



Bass Coast Health Annual Report 2022–23





BCH – WE CARE. Our values are:

- Wellbeing
- Equity
- Compassion
- Accountability
- Respect
- Excellence



We acknowledge the Bunurong People as the Traditional Custodians of the land and pay our respects to Elders past, present and emerging.

We celebrate, value and include people of all backgrounds, genders, sexualities, cultures, bodies and abilities.

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Annual Report

2022–23

Responsible bodies declaration

In accordance with the Financial Management Act 1994, I am pleased to present the report of operations for Bass Coast Health for the year ending 30 June 2023.



Ian Thompson, Chair, Board of Directors
Bass Coast Health
22 September 2023

About this report

Bass Coast Health reports on its annual performance in this report of operations. This Annual Financial and Performance Report fulfils the statutory reporting requirements to Government by way of an Annual Report. This document is presented at Bass Coast Health's Annual General Meeting and is available on the Bass Coast Health website with hard copies made available to the community.

Relevant Ministers

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 2022 to 30 June 2023

Minister for Ambulance Services

The Hon. Mary-Anne Thomas from
1 July 2022 to 5 December 2022

The Hon. Gabrielle Williams from
5 December 2022 to 30 June 2023

Minister for Mental Health

The Hon. Gabrielle Williams from
1 July 2022 to 30 June 2023

Minister for Disability, Ageing and Carers

The Hon. Colin Brooks from
1 July 2022 to 5 December 2022

The Hon. Lizzie Blandthorn from
5 December 2022 to 30 June 2023

About BCH

Our Mission

Delivering person centred care to improve health, wellbeing, care experience and health outcomes, with our community.

Our Vision

Excellence in care.

Our Values

W Wellbeing

E Equity

C Compassion

A Accountability

R Respect

E Excellence

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Contents

Responsible bodies declaration	ii
About this report	ii
Relevant Ministers	ii
About BCH	iii
Contents	1
Our Service Profile	2
Chief Executive and Chair Report	5
BCH Corporate Governance	15
Legislative Compliance	27
Workforce Data	35
Statement of Priorities	37
Summary of Financial Results	46
Consultancies	48
Information and Communication Technology Expenditure	49
Attestations and Declarations	50
Disclosure Index	52
Financial Statements – Financial Year Ending 30 June 2023	54
BCH Site Map	138

Our Service Profile

Acute Services

- Medical and Surgical inpatient services
- Wonthaggi Emergency Department with Short Stay Unit and Fastrack
- Phillip Island Urgent Care Centre
- Haemodialysis
- Hospital in the Home
- Integrated Cancer Unit
- Maternity
- Operating Suite / Day Procedure / CSSD

Sub-Acute Services

- Sub-Acute inpatient beds including Geriatric Evaluation and Management (GEM), Rehabilitation and Palliative Care
- GEM@Home Program

Clinical Support Services

- Acute / Aged Persons Mental Health Service (Latrobe Regional Hospital)
- Breast screening (Gippsland BreastScreen)
- Pathology (Monash Health Pathology)
- Pharmacy
- Infection Prevention and Control
- Pastoral Care
- Radiology and sonography (I-MED Radiology)

Volunteer Programs

- Advisory groups
- Auxiliaries (fundraising)
- Car washing
- Concierge
- Gardening
- Medical transport driving
- Planned Activity Groups
- Residential aged care
- Spiritual Care
- Wayfinding

Residential Aged Care

- Kirrak House – 30 beds
- Griffiths Point Lodge – 30 beds
- Home Care Packages (Flexihealth)

Primary and Community Care Services

- Allied Health including Occupational Therapy, Physiotherapy, Podiatry, Dietetics, Social Work, Speech Pathology
- Antenatal and Post-natal domiciliary services
- Best Start
- Counselling services
- Dental service
- District and Palliative care Nursing Service, Family Day Care
- Health Promotion
- Hospital Admission Risk Program including Residential in-reach
- Integrated Family Services
- Maternal and Child Health including Lactation Services
- Meals on Wheels
- Outpatients
- Alcohol and Other Drugs including Needle and Syringe Program
- Clinical Nursing services including: asthma and respiratory, stomal therapy, chronic disease management, continence, diabetes, and breast care
- Post-Acute Care
- School Focused Youth Service
- Social Support Group
- Therapeutic groups including Pulmonary Rehabilitation Program, Cancer Support, Cardiac Rehabilitation, Pulmonary Support, Hip and Knee Joint Rehabilitation, Falls Prevention / Falls and Balance, Heart failure rehabilitation, Stop Smoking, and Diabetes
- Supported Playgroups
- Transition Care Program in the home

Medical Specialists

- Breast Surgery
- Cardiology
- Dermatology
- Gastroenterology
- General Surgery
- Geriatric Medicine
- Gynaecology
- Haematology
- Medical Oncology
- Nephrology
- Obstetrics
- Ophthalmology
- Orthopaedics
- Pain Management
- Plastic and Reconstructive Surgery
- Radiation Oncology
- Urology
- Palliative Care

Chief Executive and Chair Report

Year in review

Bass Coast Health's ability to meet the ongoing health care needs of our community, was further enhanced this year with the completion of the \$115 million Wonthaggi Hospital Expansion (WHE) project. This stunning, patient-focussed facility has improved the working environment for our dedicated staff, and has enhanced the experience for our patients. While operating a busy health service around a work site proved hectic and demanding, it was with elation and optimism the WHE project was completed, commissioned and the staged opening of services was undertaken.

This landmark building arrived just in time to accommodate our ever-expanding services as we continued our journey as a vibrant sub-regional health service. The excitement experienced by both our staff and the community was a fitting reward for their considered input, dedication and patience throughout the planning and construction period.

The new hospital was showcased during our Community Open Day in November 2022, a spectacular day attended by over 600 people, and the opening of the first services in the new hospital soon followed. The Emergency Department (ED), Radiology and Main Reception relocated in December 2022. The relocation of the ED from Armitage House to their new abode enabled Sub-Acute services to return to Armitage, the rightful home of this important service, which had been temporarily operating from Sleeman Ward.

Medical and Surgical services opened in Kodowlinun Ward on Level 3 in January, and Theatre was the last major service to relocate to the new hospital, opening on Level 2 in April. Following extensive renovation of the former main foyer in the original hospital, the new Link Bridge opened to provide a direct connection between the new and old hospitals, and for the first time in many years, a fully accessible main entrance.

The new Emergency Department is purpose-built, the first time the sub-region has had a properly constructed emergency facility. With 28 treatment spaces in total (including Fast Track, Short Stay, Plaster and Procedure rooms), it is a state-of-the-art design and has space for future service growth. The ED incorporates excellent Pandemic infrastructure that minimises spread of infection, and has the best equipment and resuscitation facilities to support our expanding service delivery profile.

Kodowlinun Ward is a light-filled and spacious inpatient area with 32 beds, including a separate area that has future capacity as a paediatric ward or as a Pandemic area. The Kodowlinun name was gifted to Bass Coast Health (BCH) by the Bunurong Land Council and signifies "I am better". Patients and visitors enjoy a large lounge with views across Wonthaggi, and the comfort and privacy of single or double rooms.

The Operating Suite features two new huge operating theatres, an endoscopy procedure room, and a digital theatre (that is important for training, and also enables surgery to be filmed and beamed to other specialists for advice as necessary). It also has a much-expanded Central Sterilising Department and all spaces are fitted out with the very best equipment.

The main reception within the new hospital features a link to Wonthaggi's coal mining heritage – a piece of black coal sourced from Wonthaggi's State Coal Mine 22 years ago, recognising the important heritage of our town. Further demonstrating our community connections are the decorative bricks on the exterior of the new hospital, bearing the names of local towns within our catchment, and a series of historical and environmental photos adorning the walls.

Whilst all this was happening, the former Acute Ward was renovated to provide upgraded facilities; we expanded our Maternity area, making sure we had enough treatment spaces to cater for current and future demand; and we started renovating the vacated areas of the hospital to bring back our valued corporate services from San Remo. We replaced the external walls of the Café 1910 building, retaining the charm of the original hospital; and we enhanced the grounds of Wonthaggi Hospital by creating new outdoor eating areas and landscaped gardens. We created the Dennis Ginn Memorial Garden with a donation from the Rotary Club of Wonthaggi, Bass Coast Shire Council and a bequest from the estate of the late Dennis Ginn. The roof at our San Remo site was replaced and we commenced the \$1 million renovation at Griffiths Point Lodge at San Remo funded by the State Government.

We also advanced the planning and construction of the new multi-million-dollar Phillip Island Community Hospital. This long-anticipated project will ensure the growing community of Phillip Island has access to a greater range of clinical services locally.

Construction of the double-storey building at Phillip Island will deliver a significantly expanded Urgent Care Centre that will allow "flex up" capacity for our peak seasons. Day surgery for non-complex surgery will be provided across two operating theatres. The community will have access to dialysis and chemotherapy in the Day Therapy area, along with a public dental service and a public radiology precinct offering CT, ultrasound and general x-ray.

The expanded service offering at the Phillip Island Community Hospital, will allow Phillip Island community members and visitors to receive care locally, whilst our Wonthaggi campus will provide more complex and critical care in line with our sub-regional responsibilities.

To cap off this year of significant achievement for our health service, we were thrilled to share in the funding outlined in this year's State Budget. The commitment to Wonthaggi Stage 2, of up to \$290 million will re-develop the master plan and see the construction of expanded maternity services, wards, expanded outpatient clinics and a new day treatment area that is much anticipated by our Dialysis patients. We are excited to be working on this project with the Victorian Health Building Authority and the Department of Health, and anticipate busy months and years ahead as we progress the planning and eventual construction of the next stage of the expanded Wonthaggi Hospital.

In the year past, we have prudently transitioned our teams and services to our 'new business as usual' models of care, having facilitated significant change in practices and processes as a result of the COVID pandemic. We were privileged to be able to enhance our community's safety throughout the pandemic by hosting COVID PCR testing and vaccinations at Wonthaggi and Phillip Island campuses, and providing quality care to Covid patients. Whilst this virus continues to be ever-present in our community, our staff remain vigilant in protecting our community, patients and themselves.

Like all healthcare services, our workforce has been significantly challenged by the Pandemic. Our commitment to supporting our staff and ensuring their wellbeing is more critical than ever. Our staff are our greatest and most valued asset. Most of our staff live locally; they care for friends, neighbours, family members, and community members who they live alongside every day. This means our staff have a special investment in our service, and it's this extraordinary commitment and dedication that saw many of them stepping up to extraordinary levels to working extra shifts, double shifts, overtime as well as taking on new roles and challenges, to ensure our services continued to be accessible. This commitment was tested and strengthened, by our continued growth in services, where through the generosity of government, we received additional funding to employ additional staff and provide more care, including more complex care.

We welcomed many new staff to our service, many of these were skilled clinicians from other services who made the move to our beautiful community. We are privileged to live in such a beautiful part of the world, and this is one of our greatest strengths for workforce development.

We were also proud and delighted to honour our long-serving staff by presenting 121 service awards to staff at our Annual General Meeting (AGM) in February 2023. In total, 2,410 years of dedicated service was celebrated – a magnificent achievement. We also acknowledged the special and important contributions of our 200 plus volunteers, all of whom enrich our team, and our services.

