

Paul Smith – Executive Director of Community Care
Appointed Oct 2002
Dip.App.Sc.(Pod.)
The Executive Director of Community Care leads a comprehensive range of Allied Health & Community Care Services including Alcohol and Other Drugs, Allied Health, Community Rehabilitation, Dental Services, Health Promotion, Community Nursing, Headspace, Social Support Groups, Aboriginal Liaison, and Strengthening Hospital Response to Family Violence initiative.

Executive Directors

A/Prof Rex Prabhu PSM, Executive Director of Medical Services
Appointed Feb 2019
MBBS, DCH, MPH, MHSc (Health.Serv.Mgmt), MHSc (OHS), FRACMA, FCHSM, MAICD
The Executive Director of Medical Services (EDMS) is the professional lead for the medical workforce and is responsible for the governance of clinical care and medical training partnerships with external agencies. The role overseas the operations of the Primary Health Medical Centre, Pharmacy, Medico – Legal services including Freedom of Information (FOI) as well as contracted services of Pathology and Medical Imaging.

Cherie Bailey – Executive Director of Corporate Programs
Appointed Apr 2024
CPA, BComm
Previous Executive Director of Finance from Jul 2021 - April 2024, The Executive Director of Corporate Programs fulfils the position of Chief Finance Officer and Chief Procurement Officer, overseeing Financial Accounting, Reporting and Procurement Services. The Executive Director of Corporate Programs is also responsible for all, Contracts, Supply, Digital Transformation, Engineering, Accommodation, Food Services, Cleaning and Laundry Services (Support Services). The role has oversight of Capital Projects, Legislative Compliance and Asset Management Accountability Framework compliance.

Senior Staff

Fiona Lawrance
Operational Director
People & Culture

Jonathan Sparrow
Operational Director
Quality, Experience & Safety

Medical Services

A/Prof Ernan. Hession, Director of Medical Training
ED Clinical Lead & Medical Educator:

- Dr Savio Jnguyenphamhh

Dr Vasu Iyengar, O&G Clinical Lead
Dr Marlize Diederiks, Director of Anaesthetics
Shrinkhla Singh, Medical Services Manager
Natalie Barnes, Chief Medical Imaging Technologies
Alexandra Sharpe, Director of Pharmacy
Samantha Hellsten, Practice Manager
Michelle Barry, Acting Practice Manager

Primary Care

Charmain Anton – Aboriginal Health Manager: Kapel Telkuna Unit
Kate Corrie, Health Independence Senior Manager
Jann Barkman, Mental Health Senior Manager
Gayle Taylor, Community Health Senior Manager
Bruce Campbell, Occupational Therapy Manager
Emma Pay, Allied Health Senior Manager
Stacey Worsnop, Podiatry Manager
Amy Marshman – Acting Speech Pathology Manager
Hayley Neuschafer – Acting Headspace Manager
Jeanette Healey, Dental Health Manager
Jamie Garahy, Social Support Group Manager
Kristi Germaine – Dietetics Manager

Finance

Megan Leahy, Chief Health Information Manager

Corporate Business

Ken Herman, Engineering Services Manager
David McCallum, Supply Manager
Kristy Coolahan, Food Production Manager
Toni Saunders, Environmental Services Manager

Clinical Services

Kate Anderson, Deputy Director of Clinical Services, Access and Flow
Director of Nursing of Ageing and Care at Home - Bina Rai
Acting Nurse Unit Manager - Sandra Savage
Nursing Coordinators:

- Cheryl Beard
- Joanna Dillon
- Robyn Bailey
- Sharnee Marchant
- Katarina Luks

Nurse Unit Managers:

- Rose Hanns, Acute
- Kath Curran, Emergency
- Dianne Craig, Perioperative
- Leonie Gilbert, Midwifery
- Maria Fox, District Nursing
- Sharon Collyer, Renal/Chemotherapy
- Jeally Venezuela-Omo, Sub-Acute
- Merridee Taverna, Paliative Care

Jayne Stead, Learning & Development
Judy Deveraux, Infection & Prevention Control
Cynthia Holland, Social Worker
Leanne Bibby, Breast Care Nurse

People & Culture

Alex Ferdinando, Occupational Health & Safety Coordinator
Dhelkaya Health Service, Kirsty Brown P&C Liaison Officer

Medical Staff

Emergency Department
Dr Savio Jnguyenphamhh
Dr Emily Harrison
Dr Raj Patankar
Dr Jay-Mien Phang
Dr Jonan Woo
Trish Oxley (Nurse Practitioner)
Dr Tobi Kupoluyi

Anaesthetics
Dr Marlize Diederiks
Dr Manzoor Elahi
Dr Andreas Hendarto
Dr Nathan Sturgess
Dr Jay-Mien Phang

Cardiology
Dr G.P. Leitl
Dr Peter Barlis

General Surgery
Mr Shantha. Tellambura
Mr Prasenjit. Modak.
Dr Kaushik. Joshi

Physicians
Dr Keith Kiew (Geriatric Medicine)
Dr Priyanka Subramani (Nephrologist)
Dr Andrew. Mahony (Infectious Diseases)

Obstetrics / Gynaecology
A/Prof Vasu Iyengar
Dr Nick Ellison
Dr Patricia Boyd

Urology
Dr Todd Manning

Pathology
Austin Pathology

General Medicine GP Clinical Lead
Dr Ahmed Hosni
Dr Jyothi Vardhi

Oncology
Dr Mark. Warren
Dr Robert. Blum
Dr Rob Campbell
Dr Chloe Georgiou
Dr Sam Harris
Dr Noral Lee (Haematologist)
Dr Morgan Edwards(Haematologist)

Ophthalmic Surgery
Dr Dujon Fuzzard

Orthopaedic Surgery
Mr Neelika. Dayananda

Otorhinolaryngology
Mr Paul. Paddle
Mr Ryan. De Freitas

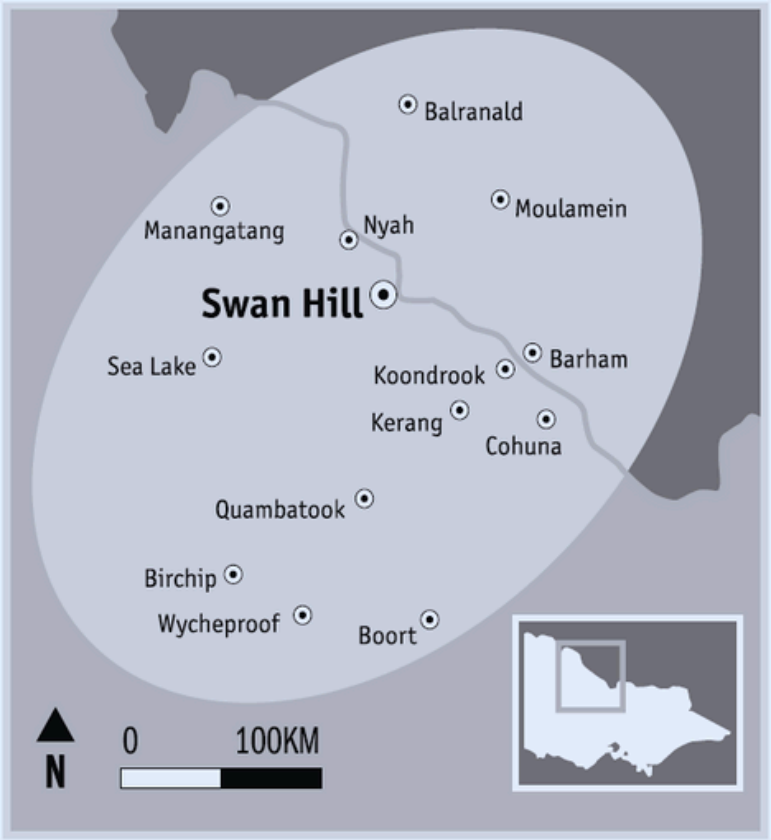
Radiology
Dr D.M. Cleeve
Dr R. Jarvis
Dr S. Skinner
Dr J. Eng
Dr J. Wilkie
Dr J. Tamangani
Dr D. Arhanghelschi

SHDH Medical Officers
Dr Alex Watson
Dr Kasun De Soyza
Dr Harshani Hettiarachchi
Dr Jennie Dunn

SHDH Primary Health Medical Centre
A/Prof Ernan Hession
Dr Svitlana. Kelada
Dr Reshma. Banskota
Dr Zeest. Naveed
Dr Manzoor Elahi
Dr Tahira Saeed
Dr Andreas Hendarto
Dr Eissara Punyapati
Dr Fungai Zinyowera
Dr Babtunde Osunneye
Dr Nathan Sturgess
Dr Patricia Boyd

Our Services

Aboriginal Liaison
Acute Care
Adult Day Service
Advance Care Planning
Aged Care - Residential
Breast Care Nurse
Cancer Care
Cardiology
Care Co-Coordination
Chemotherapy
Community Health Nursing
Community Rehabilitation
Continence Service
Counselling Service, incl. Alcohol and Other Drug Services
Dental
Dietetics
District Nursing
Domiciliary Midwifery Service
Emergency Department
General Medicine
General Surgery
Geriatric Medicine
GP – Primary Health Clinic
Gynaecology
Haemodialysis
headspace
Health Clinics
Health Promotion
Hospital Admission Risk Program
Hospital in the Home
Lymphoedema Service
Meals on Wheels
Maternity
Nephrology
Occupational Therapy
Day Oncology
Ophthalmology Surgery
Orthopaedic Surgery
Otorhinolaryngology Surgery
Paediatric Medicine
Palliative Care
Pharmacy
Pharmocotherapy
Physiotherapy
Podiatry
Post Acute Care Services
Primary Health Medical Centre
Radiology
Speech Pathology
Stomal Therapy
Sub Acute
Transitional Care
Urology Surgery
Vascular Services



Report of Operations

SUMMARY OF FINANCIAL RESULTS

	2023-24 ($000)	2022-23 ($000)	2021-22 ($000)	2020-21 ($000)	2019-20 ($000)
Operating Result ($m)	- 3,879	0	0	0	(0.56)
Total Revenue	114,669	99,763	89,074	81,573	77,384
Total Expenses	107,698	98,448	89,509	84,165	79,376
Net Results from transactions	6,971	1,315	(435)	(2,592)	(1,992)
Other Economic Flows	615	(3,640)	(58)	-	(318)
Net Results	7,586	(2,325)	(493)	(2,592)	(2,310)
Accumulated Surpluses	3,098	(4,488)	(2,163)	(1,670)	922
Total Assets	142,956	99,650	100,236	89,080	88,881
Total Liabilities	37,733	31,374	29,633	29,283	27,142
Net Assets	105,223	68,277	70,603	59,797	61,739
Total Equity	105,223	68,277	70,603	59,797	61,739

RECONCILIATION OF NET RESULT FROM TRANSACTIONS AND OPERATING RESULT

	2023-24 $000
Operating result	-3,879
Capital purpose income	14,948
Specific income	
COVID 19 State Supply Arrangements • Assets received free of charge or for nil consideration under the State Supply	47
State supply items consumed up to 30 June 2024	-47
Assets provided free of charge	0
Assets received free of charge	0
Expenditure for capital purpose	0
Depreciation and amortisation	-4,098
Impairment of non-financial assets	0
Finance costs (other)	0
Net result from transactions	6,971

Report of Operations

CONSULTANCIES

Details of Consultancies under $10,000:

In 2023-24 there were 4 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 $23,750.00 (excluding GST).

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

In 2023-24 there were 3 consultancies where the total fees payable to the consultants was $10,000 or greater. The total expenditure incurred during 2023-24 in relation to these consultancies is $121,560.67 (excluding GST).

Consultant	Purpose	Start Date	End Date	Total approved project fee	Expenditure 2023-24 GST Excl.	Future Expenditure GST Excl.
John Gray & Son Pty Ltd	Property Appraisal	01/04/2024	10/04/2024	12,250.00	12,250.00	0.00
Larter Consulting	Strategic & operational management advice	03/06/2024	06/06/2024	10,768.00	10,768.00	0.00
Stuart Schneider	Strategic advisory services	22/01/2024	31/10/2024	98,542.67	98,542.67	35,896.00

INFORMATION AND COMMUNICATION TECHNOLOGY (ICT) EXPENDITURE

The total ICT expenditure incurred during 2023-24 was $2,407,099.89 (excluding GST) with the details shown below:

Business as Usual (BAU) ICT Expenditure	Non-Business as Usual (non-BAU) ICT Expenditure		
Total (excl. GST)	Total =Operational, E=Expenditure and capital Expenditure (excl. GST)	Operational Expenditure (excl. GST)	Capital Expenditure (excl. GST)
1,741,496.80	665,603.09	0	665,603.09

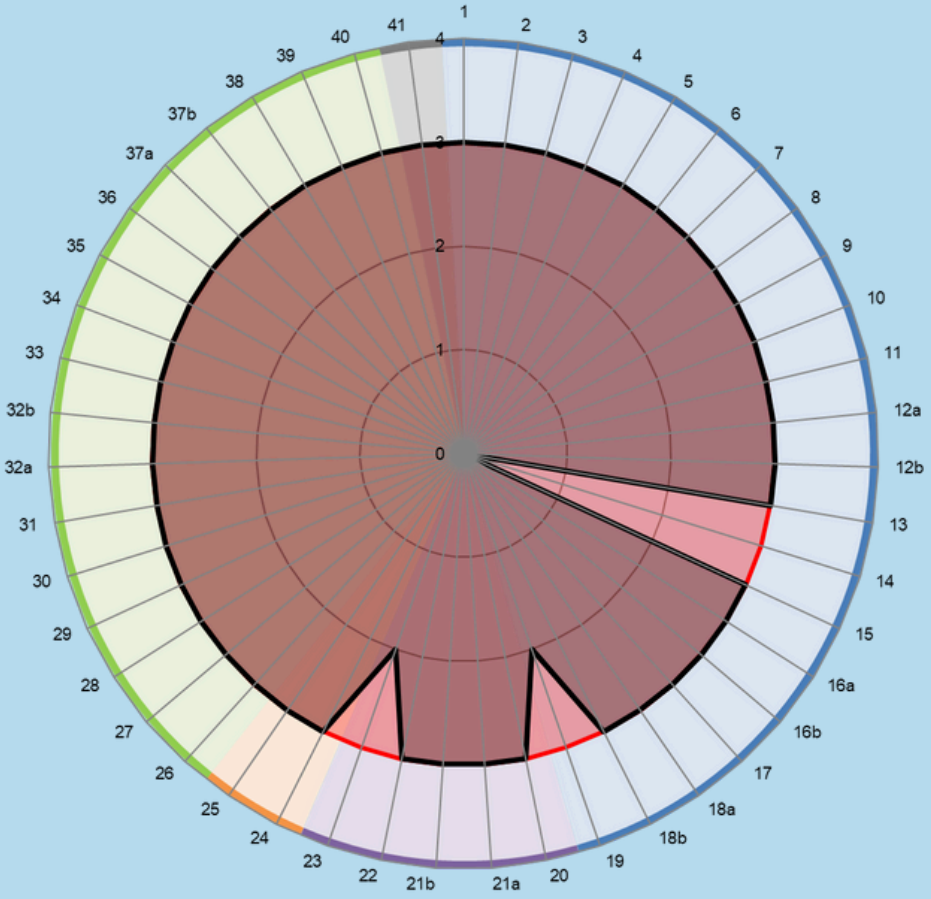
Report of Operations

ASSET MANAGEMENT ACCOUNTABILITY FRAMEWORK

The following sections summarise Swan Hill District Health assessment of maturity against the requirements of the Asset Management Accountability Framework (AMAF). The AMAF is a non-prescriptive, devolved accountability model of asset management that requires compliance with 41 mandatory requirements. These requirements can be found on the DTF website:

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

Swan Hill District Health target maturity rating is 'competence', meaning systems and processes fully in place, consistently applied and systematically meeting the AMAF requirement, including a continuous improvement process to expand system performance above AMAF minimum requirements.