BCH is blessed to have first class facilities and first-class staff, and these attributes have strengthened our journey as an expanding sub-regional service.

We have continued to focus on providing Excellence in Care, throughout the past year, and we have been diligent at delivering on our strategic goals for our community. Here are some of those achievements.

Safety and Quality

We delivered safe, high quality, person-centred care by:

- Maintaining Accreditation at Griffiths Point Lodge in the three-yearly accreditation review by the Aged Care Quality and Safety Commission.
- Achieving compliance with the Child Safe Standards.
- Achieving accreditation for the Bass Coast Family Day Care against the National Quality Standards (NQS) and the National Regulations with all 7 Department of Education and Training Standards met.
- Meeting all of the requirements of the National Disability Insurance Scheme (NDIS) Practice Standards and Quality Indicators, receiving continued certification from the NDIS commission.
- Achieving continued accreditation for Integrated Family Services (IFS), Sexual Assault Support Service (SASS) and Family Violence Support (FVS) against the Department of Families, Fairness and Housing - Human Services Standards, meeting all four standards.
- Achieving re-accreditation of the pre-vocational intern and PGY2 medical training conducted by the Postgraduate Medical Council of Victoria (PMCV).
- Creating a new, nutritious ice-cream for patients and aged care residents on modified diets that is high protein, no melt and appeals to patients.
- Implementing the National Subcutaneous Insulin and Blood Glucose Monitoring Chart in ED, UCC and inpatient areas.
- Proactively collaborating with Safer Care Victoria in relation to risks and incidents.
- Upgrading our core Information, Technology and Telecommunications network that drives all of our clinical systems.
- Implementing the next phase of the Gippsland-wide Electronic Medical Record system into our inpatient areas.
- Rolling out new Spectralink clinical handsets at Wonthaggi Hospital - a \$500,000 investment to enhance information and communications technology.
- Achieving successful Australian College Emergency Medicine (ACEM) accreditation.
- Implemented the Statutory Duty of Candour legislative requirements in collaboration with subregion.

Service Capability

We grew service capacity and capability, including access to meet local and sub-regional needs by:

- Opening Stage 1 of the new Wonthaggi Hospital to include an expanded Emergency Department, expanded Operating Suite and expanded Medical/Surgical Ward enabled an increase in the presentation of higher acuity patients presenting to the Emergency Department, (Triage Categories 1–3) and a 10.4% increase in overall presentations.
- Relocating Sub-Acute services to their rightful home at Armitage House, expanding capacity from 10 beds to 26 beds.
- Being reclassified as a Group 3 Pharmacy Department under the Medical Scientists, Pharmacists and Psychologists VPS Enterprise Agreement. BCH Pharmacy was previously classified as a “Sole Pharmacist” department.
- Continuing to expand our publicly funded surgical specialists to bring an even greater range of surgical services to our community. This included expanded Breast surgery, General surgery, Plastics and Reconstructive surgery, Orthopaedics, Gynaecology and Gastroenterology.
- Continuing to expand our publicly funded specialist outpatient clinics including the addition of a Pain Management and Palliative Care service, Gynaecology, Obstetrics, Geriatric specialists, Haematology and Oncology.
- Expanding Cardiology services including the introduction of a Rapid Access Atrial Fibrillation clinic as part of a pilot project with Safer Care Victoria, in collaboration with the Cardiology team from the Alfred Hospital.
- Rolling out our Geriatric Evaluation and Management at home program (GEM@ Home) that provides specialist geriatrician, specialist nursing and allied health services to senior patients in the comfort of their own home.
- Expanding our Stress ECHO services for cardiac patients.
- Advancing plans for the development of the new Phillip Island Community Hospital, which is due for completion late 2024/early 2025.
- Continuing to participate in a new melanoma clinical trial to improve surveillance for people at high risk of melanoma.
- Opening the new Fast Track Unit in our Emergency Department to treat patients with minor injuries and illnesses. This will ensure these patients are seen quicker while also allowing the Emergency Department to focus on patients with higher acuity conditions.
- Embarking on a partnership with Alfred Health and the Urgent Care Centre, commencing the “Chest Pain Evaluation Pathway” so that UCC doctors could utilise virtual health solutions to reduce its transfer rate for patients presenting with “Moderate Risk” Chest pains.

People

We continued to value our workforce and expanded our skillset by:

- Embarking on a major recruitment drive to attract additional staff to serve our growing health service, and growing our workforce from 577.7 full-time equivalent (FTE) staff in June 2022 to 656.95 FTE staff in June 2023.
- Continuing to grow our Learning and Development team by appointing dedicated Pathway to Practice Educators and Novice Workforce (Nursing) Clinical Development Nurses to help support the new Pathway to Practice program.
- Welcoming a new Surgical Registrar from Austin Health to join the surgical team.
- Expanding our Pharmacy team and employing our first Clinical Development Pharmacist.
- Offering more learning opportunities for early career staff, including 18 Graduate Nurses, 5 Allied Health Graduates/Interns, and offering 4,528 student placement days to more than 300 students from across Australia.
- Welcoming our first dental students and expanding our Registered Undergraduate Students of Nursing (RUSONs) who are now working in Theatre, ED, Acute and Sub-Acute.
- Being part of a Department of Health delegation to attend job fairs in Ireland and Scotland to recruit healthcare workers.
- Becoming an accredited training site of Federation University Australia to allow first year Nursing students to undertake training with us, making healthcare careers more accessible to local students.
- Initiating a successful BCH Careers Open night and attending other jobs and study expos to promote healthcare careers at BCH.
- Appointing a Clinical Director of Urgent Care, and transitioning our urgent care medical workforce model to an employed model of care.
- Stabilising our Medical Workforce such that BCH now averages 65–75% employed doctors compared to 15% employed doctors for most of 2022.
- Partnering with the Bass Coast Country Universities Centre (CUC) in Wonthaggi to enable our staff to further their training, while encouraging more undergraduate students to study healthcare locally.
- Facilitating a range of staff wellbeing activities and workshops including Leadership, Team Engagement and Myers-Briggs opportunities and bringing the Hush Foundation to Wonthaggi Hospital.
- Continuing to support staff and their families who had COVID through the expansion of our Infection Control and Staff Health team who provided advice to staff to help them recover and return to work.
- Strengthening our focus on providing a safe workplace with work continuing on the rollout of the BCH wellbeing plan, recruitment and retention strategies, and an emphasis on staff safety.
- Maintaining a focus on delivery of manual handling training to all staff through expanded corporate orientation, preparation for transition to the Wonthaggi Hospital Expansion, and training our staff as No Lift trainers to supplement the existing manual handling training.
- Creating two breastfeeding/expressing and parent's rooms: one for the public accessible via the Emergency Department waiting room and one for staff near the former Short Stay Unit.

- Creating a Prayer room as a quiet place for staff to reflect.
- Continuing our investment in our nursing workforce by working above the staffing ratios outlined in the Safe Patient Care Act, as well as providing additional staff or rostering above ratios where it is required to provide safe and quality care.
- Continuing our focus on gender equity; including ensuring gender balance in selection panels and hiring processes.
- Continuing our focus on to strengthening our leadership team, supporting our Managers and Leaders, through training, coaching, resourcing and kindness.
- Investing in growth in our People and Culture team, and our Workforce team, thereby enabling greater capacity at onboarding, recruitment and retention of staff.

Partnerships and Engagement

We nurtured genuine partnerships focused on shared outcomes and inclusiveness by:

- Expanding our strong clinical and administrative relationships with both Alfred Health and Monash Health, and expanding the evidence based, accessible pathways of care, and services, for our community.
- Expanding our volunteer programs with volunteers contributing over 2500 hours of service to the community in various ways such as Ward Visitors, Aged Care visitors, car washing, pet therapy, concierge and wayfinding. Our Volunteer Transport Team transported 1400 people to local and Melbourne destinations with COVID Safe protocols in place.
- Our wonderful Auxiliaries magnificent fundraising efforts with the Op Shop raising \$184,707.85 IFA hit their magical \$60,000 target, Phillip Island Health Hub Auxiliary \$29,718, Inverloch Art Auxiliary \$8,000 and Bass Coast Ladies \$13,780. Over \$354,000 in total for all Auxiliaries, an amazing achievement.
- Participating actively in the Bass Coast Reconciliation Network including in activities such as the NAIDOC Bridge Walk, Sorry Day and Reconciliation Week events.
- Developing our new Diversity Framework for the sub region, progressing our Rainbow Ready journey, and refreshing our Disability Action Plan. Proactively engaging in the Gippsland Health Service Partnership including in region wide workforce initiatives, surgical efficiency initiatives, and Better at Home opportunities.
- Holding a series of Community Forums throughout Bass Coast Shire to share information about BCH services and share expansion plans with the community.
- Hosting the Big Red Kidney Bus by partnering with Kidney Health Australia and Monash Health, to deliver expanded Dialysis services at Wonthaggi site for peak periods.
- Participating in a state-wide project to track the health and development of Victorian children and their parents as part of the Generation Victoria (GenV) initiative led by the Murdoch Children's Research Institute.
- Collaborating with Federation University to convert the former Sleeman Ward into a new dedicated, accredited Learning and Development space, complete with a Clinical Lab that provides our staff – and students – with a space for the provision of clinical training in simulated medical settings.
- Strengthening our collaboration with our South Gippsland Coast Partnership sub-regional colleagues (Koo Wee Rup Health Service, Gippsland Southern Health Service, and South Gippsland Hospital) to deliver on our shared strategy to increase and improve services and health outcomes in the communities we serve.

Financial Health

We have demonstrated strong financial governance, viability and sustainability by:

- Expanding our operating base revenue from \$56m to \$135m per annum since 2016 as we strive to deliver more services to enable our community to access healthcare locally on the Bass Coast. A high quality of financial governance was maintained amongst the expansion and growing demands on BCH's departments who provided transitional and compliance support.
- BCH increased its focus on financial forecasting in response to the financial and budgetary environment impacting the sector. The evolving and higher cost operational environment led to greater demands on BCH for timely and accurate data. BCH was able to incorporate these issues and estimates in a timely manner and work constructively with the Department of Health (DH) to address cash flow issues in the year. BCH received excellent financial support from DH during the year and looks forward to ongoing support from DH to meet its Financial Health goals.
- Expanding our Business Intelligence capacity through the development of an integrated BI team, and successful migration of QlikSense (business intelligence and data reporting system) to the cloud allowing for increased access to real time data.
- Managing major capital investment of \$31m during the year, representing a 19% increase in total asset value between years. Driving this was capital works for Stage 1 of the Wonthaggi Hospital Expansion project, which entailed finalisation of building works, furniture, fixtures, and medical and information and communications technology equipment; Capital works to renovate the original Acute Ward at Wonthaggi Hospital and capital works for Griffiths Point Lodge.
- Undertaking an unprecedented volume of procurement activities, primarily driven by the Wonthaggi Hospital Expansion project (for ICT and Furniture Fittings and Equipment) as well as high levels of activity for infrastructure projects and key service collaborations.
- Preparing for the introduction of a new payroll talent management system in conjunction with the Gippsland Health Alliance and other Gippsland hospitals.
- Participating in the fabulous fundraiser at the Cape Tavern, sponsored by three local businesses, raising \$30,000 for our Women's and Family Services.
- Benefiting from the work of the Inverloch Rotary who raised \$15,000 to furnish the internal courtyard of the Kodowlinun Ward, which brings some outside area to patients recovering and is a tranquil treatment space.
- Collaborating with the Rotary Club of Phillip Island and San Remo who have committed to a fundraising partnership for the Rotary Rehabilitation Garden at the new Phillip Island Community Hospital. The local community will benefit immensely from the rehabilitation garden that this \$100,000 contribution will build, enabling patients to build mobility, strength and confidence on a variety of surfaces before they return home.
- Appreciating the dedicated and hard-working volunteers of our Auxiliaries whose fundraising efforts this year raised some \$354,000 and enabled the provision of a urology ultrasound machine, a shower trolley for Kirrak House, an ultrasound machine for PICCs and ports for the L. Rigby Centre, food boxes for families in need, a SOZO machine for lymphoedema treatment, a machine to remove cancerous cells and a dialysis chair. Funds were also raised towards a lifting machine, and activity and outdoor furniture for Griffiths Point Lodge.

Acknowledging our partners

Integral to all of these achievements, are our valued partnerships with many organisations.

We would like to take this opportunity to acknowledge our dedicated partners who have helped us improve for our community. We pass on our heartfelt thanks to:

- the Federal, State, and Local governments
- the State Department of Health
- the Commonwealth Department of Health
- our local State member
- other Federal and State representatives
- the Victorian Health Building Authority
- our Metropolitan health service colleagues, in particular Alfred Health and Monash Health
- our Regional and Sub-Regional health service colleagues, including South Gippsland Hospital (SGH), Gippsland Southern Health Service (GSHS), Kooweerup Regional Health Service (KRHS), Latrobe Regional Health (LRH) and the Gippsland Region Public Health Unit (GRPHU)
- Ambulance Victoria
- Victoria Police
- our hard-working community organisations, including Lions, Rotary, Freemasons, and Men's Sheds
- local businesses
- the local media
- members of our community.

We are fortunate to receive donations from members of the community towards our health service. This generosity enables BCH to provide the many services that we do. Donors are able to see where their donation is used and without them, we would not be able to provide such services as Oncology, Cardiology and some surgical services. We pay a special tribute to all of the local community members and visitors who donate small or large amounts, and who facilitate bequests to BCH, so that we can grow our services. There is no doubt, the kind and generous act of giving locally to BCH is essential for our future.

We would like to take this opportunity to give our huge thanks to our 200 plus Volunteers who give their time, expertise and enthusiasm to help us provide services. Our Volunteers help us in many ways: Transport Driving, Administration, Wayfinding, Gardening, Aged Care visiting, Ward Visiting, Car Washing, Consumer Advisory Committees and Volunteer Concierge, for example. Our Volunteers include our inspirational Auxiliaries: the Phillip Island Health Hub Auxiliary, the San Remo Opportunity Shop Auxiliary, BCH Ladies Auxiliary, the Inverloch Fundraising Auxiliary and the Inverloch Art Show Auxiliary. Their extensive fundraising helps us to purchase much needed equipment and ensures we can provide services in the most optimal way.

We also thank our Community Advisory Committee who have continued to provide BCH with robust community input into our planning and decision-making. Your in-depth understanding of our services and collaboration with our teams is a critical enabler to our success and we thank you for improving what we do.

Above all, our most valued partners are our patients, clients, residents and families who use our services. The feedback you provide helps us to continually improve our services for the benefit of future users. We thank you for taking the time to provide us with your feedback, and for teaching us how we can be better.

Our Future, together

BCH is a vibrant and committed sub-regional health service, dedicated to the Bass Coast and South Gippsland communities. We look to the future with confidence and optimism. The next 12 months will continue the momentum of growth for our health service. In addition to progressing the new multi-million-dollar Phillip Island Community Hospital, we will continue to progress our Planning for the construction of Stage 2 of the Wonthaggi Hospital Expansion and we will continue to grow our services to ensure we can provide a comprehensive sub-regional service that treats more people locally.

There is no doubt that the success of BCH is intrinsically linked to the excellence provided by our staff and we have a greater commitment than ever to support, strengthen and grow our excellent teams and we are all extremely conscious of the very privileged role we play in providing our service to the community.

On behalf of our staff, we thank our community for their support, guidance, and partnership as we continue our journey, to be the best we can be.



Ian Thompson, Chair, Board of Directors
Bass Coast Health
22 September 2023



Jan Child, Chief Executive Officer
Bass Coast Health
22 September 2023

BCH Corporate Governance

Board of Directors

The Board of Directors (the 'Board') of BCH is accountable to the Minister for Health and Ambulance Services ('the Minister') for its performance. The role of the Board is to steer the entity on behalf of the Minister in accordance with government policy. This governance role broadly involves strategic leadership of the organisation, monitoring performance against agreed objectives and ensuring accountability and compliance.

Functions of the Board include:

- developing a statement of priorities and strategic plan for the operation of BCH and monitor its compliance
- developing financial and business plans, strategies and budgets to ensure accountable and efficient provision of health services and long-term financial viability of BCH
- establishing and maintaining effective systems to ensure that BCH meets the needs of the community, ensuring the views of users and providers of health services are considered; and
- monitoring the performance of BCH.



Don Paproth | Chair to 27 October 2022

BA, Dip Ed

Don joined the BCH Board in July 2015 and was the Chair of the Board of Directors from March 2016 until his retirement in October 2022. Prior to that he had 48 years of experience in education, working as a secondary teacher, principal, deputy regional director and as the director of major projects in the Gippsland Region with the Department of Education and Early Childhood Development. He was Chair of the Council of the Victorian Institute of Teaching, the body which regulates the teaching profession across the state. Don was a member of the Finance, Audit and Risk and Remuneration Committees and the Development Council.



Ian Thompson | Deputy Chair until

27 October 2022. Chair from 28 October 2022

B. Bus (Accounting), Grad. Dip. (Corp. Finance), C.P.A, GAICD.

Ian is a risk professional with more than 30 years' experience in financial markets, having worked in various credit, economic, quality, risk management and governance roles in Australia and in the UK. Ian spent the bulk of his career with leading global credit rating agency, Standard & Poor's Rating Services, most recently as a Senior Managing Director and Global Chief Credit Officer. Ian has been a director or independent member of Finance, Audit and Risk committees of a number of 'for purpose' organisations and is currently a board member of Snowdome Foundation. Ian joined the BCH Board in July 2016 and chaired the Finance, Audit and Risk Committee until October 2022. Ian was the Deputy Board Chair until October 2022 and commenced as Board Chair that month, and is a member of the Finance, Audit and Risk Committee, Quality and Clinical Governance Committee and Remuneration Committee.



Nicky Chung | Deputy Chair from 28 October 2023

MBA, BA (Psychology), CPHR

Nicky Chung is the CEO of the Australian Vietnamese Women's Association. She graduated with a Bachelor of Arts in Psychology, an MBA from Melbourne Business School and is a Certified Practitioner in Human Resources. She is an active community and inclusion advocate. Nicky joined the board in July 2022 and is a member of the Finance, Audit and Risk Committee, Quality and Clinical Governance Committee and the Community Advisory Committee. She was appointed Deputy Chair from October 2023.



Mim Kershaw

Mim has more than 31 years' management experience in both private and public listed companies. Mim has experience in setting and achieving budgets, strategic planning, team development and retention, ethical sourcing and Quality Assurance and Quality Control. Mim is a former director of Bass Coast Community Health Service. She joined the BCH Board in July 2014 and is a member of the Development Council, the Quality and Clinical Governance Committee, and the Remuneration Committee. Mim retired from the Board from June 2023 after 12 years.



Mary Whelan

B. App Sc (Physiotherapy), Grad Dip Man Therapy, Cert App Ergonomics for Injury Mgt, Cert IV Workplace Training.

Mary Whelan is a former clinical physiotherapist with 38 years' experience in public health and private practice. She founded a company to design and develop mobility aids to address the needs of patients and the occupational health and safety of staff in hospitals and aged care facilities. Mary joined the BCH Board in August 2015 and is a member of the Quality and Clinical Governance Committee and the Finance, Audit and Risk Committee.



Kate Jungwirth

LLB, B.Com (Accounting), Grad Dip (Intellectual Property Law), Advanced Diploma (Mechanical Engineering)

Kate is an experienced legal practitioner who was appointed to the Bass Coast Health Board in July 2017. Kate has significant expertise in the health, aged care and disability sectors, having acted as legal counsel for Victorian public health services, non-for-profit disability service providers and an aged care service provider. Kate also has experience advising on commercial contracting, tendering and procurement, legislative and regulatory compliance, business acquisitions, sale of assets, intellectual property, privacy and freedom of information matters. Kate is currently Senior Legal Counsel at Scope and is a member of the Finance, Audit and Risk Committee, Quality and Clinical Governance Committee, and the Community Advisory Committee.



Simon Jemmett

BHSc; Grad Cert Mgt; Dip Proj Mgt; MAICD

Simon has more than 30 years' experience in health, initially working in the public and private hospital systems before moving to Ambulance Victoria. Simon has an intensive care paramedic background and substantial experience across both the metropolitan and rural health sectors in clinical and operational management, education, audit and clinical governance. Simon was the Regional Director Gippsland for Ambulance Victoria for four years, led some of Ambulance Victoria's transformative IT projects and was formerly on the Governance Committee for the Emergency Care Clinical Network. Simon joined the BCH Board in July 2017, is the Chair of the Quality and Clinical Governance Committee and is also a member of the Finance, Audit and Risk Committee.



Ian Leong

Bach Bldg (QS) (Hons), Grad Dip Comp Sc, MBA, GAICD

Ian has over 45 years' experience in the building, health and consulting industries, having worked in both government and private sectors. Initially, Ian has significant experience as a property/building consultant, but more recently has managed his own general consultancy firm, providing advice to private and government clients. Ian has been a senior executive at a number of major metropolitan health services, with responsibilities for capital redevelopment, future strategy/health service delivery, patient experience and commercial/support services. Ian joined the BCH Board in August 2018 and is a member of the Finance, Audit and Risk Committee and the Community Advisory Committee.



Angelo Saridis

Angelo is an experienced executive having held executive roles over the past 10 years in Local and State Government, public transport and utilities industries. Angelo brings contemporary skills in technology driven business transformation and innovation, having led organisational transformation programs and sector-wide reform programs across different industries and sectors. Angelo has significant governance experience both as an executive, and as a former member of the Ministerial Advisory Committee for Mine Rehabilitation. He is involved in the Gippsland innovation ecosystem having founded startups and provided mentoring support to startup founders throughout Gippsland. He lives locally and has a genuine passion for the Gippsland region. Angelo is the Chair of the Finance, Audit and Risk Committee.



Prof Harvey Newnham

MBBS, FRACP, PhD, GAICD, AICGG

Harvey is an Endocrinologist and General Physician with extensive clinical leadership and board experience in the acute health sector. Harvey is on the board of the Western Health service and also chairs the board of Health Education Australia Limited (HEAL) which encompasses the Australasian Institute of Clinical Governance (AICG). Harvey was previously a board member of the Royal Melbourne Hospital and Better Care Victoria. Harvey continues to work clinically at Alfred Health, where he has held senior clinical leadership positions.