Legend

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

Target

Overall

Report of Operations

WORKFORCE

Swan Hill District Health, like many are grappling with significant workforce shortages, particularly in attracting and retaining qualified healthcare professionals. These challenges are exacerbated by a number of factors, including limited access to childcare amenities and housing options in our community.

The scarcity of suitable accommodation for new employees poses a substantial barrier to recruitment and staff retention. Prospective employees are often deterred by the prospect of relocating to a region with limited housing availability. This, in turn, necessitates reliance on agency and locum staff to fill critical roles, which can be a costly and is an unsustainable solution in the long term.

The ongoing workforce crisis in healthcare is a complex issue requiring multifaceted solutions. Addressing the housing shortage and improving the overall attractiveness of rural living for healthcare professionals are essential steps SHDH are working towards to build a sustainable workforce.

WORKFORCE DATA

Hospitals Labour Category	June current month FTE*			Average Monthly FTE*		
	2022	2023	2024	2022	2023	2024
Nursing	179.1	165.9	169	187.4	169.8	167
Administration and Clerical	99.8	91.4	94	98.2	96.6	94
Medical Support	15.7	28.3	27	26.1	28.0	25
Hotel and Allied Services	97.6	77.1	82	82.6	75.4	78
Medical Officers	3.3	6.5	6	3.2	5.7	6
Hospital Medical Officers	17.1	16.2	15	15.8	16.5	16
Sessional Clinicians	0.9	4.0	3	0.8	1.9	3
Ancillary Staff (Allied Health)	50.1	62.7	60	49.9	61.1	61
Total	463.6	452.1	456	464	455	450

Notes: Includes ADO, Annual Leave, Basic, LSL, & SL in line with monthly reporting to the Department from SHDH Finance.

Report of Operations

OCCUPATIONAL HEALTH & SAFETY

Swan Hill District Health (SHDH) is committed to ensuring the health, safety and welfare of its employees, patients and visitors and maintains its responsibilities under the Occupational Health and Safety Act 2004 (Vic) and subsequent Regulations.

In 2023/2024 Swan Hill District Health continues to monitor and review its performance indictors in the areas of Worker's Compensation, Injuries, Hazards and Near Misses, Occupational Health and Safety Audits, Meetings, Representation and Occupational Violence and Aggression Incidents. Data recording has improved and this will provide SHDH with more in depth assessment to be able to focus resources and funding.

Swan Hill District Health Have implemented new Occupational Violence and Aggression controls in the last financial year. This has led to minimal fluctuation in the number of OVA incidents even though there has been a 28% increase of mental health presentations to the Emergency department. This would normally increase OVA incidents however, the data has not increased leading to the conclusion that OVA control strategies, are working. Reporting via VHIMS is still lacking concerning OVA, with only major incidents recorded via VHIMS. The data is captured via security reports and recorded by People and Culture.

Strong relationships have been formed between the SHDH, Bendigo Mental Health, Ambulance Victoria and Victoria Police. Regular meetings with these organizations have led to open discussions of how to improve collaboration to reduce OVA SHDH and the community.

The measurement of psychosocial injury that has resulted from OVA is not included in this report. Cultural development and support mechanisms are in place to reduce post incident psychological harm.

There has been a 183[AF1] % increase in the number of Health and Safety Representatives (HSR) within Swan Hill District Health, with meetings occurring at least monthly and Safety Audits progressing. HSR training was conducted twice on site since last report. SHDH has a 91% completion rate of OH&S training last in the last year. This is leading to an increasing trend of hazards being identified and controlled.

The financial impact of WorkCover claims has been significant during the 2023-2024 financial year. An increase in the average cost of claims is primarily attributed to a small number of long-term claims with limited capacity for return to work. This trend has resulted in a substantial rise in overall workers compensation expenditure.

To mitigate the ongoing impact of these claims, a comprehensive review of causes, current practices, return to work process and the implementation of proactive strategies to prevent workplace injuries will be essential.

Report of Operations

Strategies to Improve WorkCover Outcomes

To mitigate the ongoing impact of increased workers compensation costs, a comprehensive approach is necessary. Key strategies include:

- Enhanced Prevention Programs: Implementing robust health and safety initiatives to reduce workplace harassment, injuries and illnesses. This includes regular safety audits, employee training, and hazard identification and control measures.
- Third-Party Management: Implementing effective control measures and follow-up processes for WorkSafe agents managing return-to-work programs to ensure optimal outcomes and cost-efficiency.
- Early Intervention and Return-to-Work Programs: Implementing proactive programs to identify and address potential work injuries early, facilitating a smooth return to work process.
- Data Analysis and Benchmarking: Utilising data analytics to identify trends and patterns in claims, allowing for targeted interventions and performance improvement.
- Management Training Programs to Reduce Harassment Claims: Training to develop leadership, communication, and conflict management skills, while also providing in-depth knowledge of harassment policies, investigation procedures, and bystander intervention techniques to prevent and address harassment effectively.
- Employee Education and Awareness: Empowering employees with knowledge about workplace safety and their role in preventing injuries.
- Regular Claims Review: Conducting thorough reviews of claims to identify opportunities for improvement and prevent future occurrences.
- Workstation Ergonomics: Prioritising ergonomic assessments and interventions to reduce musculoskeletal injuries.

By implementing these strategies, we aim to create a safer workplace, reduce the frequency and severity of claims, and ultimately lower workers compensation costs.

OCCUPATIONAL HEALTH & SAFETY DATA

Occupational Health & Safety Statistics	2023-2024	2022-2023	2021-2022
The number of reported hazards/incidents for the year per 100 FTE	46.67	19.8*	50
The number of 'lost time' standard WorkCover claims for the year per 100 FTE	0.01333	0.59*	0.43
The average cost per WorkCover claim for the year	$14,359	$250,025	$150,356

Report of Operations

OCCUPATIONAL VIOLENCE DATA

Occupational violence statistics	2023-2024	2022-2023
Workcover accepted claims with an occupational violence cause per 100 FTE	0	0*
Number of accepted Workcover claims with lost time injury with an occupational violence cause per 1,000,000 hours worked.	0	0
Number of occupational violence incidents reported	330	329
Number of occupational violence incidents reported per 100 FTE	73.4	49.1*
Percentage of occupational violence incidents resulting in a staff injury, illness or condition	2.4	2.03

*The data is not accurate in 2022-2023 report due to an error in FTE figures. In 2022-2023, the FTE used to complete this table was 670 when it should have been 455. This has led to a drop in all figures that were calculated during this period using referenced FTE.

Definitions of occupational violence

- **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

PEOPLE MATTER SURVEY

The People Matter Survey is conducted on SHDH's behalf every year. It provides a platform for public sector employees to share their views on various aspects of their workplace, including job satisfaction, career development, wellbeing, diversity and inclusion.
The survey results offer valuable insights into the workforce, enabling organizations to identify strengths, weaknesses, and areas for improvement. By participating in the survey, organizations can benchmark their performance against other public sector agencies and implement strategies to enhance employee engagement and productivity.
The People Matter Survey is a valuable resource for SHDH to gauge employee satisfaction, engagement, and overall workplace experience. By providing a comprehensive snapshot of the workforce, the survey offers invaluable data to inform strategic decision-making and drive organisational improvement.

How SHDH Use People Matter Survey Data

- Identify Strengths and Weaknesses: Pinpoint areas of high employee satisfaction and areas requiring improvement.
- Measure Progress: Track changes in employee sentiment over time and evaluate the effectiveness of initiatives implemented.
- Inform HR Strategies: Use data to refine recruitment, on boarding, training, and development programs.
- Enhance Leadership Development: Identify leadership behaviours that contribute to positive employee experiences and target leadership development accordingly.
- Improve Workplace Culture: Address issues related to diversity, inclusion, and wellbeing based on survey feedback.
- Benchmark Performance: Compare results to other organisations to identify best practices and areas for improvement.
- Allocate Resources Effectively: Prioritise initiatives based on survey findings to maximise impact and return on investment.
- Strengthen Employee Engagement: Develop targeted strategies to boost employee morale, motivation, and productivity.

SHDH is actively working on addressing the insights highlighted in the People Matter Survey. By leveraging the People Matter Survey data, SHDH endeavours to create a more positive and productive work environment, leading to improved employee retention, higher job satisfaction, and ultimately, better service delivery to the public.

Report of Operations

SOCIAL PROCUREMENT FRAMEWORK

According to the Victorian Government, the Social Procurement framework establishes requirements that apply to Victorian Government departments and agencies when they procure goods, services and construction.

SHDH define Social Procurement as the ability to use our buying power to generate social value beyond the value of goods or services being procured. Social procurement aligns with all of the principles of procurement outlined in the requirements under Health Services Act 1988 and adheres to the policies and guidelines as set by Health Purchasing Victoria under the direction of the Victorian Government Purchasing Board. Social procurement does not counter or challenge any of the basic principles of public procurement, including:

• value for money
• open and fair competition
• accountability
• risk management
• probity and transparency

Social procurement provides a way to increase economic participation and decrease disadvantage in the local community by reconsidering procurement practice. Social procurement is the purchase of goods, services and works that also generate a positive social impact in the local community.

Where possible Swan Hill District Health prioritises social procurement to align with purchasing goods services and construction directly from social benefit suppliers.

The Objective of the Procurement Framework is to ensure we comply with relevant legislation and policy as defined under the Health Act 1988 and establish an integrated organisation wide approach to purchasing that aligns to the procurement policies and principles.

This framework sets out the procedures to be followed by all Swan Hill District Health Service (SHDH) authorised delegates, managers and staff involved in purchasing and contracting to ensure that ethical and robust purchasing practices underpin the achievement of value for money outcomes for the service. It provides consistency in approach, management of procurement risk to SHDH and compliance with associated principles and legislation. The Procurement Framework is supported by:

- Procurement Annual Plan
- Procurement Policy
- Procurement Tools and Templates

Report of Operations

SOCIAL PROCUREMENT FRAMEWORK - CONTINUED

Social procurement has been improved by the review of relevant policy and procedure to align with relevant legislation and guidelines.
This year's data represent active social procurement over the last 12 months. This will be a starting point for our future social procurement planning and targets.

Swan Hill District Health - Social Procurement Framework Direct Spend Metrics for Financial Year 2023-2024

	2023-2024	2022-2023	2021-2022
Total number of Suppliers	931	-	-
Total Spend with suppliers	$52953702	-	-
Social Benefit suppliers	2	-	-
Total spent with social benefit suppliers	$14772	-	-
Number of Aboriginal businesses engaged	1	-	-
Total expenditure with Victorian Aboriginal businesses (excl. GST)	$14630	-	-
Number of Victorian social enterprises engaged	1	-	-
Total expenditure with Victorian social enterprises (excl. GST)	$142	-	-

Report of Operations

DISCLOSURES

Public Interest Disclosure Act 2012

Under the Public Interest Disclosures Act 2012 (Formerly Protected Disclosure Act 2012) Swan Hill District Health has a protocol, including policy, consistent with the requirements of the act that supports staff to disclose serious misconduct or corruption within the organisation and public health services in Victoria.
Swan Hill District Health received 0 notifications during the 2023-24 financial year.

Statement on National Competition Policy

Swan Hill District Health complies with the National Competition Policy (NCP), including compliance with the requirements of the policy statement 'Competitive Neutrality Policy Victoria' and any subsequent reforms.

Local Jobs First Act 2003

Swan Hill District Health acknowledges it is required to abide by the principles of the Victorian Industry Participation Policy Act 2003 (VIPP). In 2023-24 there was one project commenced to which the VIPP applies. To ensure that all requirements are in place that assures compliance to the VIPP policy requirements, Swan Hill District Health has:

- Delegated the Swan Hill District Health Procurement Team the responsibility for registration of future projects requiring ICN registration.
- VIPP requirements and statements are incorporated as part of our RFT documents

Swan Hill District Health has a nominated VIPP Authorised Administrator to ensure future projects over $1 million are appropriately captured and compliant with VIPP guidelines and requirements.

Report of Operations

DISCLOSURES

Gender Equality Act 2020

Swan Hill District Health (SHDH) is committed to fostering a workplace characterised by diversity, equality, and inclusion. In alignment with the Gender Equality Act 2020, we have developed and implemented a Gender Equality Action Plan for the period 2022-2025. This plan outlines our strategic approach to addressing gender inequality and promoting equitable opportunities for all employees.
Key initiatives within the plan include:

- Establishing a Gender Equality Committee: This committee will oversee the implementation and progress of the Gender Equality Action Plan, driving proactive measures to enhance gender equality and inclusion within our workforce.
- Data-Driven Decision Making: Collecting and analysing intersectional workforce data will inform the development and achievement of targeted strategies to address gender disparities.
- Collaborative Approach: Strengthening partnerships with community organisations, particularly through participation in the community diversity and inclusion committee, to align efforts and maximise impact.
- Career Development and Progression: Implementing a comprehensive training system to identify and address potential career development inequalities.
- Transparent Performance Tracking: Establishing a centralised record of higher duties and secondments to facilitate the identification of any disparities in career progression.

Through these initiatives, SHDH aims to create a workplace where all employees have equal opportunities to thrive and contribute to the organisation's success.

Safe Patient Care Act 2015

Swan Hill District Health has 0 reports in relation to its obligations under section 40 of the Safe Patient Care Act 2015.

Building Act 1993

Swan Hill District Health complies with the Building Act 1993.

Public Interest Disclosures Act 2012

A copy of the procedures are available from our Governance Officer to whom all enquiries on this matter should be directed.

Report of Operations

DISCLOSURES

Freedom of Information Act 1982

Freedom of information is the means whereby people may obtain access to information not normally available to them, in accordance with the terms of the Freedom of Information Act 1982. The Principal Officer under the Act is the Chief Executive Officer; the authorised Freedom of Information Manager is the Director of Medical Services. The public may seek access to any documents and records held by Swan Hill District Health by making a written request to the Freedom of Information Manager. This year 174 requests for information were received which related to 174 Patient Records.

During 2023-24, SHDH received 174 applications. Of these requests, 0 were from Members of Parliament, 0 from the media, and the remainder from the general public.

SHDH made 174 FOI decisions during the 12 months ended 30 June 2024. There were 174 decisions made within the statutory time periods. Of the decisions made outside time, 2 were made within a further 45 days and 0 decisions were made in greater than 45 days.

A total of 174 FOI access decisions were made where access to documents was granted in full, granted in part or denied in full. 0 decisions were made after mandatory extensions had been applied or extensions were agreed upon by the applicant. Of requests finalised, the average number of days over / under the statutory time (including extended timeframes) to decide the request was 5 days.