Harvey is experienced in organisational and unit review at Health Department, Hospital and Clinical Unit level. Harvey's main interests are to improve the safety, quality and value proposition of acute care with particular emphasis on internal audit of clinical services, consumer engagement and interdisciplinary teamwork. Harvey is an Adjunct Clinical Professor with Monash University and a senior member of the National Examining Panel of the RACP. Harvey is a member of the Finance, Audit and Risk Committee and the Quality and Clinical Governance Committee.



Liz Camilleri

Bachelor of Business (Accountancy), Fellow CPA, GAICD

Liz is a seasoned finance professional with over 30 years of experience in healthcare. Liz joined the Board of Bass Coast Health in July 2022. She is also a Board Director for Uniting AgeWell and an independent member of Court Services Victoria's Audit and Risk Committee. Liz enjoyed a number of roles during her 30-plus year career at Epworth HealthCare, from managing Payroll, Hospitality Services and the Greenfield start-up of the Epworth Eastern hospital, to her last Executive role as Executive Director Finance and Commercial Services (CFO). Her portfolio accountabilities included Finance, Payroll, Procurement and Supply, Facilities and Redevelopment, Information and Communications Technology, Internal Audit, Business Analytics, Corporate Governance and Risk, Health Contracts, Billing and Medical Records. Co-sponsoring Epworth's Diversity and Inclusion strategy was another highlight of her career. Liz has been a part-time resident of Phillip Island for more than 20 years. Liz is a member of the Finance, Audit and Risk Committee.



John Nevins | Independent Member

Bach; Economic, Grad; Dip; Public Policy, MAICD

John is an Independent Member of the BCH Finance Audit and Risk Committee. John has worked in Local Government, Public Transport and the Victorian Public Service. His previous roles include being a long-term Chief Executive Officer, General Manager Corporate Services, Chief Financial Officer, Internal Auditor and Economist.

Board Committees

Finance Audit and Risk Committee

Chairperson: Ian Thompson until October 2022, Angelo Saridis from November 2022

Deputy Chair: Liz Camilleri from November 2022

The Finance, Audit and Risk Committee is a sub-committee of the Board responsible for oversight, advice and recommendations to the Board regarding:

- financial management, including asset management;
- risk management, including compliance management; and
- internal and external audit.

Independent Member: John Nevins

Quality and Clinical Governance Committee

Chairperson: Mary Whelan until October 2022, Simon Jemmett from November 2022

Deputy Chair: Harvey Newnham from November 2022

The Quality and Clinical Governance Committee is a sub-committee of the Board responsible for implementation of a strong quality and clinical governance framework, encompassing the domains of quality and safety:

- Leadership and culture
- Consumer partnerships
- Workforce
- Risk management
- Clinical Practice.

Remuneration Committee

Chairperson: Don Paproth until October 2022, Ian Thompson from November 2022

The Remuneration Committee is a sub-committee of the Board responsible for facilitating the remuneration and performance processes for the Chief Executive Officer.



**Acting Chairperson,
Hilary Kerrison**

Community Advisory Committee

Chairperson: Hilary Kerrison from May 2023

The primary role of the Community Advisory Committee is to bring the voice of consumers, carers and community members into BCH’s decision-making processes, ensuring their involvement in planning, design, delivery and evaluation of healthcare at individual level, as well as program, department and health service level.



**Chairperson,
Diana Holmberg**

Chairperson: Diana Holmberg until January 2023

Diana Holmberg has been sharing her extensive experience in strategy, governance, information technology and mentoring as a Community Advisory Committee (CAC) member, following her retirement. Diana was the Chair of our Community Advisory Committee until January 2023 and was also the CAC Representative on the Quality and Clinical Governance Committee and Board during her time as CAC Chair. Diana’s local networks and involvement with many community groups, enables her to have conversations with the community about their needs and discuss these in the CAC, bringing excellent wisdom to discussions and decisions.

Retirement, Re-Appointments and Appointments to the Board of Directors

The following occurred in 2022–23:

Retirements

Don Paproth – Resigned 27 October 2022

Re-Appointments

Ian Thompson – 1 July 2022 to 30 June 2025

Mim Kershaw – 1 July 2022 to 30 June 2023

Appointments

Harvey Newnham – 1 July 2022 to 30 June 2025

Nicky Chung – 1 July 2022 to 30 June 2025

Elizabeth Camilleri – 1 July 2022 to 30 June 2025

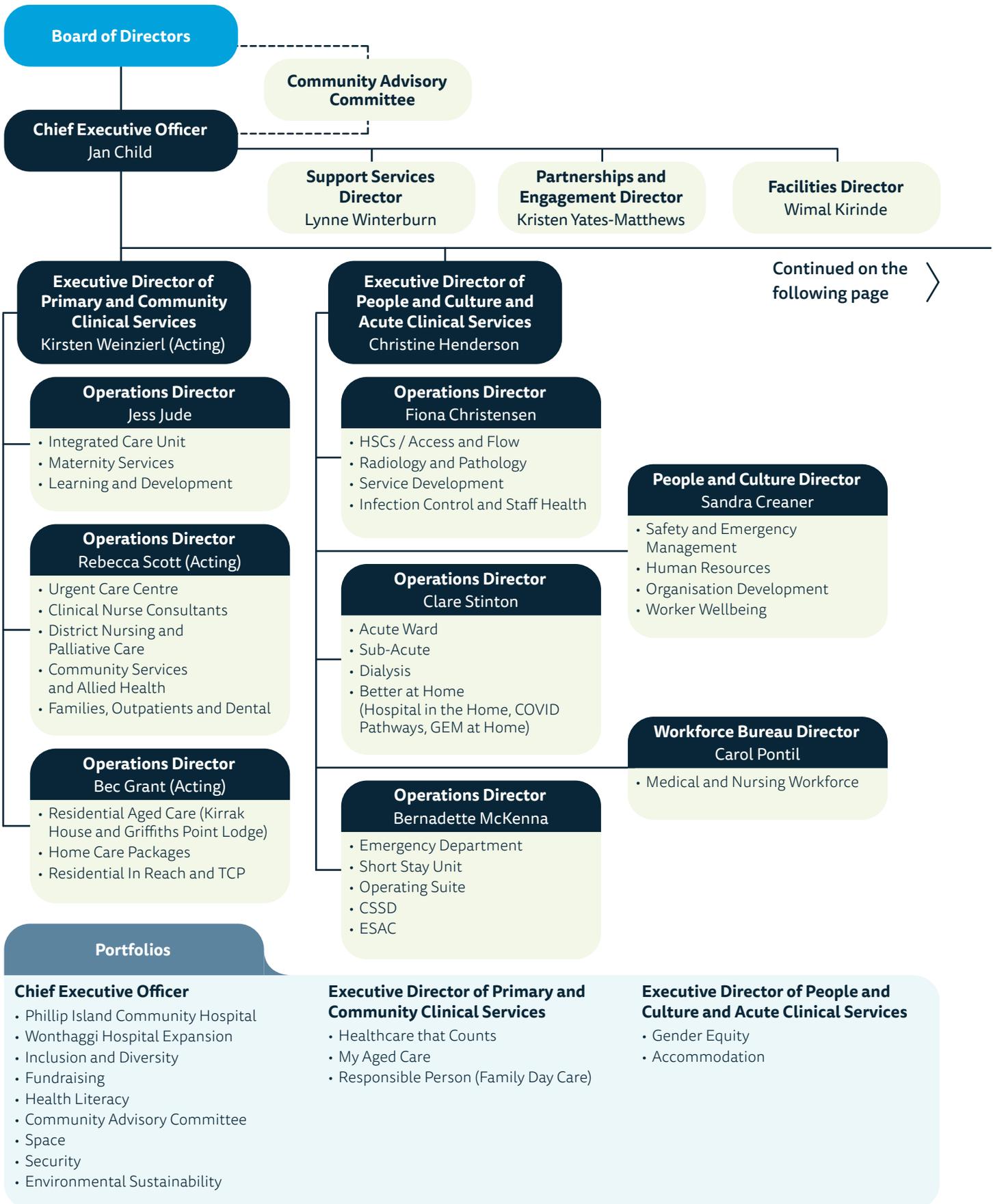
Board Membership and Meeting Attendance

The table below provides information on board membership and meeting attendance for 2022–23.

Board Member	Board of Directors	Finance, Audit and Risk Committee	Quality and Clinical Governance Committee	Community Advisory Committee
Angelo Saridis	80%	78%	–	–
Simon Jemmett	90%	100%	100%	–
Kate Jungwirth	100%	56%	60%	50%
Ian Leong	90%	89%	–	75%
Donald Paproth*	100%	100%	100%	–
Mary Whelan	80%	89%	60%	–
Harvey Newnham	100%	100%	100%	–
Nicky Chung	70%	78%	80%	67%
Ian Thompson	90%	89%	80%	–
Mim Kershaw	90%	89%	–	–
Elizabeth Camilleri	100%	100%	–	–
Independent members				
John Nevins	–	89%	–	–