During 2023-24, 1 requests were subject to a complaint/internal review by Office of the Victorian Information Commissioner. 0 requests progressed to the Victorian Civil and Administrative Tribunal (VCAT).

Report of Operations

DISCLOSURES

Carers Recognition Act 2012

Swan Hill District Health takes all practicable measures to comply with its obligations under the Act and ensure that its employees, agents and persons who are in care relationships receiving services have an awareness and understanding of the care relationship principles. We reflect the care relationship principles in developing, providing or evaluating support and assistance for persons in care relationships.

These include:

• promoting the principles of the Act to people in care relationships who receive our services and to the wider community (e.g. distributing printed material about the Act at community events or service points; providing links to Victorian government resource materials on our website; providing digital and/or printed information about the Act to our partner organisations)

• ensuring our staff have an awareness and understanding of the care relationship principles set out in the Act (e.g. developing and implementing a staff awareness strategy about the principles in the Act and what they mean for staff; induction and training programs offered by the organisation include discussion of the Act and the statement of principles therein)

• implementing priority actions in recognising and supporting Victoria's carers: Victorian Carer strategy 2018-22.

Report of Operations

DISCLOSURES

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

Report of Operations

DISCLOSURES

Environmental Performance

Swan Hill District Health strives to continually improve the health of the people in our community by providing health care in an environmentally sound and sustainable manner. Swan Hill District Health is committed to continual improvement in energy consumption to reduce its carbon footprint.

Indicator	Indicator Description	Usage	
EL1	Total electricity consumption (Mj) segmented by source	44 High	208,252.19
		Chisholm St	128,220.48
		CRC	620,235.76
		Dental	165,967.52
		District Nursing	70,630.92
		Jacaranda Lodge	1,714,566.56
		Op Shop	72,963.54
		Accommodation	269,316.22
		Storage	132,841.94
		Hospital	15,840,428.26
		Total consumption	19,223,423.39
EL2	On-site electricity generated segmented by usage and source	Nil	
EL3	On-site installed generation capacity (MW) segmented by source	Diesel Generator	1.00
		Solar System	0.13

Report of Operations

Environmental Performance Continued

Indicator	Indicator Description	Usage
EL4	Total electricity offsets (MWh) segmented by offset type	503.00
F1	Total fuels used in buildings and machinery segmented by fuel type	Liquefied Gas 9,361,117.20 Mj
F2	Greenhouse gas emissions from stationary fuel consumption segmented by fuel type. Thousand tonnes of CO2e	Electricity - 2,114 Liquefied Petroleum - Gas 536 Total emissions - 2,650
T1	Total energy used in transportation within the entity segmented by fuel type and vehicle category (MJ)	Hybrid Vehicles = 681 Lt Diesel Vehicles = 6,646 Lt Unleaded Vehicles = 16,381 Lt
T2	Number and proportion of vehicles in the organisational boundary segmented by engine/fuel type and vehicle category	5 x Hybrid 4 x Diesel 25 x Unleaded
T3	Greenhouse gas emissions from vehicle fleet segmented by fuel type and vehicle category (t CO2-e)	29,580 SHDH is working with supplier to develop reporting
T4	Total distance travelled by commercial air travel	20,745kms
E1	Total energy usage from fuels	9,361,117 Mj
E2	Total energy usage from electricity	9,631,839 Mj
E3	Total energy usage segmented into renewable and non-renewable sources	Nil SHDH is working with supplier to develop reporting

Report of Operations

Environmental Performance Continued

Indicator	Indicator Description	Usage	
E4	Units of energy used normalised by FTE, headcount, floor area, or other entity or sector specific quantity. By Inpatient Bed Days plus Aged Care Bed nights.	Energy per unit of Aged Care	838.62
		Energy per unit of LOS	1,083.21
		Energy per unit of bed-day	472.67
		Energy per unit of Separations	2,774.31
		Energy per unit of floor space	1,072.44
B1	Discuss how environmentally sustainable design (ESD) is incorporated into newly completed entity-owned buildings	Every opportunity is taken to incorporate ESD when updating facilities. This includes lighting, solar panels, low energy use electricals and reduced water consumptions where possible.	
B2	Discuss how new entity leases meet the requirement to preference higher-rated office buildings and those with a Green Lease Schedule	N/A	
B3	NABERS Energy ratings of newly completed/occupied entity-owned office buildings and substantial tenancy fit-outs	N/A	
B4	Environmental performance ratings of newly completed entity-owned non-office building or infrastructure projects or upgrades with a value over $1 million, where these ratings have been conducted	Swan Hill Hospital - 3 star NABERS Energy rating Swan Hill Hospital - 3 star NABERS Water rating	

Report of Operations

Environmental Performance Continued

Indicator	Indicator Description	Usage		
B5	Environmental performance ratings achieved for entity-owned assets portfolio segmented by rating scheme and building, facility, or infrastructure type, where these ratings have been conducted	SHDH is working with supplier to develop reporting		
W1	Total units of metered water consumed by water source	Potable water [kL]	21,190.42	
W2	Units of metered water (KL) consumed normalised by FTE, headcount, floor area, or other entity or sector specific quantity	Water per unit of Aged Care	0.94	
		Water per unit of LOS	1.21	
		Water per unit of bed-day	0.53	
		Water per unit of Separations	3.10	
		Water per unit of floor space	1.20	
WR1	Total units of waste disposed of by disposal method and material type / waste stream	Waste Type -Disposal Method	Unit (kg)	%
		General Waste	111,695.28	75.7%
		Clinical Waste - Treated	12,613.69	8.5%
		Clinical Waste - Sharps	1,427.10	1.0%
		Clinical Waste - Incinerated	672.15	0.5%
		Recycle - Cardboard	10,312.50	7.0%
		Recycle - Commingle	10,863.60	7.4%
		Total Waste	147,584.33	
WR2	Dedicated collection services provided in offices for printer cartridges, batteries, and soft plastics	SHDH utilise a printer recycling program for all printer cartridges. Batteries are recycled through eWaste. Soft plastics recycling is not available due to rural location. SHDH is working with supplier to develop reporting and identifying alternate recycling options available in region.		

Report of Operations

Environmental Performance Continued

Indicator	Indicator Description	Usage	
WR3	Total units of waste disposed normalised by FTE, headcount, floor area, or other entity or sector specific quantity, by disposal method.	Total waste to landfill per patient treated	1.75
		Total waste to offsite treatment per patient treated	0.23
		Total waste recycled and reused per patient treated	0.33
WR4	Recycling rate %	Weight of recyclable and organic materials [kg]	21,176.10
		Weight of total waste [kg]	147,584.33
		Recycling rate [%]	14%
WR5	Greenhouse gas emissions associated with waste disposal	164.05 CO2-e(tonnes)	
G1	Total scope one (direct) greenhouse gas emissions (Thousand tonnes of CO2e)		0.54
G2	Total scope two (indirect electricity) greenhouse gas emissions		2.11
G3	Total scope three (other indirect) greenhouse gas emissions associated with commercial air travel and waste disposal	Air Travel 36,039 Co2e	

Report of Operations

ATTESTATIONS AND DECLARATIONS

Financial Management Compliance Attestation

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

Janice Kelly
Accountable Officer

Conflict of Interest

I, Peter Abraham, certify that Swan Hill 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 <Health Service Name>and members of the board, and all declared conflicts have been addressed and are being managed. Conflict of interest is a standard agenda item for declaration and documenting at each executive board meeting.

Peter Abraham
Accountable Officer

Integrity, Fraud & Corruption

I, Peter Abraham, certify that Swan Hill 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 Swan Hill District Health during the year.

Peter Abraham
Accountable Officer

Data Integrity

I, Peter Abraham, certify that Swan Hill District Health has put it place appropriate internal controls and processes to ensure that reported data accurately reflects actual performance. Swan Hill District Health has critically reviewed these controls and processes during the year.

Peter Abraham
Accountable Officer

Compliance with Health Share Victoria (HSV) Purchasing Policies

I, Peter Abraham, certify that Swan Hill 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.

Peter Abraham
Accountable Officer

Report of Operations

DISCLOSURE INDEX

The annual report of the Swan Hill 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.

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FRD 22	Purpose, functions, powers and duties	i
FRD 22	Nature and range of services provided	10
FRD 22	Activities, programs and achievements for the reporting period	1
FRD 22	Significant changes in key initiatives and expectations for the future	1
Management		
FRD 22	Organisational structure	5
FRD 22	Workforce data/employment and conduct principles	14
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Financial Information		
FRD 22	Summary of the financial results for the year	Appendix 2
FRD 22	Significant changes in financial position during the year	Appendix 2
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FRD 22	Subsequent events	/
FRD 22	Details of consultancies under $10,000	12
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FRD 22	Disclosure of government advertising expenditure	N/A
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FRD 22	Reviews and Studies expenditure	N/A
Legislation		
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DISCLOSURE INDEX

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	• Attestation on Integrity, Fraud and Corruption	30
	• Compliance with HealthShare Victoria (HSV) Purchasing Policies	30
Other reporting requirements		
	• Reporting of outcomes from Statement of Priorities 2023-2024	Appendix 1
	• Occupational Violence reporting	17
	• Asset Management Accountability Framework	13
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	• Reporting obligations under the *Safe Patient Care Act 2015*	21
	• Reporting of compliance regarding Car Parking Fees (if applicable)	N/A

Swan Hill
District Health
Connected Care. Best Experience.

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ABN: 24 314 338 210

Appendices

Appendix 1

- Statement of Priorities 2023-24: Part A, B & C

Appendix 2

- Victorian Auditor-General's Office Report
- Financial Results for 2023-2024

APPENDIX 1

Statement of Priorities – Part A

In 2023-24 SHDH will contributed to the achievement of the Victorian Government's commitments by:

Excellence in Clinical Governance		
Goals	**Health Service Deliverables**	**Achievements/Outcome**
Support people to access the most appropriate care for their chronic disease and/or associated risk factors.	• Provide integrated multidisciplinary care that addresses the physical, social, and mental health needs for management and reduction in risk factors for chronic disease • Provide coordination of collaborative care that is accessible and appropriate and meets the diverse needs of individuals and groups in the community.	Status: Achieved • Access to endocrinologists through telehealth supported by Community Health - Diabetes Educator team. • Outcome of the i-HEART project is establishing a Cardiology telehealth model to access an Austin Health Cardiologist and Nurse Practitioner post presentation to Emergency Department/Acute with management of chronic heart failure and continuity of care through the Health Independence Program.
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.	Status: Achieved • Successful in achieving re-accreditation against the National Safety & Quality Health Care Standards. • Ongoing achievement of ongoing accreditation in Aged Care and Aged & Community Care Standards. • Gap analysis completed for current state vs Nutrition and Quality Food Standards for Health Services and Aged Care Facilities for SHDH, Logan Lodge and Jacaranda Lodge • Progressing the actions and recommendations from the gap analysis • Review of menu to incorporate greater diversity and seasonal produce being undertaken. • Current menu is being broken down into recipes and then nutritional values calculated according to portion sizes.
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.	Status: Achieved • Use of ViTOR charts for all paediatric patients at SHDH are used consistently and are age specific. Neurological observations should be determine by the patient's condition and recorded on the VICTOR Neurological chart VPN0001. • Review of the SHDH Clinical Governance Framework • Implemented new Maternity Model of Care which has resulted in stronger models of consumer engagement and quality of care outcomes

APPENDIX 1

Statement of Priorities – Part A

Working to achieve long term financial sustainability		
Goals	**Health Service Deliverables**	**Achievements/Outcome**
Co-operate with and support DH-led reforms that look towards reducing waste and improving efficiency to address financial sustainability, operational and safety performance, and system management.	• Collaborative partnerships: Collaborate with other health service providers, community organisations, the department, and stakeholders to explore opportunities for shared services, joint procurement, and resource sharing to reduce costs and improve efficiency. • Data-driven decision-making: Utilise data analytics and performance metrics to identify areas of inefficiency and waste and make evidence-based decisions to improve financial sustainability and operational performance.	Status: On-going • Collaboration commenced with Kerang District Health through formal partnership. • Shared services commenced with finance, Health Information, Pharmacy and ICT. • Shared payroll services commenced with Dhelkaya Health.
Development of a health service financial sustainability plan in partnership with the Department with a goal to achieving long term health service safety and sustainability.	• Financial forecasting and risk management: Develop robust financial forecasting models to project future revenue and expenditure, identify financial risks, and implement risk mitigation strategies to ensure long-term sustainability. • Cost containment initiatives: Implement strategies to control costs, such as negotiating favourable contracts with suppliers, optimising workforce utilisation, and managing healthcare technologies and equipment effectively.	Status: Achieved • All financial management and cost containment strategies implemented across SHDH.
Improving equitable access to healthcare and wellbeing		
Goals	**Health Service Deliverables**	**Achievements/Outcome**
Address service access issues and equity of health outcomes for rural and regional people including more support for primary, community, home-based and virtual care, and addiction services.	• CEO and Executive leadership will drive and be accountable for outcomes in cultural safety and Aboriginal self-determination. • Partnerships with Aboriginal community-controlled health organisations, respected Aboriginal leaders and Elders, and Aboriginal communities to deliver healthcare improvements.	Status: On-going • Engaged Weenthunga Cultural Safety & Critical Conscious education with CEO/Executive & key staff completing. • SHDH participated in Loddon Mallee Health Network Research Project – System Reform for First Nation Communities within Emergency Departments and Urget Care Centres. • Engaging with Ngwala Willumbong Aboriginal Corporation to support implementation of the Public Intoxication Response in Swan Hill.

Statement of Priorities – Part A

	• Plans to identify and prioritise the health, wellbeing and service needs of the Aboriginal catchment population and service users – including improved patient identification, discharge planning and outpatient care.	• Commenced the Swan Hill Aboriginal Community Reference Group comprising of community and workers to inform Swan Hill District Health on service needs and the SHDH First Nations Committee.
Strengthen programs that support Aboriginal people to access early intervention and prevention services.	• Alignment of health service operating hours and the availability of hospital Aboriginal Health Liaison Officer workforce. • Identify and prioritise the health, wellbeing and service needs of the Aboriginal catchment population and service users – including improved patient identification, discharge planning and outpatient care.	Status: On-going • 0.4EFT Increase of Aboriginal Health Liaison Officer. • 0.5EFT Yarn Safe Worker to support young Aboriginal mothers. • Full Time Aboriginal traineeship for Allied Health Assistant in Occupational Therapy. • Aboriginal Health Unit name changed to Kapel Telkuna which in Wamba Wamba language translates to 'Through Water we Heal'.
A stronger workforce		
Goals	**Health Service Deliverables**	**Achievements/Outcome**
Improve employee experience across four initial focus areas to assure safe, high- quality care: leadership, health and safety, flexibility, and career development and agility.	• Deliver programs to improve employee experience across four initial focus areas: leadership, safety and wellbeing, flexibility, and career development and agility. • Implement and/or evaluate a new/expanded wellbeing and safety program and its improvement on workforce wellbeing.	Status: Achieved • Approval of a Critical Incident and Traumatic Events Policy by Board of Directors.Next step is to introduce an implementation process to support staff implement this in practice. (Aiming at focusing on safety and wellbeing and leadership). • Continual roll out and use of the Cognitive Institutes Speaking up for Safety Program with all new staff, and using this as a tool in daily muster meetings throughout the organization. • Staff well being committee meet and report back initiatives and activities through daily muster meetings. • Strengthened recruitment, onboarding and engagement systems throughout SHDH.