*was only at 3 meetings before retiring

BCH Organisation Chart



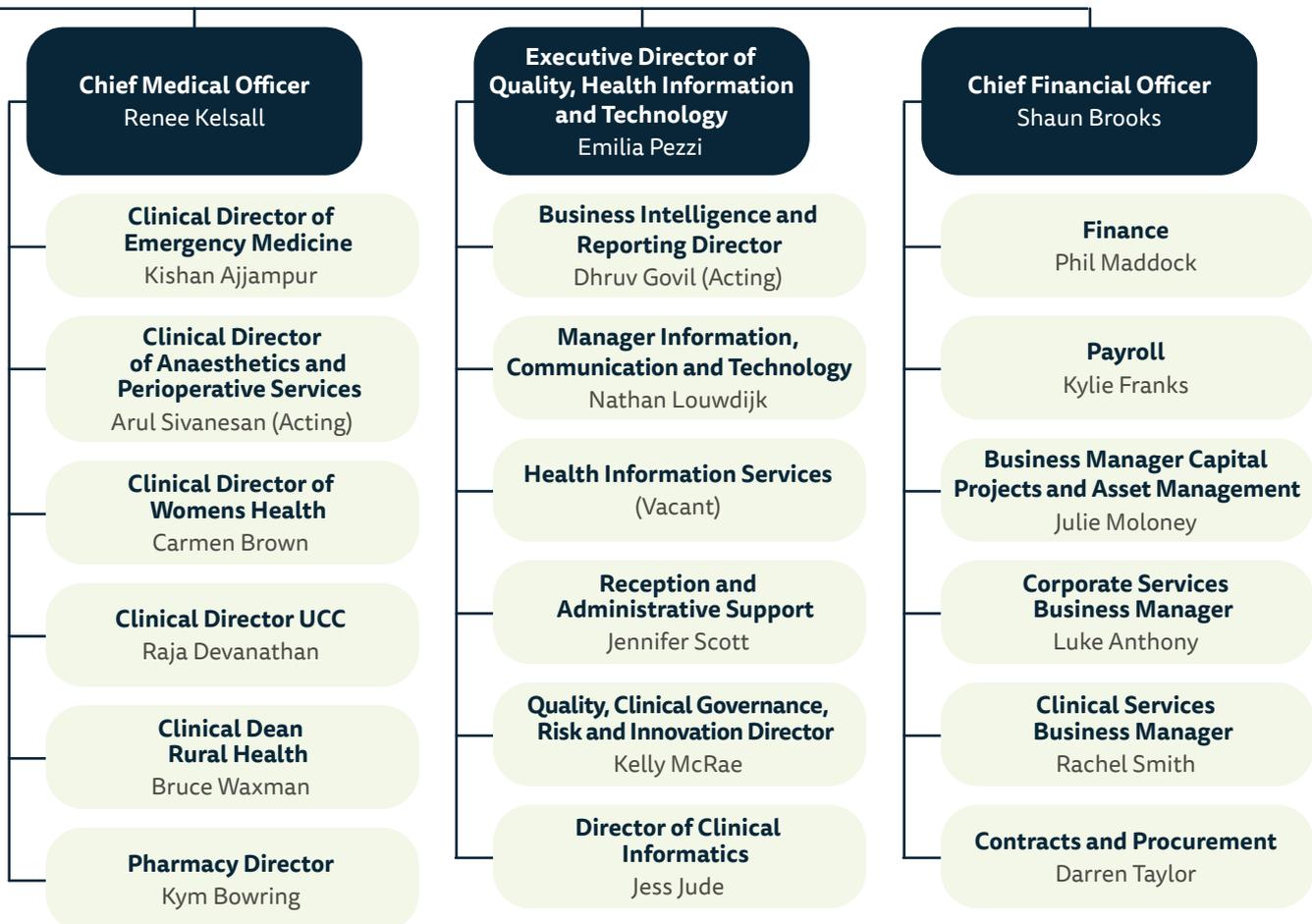
Professional Reporting

Medicine: Renee Kelsall

Nursing and Midwifery:
Chris Henderson

Allied Health: Sally Phillips

Continued from
the previous page



Portfolios

Chief Medical Officer

- Medical Accreditation
- Medical Credentialling and Scope of Practice
- New Technology
- Medico Legal
- End of Life/ACP/VAD
- Research and Clinical Trials
- Medical Indemnity
- Clinical Governance
- Specialists

Executive Director of Quality, Health Information and Technology

- Risk Management Framework
- Legislative Compliance
- My Health Record
- Freedom of Information
- Privacy
- Accreditation/Standards Including:
 - Child Safe Standards
 - Victims of Crime
 - National Disability Insurance Scheme

Chief Financial Officer

- Standing Directions
- Insurance
- HSV/Procurement
- Supply and Fleet

BCH Executive



Chief Executive Officer | Jan Child

Reg. Nurse, Grad. Dip. Behavioural Science, Master Public Health, GAICD

Jan is a Registered Nurse with post graduate qualifications in behavioural sciences, Health Administration and a Masters in Public Health. She is a graduate of the Australian Institute of Company Directors and has been a surveyor with the Australian Council of Healthcare Services. She has more than 30 years' experience in public health, having trained in rural western Victoria and then worked across metropolitan Melbourne including at Peninsula Health, Alfred Health, the Department of Health and Human Services, alcohol and drug agencies, and the community health sector. Jan commenced as Chief Executive Officer in September 2016 following a six-month interim role commencing in March 2016.



Executive Director of People & Culture and Acute Clinical Services | Christine Henderson

Reg Nurse, Grad Dip Renal Nursing, Grad Cert Infection Prevention & Control

Chris is a Registered Nurse with post graduate qualifications in infection control and renal nursing. Chris has more than 25 years' experience in the healthcare sector. She has served in various leadership roles within BCH. She was appointed to the role of Executive Director of Clinical Services in January 2021 and is currently the Executive Director of People and Culture, and Acute Clinical Services.



Executive Director of Quality, Health Information and Technology | Emilia Pezzi

Bachelor of Health Information Management

Emilia holds a Bachelor of Health Information Management with over 20 years' experience in providing strategic leadership and governance in public and private health services including Peninsula Health, Eastern Health and St Vincent's and Mercy Private Hospital.

She is a member of the Health Information Management Association of Australia and was the Convenor of the Victorian Senior HIM Community of Practice for over 7 years.

She has had extensive management and collaboration experience with all levels of health service staff, consumers, vendors and government. Emilia was appointed to the role of Director Information, Data Integrity and Systems Governance in January 2020 before taking on the role of Acting Executive Director Corporate Services in August 2021.



Chief Financial Officer | Shaun Brooks

B. Commerce, Grad. Dip. Chartered Accounting

Shaun has a Bachelor of Commerce and a Graduate Diploma of Chartered Accounting and has been a member of the BCH Executive team since 2017. Shaun held previous leadership positions in the financial professional services industry and has worked in the Victorian Public Health Sector for over a decade. Shaun is also BCH's Chief Procurement Officer and has responsibility for Supply, Contracts, Payroll, Asset Management and Finance.



Chief Medical Officer | Dr Renee Kelsall

MBBS (Hons), FRACP, RACMA Candidate

Renee Kelsall graduated from Monash University with honours in 2007 and obtained her Fellowship in Geriatrics in 2015. Renee worked at Monash Health as a Geriatrician, with roles including Deputy Clinical Lead of InReach, Geriatrician in the Falls and Balance Clinic, falls education across Monash Health, and providing assessments for rehabilitation and aged care. Renee also returned to South Gippsland in 2015, where she was raised, to provide a private Geriatric outpatient service. Renee was appointed as the Chief Medical Officer at Bass Coast Health in 2020 and completed an associate Fellowship of Medical Administrators in 2021.



Executive Director of Primary and Community Services (Acting) | Kirsten Weinzierl

Reg Nurse, Post Grad Critical Care, Blood Transfusion and Clinical Simulation

Kirsten is a registered nurse with post graduate qualifications in Critical Care, Blood Transfusion and Clinical Simulation. Kirsten has been committed to the health care sector for over 20 years, with experience in acute and community health care, clinical education and more recently leadership roles at BCH.



Executive Director | Mark Brady

Bach. of Business, Grad Dip of Business, is a Member of the Institute of Executive Coaching and Leadership, and is a Graduate of the Australian Institute of Company Directors

Mark is an extremely experienced and highly regarded leader in the public sector, with over 20 years at the senior executive level in local government across a diverse range of portfolios and organisations.

Mark finished his tenure at BCH in May 2023.



Executive Director | Louise Sparkes

**Reg Nurse, Grad Cert Emergency Nursing,
Master of Nursing**

Louise has been part of the Executive team at Bass Coast Health since 2016. Louise has an extensive background as a Registered Nurse with a number of post graduate qualifications in Emergency Nursing and Nursing Education. Louise brings more than 30 years' experience in health care service provision in tertiary, metropolitan and rural health settings across diverse acute and community services, as well as experience and publications in tertiary nursing education, research and academia.

Louise's tenure at BCH finished in December 2022.

Legislative Compliance

Freedom of Information Act 1982

In accordance with the *Freedom of Information Act 1982*, the public can request access to documents held at BCH via a written application directly to BCH's Principal Freedom of Information (FOI) Officer, or by completing the Freedom of Information Access Request Form available on the BCH website. A valid request must clearly identify what types of documents are being sought and to whom the information is to be released. The valid request must also be accompanied by an application fee. BCH is required to respond to the applicant within 30 days of receiving a valid request.

Requests are to be addressed to:

Principal FOI Officer
Bass Coast Health
PO Box 120
Wonthaggi Vic. 3995

BCH's Principal Officer is the Chief Executive Officer.

An application fee of \$30.60 applies and other charges may be incurred associated with collating the information, levied strictly in accordance with the Freedom of Information (Access Charges) Regulation 2004.

During 2022–23, BCH received 107 requests. Access to 89 were granted in full, 1 was granted in part (some exempt material), 2 were denied in full (all material exempt), 4 resulted in no documents found and 11 are in progress. Of these requests, 89 were from Lawyers, Government Agencies and Insurance agencies and the remainder from the general public.

Building Act 1993

BCH is subject to, and complies with, the *Building Act 1993* under the guidelines for publicly owned buildings issued by the Minister for Finance (1994) in all redevelopment and maintenance matters.

Public Interest Disclosure Act 2012

BCH is subject to, and complies with, the *Public Interest Disclosure Act 2012* (updated 2020–2021) that replaced the former *Protected Disclosures Act 2012*. The *Public Interest Disclosure Act 2012* came into effect with a purpose to facilitate disclosures of improper conduct by public officers, public bodies and to provide the appropriate level of protection for people who make disclosures without fear of reprisal. Further information is embedded into the PID Policy for BCH Staff access.

Statement on National Competition Policy

Bass Coast Health is subject to and complies with the National Competition Policy. All procurement activities are undertaken in an open and fair manner and these principles are embedded in BCH's Procurement Policy.

Carers Recognition Act 2012

Recognition of and engagement with people who are in a caring role is an integral part of the work we undertake at BCH. Our *Comprehensive Care and Communicating for Safety* policies include a focus on carers and engagement with carers. In accordance with the *Carers Recognition Act 2012*, BCH takes all practical measures to ensure that employees and volunteers respect and recognise carers, support them as individuals, recognise their efforts and dedication, take into account their views and cultural identity, recognise their social wellbeing, and provide due consideration of the effect of being a carer on matters of employment and education.

Safe Patient Care Act 2015

BCH is subject to the *Safe Patient Care Act 2015* and has no matters to report in relation to its obligations under Section 40 of the Act.

Environmental performance

For the purposes of the reporting of environmental data by Government entities under FRD24, BCH is classified as a level 3a (Sub regional hospital) tiered reporting entity.

Indicator	2022-23	2021-22	2020-21
Total electricity consumption segmented by source (MWh)			
Purchased	2380.39	2385.10	2160.85
Self-generated	-	-	-
Total electricity consumption	2380.39	2385.10	2160.85
On-site electricity generated segmented by usage and source (MWh)			
Consumption behind-the-meter	994	2412	-
Solar Electricity	548	513	-
Total Consumption behind-the-meter	-	-	-
Exports	-	-	-
Solar Electricity	1295	2	-
Total Electricity exported	1295	-	-
Total On site-electricity generated	2837	2927	
On-site installed generation capacity segmented by source (MW)			
Diesel Generator	0.96	0.96	0.96
Solar System	0.48	0.48	0.48
Total On-site installed generation capacity	1.44	1.44	1.44
Total electricity offsets segmented by offset type (MWh)			
LGCs voluntarily retired on the entity's behalf	-	-	-
GreenPower	44.60	144.63	50.14
RPP (Renewable Power Percentage in the grid)	447.51	443.39	409.05
Certified climate active carbon neutral electricity purchased	-	-	-
Total electricity offsets	492.11	588.02	459.19

Indicator	2022-23	2021-22	2020-21
Total fuels used in buildings and machinery segmented by fuel type (MJ)			
Natural gas	11961015.3	12942730.5	12738322.1
LPG	1184991.1	1010683.3	1256447.3
Total fuels used in buildings	13146006.4	13953413.8	13994769.4
Greenhouse gas emissions from stationary fuel consumption segmented by fuel type (Tonnes CO ₂ -e)			
Natural gas	616.35	666.94	656.41
LPG	71.81	61.25	76.14
Greenhouse gas emissions from stationary fuel consumption	688.16	728.19	732.55
Total energy used in transportation within the entity segmented by fuel type and vehicle category	FUEL TYPE: Diesel = 8079.48 Litres E10 Unleaded = 54419.77 Litres Premium Unleaded = 1787.85 Litres		
Number and proportion of vehicles in the organisational boundary segmented by engine/fuel type and vehicle category	49 vehicles: FUEL TYPE: 10 Diesel 10 Hybrid 29 Petrol VEHICLE TYPE: 9 Vans 2 Utility Vehicles 14 SUVs 24 Small Passenger Vehicles		
Greenhouse gas emissions from vehicle fleet segmented by fuel type and vehicle category	Diesel = 28.19 Tonnes CO ₂ e E10 Unleaded = 165.32 Tonnes CO ₂ e Premium Unleaded = 5.43 Tonnes CO ₂ e TOTAL = 198.94 Tonnes CO ₂ e		
Total energy usage from fuels (MJ)			
Total energy usage from stationary fuels	13146006.4	13953413.8	13994769.4
Total distance travelled by commercial air travel*	-	-	-
Total energy usage from transport	-	-	-
Total energy usage from fuels, including stationary fuels and transport fuels	13146006.4	13953413.8	13994769.4
Total energy usage from electricity (MJ)			
Total energy usage segmented into renewable and non-renewable sources (MJ)	8569418.93 8586348.86 7779075.39		
Renewable	1771592.7	2116882.48	1653086.65
Non-renewable	19943832.57	20422880.18	20120758.14
Units of energy used normalised by FTE, headcount, floor area, or other entity or sector specific quantity			
Energy per unit of Aged Care OBD (MJ)/Aged Care OBD	1323.63	1440.89	1212.76
Energy per unit of LOS (MJ)/LOS	758.38	926.15	876.49

* Not recorded – mechanism to measure distances in place for 2023-24.

Indicator	2022-23	2021-22	2020-21
Energy per unit of Separations (MJ)/ Separations)	1544.59	1756.94	1900.65
Energy per unit of floor space (MJ/m ²)	1246.65	1293.98	1250.01
Discuss how environmentally sustainable design (ESD) is incorporated into newly completed entity-owned buildings	The inclusion of ESD is a fundamental standard in new build design.		
Discuss how new entity leases meet the requirement to preference higher-rated office buildings and those with a Green Lease Schedule	Before BCH leases a building, one of the prerequisites is the presence of an energy efficiency program.		
NABERS Energy ratings of newly completed/occupied entity-owned office buildings and substantial tenancy fit-outs	BCH engages externally for expertise in assessing and rating buildings for energy efficiency.		
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	BCH works with the Victorian Health Building Authority to facilitate expertise in assessing and rating buildings for Environmental Performance.		
Total units of metered water consumed by water source (kL)			
Potable water	36571.95	26035.13	21874.65
Total units of water consumed	36571.95	26035.13	21874.65
Units of metered water consumed normalised by FTE, headcount, floor area, or other entity or sector specific quantity			
Water per unit of Aged Care OBD (kL/Aged Care OBD)	2.23	1.66	1.22
Water per unit of LOS (kL/LOS)	1.28	1.07	0.88
Water per unit of Separations (kL/ Separations)	2.60	2.03	1.91
Water per unit of floor space (kL/m ²)	2.10	1.50	1.26
Total units of waste disposed of by disposal method and material type / waste stream (kg)			
Landfill (total)	-	-	-
General waste	-	-	-
Offsite treatment	-	-	-
Clinical waste - incinerated	2385.42	2463.7	2083.91
Clinical waste - sharps	2811.41	2804.62	2904.86
Clinical waste - treated	43185.36	56156.9	51791.79
Recycling/recovery (disposal)	-	-	-
Total units of waste disposed [kg]	48382.19	61425.22	56780.56
Total units of waste disposed normalised by FTE, headcount, floor area, or other entity or sector specific quantity, by disposal method (kg offsite treatment)/PPT			
Total waste to offsite treatment per PPT	0.62	0.88	0.72
Recycling rate (%)	-	-	-
Greenhouse gas emissions associated with waste disposal (tonnes CO ₂ -e)	61.89	78.82	72.94

Indicator	2022-23	2021-22	2020-21
Total scope one (direct) greenhouse gas emissions (tonnes CO ₂ -e)			
Carbon Dioxide	686.13	726.10	730.39
Methane	1.43	1.50	1.53
Nitrous Oxide	0.60	0.60	0.63
Total	688.16	728.19	732.55
Scope 1 GHG emissions from stationary fuel (F2 Scope 1)	-	-	-
Scope 1 GHG emissions from vehicle fleet (T3 Scope 1)	-	-	-
Medical/Refrigerant gases	-	-	-
Total scope one (direct) greenhouse gas emissions	688.16	728.19	732.55
Total scope two (indirect electricity) greenhouse gas emissions (tonnes CO₂-e)	1635.22	1741.71	1685.24
Total scope three (other indirect) greenhouse gas emissions associated with commercial air travel and waste disposal			
Commercial air travel	-	-	-
Waste emissions (WR5)	61.89	78.82	72.94
Indirect emissions from Stationary Energy	282.46	245.70	249.93
Indirect emissions from Transport Energy	-	-	-
Paper emissions	-	-	-
Any other Scope 3 emissions	61.95	48.90	36.07
Total scope three greenhouse gas emissions (tonnes CO₂-e)	406.31	373.42	387.94

Social procurement

Bass Coast Health has prioritised the following Social Procurement Objectives during 2022-23 with a combined total spend of \$613,474.

The objectives prioritised in the BCH Social Procurement Strategy are:

- Opportunities for Victorian Aboriginal People
- Opportunities for disadvantaged Victorians
- Opportunities for Victorians with a disability
- Sustainable Victorian Regions.

Summary of priority SPF Strategy objectives – Bass Coast Health 2022–2023

SPF Objective	Metric	No. of Suppliers engaged	Total Spent (\$)
Opportunities for Victorian Aboriginal People	Total number of suppliers and total spend with Victorian Aboriginal Businesses engaged	2	71,940
Opportunities for disadvantaged Victorians	Total number of suppliers and total spend with Victorian social enterprises led by a social mission for the disadvantaged cohorts	14	300,575
Opportunities for Victorians with a disability	Total number of suppliers and total spend with Victorian social enterprises led by a mission for people with a disability and Australian Disability Enterprises	13	240,959
Sustainable Victorian Regions	Total spend with Victorian Government Suppliers that employ people who live in regions experiencing entrenched disadvantage on Victorian Government contracts	0	0

Bass Coast Health is committed to promoting the Social Procurement Strategy and will continue to build on existing and new supplier relationships in 2023–24 to support this.

Case Study 2022–2023: Bass Coast Health and Connecting2Australia

Relationship Continues to Grow

This year Bass Coast Health (BCH) is showcasing the continuing growth in our partnership with social enterprise Connecting2Australia (C2A), an organisation which employs people with a disability in the local area. Throughout the past year this relationship has strengthened and this is highlighted by the expansion and growth of the services they provide to BCH.

As a regional health service, BCH has many situations where clinical staff undertake short term, rotational or training placements at the health service. With no on-site accommodation available, BCH has leased a number of local properties to meet the accommodation needs of visiting doctors and nurses.

Among other things, these leases place an obligation on BCH to undertake lawn and garden maintenance at each of the properties.

The hard-working crew at C2A already provide lawn mowing at the Wonthaggi Hospital campus as well as fleet vehicle cleaning across all sites. Within the last 12 months C2A has taken on the responsibility for lawn and garden maintenance for BCH's growing portfolio of rental properties that accommodate visiting doctors and nurses. C2A's support has proven to be paramount in keeping BCH leased properties and vehicles neat, tidy and safe for BCH workers.

The relationship between BCH and C2A has grown from strength to strength and demonstrates the dedication and commitment by both parties to further build and develop this opportunity. The friendly team at C2A continue to deliver these important services and BCH's commitment to provide this ongoing opportunity continues. This partnership plays an essential role in the service delivery of BCH to the local community and beyond while creating employment opportunities for people with a disability.

Local Jobs First Act 2003

In 2022–23 there were no projects requiring disclosure under the Local Jobs First Act.

Gender Equality Act 2020

Bass Coast Health has a largely female workforce (79% at 30 June 2023). Approximately 18% of the workforce are male, while 3% of staff self-identify.

The Bass Coast Health Gender Equality Action Plan details the strategies and measures Bass Coast Health is working towards, aligned to the 7 indicators listed in the Act:

- Gender composition of governing body
- Gender composition at all levels of the workforce
- Gendered work segregation
- Recruitment and promotion
- Leave and flexibility
- Workplace sexual harassment
- Equal remuneration for work of equal or comparable value across all levels of the workforce, irrespective of gender.

Bass Coast Health is committed to progressing this work and strives to make change through living and role modelling our value of Equity, collaborating to develop the Sub-Regional Diversity Framework 2023–2026, progressing the Disability Action Plan 2022–2026 and implementing the People and Culture Strategy Action Plan. A Reconciliation Action Plan is currently under development, which will assist in guiding our leaders to understand differences, lead inclusively and support cultural safety.

Progress against the Gender Equality Action Plan will be reported every 2 years, with the first report due in February 2024.

Equal Employment Opportunity

BCH actively promotes the principles of Equal Employment Opportunity (EEO) and has established processes to ensure that EEO principles are upheld and applied to all Human Resource (HR) activity including recruitment, promotion and employee education. BCH is committed to ensuring that HR activities are carried out in a fair and equitable manner and that they comply with all EEO legislative requirements.

Orientation and Credentialing

All employees commencing with BCH or returning to duty following a period of leave greater than 12 months are required to participate in an orientation program that runs over 2 days. This ensures they understand their role, the broader organisation and the mandatory educational requirements required to undertake their role safely.

BCH implemented new Manager Orientation to provide new managers with information, systems and processes to assist them to meet their new management responsibilities at BCH.

Credentialing for senior clinical employees is undertaken via the interdisciplinary Senior Appointments Committee.

Employee Assistance Program

BCH acknowledges the importance of supporting employees, volunteers and their immediate families with the provision of a confidential Employee Assistance Program (EAP), providing free access to external counselling and support with experienced and qualified professionals.

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):

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

Workforce Data

Full-Time Equivalent (FTE) Employees

Bass Coast Health has applied the appropriate employment and conduct principles, and employees have been correctly classified in workforce data collections.

Hospitals labour category	JUNE current month FTE		Average Monthly FTE	
	2022	2023	2022	2023
Nursing	236.7	260.5	234.5	246.9
Administration and Clerical	136.6	151.8	136.2	148.0
Medical Support	45.8	49.8	45.0	47.7
Hotel and Allied Services	80.5	78.3	73.2	78.0
Hospital Medical Officers	17.3	29.5	17.1	21.3
Medical Officers	13.7	15.7	11.2	14.7
Ancillary Staff (Allied Health)	47.0	52.8	49.0	50.6

Occupational Health and Safety (OHS) Statistics

Occupational Health and Safety Statistics	2020-21	2021-22	2022-23
The number of reported hazards/incidents for the year per 100 FTE	61.41	42.65	33.8
The number of 'lost time' standard WorkCover claims for the year per 100 FTE	3.72	2.47	1.70
The average cost per WorkCover claim for the year ('000)	\$34,411	\$271,417	\$54,068

Occupational Violence

Occupational violence statistics	2022-23
Workcover accepted claims with an occupational violence cause per 100 FTE	0
Number of accepted Workcover claims with lost time injury with an occupational violence cause per 1,000,000 hours worked	0
Number of occupational violence incidents reported	51
Number of occupational violence incidents reported per 100 FTE	7.8
Percentage of occupational violence incidents resulting in a staff injury, illness or condition	0

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 2022–23.