Statement of Priorities – Part A

		• Review of employee accommodation services completed. • Actions taken to address SHDH response to incidents of occupational violence. • A Stronger Workforce- will evolve from a holistic inclusive authentic workforce care program.
Explore new and contemporary models of care and practice, including future roles and capabilities.	• ·Pilot, implement or evaluate new and contemporary models of care and practice, including future roles and building capability for multidisciplinary practice. • Continual monitoring of the broader healthcare landscape to identify opportunities to modernize skills, capabilities, roles and models of care to meet future health sector needs.	Status: Achieved • Maternity Redesign towards a Midwifery Group Practice Model of Care progressing and will go through LHAC process in 2024. • New Emergency Department Model of Care being prepared and in draft for care provision in the new Emergency Department building that will be occupied from December 2024.
Moving from competition to collaboration		
Goals	**Health Service Deliverables**	**Achievements/Outcome**
Partner with other organisations (for example community health, ACCHOs, PHNs, General Practice, private health) to drive further collaboration and build a more integrated system.	• Engage local ACCHO groups in the identification and delivery of initiatives that improve Aboriginal cultural safety. • Partner with our sub regional catchment community, Primary and Aged care services to develop integrated service models that will provide coordinated care to patients and support patients following hospital discharge.	Status: On-going • Partnership with Bendigo Health to reduce endometriosis waiting list patients from the ESIS waiting list. SLA signed, for 6 month partnership agreement of 20 surgeries to be done at SHDH • Continued development of our collaborative partnership with Kerang District Health. • Strengthened referral mechanisms between primary and acute referral services. • SHDH has continued to progress its partnership initiatives through collaboration with regional and sub-regional health services under the Loddon Mallee Health Network. Through the LMHN, SHDH actively participates as a member of the Murray and Mallee Partnerships

Statement of Priorities – Part A

Engage in integrated planning and service design approaches, whilst assuring consistent and strong clinical governance, with partners to join up the system to deliver seamless and sustainable care pathways and build sector collaboration.	• Regional, sub-regional or local regional health needs assessment to develop a population health plan. • Undertake joint clinical service plans that agree a joint approach to coordinating the delivery of health services at a regional level as opposed to individual health service planning.	Status: On-going • SHDH work with Connecting the Docs program to develop place based capital development with expertise established in medical recruitment
Empowering people to keep healthy and safe in the community		
Goals	**Health Service Deliverables**	**Achievements/Outcome**
Deliver collective and collaborative preventative health, mental health and wellbeing services and programs, where all people, sectors and communities have an important role to play in enabling people to live their best lives.	• Embed strategies to ensure implementation of the 'Healthy choices: policy directive for Victorian public health services' to enable staff, visitors and the health service community to have access to healthier options to support their health and wellbeing. • Support access to lifestyle interventions/programs and inclusive environments that promote healthy behaviour and reduce risk of diabetes, cardiovascular disease, and mental health.	Status: Achieved • SHDH has successful met the Healthy Choices Food & Drink policy directive as of September 2023, and working to promote this initiative to all staff, visitors and the broader SHDH community. • The SHDH Health Promotion plan focuses on the priority health areas of healthy eating, active living and gender equity, with the overlaying intent of social inclusion and mental wellbeing. Strategies include support with food security and access, edible gardens and healthy cooking skills and education; breastfeeding support and gender equity awareness, with a particular focus in early years and with vulnerable communities. • Awareness and access to programs that support diabetes education, awareness and prevention are promoted and continually monitored to ensure local access is improved. • Successful transition of Commonwealth Home Support Programme and Home & Community Care For Younger People clients from Swan Hill Rural City Council on 3 June 2024.

APPENDIX 1

Statement of Priorities – Part A

Improve women's health outcomes through the quality, availability, and equity of women's health services across Victoria.	• Improve access to women's health services including contraception, abortion, pelvic pain and menopause through grants or research, or the new hospital-based women's health clinics or sexual and reproductive community-based hubs.	Status: Achieved • As above endometriosis surgeries (20 additional) until July 2024. • Nurse Practitioner lead Sexual & Reproductive Health Clinic commenced in 2024 at 0.6EFT for a 12-month pilot program, this has included successful engagement and networking with Centre for Excellence in Rural Sexual Health, Royal Women's Health, Melbourne Sexual Health and Sexual Health Victoria. • Implementation of a Cancer Council Victoria project to raise awareness and access to cancer screening (cervical, breast and bowel) for vulnerable culturally diverse communities within the Swan Hill catchment, including videos in 5 languages
Care close to home		
Goals	**Health Service Deliverables**	**Achievements/Outcome**
Improve pathways through the health system and implement models of care to enable more people to access care closer to, or in their homes.	• Implement and/or evaluate new/expanded models of care that address barriers to patients receiving care closer to, or in their home. • Implement and/or evaluate new/expanded models of shared care between health services that enable more people to access care closer to, or in their homes.	Status: On-going • December 2023 approved and purchased x2 additional CADD pumps to provide continuous IV infusions and antibiotic IV delivery for patients in the home, which will increase our capacity of HITH. • Developing a model of oncology in the home for certain types of oncology infusions. Developing the iron transfusion in the home model. • Conducting a review of the Residential in Reach model that has been running in Swan Hill for 5 months (commenced face to face care in August 2023) • Access to endocrinologists through telehealth supported by Community Health - Diabetes Educator team.

APPENDIX 1

Statement of Priorities – Part A

Support improved access to services for people managing chronic disease by improving access to home-based and remote service delivery.	• ·Implement and/or evaluate new/expanded models of shared care between health services to enable patients managing chronic diseases to remain well and in the community. • Implement programs that increase the number of clinical staff capable and confident to deliver at-home or remote care to patients managing chronic disease.	Status: On-going • Shared model of care with Bendigo Health for those with Gestational Diabetes Mellitus, including use of remote patient Blood Glucose Level monitoring. • Extension of Barbara Walker Centre for pain management (St Vincent's) to access a Pain Medicine Specialist for telehealth consults and staff training. • Access to a Respiratory Physician via the Royal Flying Doctor Service for telehealth consults for clients with respiratory disease. • The SHDH Better@Home program provides Remote Patient Monitoring (RPM) reservice to selective patient diagnoses cohorts.
A health system that takes effective climate action		
Goals	**Health Service Deliverables**	**Achievements/Outcome**
Implement climate adaptation initiatives to support the health service's resilience and prepare for future challenges.	• Plan an adaptation initiative to improve the health service's resilience to undertake a climate-related risk assessment to identify key vulnerabilities, exposures and information gaps, drawing on best available public climate information.	Status: On-going • Reinvigorate Environmental Sustainability Committee with key activities allocated to members. • Have removed 80% single use plastic products from food outlets. • RE- energised focus on recycle waste separation.
Build a better understanding of the health service's carbon footprint, including Scope 3 (indirect emissions), to inform effective action.	• Plan for and initiate a project to improve the health service's understanding of its full carbon footprint.	Status: On-going • Installation of additional $43K solar panels at Jacaranda Lodge. • Provide information regarding impact of solar panel project. • Reinvigorate Environmental Sustainability Committee with key activities allocated to members.

APPENDIX 1

Statement of Priorities – Part A

Local Priority: Partnerships		
Goals	**Health Service Deliverables**	**Achievements/Outcome**
Progress implementation of the Swan Hill District Health & Kerang District Health Collaborative Partnership in the development of systematic approach to our shared prioritised clinical and corporate service delivery models.	• Establish an evaluation framework to assess the impact of Swan Hill District Health and Kerang District Health working together • Develop a high level 12-24month partnership plan, with priorities, timelines, activity leads, goals and measures.	Status: On-going • Collaboration commenced with Kerang District Health through formal partnership. • Shared services commenced with finance, Health Information, Pharmacy and ICT.

APPENDIX 1

Statement of Priorities – Part B

HIGH QUALITY AND SAFE CARE		
Key performance measure	**Target**	**Result**
Infection prevention and control		
Compliance with the Hand Hygiene Australia program	85%	91.3%
Percentage of healthcare workers immunised for influenza	94%	100%
Continuing care		
Average change in the functional independence measure (FIM) score per day of care for rehabilitation separations	0.645	0.789
Patient experience		
Percentage of patients who reported positive experiences of their hospital stay	95%	95.5%
Maternity and Newborn - review here onwards		
Percentage of full-term babies (without congenital anomalies) who are considered in poor condition shortly after birth (Apgar score <7 to 5 minutes)	1.4%	0.7%
Percentage of singleton babies with severe fetal growth restriction (FGR) delivered at 40 or more weeks gestation	≤ 28.6%	Assumed ≤ 28.6%
Unplanned Readmissions		
Rate of unplanned readmissions to any hospital following a hip replacement procedure	≤ 6%	Assumed ≤ 6%
Aboriginal Health		
Percentage of Aboriginal admitted patients who left against medical advice	3.7 %	3.3%
Percentage of Aboriginal emergency department presentations who did not wait to be seen	6.8%	8.1%
STRONG GOVERNANCE, LEADERSHIP AND CULTURE		
Organisational Culture		
People matter survey – Percentage of staff with an overall positive response to safety culture survey questions	62%	70%

APPENDIX 1

Statement of Priorities – Part B

Key performance measure	Target	Result
TIMELY ACCESS TO CARE		
Emergency Care		
Percentage of patients transferred from ambulance to emergency department within 40 minutes	90%	96%
Percentage of Triage Category 1 emergency patients seen immediately	100%	100%
Percentage of Triage Category 1 to 5 emergency patients seen within clinically recommended time	80%	80%
Percentage of emergency patients with a length of stay in the emergency department of less than four hours	81%	74%
Number of patients with a length of stay in the emergency department greater than 24 hours	0	14
Mental Health		
Percentage of mental health-related emergency department presentations with a length of stay of less than 4 hours	81%	59%
Specialist Clinics		
Percentage of urgent patients referred by a GP or external specialist who attended a first appointment within 30 days	100%	86.7%
Percentage of routine patients referred by GP or external specialist who attended a first appointment within 365 days	90%	99.6%
Home Based Care		
Percentage of admitted bed days delivered at home	4.9%	6.7%
Percentage of admitted episodes delivered at least partly at home	0.8%	1.3%

APPENDIX 1

Statement of Priorities – Part B

Key Performance Measure	Target	Result
EFFECTIVE FINANCIAL MANAGEMENT		
Operating Result ($M)	(0.03)	- 3,879.00
Average number of days to pay trade creditors	60 days	23
Average number of days to receive patient fee debtors	60 days	18
Adjusted current asset ratio	0.7 or 3% improvement from health service base target	0.98%
Variance between forecast and actual Net result from transactions (NRFT) for the current financial year ending 30 June.	variance ≤ $250,000	Not achieved
Actual number of days available cash, measured on the last day of each month.	14 days	5 days

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

APPENDIX 1

Statement of Priorities – Part C

Funding type	2023-24 Activity achievement
CONSOLIDATED ACTIVITY FUNDING	
Acute admitted, subacute admitted, emergency services, non-admitted NWAU	8170.98
ACUTE ADMITTED	
Acute admitted DVA	54.38
Acute admitted TAC	65.27
Other admitted	/
ACUTE NON-ADMITTED	
Emergency Services	/
Home Enteral Nutrition NWAU	4.26
SUBACUTE/NON-ACUTE, ADMITTED & NON-ADMITTED	
Palliative Care Non-admitted	/
Subaute - DVA	27.47
Health Independence Program - DVA	/
SUBACUTE & NON-ACUTE OTHER	
Other specified funding	/
AGED CARE	
Residential Aged Care	24191
HACC	2110
Aged Care Other	/
PRIMARY HEALTH	
Community Health / Primary Care Programs	8442
Community Health Other	/
OTHER	
Health Workforce	/
Supplementation funding	/

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

APPENDIX 2

Financial Statements

Swan Hill District Health

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FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2024

SWAN HILL DISTRICT HEALTH

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

The attached financial statements for Swan Hill 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 Swan Hill District Health at 30 June 2024.

At the time of signing, we are not aware of any circumstances which would render any particulars included in the financial statements to be misleading or inaccurate.

We authorise the attached financial statements for issue on Monday, 7th October, 2024.

Board member	**Accountable Officer**	**Chief Finance & Accounting Officer**
		
A. Gilchrist	P. Abraham	C. Bailey
Board Chair	Chief Executive Officer	Chief Finance and Accounting Officer
Swan Hill	Swan Hill	Swan Hill
7 October 2024	7 October 2024	7 October 2024

Independent Auditor's Report

Victorian Auditor-General's Office

To the Board of Swan Hill District Health

Opinion	I have audited the financial report of Swan Hill 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 material accounting policy information • board member's, accountable officer's and chief finance & accounting officer's declaration. In my opinion the financial report presents fairly, in all material respects, the financial position of the health service as at 30 June 2024 and their financial performance and cash flows for the year then ended in accordance with the financial reporting requirements of Part 7 of the *Financial Management Act 1994* and applicable Australian Accounting Standards.
Basis for Opinion	I have conducted my audit in accordance with the *Audit Act 1994* which incorporates the Australian Auditing Standards. I further describe my responsibilities under that Act and those standards in the *Auditor's Responsibilities for the Audit of the Financial Report* section of my report. My independence is established by the *Constitution Act 1975.* My staff and I are independent of the health service in accordance with the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants* (the Code) that are relevant to my audit of the financial report in Victoria. My staff and I have also fulfilled our other ethical responsibilities in accordance with the Code. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.
Other Information	The Board of the health service is responsible for the Other Information, which comprises the information in the health service's annual report for the year ended 30 June 2024 but does not include the financial report and my auditor's report thereon. My opinion on the financial report does not cover the Other Information and accordingly, I do not express any form of assurance conclusion on the Other Information. However, in connection with my audit of the financial report, my responsibility is to read the Other Information and in doing so, consider whether it is materially inconsistent with the financial report or the knowledge I obtained during the audit, or otherwise appears to be materially misstated. If, based on the work I have performed, I conclude there is a material misstatement of the Other Information, I am required to report that fact. I have nothing to report in this regard.
Board's responsibilities for the financial report	The Board of the health service is responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards and the *Financial Management Act 1994*, and for such internal control as the Board determines is necessary to enable the preparation of a financial report that is free from material misstatement, whether due to fraud or error. In preparing the financial report, the Board is responsible for assessing the health service's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless it is inappropriate to do so.