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.

Statement of Priorities

Part A: Strategic Priorities

Priorities	Progress
Keep people healthy and safe in the community:	
Maintain COVID-19 readiness	
Maintain a robust COVID-19 readiness and response, working with the department, Health Service Partnership and Local Public Health Unit (LPHU) to ensure effective responses to changes in demand and community pandemic orders. This includes, but is not limited to, participation in the COVID-19 Streaming Model, the Health Service Winter Response framework and continued support of the COVID-19 vaccine immunisation program and community testing.	Achieved and Ongoing. BCH facilitated testing, immunisation, COVID-19 inpatient care (streaming) and COVID Positive Pathways throughout the peak of the Pandemic. The health service has now returned to a Business as Usual (BAU) model with protocols in place for a COVID-19 readiness response if cases escalate and hospital admissions increase.
Care closer to home:	
Delivering more care in the home or virtually	
Increase the provision of home-based or virtual care, where appropriate and preferred, by the patient, including via the Better at Home program.	Achieved and Ongoing. The GEM@Home program was developed and implemented and is in the process of being rolled out across the sub-region. The Hospital in the Home program has expanded its service reach and activity.
Keep improving care:	
Improve quality and safety of care	
Work with Safer Care Victoria (SCV) in areas of clinical improvement to ensure the Victorian health system is safe and delivers best care, including working together on hospital acquired complications, low value care and targeting preventable harm to ensure that limited resources are optimised without compromising clinical care and outcomes.	Achieved and Ongoing. Clinical reviews are undertaken to enable improvements and prevent reoccurrence. Root Cause Analysis has been actively progressed with full compliance to Safer Care Victoria (SCV) processes and timelines. Close monitoring and auditing of hospital acquired complications is undertaken to ensure accuracy of data. BCH is compliant with new Statutory Duty of Candour (SDC) legislation and SCV's training module for SDC is available to staff on the BCH E3 training platform. BCH continues to partner with SCV in clinical improvement projects such as the Post Partum Haemorrhage collaborative and Aged Friendly Systems. SCV continues to be consulted for relevant issues such as the Maternity distance from Theatre, and the Operational management of the Behavioural Assessment Room in the new ED.

Priorities	Progress
Keep improving care (continued):	
Improve Emergency Department access	
<p>Improve access to emergency services by implementing strategies to reduce bed access blockage to facilitate improved whole of system flow, reduce emergency department four-hour wait times, and improve ambulance to health service handover times.</p>	<p>Partially Achieved and Ongoing.</p> <p>Despite an increase in acuity, our Emergency Department performance has improved. This is the result of relocating to the new and expanded Emergency Department. 80 per cent of patients have been triaged within the required timeframe from February to June 2023.</p> <p>Fewer patients are staying less than four hours and less than 24 hours compared to most months in 2021-2022</p> <p>All Triage 1 patients were seen on time.</p>
Plan update to nutrition and food quality standards	
<p>Develop a plan to implement nutrition and quality of food standards in 2022–23, implemented by December of 2023.</p>	<p>Achieved.</p> <p>Bass Coast Health is ahead of target date (1 October 2023) to meet the Healthy Choices Policy Directive as set out by the Victorian Health Department .</p> <p>The directive will ensure a large range of Health Choices are available through our Café 1910, onsite vending machines and for all in-house catering.</p>
Climate Change Commitments	
<p>Contribute to enhancing health system resilience by improving the environmental sustainability, including identifying and implementing projects and/or processes that will contribute to committed emissions reduction targets through reducing or avoiding carbon emissions and/or implementing initiatives that will help the health system to adapt to the impacts of climate change.</p>	<p>Achieved and Ongoing.</p> <p>Bass Coast Health has implemented a number of sustainability projects to reduce emissions including:</p> <ul style="list-style-type: none"> • installing a 350kW solar system as part of Wonthaggi Hospital Expansion project • installing a 150,000 litre underground rain water tank for toilet flushing and landscape irrigation works as part of Wonthaggi Hospital Expansion project works • procuring hybrid vehicles for all new fleet acquisitions • designing the new Phillip Island Community Hospital to be a fully electric building to meet government commitments.

Priorities	Progress
Keep improving care (continued):	
Asset Maintenance and Management	
<p>Improve health service and Department Asset Management Accountability Framework (AMAF) compliance by collaborating with Health Infrastructure to develop policy and processes to review the effectiveness of asset maintenance and its impact on service delivery.</p>	<p>Achieved and Ongoing.</p> <p>Good progress was made on two key areas of focus to increase BCH's Health Services Asset Management Accountability Framework maturity level: achieving clarity in roles and responsibility, and availability of reliable asset information and data to allow for forecasting. Work undertaken has resulted in better clarification of asset and equipment life cycles roles and responsibilities, with an externally developed 'RASI' (Responsible, Authority, Support, Inform) document included in the Asset Management policy. The introduction of an Asset Management Information System allows BCH to access more sophisticated reporting around asset maintenance and downtime/services interruption as a result. This newly introduced reporting information will be used for service forecasting and end-of-life budget replacement cost estimation.</p>
Improve Aboriginal health and wellbeing:	
Improve Aboriginal cultural safety	
<p>Strengthen commitments to Aboriginal Victorians by addressing the gap in health outcomes by delivering culturally safe and responsive health care.</p>	<p>Achieved and Ongoing.</p> <p>BCH progressed the Reconciliation Action Plan, and other projects such as the Phillip Island Community Hospital, and Wonthaggi Hospital Expansion project, in partnership with BCH's Aboriginal and Torres Strait Islander Advisory Committee.</p> <p>BCH was an active member with the Bass Coast Reconciliation Network, comprising local Aboriginal and Torres Strait Islander community members, Bass Coast Shire Council, Phillip Island Nature Parks, Westernport Water, and the Bunurong Land Council.</p>
<p>Establish meaningful partnerships with Aboriginal Community-Controlled Health Organisations.</p>	<p>Achieved and Ongoing.</p> <p>The Bunurong Land Council are members of the BCH Aboriginal and Torres Strait Islander Peoples Advisory Committee.</p> <p>An MOU guided the partnership with the BLC.</p>
<p>Implement strategies and processes to actively increase Aboriginal employment.</p>	<p>Achieved and Ongoing.</p> <p>Following the resignation of the incumbent AHLO, and a gap in being able to recruit, BCH was able to recruit additional EFT of Aboriginal Health Liaison Officers, one of these a Senior Clinical Nurse Consultant role, who can provide culturally safe and responsive healthcare to Aboriginal patients. BCH successfully graduated an Aboriginal Trainee with VACCHO.</p>

Priorities	Progress
Improve Aboriginal cultural safety (continued)	
<p>Improve patient identification of Aboriginal people presenting for health care, and to address variances in health care and provide equitable access to culturally safe care pathways and environments.</p>	<p>Achieved and Ongoing. Embedded the importance of 'asking the question' in Corporate Orientation sessions for new staff and training for other clinical staff through existing team meetings. Asking the Question video added to E3 Staff training platform to educate on the importance.</p>
<p>Develop discharge plans for every Aboriginal patient.</p>	<p>Achieved and Ongoing. Aboriginal Health-specific discharge plans were developed for most Aboriginal patients in 2023-24. This practice will be enhanced with the addition of the Aboriginal Clinical Nurse Consultant.</p>
Moving from competition to collaboration:	
Foster and develop local partnerships	
<p>Strengthen cross-service collaboration, including through active participation in health service partnerships (HSP).</p>	<p>Achieved and Ongoing. Bass Coast Health is an active member of the Gippsland Health Service Partnership (GHSP) - an unincorporated, joint venture governed by CEOs of the 11 public hospitals in the Gippsland region. The GHSP is one of five Partnerships covering rural and regional Victoria. Within the Gippsland region there are 3 sub-regional Health Partnerships. Bass Coast Health is the lead for the South Gippsland Coast Partnership (SGCP) sub-regional partnership partnering alongside South Gippsland Hospital, Gippsland Southern Health Service and Kooweerup Regional Health Service. These partnerships exist to provide the population of Gippsland access to high quality healthcare, in a timely manner, as close to home as possible.</p>
<p>Work together with other HSP members on strategic system priorities where there are opportunities to achieve better and more consistent outcomes through collaboration, including the pandemic response, elective surgery recovery and reform, implementation of the Better at Home program and mental health reform.</p>	<p>Achieved and Ongoing. Bass Coast Health has strengthened its cross-service collaboration with a focus on the DH strategic priorities. Both the regional and the sub-regional partnership priorities included the pandemic response, elective surgery discussions, implementation of the Better at Home program, and completion of a mental health services review, a diversity plan, a workforce strategy and delivery of a vaping education initiative in local secondary colleges by the shared sub-regional health promotion and prevention team.</p>

Priorities	Progress
A stronger workforce:	
Improve workforce wellbeing	
<p>Participate in the Occupational Violence and Aggression (OVA) training that will be implemented across the sector in 2022–23.</p>	<p>Achieved and Ongoing. Bass Coast Health participated in all DH activities related to Occupational Violence. BCH provides staff with access to online and face-to-face learning regarding Occupational Violence and Aggression.</p>
<p>Support the implementation of the Strengthening Hospital Responses to Family Violence (SHRFV) initiative deliverables including health service alignment to MARAM, the Family Violence Multi-Agency Risk Assessment and Management framework.</p>	<p>Achieved and Ongoing. Bass Coast Health provided staff with access to the online learning modules for sensitive practice, foundational practice, antenatal screening and workplace support manager training through the e-learning platform. Primary contact staff also completed intermediate and information sharing training. Access to these learning opportunities supports the implementation of the Strengthening Hospital Responses to Family Violence (SHRFV) initiative deliverables including health service alignment to MARAM, the Family Violence Multi-Agency Risk Assessment and Management framework. As of June 2023, 314 staff have completed these e-learning activities. A project worker was appointed to support the organisation in reaching these deliverables. A key strategy has been linking with state-wide peers to leverage learning opportunities for Bass Coast Health staff, to support safe and quality care for the local community.</p>
<p>Prioritise wellbeing of healthcare workers and implement local strategies to address key issues.</p>	<p>Achieved and Ongoing. Bass Coast Health created a Wellbeing Committee, and Well-being days. BCH subsequently developed a series of wellbeing workshops including for individuals, teams, and for leaders. Training was provided on Coaching techniques and coaching circles. BCH created local incentives for staff working above and beyond, and invested in social activities to facilitate connectedness. BCH engaged in an on site EAP counsellor during critical periods, and invested significantly more in the EAP overall capacity. BCH is participating in the Wellbeing for Healthcare Workers initiative conducted in conjunction with the Healthcare Worker Wellbeing Centre at Safer Care Victoria and another 28 healthcare networks from across Victoria. Bass Coast Health’s chosen intervention for the program is the establishment of Safety Huddles, run concurrently with area musters.</p>

Part B: Performance Priorities

High quality and safe care

Key performance measure	Target	Result
Infection prevention and control		
Compliance with the Hand Hygiene Australia program	85%	85.6%
Percentage of healthcare workers immunised for influenza	92%	99%
Continuing care		
Functional independence gain from an episode of rehabilitation admission to discharge relative to length of stay	≥ 0.645	1.050
Patient experience		
Percentage of patients who reported positive experiences of their hospital stay – Quarter 1	95%	94%
Percentage of patients who reported positive experiences of their hospital stay – Quarter 2	95%	91%
Percentage of patients who reported positive experiences of their hospital stay – Quarter 3	95%	93%
Maternity and newborn		
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%	1.13% ¹
Percentage of singleton babies with severe fetal growth restriction (FGR) delivered at 40 or more weeks gestation	≤ 28.6%	N/A ²

Strong governance, leadership and culture

Key performance measure	Target	Result
Organisational culture		
People Matter Survey – percentage of staff with an overall positive response to safety culture survey questions	62%	64%

¹ From Maternity and Newborn VAHI Dashboard – 12 month rolling period Jul 2022 – Jun 2023.