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
24 October 2024

Dominika Ryan
as delegate for the Auditor-General of Victoria

Swan Hill District Health
Comprehensive Operating Statement
For the Financial Year Ended 30 June 2024

	Note	2024 $'000	2023 $'000
Revenue and income from transactions			
Operating activities	2.1	112,790	98,470
Non-operating activities	2.1	1,879	1,293
Total revenue and income from transactions		**114,669**	**99,763**
Expenses from transactions			
Employee expenses	3.1	(80,042)	(71,924)
Supplies and consumables	3.1	(10,056)	(8,930)
Finance costs	3.1	(33)	(26)
Depreciation	4.4	(4,098)	(4,303)
Other administrative expenses	3.1	(7,327)	(6,653)
Other operating expenses	3.1	(6,142)	(6,612)
Total Expenses from transactions		**(107,698)**	**(98,448)**
Net result from transactions - net operating balance		**6,971**	**1,315**
Other economic flows included in net result			
Net gain/(loss) on sale of non-financial assets	3.2	(76)	(3,578)
Net gain/(loss) on financial instruments	3.2	(50)	(68)
Other gain/(loss) from other economic flows	3.2	741	6
Total other economic flows included in net result		**615**	**(3,640)**
Net result for the year		**7,586**	**(2,325)**
Other economic flows - other comprehensive income			
Items that will not be reclassified to net result			
Changes in property, plant and equipment revaluation surplus	4.1(b)	19,468	-
Total other comprehensive income		**19,468**	**-**
Comprehensive result for the year		**27,054**	**(2,325)**

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

Swan Hill District Health
Balance Sheet
As at 30 June 2024

	Note	2024 $'000	2023 $'000
Current assets			
Cash and cash equivalents	6.2	27,535	26,033
Receivables and contract assets	5.1	1,479	1,815
Inventories	4.5	298	291
Prepaid expenses		312	424
Total current assets		**29,624**	**28,563**
Non-current assets			
Receivables and contract assets	5.1	2,686	1,370
Property, plant and equipment	4.1(a)	110,268	69,262
Right of use assets	4.2(a)	378	455
Total non-current assets		**113,332**	**71,087**
Total assets		**142,956**	**99,650**
Current liabilities			
Payables and contract liabilities	5.2	6,242	4,488
Borrowings	6.1	326	299
Employee benefits	3.3	13,585	12,247
Other liabilities	5.3	15,935	12,473
Total current liabilities		**36,088**	**29,507**
Non-current liabilities			
Borrowings	6.1	122	257
Employee benefits	3.3	1,523	1,610
Total non-current liabilities		**1,645**	**1,867**
		37,733	**31,374**
Net assets		**105,223**	**68,277**
Equity			
Revaluation surplus	4.3	74,161	54,694
Restricted specific purpose reserve	SCE	5,788	5,298
Contributed capital	SCE	27,965	18,072
Accumulated surplus/(deficit)	SCE	(2,690)	(9,786)
Total equity		**105,223**	**68,277**

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

Swan Hill District Health
Statement of Changes in Equity
For the Financial Year Ended 30 June 2024

	Property, Plant and Equipment Revaluation Surplus	Restricted Specific Purpose Reserve	Contributed Capital	Accumulated Surplus/(Deficit)	Total
	$'000	$'000	$'000	$'000	$'000
Balance at 1 July 2022	**54,694**	**3,850**	**18,072**	**(6,013)**	**70,603**
Net result for the year	-	-	-	(2,325)	(2,325)
Other comprehensive income for the year	-	-	-	-	-
Transfer from/(to) accumulated surplus/(deficit)	-	1,448	-	(1,448)	(0)
Balance at 30 June 2023	**54,694**	**5,298**	**18,072**	**(9,786)**	**68,277**
Net result for the year	-	-	-	7,586	7,586
Other comprehensive income for the year	19,467	-	-	-	19,467
Capital contribution	-	-	9,893	-	9,893
Transfer from/(to) accumulated surplus/(deficit)	-	490	-	(490)	-
Balance at 30 June 2024	**74,161**	**5,788**	**27,965**	**(2,690)**	**105,223**

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

Swan Hill District Health
Cash Flow Statement
For the Financial Year Ended 30 June 2024

	Note	2024 $'000	2023 $'000
Cash Flows from operating activities			
Operating grants from State Government		67,766	66,700
Operating grants from Commonwealth Government		13,890	11,372
Capital grants from State Government		800	1,882
Capital grants from Commonwealth Government		17	102
Patient fees received		4,261	3,363
Private practice fees received		818	785
Donations and bequests received		1,298	1,113
GST received from ATO		(35)	(74)
Interest and investment income received		180	120
Recoupment from private practice for use of hospital facilities		1,821	1,748
Other receipts received		8,684	9,141
Total receipts		**99,501**	**96,253**
Employee expenses		(54,886)	(55,351)
Non salary labour costs		(23,163)	(15,882)
Payments for supplies and consumables		(10,063)	(8,974)
Payments for repairs and maintenance		(403)	(950)
Finance costs		(33)	(26)
Other payments		(11,623)	(13,000)
Total payments		**(100,171)**	**(94,183)**
Net cash flows from/(used in) operating activities	8.1	**(670)**	**2,071**
Cash Flows from investing activities			
Purchase of non-financial assets		(1,250)	(1,812)
Proceeds from sale of property, plant and equipment		50	28
		(1,200)	**(1,784)**
Cash flows from financing activities			
Repayment of borrowings		(30)	(32)
Repayment of principal portion of lease liabilities		(61)	(118)
Repayment of accomodation deposits		(2,627)	(2,972)
Receipt of accomodation deposits		6,090	4,046
Net cash flows from/(used in) financing activities		**3,372**	**923**
Net increase/(decrease) in cash and cash equivalents held		**1,502**	**1,210**
Cash and cash equivalents at beginning of year		26,033	24,823
Cash and cash equivalents at end of year	6.2	**27,535**	**26,033**

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

Note 1: Basis of presentation

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

This section explains the basis of preparing the financial statements.

Note 1.1: Basis of preparation of the financial statements

These financial statements are general purpose financial statements which have been prepared in accordance with the *Financial Management Act 1994* and applicable Australian Accounting Standards, which include interpretations issued by the Australian Accounting Standards Board (AASB). They are presented in a manner consistent with the requirements of AASB 101 *Presentation of Financial Statements* .

The financial statements also comply with relevant Financial Reporting Directions (FRDs) issued by the Department of Treasury and Finance (DTF), and relevant Standing Directions (SDs) authorised by the Assistant Treasurer.

Swan Hill District Health is a not-for-profit entity and therefore applies the additional AUS paragraphs applicable to a "not-for-profit" entity under the Australian Accounting Standards. Australian Accounting Standards, set out accounting policies that the AASB has concluded would result in financial statements containing relevant and reliable information about transactions, events and conditions. Apart from the changes in accounting policies, standards, and interpretations as noted below, material accounting policies adopted in the preparation of these financial statements are the same as those adopted in the previous period.

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

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

The financial statements are in Australian dollars.

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

The annual financial statements were authorised for issue by the Board of Swan Hill District Health on 7th of October, 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
SHDH	Swan Hill District Health
LMRHA	Loddon Mallee Rural Health Alliance

Note 1.3: Joint arrangements

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

Swan Hill District Health has the following joint arrangements:

- Loddon Mallee Rural Health Alliance

Details of the joint arrangements are set out in Note 8.6.

Note 1.4: Material Key accounting estimates and judgements

Management make estimates and judgements when preparing the financial statements.

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

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

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

- Note 2.1: Revenue and income from transactions
- Note 3.3: Employee benefits and related on-costs
- Note 4.1: Property, plant and equipment
- Note 4.2: Right-of-use assets
- Note 4.4: Depreciation
- Note 4.6: Impairment of assets
- Note 5.1: Receivables and Contract assets
- Note 5.2: Payables and 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

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 and its impact has not yet been assessed.

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

Note 1.6: Goods and Services Tax (GST)

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

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

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

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

Note 1.7: Reporting Entity

The financial statements include all the activities of Swan Hill District Health.

Its principal address is:

48 Splatt Street
Swan Hill, Victoria 3585

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

Note 2: Funding delivery of our services

Swan Hill District Health's overall objective is to provide quality health services in the right setting by dedicated people with and for our community, as well as improve the quality of life to Victorians. Swan Hill Distirct Health is predominantly funded by grant funding for the provisions of outputs. Swan Hill District Health also receives income from the supply of services.

Structure:

2.1 Revenue and income from Transactions

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

Material judgements and estimates

This section contains the following material judgements and estimates:

Material judgements and estimates	Description
Identifying performance obligations	Swan Hill 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 Swan Hill District Health to recognise revenue as or when the health service transfers promised goods or services to the beneficiaries. If this criterion is not met, funding is recognised immediately in the net result from operations.
Determining the timing of revenue recognition	Swan Hill 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 the time of capital grant income recognition	Swan Hill 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	Swan Hill District Health applies material judgement to determine the fair value of assets and services provided free of charge or for nominal value. Fair value has been determined by obtaining cost of asset if purchased in an active market at the acquisition date.

Note 2.1 Revenue and income from transactions

	Note	2024 $'000	2023 $'000
Operating activities			
Revenue from contracts with customers			
Government grants (State) - Operating		48,548	49,602
Government grants (Commonwealth) - Operating		13,866	11,332
Government grants (State) - Dental health		1,667	1,539
Patient and resident fees		6,920	5,887
Commercial activities [1]		2,465	2,509
Total revenue from contracts with customers	2.1(a)	**73,466**	**70,869**
Other sources of income			
Government grants (State) - Operating		19,218	17,098
Government grants (Commonwealth) - Operating		24	40
Government grants (State) - Capital		14,570	5,261
Government grants (Commonwealth) - Capital		17	102
Non-cash contributions by Department of Health and Human Services		793	449
Other capital purpose income		181	122
Assets received free of charge or for nominal consideration	2.2	47	372
Other revenue from operating activities (inc. non-capital donations)		2,788	2,681
Jointly controlled operations	8.6	1,611	1,417
Property income		75	59
Total other sources of income		**39,324**	**27,601**
Total revenue and income from operating activities		**112,790**	**98,470**
Non-operating activities			
Income from other sources			
Capital interest		180	120
Assets received free of charge or for nominal consideration	2.2	-	15
Other income from non-operating activities		1,699	1,158
Total other sources of income		**1,879**	**1,293**
Total income from non-operating activities		**1,879**	**1,293**
Total revenue and income from transactions		**114,669**	**99,763**

1. Commercial activities represent business activities which Swan Hill District Health enters into to support their operations.

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

	2024 $'000	2023 $'000
Swan Hill District Health disaggregates revenue by the timing of revenue recognition.		
Goods and services transferred to customers:		
At a point in time	65,107	63,387
Over time	8,359	7,482
Total revenue from contracts with customers	**73,466**	**70,869**

How we recognise revenue and income from operating activities

Government operating grants

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

When both these conditions are satisfied, 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, Swan Hill 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.

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

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

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

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

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

Capital grants

Where Swan Hill 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 Swan Hill District Health's obligation to construct the asset. The progressive percentage of costs incurred is used to recognise income, as this most accurately reflects the stage of completion.

Patient and resident fees

Patient and resident fees are charges that can be levied on patients for some services they receive. Patient and resident fees are recognised at a point in time when the performance obligation and the provision of services is satisfied. 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 the Radiology business unit and the Dental Clinic. 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.

Other non-operating income

Other non-operating income is recognised at a point in time and includes items such as catering, cafeteria and recoveries.

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

	2024 $'000	2023 $'000
Plant and equipment	-	15
Personal protective equipment and other	47	372
Total fair value of assets and services received free of charge or for nominal consideration	**47**	**387**

How we recognise the fair value of assets and services received free of charge or for nominal consideration

Personal protective equipment

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

Contributions of resources

Swan Hill District Health may receive resources for nil or nominal consideration to further its objectives. The resources are recognised at their fair value when Swan Hill 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 Swan Hill District Health as a capital contribution transfer.

Voluntary Services

Swan Hill 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.

Swan Hill District Health did not receive any volunteer services and it does not depend on volunteers to deliver its services.

Non-cash contributions from the Department of Health

The DH makes some payments on behalf of Swan Hill District Health as follows:

Key judgements and estimates	Description
Victorian Managed Insurance Authority	The Department of Health purchases non-medical indemnity insurance for Swan Hill 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 Swan Hill 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.

Note 3: The cost of delivering our services

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

Key judgements	Description
Classifying employee benefit liabilities	Swan Hill District Health applies material judgement when measuring and classifying its employee benefit liabilities. Employee benefit liabilities are classified as a current liability if Swan Hill 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 Swan Hill 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	Swan Hill District Health applies material judgement when measuring employee benefit liabilities. With reference to historical data, if the health service does not expect entitlements to be paid within 12 months, the entitlement is measured at its present value, being the expected future payments to employees. Expected future payments incorporate: • an inflation rate of 4.450%, 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 15.27% and 77.49% • 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.

Note 3.1 Expenses from transactions

	Note	2024 $'000	2023 $'000
Salaries and wages		51,516	50,924
On-costs		5,363	5,118
Agency expenses		17,311	10,732
Fee for service medical officer expenses		4,641	4,348
Workcover premium		1,211	802
Total employee expenses		**80,042**	**71,924**
Drug supplies		2,879	**2,854**
Medical and surgical supplies (including Prostheses)		4,150	**3,418**
Diagnostic and radiology supplies		778	**604**
Other supplies and consumables		2,249	**2,054**
Total supplies and consumables		**10,056**	**8,930**
Finance costs		33	**26**
Total finance costs		**33**	**26**
Other administrative expenses		7,327	**6,653**
Total other administrative expenses		**7,327**	**6,653**
Fuel, light, power and water		1,097	**947**
Repairs and maintenance		403	**950**
Maintenance contracts		704	**662**
Medical indemnity insurance		219	**209**
Patient transport		1,832	**1,971**
Expenditure for capital purposes		182	**214**
Jointly controlled operations	8.6	1,658	**1,287**
Assets provided free of charge or Nominal Consideration	2.2	47	**372**
Total other operating expenses		**6,142**	**6,612**
Total operating expenses		**103,600**	**94,145**
Depreciation	4.4	4,098	4,303
Total depreciation		**4,098**	**4,303**
Long Service Leave Expense Loss		(741)	**(3)**
Bad and doubtful debt expense		50	**68**
Assets provided free of charge or Nominal Consideration	2.2	-	**15**
Total other non-operating expenses		**(691)**	**80**
Total non-operating expenses		**3,407**	**4,383**
Total expenses from transactions		**107,007**	**98,527**

Note 3.1: Expenses from transactions (continued)

How we recognise expenses from transactions

Expense recognition

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

Employee expenses

Employee expenses include:

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

Supplies and consumables

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

Finance costs

Finance costs include:

- Interest on bank overdrafts and short-term and long-term borrowings (Interest expense is recognised in the period in which it is incurred).

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; and
- Expenditure for capital purposes (represents expenditure related to the purchase of assets that are below the capitalisation threshold of $1,000).

The DH also makes certain payments on behalf of Swan Hill District Health. These amounts have been brought to account as grants 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	(76)	**(3,578)**
Total net gain/(loss) on non-financial assets	**(76)**	**(3,578)**
Allowance for impairment losses of contractual receivables	(50)	**(68)**
Total net gain/(loss) on financial instruments	**(50)**	**(68)**
Share of net profits/(losses) of joint entities, excluding dividends	93	**3**
Total share of other economic flows from joint arrangements	**93**	**3**
Net gain/(loss) arising from revaluation of long service liability	741	**3**
Total other gains/(losses) from other economic flows	**741**	**3**
Total gains/(losses) from other economic flows	**708**	**(3,640)**

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.

Net gain/(loss) on non-financial assets

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

- net gain/(loss) on disposal of non-financial assets

Net gain/(loss) on financial instruments

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

- realised and unrealised gains and losses from revaluations of financial instruments at fair value; and
- disposals of financial assets and derecognition of financial liabilities.

Note 3.3 Employee benefits and related on-costs

	2024 $'000	2023 $'000
Current employee benefits and related on-costs		
Accrued days off		
Unconditional and expected to be settled wholly within 12 months[i]	140	146
	140	**146**
Annual leave		
Unconditional and expected to be settled wholly within 12 months[i]	3,609	3,500
Unconditional and expected to be settled wholly after 12 months [ii]	1,728	1,419
	5,337	**4,919**
Long service leave		
Unconditional and expected to be settled wholly within 12 months[i]	1,057	987
Unconditional and expected to be settled wholly after 12 months [ii]	5,372	4,836
	6,428	**5,823**
Provisions related to employee benefit on-costs		
Unconditional and expected to be settled within 12 months [i]	658	568
Unconditional and expected to be settled after 12 months [ii]	1,022	791
	1,680	**1,359**
Total current employee benefits and related on-costs	**13,585**	**12,247**
Non-current employee benefits and related on-costs		
Conditional long service leave [i]	1,330	1,429
Provisions related to employee benefit on-costs [ii]	193	181
Total non-current employee benefits and related on-costs	**1,523**	**1,610**
Total employee benefits and related on-costs	**15,108**	**13,857**

[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

	2024 $'000	2023 $'000
Current employee benefits and related on-costs		
Unconditional accrued days off	140	146
Unconditional annual leave entitlements	6,092	5,541
Unconditional long service leave entitlements	7,353	6,560
Total current employee benefits and related on-costs	**13,585**	**12,247**
Non-current employee benefits and related on-costs		
Conditional long service leave entitlements	1,523	1,610
Total non-current employee benefits and related on-costs	**1,523**	**1,610**
Total employee benefits and related on-costs	**15,108**	**13,857**
Attributable to:		
Employee benefits	13,096	12,300
Provision for related on-costs	2,013	1,557
Total employee benefits and related on-costs	**15,108**	**13,857**

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

	2024 $'000	2023 $'000
Carrying amount at start of year	1,556	1,609
Additional provisions recognised	1,113	510
Amounts incurred during the year	(656)	(563)
	2,013	**1,556**

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.

Note 3.3(a&b) Employee benefits and related on-costs and Provision for related on-costs movement schedule (continued)

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

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

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

Provisions for on-costs, such as payroll tax, workers compensation and superannuation are recognised separately from provisions for employee benefits.

Note 3.4 Superannuation

	Paid Contribution for the Year		Contribution Outstanding at Year End	
	2024 $'000	2023 $'000	2024 $'000	2023 $'000
Defined benefit plans:[i]				
Health Super Fund	41	49	2	3
Defined contribution plans:				
Aware Super	2,832	2,750	106	85
Hesta	1,338	1,307	49	41
Other	1,109	997	47	31
Total	**5,320**	**5,103**	**204**	**160**

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

How we recognise superannuation

Employees of Swan Hill District Health are entitled to receive superannuation benefits and it contributes to both defined benefit and defined contribution plans.

Defined benefit superannuation

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 Swan Hill District Health to the superannuation plans in respect of the services of current Swan Hill 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.

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

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

Note 4: Key Assets to support service delivery

Swan Hill 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 Swan Hill District Health to be utilised for delivery of those outputs.

Structure:

Material judgements and estimates

This section contains the following material judgements and estimates:

Key judgements and estimates	Description
Estimating useful life and residual value of property, plant and equipment	Swan Hill District Health assigns an estimated useful life to each item of property, plant and equipment, whilst also estimating the residual value of the asset, if any, at the end of the useful life. This is used to calculate depreciation of the asset. 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. Swan Hill 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, Swan Hill 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.

Note 4: Key Assets to support service delivery (continued)

	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; and • 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.

Leases with significantly below-market terms and conditions

Swan Hill District Health holds a lease arrangement with Austin Health which contains significantly below-market terms and conditions.

The nature and terms of such lease arrangement, including Swan Hill District Health's dependency on such lease arrangement is described below:

Description of lease	Our dependence on lease	Nature and terms of lease
Part of the land and buildings situated at 48 Splatt Street, Swan Hill, Victoria 3585.	The leased land and buildings is used by Austin Health to conduct its pathology laboratory.	Lease payments of $1.00 are required per annum.
	Swan Hill District Health's dependence on this lease is considered low.	The lease was renewed in 2024 and has a lease term of 5 years which includes an option for renewal.
	The land and buildings is recognised in Swan Hill District Health's property, plant and equipment at fair value.	Austin Health must use the leased area for its permitted use only. Swan Hill District Health retains the risk and rewards of the land and buildings.

Note 4.1 Property, plant & equipment

Note 4.1(a) Gross carrying amount and accumulated depreciation

	2024 $'000	2023 $'000
Land at fair value	6,729	6,465
Total land at fair value	**6,729**	**6,465**
Buildings at fair value	67,071	53,983
Less accumulated depreciation	-	(2,866)
Total buildings at fair value	**67,071**	**51,117**
Land improvements at fair value	659	339
Less accumulated depreciation	-	(100)
Total land improvements at fair value	**659**	**239**
Buildings under construction	30,350	6,402
Works in progress at cost	**30,350**	**6,402**
Total land and buildings	**104,809**	**64,223**
Plant and equipment at fair value	3,357	3,272
Less accumulated depreciation	(2,330)	(2,158)
Total plant and equipment at fair value	**1,027**	**1,114**
Motor vehicles at fair value	421	363
Less accumulated depreciation	(300)	(352)
Total motor vehicles at fair value	**121**	**11**
Medical equipment at fair value	7,493	7,248
Less accumulated depreciation	(5,234)	(4,861)
Total medical equipment at fair value	**2,259**	**2,387**
Computer equipment at fair value	2,678	2,085
Less accumulated depreciation	(1,786)	(1,741)
Total computer equipment at fair value	**892**	**344**
Furniture and fittings at fair value	2,778	2,650
Less accumulated depreciation	(1,686)	(1,540)
Total furniture and fittings at fair value	**1,092**	**1,110**
Assets from jointly controlled operations at fair value	211	195
Less accumulated depreciation	(143)	(122)
Total interest in jointly controlled operations	**68**	**73**
Total plant, equipment, furniture, fittings and vehicles at fair value	**5,459**	**5,039**
Total property, plant and equipment	**110,268**	**69,262**

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

	Note	Land $'000	Land Improvements $'000	Buildings $'000	Building works in progress $'000	Plant & equipment $'000	Motor vehicles $'000	Medical Equipment $'000	Computer Equipment $'000	Furniture & Fittings $'000	Total $'000
Balance at 1 July 2022		**6,465**	**264**	**57,759**	**1,911**	**1,216**	**24**	**2,575**	**433**	**1,191**	**71,838**
Additions		-	-	-	4,563	119	-	393	31	76	5,181
Disposals		-	-	(3,581)	-	(62)	(50)	(68)	(19)	(38)	(3,818)
Assets provided free of charge		-	-	-	-	-	-	15	-	-	15
Revaluation increments/(decrements)		-	-	-	-	-	-	-	-	-	-
LMRHA joint operation plant and equipment		-	-	-	-	18	-	-	-	-	18
Net transfers between classes		-	-	-	(71)	66	-	4	-	1	-
Depreciation	4.4	-	(25)	(3,062)	-	(173)	37	(529)	(101)	(121)	(3,972)
Balance at 30 June 2023	4.1(a)	**6,465**	**239**	**51,116**	**6,403**	**1,184**	**11**	**2,389**	**345**	**1,110**	**69,262**
Additions		-	-	136	24,651	120	131	435	76	99	25,647
Disposals		-	-	(101)	-	(36)	(5)	(220)	(73)	(31)	(466)
Assets provided free of charge		-	-	-	-	-	-	-	-	-	-
Revaluation increments/(decrements)		264	446	18,758	-	-	-	-	-	-	19,468
LMRHA joint operation plant and equipment		-	-	-	-	16	-	-	-	-	16
Net Transfers between classes		-	-	21	(702)	4	-	28	589	60	-
Depreciation	4.4	-	(26)	(2,859)	-	(193)	(17)	(373)	(45)	(146)	(3,659)
Balance at 30 June 2024	4.1(a)	**6,729**	**659**	**67,071**	**30,351**	**1,095**	**120**	**2,259**	**892**	**1,092**	**110,268**

Land and Buildings Carried at Valuation

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

Note 4.1 (b): Reconciliations of the carrying amounts of each class of asset (continued)

How we recognise property, plant and equipment

Property, plant and equipment are tangible items that are used by Swan Hill 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 are initially measured at cost. Where an asset is acquired for no or nominal cost, being far below the fair value of the asset, the deemed cost is its fair value at the date of acquisition. Assets transferred as part of an amalgamation/machinery of government change are transferred at their carrying amounts.

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

Subsequent measurement

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

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

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

Revaluation

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

Where an independent valuation has not been undertaken at balance date, Swan Hill 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%, Swan Hill District Health would obtain an interim independent valuation prior to the next scheduled independent valuation.

An independent valuation of Swan Hill 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 the market participants at the measurement date, under current market conditions.

Note 4.1 (b): Reconciliations of the carrying amounts of each class of asset (continued)

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

Note 4.2 Right-of-use assets

Note 4.2(a) Gross carrying amount and accumulated depreciation

	2024 $'000	2023 $'000
Right of use motor vehicles at fair value	581	553
Less accumulated depreciation	(251)	(181)
Total right of use motor vehicles at fair value	**330**	**372**
Right of use medical equipment at fair value	176	176
Less accumulated depreciation	(128)	(93)
Total right of use medical equipment at fair value	**48**	**83**
Total right of use motor vehicles and medical equipment at fair value	**378**	**455**
Total right of use assets	**378**	**455**

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

	Note	Right of use motor vehicles $'000	Right of use medical equipment $'000	Total $'000
Balance at 1 July 2022		**420**	**119**	**539**
Additions		61		61
Disposals		(26)		(26)
Revaluation increments/(decrements)				-
Net transfers between classes				-
Depreciation	4.4	(83)	(36)	(119)
Balance at 30 June 2023	4.2(a)	**372**	**83**	**455**
Additions		66		66
Disposals		(25)		(25)
Revaluation increments/(decrements)				-
Net Transfers between classes				-
Depreciation	4.4	(83)	(35)	(118)
Balance at 30 June 2024	4.2(a)	**330**	**48**	**378**

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

How we recognise right-of use-assets

Initial recognition

When a contract is entered into, Swan Hill 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.

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

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

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

Note 4.3 Revaluation surplus

	Note	2024 $'000	2023 $'000
Balance at the beginning of the reporting period		54,694	54,694
Revaluation increment			
- Land	4.1(b)	710	-
- Buildings	4.1(b)	18,758	-
Balance at the end of the Reporting Period*		**74,161**	**54,694**
*** Represented by:**			
- Land		5,670	4,960
- Buildings		68,492	49,734
		74,161	**54,694**

Note 4.4 Depreciation

	2024 $'000	2023 $'000
Depreciation		
Property, plant and equipment		
Buildings	2,865	3,062
Leasehold improvements	25	25
Plant and equipment	203	199
Medical equipment	560	593
Motor vehicles	18	13
Computer equipment	118	118
Furniture and fittings	164	154
Right of use - motor vehicles and equipment	124	119
Depreciation from jointly controlled operations	21	20
Total depreciation	**4,098**	**4,303**
Total depreciation	**4,098**	**4,303**

How we recognise depreciation

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

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

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

	2024	2023
Buildings		
- Structure Shell Building Fabric	45 to 60 years	45 to 60 years
- Site Engineering Services and Central Plant	20 to 30 years	20 to 30 years
Central Plant		
- Fit out	20 to 30 years	20 to 30 years
- Trunk Reticulated Building Systems	30 to 40 years	30 to 40 years
Plant and Equipment	3 to 7 years	3 to 7 years
Medical Equipment	7 to 10 years	7 to 10 years
Computer and Communication	3 to 9 years	3 to 9 years
Furniture and Fittings	10 to 13 years	10 to 13 years
Motor Vehicles	10 years	10 years

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

Note 4.5 Inventories

	2024 $'000	2023 $'000
Pharmacy supplies at cost	95	99
General stores at cost	203	192
Total inventories	**298**	**291**

How we recognise inventories

Inventories include goods and other property held either for sale, consumption or for distribution at no or nominal cost in the ordinary course of business operations. This excludes depreciable assets.

Inventories are measured at the lower of cost and net realisable value.

Note 4.6: Impairment of assets

How we recognise impairment

At the end of each reporting period, Swan Hill District Health reviews the carrying amount of its tangible 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, Swan Hill 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, Swan Hill District Health estimates the recoverable amount of the cash-generating unit to which the asset belongs.

Swan Hill District Health did not record any impairment losses for the year ended 30 June 2024 (30 June 2023: Nil). However a bad and doubtful debt expense of $49,768 was incurred.

Note 5: Other Assets and Liabilities

This section set out those assets and liabilities that arose from Swan Hill District Health's operations.

Structure:

5.1 Receivables and contract assets

5.2 Payables and contract liabilities

5.3 Other liabilities

Material judgements and estimates

This section contains the following material judgements and estimates:

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

	Notes	2024 $'000	2023 $'000
Current receivables and contract assets			
Contractual			
Inter hospital debtors		211	97
Trade receivables		137	299
Patient fees		697	688
Debtor - superannuation		1	1
Accrued Revenue			
Other		-	10
Amounts receivable from government and agencies		-	369
Receivables from jointly controlled operations		218	181
Less allowance for impairment losses of contractual receivables	5.1(a)	(69)	(80)
Total contractual receivables		**1,195**	**1,565**
Statutory			
GST receivable		284	249
Total statutory receivables		**284**	**249**
Total current receivables and contract assets		**1,479**	**1,815**
Non-current receivables and contract assets			
Contractual			
Long service leave - Department of Health		2,686	1,370
Total contractual receivables		**2,686**	**1,370**
		2,686	**1,370**
Total receivables and contract assets		**4,165**	**3,185**
(i) Financial assets classified as receivables and contract assets (Note 7.1(a))			
Total receivables and contract assets		4,165	3,185
Provision for impairment		69	80
GST receivable		(284)	(249)
Total financial assets	7.1(a)	**3,950**	**3,016**

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

	2024 $'000	2023 $'000
Balance at the beginning of the year	80	54
Increase in allowance	45	68
Amounts written off during the year	(55)	(43)
Reversal of allowance written off during the year as uncollectable	-	1
Balance at the end of the year	**69**	**80**

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. The health service holds the contractual receivables with the objective to collect the contractual cash flows and therefore they are subsequently measured at amortised cost using the effective interest method, less any impairment.

- **Statutory receivables**, including Goods and Services Tax (GST) input tax credits that are recoverable. Statutory receivables do not arise from contracts and are recognised and measured similarly to contractual receivables (except for impairment), but are not classified as financial instruments for disclosure purposes. The health service applies AASB 9 for initial measurement of the statutory receivables and as a result statutory receivables are initially recognised at fair value plus any directly attributable transaction cost.

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

Note 5.2 Payables and contract liabilities

	Note	2024 $'000	2023 $'000
Current payables and contract liabilities			
Contractual			
Trade creditors		539	600
Accrued salaries and wages		1,851	1,541
Accrued expenses		2,557	1,334
Contract liabilities	5.2(a)	46	(10)
Inter hospital creditors		30	62
Deposits on hire equipment		2	3
Jointly controlled operations payables		1,217	958
Total contractual payables		**6,242**	**4,488**
Total current payables and contract liabilities		**6,242**	**4,488**

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

Total payables and contract liabilities		6,242	4,488
Contract liabilities		(46)	10
Deposits		(2)	(3)
Total financial liabilties	7.1(a)	**6,194**	**4,495**

How we recognise payables and contract liabilities

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

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

Note 5.2(a) Contract liabilities

	Note	2024 $'000	2023 $'000
Current			
Contract Liabilities		46	(10)
Total current contract liabilities		**46**	**(10)**
Non-current			
Contract liabilities		-	-
Total non-current contract liabilities		**-**	**-**
Total contract liabilities	5.2(b)	**46**	**(10)**

Note 5.2(b) Movement in Contract liabilities

	2024 $'000	2023 $'000
Opening balance of contract liabilities	**(10)**	1,441
Add: payments received for performance obligations yet to be completed during the period	39,324	27,601
Add: grant consideration for sufficiently specific performance obligations received during the year	73,476	69,428
Less: revenue recognised in the reporting period for the completion of a performance obligation	(39,324)	(27,601)
Less: grant revenue for sufficiently specific performance obligations work recognised consistent with the performance obligations met during the year	(73,420)	(70,879)
Total contract liabilities	**46**	**(10)**

How we recognise contract liabilities

Contract liabilities include consideration received in advance from customers in respect of Commonwealth Grant Funding.

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 5.3 Other liabilities

	Note	2024 $'000	2023 $'000
Current monies held in trust			
- Resident monies		22	19
- Refundable accommodation deposits		15,913	12,454
Total current monies held in trust		**15,935**	**12,473**
Total other liabilities		**15,935**	**12,473**
Represented by:			
- Cash assets	6.2	15,935	12,473
		15,935	**12,473**

How we recognise other liabilities

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

RADs/accommodation bonds are non-interest-bearing deposits made by some aged care residents to the Swan Hill District Health Service upon admission. These deposits are liabilities which fall due and payable when the resident leaves the home. As there is no unconditional right to defer payment for 12 months, these liabilities are recorded as current liabilities.

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

Note 6: How we finance our operations

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

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

6.4 Non-cash financing and investing Activities

Material judgements and estimates

This section contains the following material judgements and estimates:

Key judgements	Description
Determining if a contract is or contains a lease	Swan Hill 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	Swan Hill 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. The health service also estimates the lease term with reference to remaining lease term and period that the lease remains enforceable. Where the enforceable lease period is less than 12 months the health service applies the short-term lease exemption.
Discount rate applied to future lease payments	Swan Hill 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, Swan Hill District Health 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. For leased plant, equipment, furniture, fittings and vehicles, the implicit interest rate is between 2.38% and 3.12%.

Note 6: How we finance our operations (continued)

Key judgements	Description
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 Swan Hill District Health is reasonably certain to exercise such options. Swan Hill 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 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)	292	265
Advances from government [(ii)]		34	34
Total current borrowings		**326**	**299**
Non-current borrowings			
Lease liability [(i)]	6.1(a)	91	196
Advances from government [(ii)]		31	61
Total non-current borrowings		**122**	**257**
Total borrowings	7.1(a)	**448**	**556**

[i] Secured by the assets leased.

[ii] These are unsecured loans which bear no interest.

How we recognise borrowings

Borrowings refer to interest bearing liabilities raised from motor vehicle and medical equipment leases. Advances from the Department of Health and Human Services bear no interest.

Initial recognition

All borrowings are initially recognised at fair value of the consideration received, less directly attributable transaction costs. The measurement basis subsequent to initial recognition is financial liabilities at 'amortised cost'.

Subsequent measurement

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

Maturity analysis

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

Defaults and breaches

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

Note 6.1(a) Lease liabilities

Swan Hill District Health's lease liabilities are summarised below:

	2024 $'000	2023 $'000
Total undiscounted lease liabilities	386	468
Less unexpired finance expenses	(3)	(7)
Net lease liabilities	**383**	**461**

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

	2024 $'000	2023 $'000
Not longer than one year	284	261
Longer than one year but not longer than five years	102	207
Longer than five years	-	-
Minimum future lease liability	**386**	**468**
Less unexpired finance expenses	(3)	(7)
Present value of lease liability	**383**	**461**
*** Represented by:**		
- Current liabilities	292	265
- Non-current liabilities	91	196
	383	**461**

How we recognise lease liabilities

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

To apply this definition, Swan Hill 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 Swan Hill District Health and for which the supplier does not have substantive substitution rights;
- Swan Hill 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 Swan Hill District Health has the right to direct the use of the identified asset throughout the period of use; and
- Swan Hill 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.

Swan Hill District Health's lease arrangements consist of the following:

Type of asset leased	Lease term
Leased equipment	3 years
Leased vehicles	3 years

Note 6.1(a) Lease liabilities (continued)

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

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

Initial measurement

The lease liabilities have been 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 Swan Hill District Health's incremental borrowing rate. Our lease liability has been discounted by rates of between 2.38% and 3.12%.

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

- fixed payments (including in-substance fixed payments) less any lease incentive receivable;
- variable payments based on an index or rate, initially measured using the index or rate as at the commencement date;
- amounts expected to be payable under a residual value guarantee; and
- payments arising from purchase and termination options reasonably certain to be exercised.

Subsequent measurement

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

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

Note 6.2 Cash and Cash Equivalents

	Note	2024 $'000	2023 $'000
Cash on hand (excluding monies held in trust)		2	1
Cash at bank (excluding monies held in trust)		472	324
Cash at bank - CBS (excluding monies held in trust)		9,476	12,009
Cash in jointly controlled operations		1,650	1,225
Total cash held for operations		**11,600**	**13,560**
Cash on hand (monies held in trust)		1	1
Cash at bank (monies held in trust)		21	18
Cash at bank - CBS (monies held in trust)		15,913	12,454
Total cash held as monies in trust		**15,935**	**12,473**
Total cash and cash equivalents	7.1(a)	**27,535**	**26,033**

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, the cash flow statement includes monies held in trust.

Note 6.3 Commitments for expenditure

	2024 $'000	2023 $'000
Capital expenditure commitments		
Less than one year	1,458	1,246
Total capital expenditure commitments	**1,458**	**1,246**
Non-cancellable short term and low value lease commitments		
Less than one year	-	39
Longer than one year but not longer than five years	79	79
Total non-cancellable short term and low value lease commitments	**79**	**118**
Total commitments for expenditure (inclusive of GST)	**1,537**	**1,364**
Less GST recoverable from Australian Tax Office	(140)	(124)
Total commitments for expenditure (exclusive of GST)	**1,397**	**1,240**

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

How we disclose our commitments

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

Expenditure commitments

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

Note 6.4 Non-cash financing and investing activities

	2024 $'000	2023 $'000
Acquisition of plant and equipment by means of Leases	66	61
Total non-cash financing and investing activities	**66**	**61**

Note 7: Risks, Contingencies & Valuation Uncertainties

Swan Hill 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 hospital is related mainly to fair value determination.

Structure:

7.1 Financial Instruments

7.2 Financial Risk Management Objectives and Policies

7.3 Contingent Assets and Contingent Liabilities

7.4 Fair value determination

Material judgements and estimates

This section contains the following material judgements and estimates:

Key judgements	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, Swan Hill 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. Swan Hill 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 Swan Hill 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 Swan Hill 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. Swan Hill District Health does not this use approach to measure fair value. Accordingly, characteristics of the health service's assets are considered, including condition, location and any restrictions on the use and disposal of such assets. 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.

Note 7: Risks, Contingencies & Valuation Uncertainties (continued)

Key judgements and estimates	Description
Measuring fair value of non-financial assets	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. Swan Hill 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. Swan Hill District Health categorises non-specialised land and non-speciliased buildings in this level. • Level 3, where inputs are unobservable. Swan Hill District Health categorises specialised land, specialised buildings, plant, equipment, furniture, fittings, vehicles, right-of-use assets and LMRHA joint operation plant and equipment in this level.

Note 7.1 Financial Instruments

Financial instruments arise out of contractual agreements that give rise to a financial asset of one entity and a financial liability or equity instrument of another entity. Due to the nature of Swan Hill 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	27,535	-	27,535
Receivables and contract assets	5.1	3,950	-	3,950
Total Financial Assets [i]		**31,485**	**-**	**31,485**
Financial Liabilities				
Payables	5.2	-	6,194	6,194
Borrowings	6.1	-	448	448
Other Financial Liabilities - Refundable Accommodation Deposits	5.3	-	15,913	15,913
Other Financial Liabilities - Patient monies held in trust	5.3	-	22	22
Total Financial Liabilities [i]		**-**	**22,577**	**22,577**

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	26,033	-	26,033
Receivables and contract assets	5.1	3,016	-	3,016
		29,049	**-**	**29,049**
Financial Liabilities				
Payables	5.2	-	4,495	4,495
Borrowings	6.1	-	556	556
Other Financial Liabilities - Refundable Accommodation Deposits	5.3	-	12,454	12,454
Other Financial Liabilities - Patient monies held in trust	5.3	-	19	19
Total Financial Liabilities [i]		**-**	**17,524**	**17,524**

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

Note 7.1 (a): Financial Instruments (continued)

How we categorise financial instruments

Categories of financial assets

Financial assets are recognised when Swan Hill District Health becomes party to the contractual provisions to the instrument. For financial assets, this is at the date Swan Hill 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 Swan Hill 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 on the principle amount outstanding on specific dates.

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.

Swan Hill District Health recognises the following assets in this category:

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

Categories of financial liabilities

Financial liabilities are recognised when Swan Hill 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.

Swan Hill District Health recognises the following liabilities in this category:

- payables (excluding statutory payables);
- borrowings (including lease liabilities); and
- accommodation bonds.

Note 7.1 (a): Financial Instruments (continued)

Offsetting financial instruments

Financial instrument assets and liabilities are offset and the net amount presented in the consolidated balance sheet when, and only when, Swan Hill 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 Swan Hill 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.

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

Derecognition of financial liabilities

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

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

Reclassification of financial instruments

A financial asset is required to be reclassified between fair value, amortised cost, fair value through net result and fair value through other comprehensive income when, and only when, Swan Hill 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, Swan Hill 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.

Swan Hill District Health's main financial risks include credit risk, liquidity risk, interest rate risk, foreign currency risk and equity price risk. Swan Hill 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. Swan Hill 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 Swan Hill District Health. Credit risk is measured at fair value and is monitored on a regular basis.

Credit risk associated with Swan Hill 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 associated with patient and other debtors.

In addition, Swan Hill 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, Swan Hill 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 Swan Hill 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 Swan Hill 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 Swan Hill District Health's credit risk profile in 2023-24.

Note 7.2 (a) Credit risk (continued)

Impairment of financial assets under AASB 9

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

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

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

Note 7.2 (a) Credit risk (continued)

Contractual receivables at amortised cost

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

On this basis, Swan Hill District Health determines the closing loss allowance at the end of the financial year as follows:

30 June 2024		Current	Less than 1 month	1–3 months	3 months –1 year	1–5 years	Total
Expected loss rate		0.0%	0.0%	0.0%	100.0%	0.0%	
Gross carrying amount of contractual receivables ('000)	5.1	707	61	336	160	-	**1,264**
Loss allowance		**-**	**-**	**-**	**69**	**-**	**69**

30 June 2023	Note	Current	Less than 1 month	1–3 months	3 months –1 year	1–5 years	Total
Expected loss rate		0.0%	0.0%	0.0%	100.0%	0.0%	
Gross carrying amount of contractual receivables ($'000)	5.1	1,012	106	395	134	-	**1,646**
Loss allowance		**-**	**-**	**-**	**80**	**-**	**80**

Statutory Receivables at Amortised Cost

Swan Hill 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.

The statutory receivables are considered to have low credit risk, considering the counter-party's credit rating, risk of default and capacity to meet contractual cash flow obligations in the near term. As the result, the loss allowance recognised for these financial assets during the period was limited to 12 months expected losses.

Note 7.2 (b) Liquidity risk

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

Swan Hill 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:

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

Swan Hill 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 Swan Hill District Health's financial liabilities. For interest rates applicable to each class of liability refer to individual notes to the financial statements.

				Maturity Dates				
30 June 2024	**Note**	**Carrying Amount $'000**	**Nominal Amount $'000**	**Less than 1 $'000**	**1-3 Months $'000**	**3 months - $'000**	**1-5 Years $'000**	**Over 5 years $'000**
Financial Liabilities at amortised cost								
Payables	5.2	6,194	6,194	6,194	-	-	-	-
Borrowings	6.1	448	448	-	-	326	122	-
Other Financial Liabilities - Refundable Accommodation Deposits	5.3	15,913	15,913	-	-	-	13,893	2,020
Other Financial Liabilities - Patient monies held in trust	5.3	22	22	22	-	-	-	-
Total Financial Liabilities		**22,577**	**22,577**	**6,216**	**-**	**326**	**14,015**	**2,020**

				Maturity Dates				
30 June 2023	**Note**	**Carrying Amount $'000**	**Nominal Amount $'000**	**Less than 1 $'000**	**1-3 Months $'000**	**3 months - $'000**	**1-5 Years $'000**	**Over 5 years $'000**
Financial Liabilities at amortised cost								
Payables	5.2	4,495	4,495	4,495	-	-	-	-
Borrowings	6.1	556	556	-	-	299	257	-
	5.3	12,454	12,454	-	-	1,432	8,464	2,558
Other Financial Liabilities - Patient monies held in trust	5.3	19	19	19	-	-	-	-
Total Financial Liabilities		**17,524**	**17,524**	**4,514**	**-**	**1,731**	**8,721**	**2,558**

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

Note 7.2(c) Market risk

Swan Hill District Health's exposures to market risk are primarily through interest rate risk. Objectives, policies and processes used to manage this risk are disclosed below.

Sensitivity disclosure analysis and assumptions

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

- a change in interest rates of 1% up or down

Interest rate risk

Fair value interest rate risk is the risk that the fair value of a financial instrument will fluctuate because of changes in market interest rates. Swan Hill District Health does not hold any interest-bearing financial instruments that are measured at fair value, and therefore has no exposure to fair value interest rate risk.

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

Note 7.3 Contingent Assets and Contingent Liabilities

At the date of this report the Board are not aware of any Contingent Assets or Contingent Liabilites.

Note 7.4 Fair value determination

How we measure fair value

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

The following assets and liabilities are carried at fair value:

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

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

Valuation hierarchy

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

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

Swan Hill 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.

Swan Hill 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 Swan Hill 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.

Note 7.4 Fair value determination (continued)

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.

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

Theoretical opportunities that may be available in relation to the assets 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 and non-specialised buildings

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

For non-specialised land and non-specialised buildings, an independent valuation was performed by the Valuer-General Victoria to determine the fair value using the market approach. Valuation of the assets was determined by analysing comparable sales and allowing for share, size, topography, location and other relevant factors specific to the asset being valued. An appropriate rate per square metre has been applied to the subject asset. The effective date of the valuation is 30 June 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. Theoretical opportunities that may be available in relation to the assets are not taken into account until it is virtually certain that any restrictions will no longer apply. Therefore, unless otherwise disclosed, the current use of these non-financial physical assets will be their highest and best use.

During the reporting period, Swan Hill 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 and specialised buildings 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.

Note 7.4 Fair value determination (continued)

Specialised land and specialised buildings (continued)

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 Swan Hill District Health, the depreciated replacement cost method is used for the majority of specialised buildings, adjusting for the associated depreciation. As depreciation adjustments are considered as significant and unobservable inputs in nature, specialised buildings are classified as Level 3 for fair value measurements.

An independent valuation of Swan Hill 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

Swan Hill 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 depreciated replacement cost is used to estimate the fair value. Unless there is market evidence that current replacement costs are significantly different from the original acquisition cost, it is considered unlikely that 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.

Note 7.4(b): 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		2,295	-	2,295	-
Specialised land		4,434	-	-	4,434
Total land at fair value	4.1(a)	**6,729**	**-**	**2,295**	**4,434**
Land improvements at fair value		659	-	-	659
Total of land improvements at fair value	4.1(a)	**659**	**-**	**-**	**659**
Non-specialised buildings		1,915	-	1,915	-
Specialised buildings		65,156	-	-	65,156
Total buildings at fair value	4.1(a)	**67,071**	**-**	**1,915**	**65,156**
Plant and equipment	4.1(a)	1,027	-	-	1,027
Motor vehicles	4.1(a)	121	-	-	121
Medical equipment	4.1(a)	2,259	-	-	2,259
Computer equipment	4.1(a)	892	-	-	892
Furniture and fittings	4.1(a)	1,092	-	-	1,092
Right of use - motor vehicles and medical equipment	4.2(a)	378	-	-	378
LMRHA joint operation plant and equipment	4.1(a)	68	-	-	68
Total plant, equipment, furniture, fittings and vehicles at fair value		**5,836**	**-**	**-**	**5,836**
Total non-financial physical assets at fair value		**80,295**	**-**	**4,210**	**76,085**

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

Note 7.4(b): Fair value determination of non-financial physical assets (continued)

		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		2,268	-	2,268	-
Specialised land		4,197	-	-	4,197
Total land at fair value	4.1(a)	**6,465**	**-**	**2,268**	**4,197**
Land improvements at fair value		239	-	-	239
Total of land improvements at fair value	4.1(a)	**239**	**-**	**-**	**239**
Non-specialised buildings		1,497	-	1,497	
Specialised buildings		49,620	-	-	49,620
Total buildings at fair value	4.1(a)	**51,117**	**-**	**1,497**	**49,620**
Plant and equipment	4.1(a)	1,114	-	-	1,114
Motor vehicles	4.1(a)	11	-	-	11
Medical equipment	4.1(a)	2,387	-	-	2,387
Computer equipment	4.1(a)	344	-	-	344
Furniture and fittings	4.1(a)	1,110	-	-	1,110
Right of use - motor vehicles and medical equipment	4.2(a)	455	-	-	455
LMRHA joint operation plant and equipment	4.1(a)	73	-	-	73
Total plant, equipment, furniture, fittings and vehicles at fair value		**5,494**	**-**	**-**	**5,494**
Total non-financial physical assets at fair value		**63,315**	**-**	**3,765**	**59,550**

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

Note 7.4(b): Fair value determination of non-financial physical assets (continued)

Reconciliation of level 3 fair value measurement

	Note	Land $'000	Land Improvements $'000	Buildings $'000	Plant and Equipment $'000	Motor Vehicles $'000	Medical Equipment $'000	Right-of-use Assets - Motor Vehicles and Medical $'000	LMRHA joint operation Plant and Equipment $'000
Balance at 1 July 2022		**4,197**	**264**	**56,262**	**2,767**	**24**	**2,575**	**539**	**73**
Additions/(Disposals)		-	-	(3,782)	107	(50)	314	31	-
Assets provided free of charge		-	-	-	-	-	25	-	-
Net Transfers between classes		-	-	-	67	-	4	-	-
Gains/(Losses) recognised in net result									
- Depreciation		-	(25)	(2,860)	(373)	37	(531)	(114)	(18)
Items recognised in other comprehensive income									
- Revaluation		-	-	-	-	-	-	-	-
Recognition of JV asset movements		-	-	-	-	-	-	-	18
Balance at 30 June 2023	7.4(b)	**4,197**	**239**	**49,620**	**2,568**	**11**	**2,387**	**456**	**73**
Additions/(Disposals)		-	-	35	155	127	216	41	-
Assets provided free of charge		-	-	-	-	-		-	-
Net Transfers between classes		-	-	21	650	-	30	-	-
Gains/(Losses) recognised in net result									
- Depreciation		-	(26)	(2,860)	(362)	(17)	(374)	(119)	(21)
Items recognised in other comprehensive income									
- Revaluation		237	446	18,340	-	-	-	-	-
Recognition of JV asset movements		-	-	-	-	-	-	-	16
Balance at 30 June 2024	7.4(b)	**4,434**	**659**	**65,156**	**3,011**	**121**	**2,259**	**378**	**68**

[i] Classified in accordance with the fair value hierarchy

Note 7.4(b): Fair value determination of non-financial physical assets (continued)

Fair value determination of level 3 fair value measurement

Asset class	Likely valuation approach	Significant inputs (Level 3 only)
Non-Specialised Land	Market approach	N/A
Specialised Land (Crown / Freehold)	Market approach	Community Service Obligations Adjustments (i)
Non-Specialised Buildings	Current replacement cost approach	- Cost per square metre - Useful life
Specialised Buildings	Current replacement cost approach	- Cost per square metre - Useful life
Dwellings	Depreciated replacement cost approach	- Cost per square metre - Useful life
Vehicles	Depreciated replacement cost approach	- Cost per square metre - Useful life
Plant, equipment, furniture and fittings	Current replacement cost approach	- Cost per unit - Useful life

(i) A community service obligation (CSO) of 25% was applied to the Swan Hill District Health's specialised land.

Note 8: Other Disclosures

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

Structure:

8.1 Reconciliation of net result for the year to net cash flow from operating activities

8.2 Responsible persons disclosures

8.3 Remuneration of executives

8.4 Related parties

8.5 Remuneration of auditors

8.6 Joint arrangements

8.7 Events occurring after the balance sheet date

8.8 Equity

8.9 Economic dependency

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

	2024 $'000	2023 $'000
Net result for the year	7,586	(2,325)
Non-cash movements:		
(Gain)/Loss on sale or disposal of non-financial assets	76	3,578
Bad and doubtful debt expense	(50)	(68)
Assets and services received free of charge	-	(15)
Depreciation of non-current assets	4,098	4,303
(Gain)/Loss on revaluation of long service leave liability	(741)	(3)
Department of Health - Asset Contributions	(13,770)	(3,382)
Movements in Assets and Liabilities:		
(Increase)/Decrease in receivables and contract assets	(980)	(772)
(Increase)/Decrease in inventories	(7)	(45)
(Increase)/Decrease in prepaid expenses	112	(47)
Increase/(Decrease) in payables and contract liabilities	1,754	159
Increase/(Decrease) in employee benefits	1,251	688
Net cash inflow from operating activities	**(670)**	**2,071**

Note 8.2 Responsible persons disclosures

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

	Period
The Honourable Mary-Anne Thomas MP:	
Minister for Health	1 Jul 2023 - 30 Jun 2024
Minister for Health Infrastructure	1 Jul 2023 - 30 Jun 2024
Minister for Ambulance Services	2 Oct 2023 - 30 Jun 2024
Former Minister for Medical Research	1 Jul 2023 - 2 Oct 2023
The Honourable Lizzie Blandthorn MP:	
Minister for Children	2 Oct 2023 - 30 Jun 2024
Minister for Disability	2 Oct 2023 - 30 Jun 2024
Former Minister for Disability, Ageing and Carers	1 Jul 2023 - 2 Oct 2023
The Honourable Ingrid Stitt MP:	
Minister for Mental Health	2 Oct 2023 - 30 June 2024
Minister for Ageing	2 Oct 2023 - 30 June 2024
The Hon. Gabrielle Williams MP:	
Former Minister for Ambulance Services	1 Jul 2023 - 2 Oct 2023
Former Minister for Mental Health	1 Jul 2023 - 2 Oct 2023
Governing Boards	
Mr A. Gilchrist (Chair of the Board)	1 Jul 2023 - 30 Jun 2024
Mr G. Kuchel	1 Jul 2023 - 30 Jun 2024
Ms J. Wiggins	1 Jul 2023 - 30 Jun 2024
A/Prof D. Colville	1 Jul 2023 - 30 Jun 2024
Dr A. Verma	1 Jul 2023 - 30 Jun 2024
Ms J. Kelly (Deputy Chair)	1 Jul 2023 - 30 Jun 2024
Ms A. Von Bibra	1 Jul 2023 - 30 Jun 2024
Mr H. Collins	1 Jul 2023 - 15 Sep 2023
Mr A. Kurtsev	1 Jul 2023 - 5 Feb 2024
Accountable Officers	
Mr P.S. Abraham (Chief Executive Officer)	1 Jul 2023 - 30 Jun 2024

Note 8.2 Responsible persons (continued)

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

	Total Remuneration	
	2024	2023
Income Band	**No**	**No**
$0 - $9,999	2	1
$10,000 - $19,999	6	7
$20,000 - $29,999	1	1
$370,000 to $379,999	1	1
Total Numbers	**10**	**10**

	2024	2023
	$'000	**$'000**
Total remuneration received or due and receivable by Responsible Persons from the reporting entity amounted to:	**492**	**412**

Amounts relating to the Governing Board Members and Accountable Officer of Swan Hill District Health's controlled entities are disclosed in their own financial statements. Amounts relating to Responsible Ministers are reported within the Department of Parliamentary Services' Financial Report.

Note 8.3 Remuneration of executives

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

Remuneration of executive officers (including Key Management Personnel disclosed in Note 8.4)	**Total Remuneration**	
	2024 $'000	**2023 $'000**
Short-term benefits	1,127	1,151
Post-employment benefits	120	112
Other long-term benefits	134	45
Termination benefits	-	-
Total remuneration[i]	**1,381**	**1,308**
Total number of executives	5	5
Total annualised employee equivalent[ii]	5.0	5.0

[i] The total number of executive officers includes persons who meet the definition of Key Management Personnel (KMP) of Swan Hill 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.

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

Short-Term Employee Benefits

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

Post-Employment Benefits

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

Other Long-term Benefits

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

Termination Benefits

Termination of employment payments, such as severance packages.

Note 8.4: Related parties

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

- All key management personnel (KMP) and their close family members and personal business interests;
- Cabinet ministers (where applicable) and their close family members;
- Jointly controlled operation - A member of the LMRHA Alliance; and
- All health services and public sector entities that are controlled and consolidated into the State of Victoria financial statements.

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

Key management personnel

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

Entity	KMPs	Position Title
Swan Hill District Health	Mr A. Gilchrist	Chair of the Board
Swan Hill District Health	Mr G. Kuchel	Deputy Chair
Swan Hill District Health	Ms J. Wiggins	Board Member
Swan Hill District Health	A/Prof D. Colville	Board Member
Swan Hill District Health	Ms J. Kelly	Board Member
Swan Hill District Health	Mr A. Kurtsev	Board Member
Swan Hill District Health	Dr A. Verma	Board Member
Swan Hill District Health	Ms A. Von Bibra	Board Member
Swan Hill District Health	Mr H. Collins	Board Member
Swan Hill District Health	Mr P.S. Abraham	Chief Executive Officer
Swan Hill District Health	Ms R. Enever	Director of Corporate Business
Swan Hill District Health	Mr P. Smith	Director of Community Care
Swan Hill District Health	Mrs C. Keogh	Director of Clinical Services
Swan Hill District Health	Mr R. Prabhu	Director of Medical Services
Swan Hill District Health	Ms C. Bailey	Director of Corporate Programs

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

Note 8.4: Related parties

	2024 $'000	2023 $'000
Compensation - KMPs		
Short-term Employee Benefits [i]	1,581	1,593
Post-employment Benefits	158	149
Other Long-term Benefits	134	(22)
Termination Benefits	-	-
Total [ii]	**1,873**	**1,720**

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

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

Significant Transactions with Government Related Entities

Swan Hill District Health received funding from the Department of Health of $68,374,527 (2023: $65,080,113) and indirect contributions of $13,988,604 (2023: $3,587,682). Balances outstanding as at 30 June 2024 are $64,673 owing to the Department of Health (2023: $274,529 owing to the Department of Health).

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

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

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

Transactions with KMPs and other related parties

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

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

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

Note 8.5: Remuneration of auditors

	2024 $'000	2023 $'000
Victorian Auditor-General's Office		
Audit of the financial statements	32	31
Total remuneration of auditors	**32**	**31**

Note 8.6 Joint arrangements

	Principal Activity	Ownership Interest 2024 %	Ownership Interest 2023 %
Loddon Mallee Rural Health Alliance	Information systems	8.77	8.80

Swan Hill District Health interest in assets and liabilities of the above joint arrangement 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	1,650	1,225
Receivables	218	181
Prepaid expenses	101	254
Total current assets	**1,969**	**1,660**
Non-current assets		
Property, plant and equipment	68	73
Total non-current assets	**68**	**73**
Total assets	**2,037**	**1,733**
Current liabilities		
Payables	46	64
Other current liabilities	449	523
Unearned Income - DHHS Grants	722	371
Total current liabilities	**1,217**	**958**
Total liabilities	**1,217**	**958**
	820	**775**
Equity		
Accumulated surplus	820	775
Total equity	**820**	**775**

Note 8.6 Joint arrangements (continued)

Swan Hill District Health interest in revenues and expenses resulting from joint arrangement 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	1,611	1,417
Non-operating activities	-	-
Total revenue and income from transactions	**1,611**	**1,417**
Expenses from transactions		
Operating expenses	(1,658)	(1,287)
Total expenses from transactions	**(1,658)**	**(1,287)**
Net result from transactions	**(47)**	**130**
Other economic flows included in the net result		
Depreciation	(21)	(20)
Expenditure using capital purpose income	114	23
Total other economic flows included in the net result	**93**	**3**
Comprehensive result for the year	**46**	**133**

Contingent liabilities and capital commitments

There are no known contingent liabilities or capital commitments held by the jointly controlled operations at balance date.

Note 8.7 Events occurring after the balance sheet date

There are no events occurring after the Balance Sheet date.

Note 8.8 Equity

Contributed capital

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

General purpose surplus

The general purpose reserve represents funds set aside by Swan Hill District Health for specific purpose, where the funds have been internally generated.

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 derecognise of the relevant asset.

Restricted Specific Purpose Reserve

Restricted specific purpose reserves are funds where Swan Hill 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.

Note 8.9 Economic Dependency

Swan Hill District Health is dependent on the Department of Health for the majority of its revenue used to operate the health service. At the date of this report, the Board of Directors believes the Department of Health will continue to support Swan Hill District Health.

The health service is a public health service governed and managed in accordance with the *Health Services Act 1988* and its results form part of the Victorian Government consolidated financial position.

The health service provides essential services and is predominately dependent on the continued financial support of the State Government, particularly the Department of Health, and the Commonwealth Funding via the National Health Reform Agreement (NHRA).

The State of Victoria plans to continue health service operations, and on that basis, the financial statements have been prepared on a going concern basis.