² Doesn't meet PMF reporting criteria – denominator is only 1 for the full 22/23 FY according to Maternity and Newborn VAHI Dashboard – 12 month rolling period Jul 2022 – Jun 2023.

Timely access to care

Key Performance Measure	Target	Result
Emergency Care		
Percentage of patients transferred from ambulance to emergency department within 40 minutes	90%	59%
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%	78%
Percentage of emergency patients with a length of stay in the emergency department of less than four hours	81%	59%
Number of patients with a length of stay in the emergency department greater than 24 hours	0	41
Mental Health		
Percentage of mental health-related emergency department presentations with a length of stay of less than 4 hours	81%	41%
Specialist Clinics		
Percentage of urgent patients referred by a GP or external specialist who attended a first appointment within 30 days	100%	75.6%
Percentage of routine patients referred by GP or external specialist who attended a first appointment within 365 days	90%	99.5%

Effective financial management

Key performance measure	Target	Result
Operating result (\$m)	\$0.00	\$0.243
Average number of days to paying trade creditors	60 days	21 days
Average number of days to receiving patient fee debtors	60 days	9 days
Adjusted current asset ratio (Variance between actual ACAR and target, including performance improvement over time or maintaining actual performance)	0.7 or 3% improvement from health service base target	0.95
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	11 days

Part C: Activity and Funding

Funding Type	2022–2023 Activity achievement
Consolidated Activity Funding	
Acute admitted, subacute admitted, emergency services, non-admitted NWAU	13,233.16
Acute Admitted	
National Bowel Cancer Screening Program NWAU	22.18
Acute admitted DVA	59.41
Acute Non-Admitted	
Home Enteral Nutrition NWAU	4.08
Subacute/Non-Acute, Admitted & Non-admitted	
Palliative Care Non-admitted NWAU	168.86
Subacute WIES - DVA	22.17
Aged Care	
Residential Aged Care	15,591
HACC	7,746.96
Primary Health	
Community Health / Primary Care Programs	15,170

Summary of Financial Results

The following table provides a summary of the financial results for the year, with comparative results for the preceding four financial years. Previous years' data is included on the same basis where possible for comparative purposes.

Operating Result for the Year Ending 30 June 2023

Operating Result	2023 \$000	2022 \$000	2021 \$000	2020 \$000	2019 \$000
Total revenue	166,846	181,871	115,975	93,313	79,404
Total expenses	143,116	118,204	103,850	88,922	77,606
Net result from transactions	23,730	63,667	12,125	4,391	1,798
Total other economic flows	(341)	(543)	170	(22)	271
Net result	23,389	63,124	12,295	4,369	2,069
Total assets	197,462	174,613	108,534	89,939	81,364
Total liabilities	32,911	33,451	31,499	29,738	26,410
Net assets/Total equity	164,551	141,162	77,035	60,201	54,954

Reconciliation between the Net result from transactions to the Statement of Priorities Operating Result

	2022-23 (\$000)
Net operating result*	243
Capital purpose income	31,469
Specific income	N/A
COVID-19 State Supply Arrangements – Assets received free of charge or for nil consideration under the State Supply	875
State supply items consumed up to 30 June 2023	(875)
Assets provided free of charge	N/A
Assets received free of charge	119
Expenditure for capital purpose	N/A
Depreciation and amortisation	(8,094)
Impairment of non-financial assets	N/A
Finance costs (other)	(8)
Net result from transactions	23,730

*The operating result is the result for which the health service is monitored in its Statement of Priorities.

Operational and Budgetary Objectives and Factors Affecting Performance

Bass Coast Health's financial performance throughout the 2022–23 year continued to be adversely impacted by the expanding and higher cost operational environment. This was driven by higher staffing costs due to a need to use agency, short term, staff to fill roster gaps, along with overall cost increases in providing additional services throughout the expanded programs.

Additional operational funding received during the year from the Department of Health, of \$15.3m, to support increasing costs and cash flow sustainability, enabled Bass Coast Health to report an operating surplus of \$0.243m – a favourable result compared to the breakeven target. The reported net result from transactions for the year is a surplus of \$23.8m. This result includes capital purpose income of \$31.5m and depreciation charges of \$8.1m resulting in the operating surplus noted above.

The capital purpose income received during the year was predominantly aimed at continuing to fund the capital works related to the Wonthaggi Hospital Expansion project. Notwithstanding the increase in costs to support the operations of Bass Coast Health in the future, the health service remains committed to maintaining its financial sustainability through the ongoing delivery of safer and more expanded services with the ongoing support from DH.

Significant Changes in Financial Position During the Year

Bass Coast Health's total asset base grew by \$27m in 2022–23. This was predominantly due to the building expansion program at Wonthaggi Hospital, completed in December 2022.

Events Subsequent to Balance Date

No matters or circumstances have arisen since the end of the financial year which significantly affected or may affect the operations of Bass Coast Health, the results of the operations or the state of affairs of the Health Service in the future financial years.

Consultancies

Details of consultancies (under \$10,000)

In 2022–23, there was one consultancy where the total fees payable to the consultants were less than \$10,000. The total expenditure incurred during 2022–23 in relation to these consultancies is \$4,922 (excl. GST).

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

In 2022–23, there were 8 consultancies where the total fees payable to the consultants were \$10,000 or greater. The total expenditure incurred during 2022–23 in relation to these consultancies is \$258,357 (excl. GST).

Consultancies over \$10,000

Consultant	Purpose of Consultancy	Start date– End date	Total approved Project fee (ex GST)	Expenditure 2022–23 (ex GST)	Future Expenditure (ex GST)
Brockhurst Consulting	Development of Workforce Plan	1/6/2022– 31/5/2023	\$80,443	\$56,443	–
B2B Health Consulting	Flexihealth and Residential Aged Care Strategy	1/6/2023– 30/9/2023	\$25,200	\$25,200	–
AIM Medical	Medical and Other Equipment planning for Wonthaggi Hospital Expansion	1/7/2021– 31/3/2023	\$179,375	\$16,000	–
CWH Mediation and Workplace Relations	Review of Workplace Conduct and Development	1/8/2022– 28/2/2023	\$12,609	\$12,609	–
Deloitte Touche Tohmatsu	Review of Medical Imaging Service options	1/6/2023– 30/9/2023	\$60,225	\$60,225	–
Ninety Mile Consulting	Development of Clinical Services Plan	1/1/2023– 30/4/2023	\$34,980	\$34,980	–
Lixivium Consulting	Board Evaluation	1/1/2023– 30/6/2023	\$17,900	\$17,900	–
UT Consulting	IT Technical Requirements	1/7/2021– 31/3/2023	\$185,000	\$35,000	–
Totals			\$595,732	\$258,357	–

Information and Communication Technology Expenditure

The total ICT expenditure incurred during 2022–23 is \$7,104,302 (a+b+c) (excluding GST) with the details shown below:

Business as Usual (BAU) ICT expenditure	Non-Business as Usual (non-BAU) ICT expenditure		
	Total = Operational expenditure and Capital expenditure (ex GST) (a) + (b)	Operational expenditure (ex GST) (a)	Capital expenditure (ex GST) (b)
Total (ex GST) (c)			
\$2,581,189	\$4,523,113	\$841,354	\$3,681,759

Attestations and Declarations

Financial Management Compliance Attestation

I, Ian Thompson, on behalf of the Responsible Body, certify that BCH has no Material Compliance Deficiency with respect to the applicable Standing Directions 2018 under the *Financial Management Act 1994* and Instructions.



Ian Thompson
Chair, Board of Directors
Bass Coast Health
22 September 2023

Data Integrity Declaration

I, Jan Child, certify that Bass Coast Health has put in place appropriate internal controls and processes to ensure that reported data accurately reflects actual performance. Bass Coast Health has critically reviewed these controls and processes during the year.



Jan Child
Chief Executive Officer
Bass Coast Health
22 September 2023

Conflict of Interest Declaration

I, Jan Child, certify that Bass Coast Health has put in place appropriate internal controls and processes to ensure that it has complied with the requirements of hospital circular 07/2017 Compliance reporting in health portfolio entities (Revised) and has implemented a 'Conflict of Interest' policy consistent with the minimum accountabilities required by the VPSC. Declaration of private interest forms have been completed by all executive staff within Bass Coast Health and members of the board, and all declared conflicts have been addressed and are being managed. Conflict of interest is a standard agenda item for declaration and documenting at each executive board meeting.



Jan Child
Chief Executive Officer
Bass Coast Health
22 September 2023

Integrity, Fraud and Corruption Declaration

I, Jan Child, certify that Bass Coast Health has put in place appropriate internal controls and processes to ensure that Integrity, fraud and corruption risks have been reviewed and addressed at Bass Coast Health during the year.



Jan Child
Chief Executive Officer
Bass Coast Health
22 September 2023

Compliance with Health Share Victoria (HSV) Purchasing Policies

I, Jan Child, certify that Bass Coast 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.



Jan Child
Chief Executive Officer
Bass Coast Health
22 September 2023

Disclosure Index

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

Legislation	Requirement	Page Reference
Charter and purpose		
FRD 22	Manner of establishment and the relevant Ministers	ii
FRD 22	Purpose, functions, powers and duties	iii
FRD 22	Nature and range of services provided	2
FRD 22	Activities, programs and achievements for the reporting period	5
FRD 22	Significant changes in key initiatives and expectations for the future	14
Management and structure		
FRD 22	Organisational structure	22
FRD 22	Workforce data / employment and conduct principles	35
FRD 22	Occupational Health and Safety	35
Financial information		
FRD 22	Summary of the financial results for the year	46
FRD 22	Significant changes in financial position during the year	47
FRD 22	Operational and budgetary objectives and performance against objectives	47
FRD 22	Subsequent events	47
FRD 22	Details of consultancies under \$10,000	48
FRD 22	Details of consultancies over \$10,000	48
FRD 22	Disclosure of ICT expenditure	49
Legislation		
FRD 22	Application and operation of the <i>Freedom of Information Act 1982</i>	27
FRD 22	Compliance with building and maintenance provisions of the <i>Building Act 1993</i>	27
FRD 22	Application and operation of the <i>Public Interest Disclosure Act 2012</i> (updated 2020–2021)	27
FRD 22	Statement on National Competition Policy	27

Legislation	Requirement	Page Reference
FRD 22	Application and operation of <i>Carers Recognition Act 2012</i>	28
FRD 22	Additional information available on request	34
FRD 24	Environmental data reporting	28
FRD 25	<i>Local Jobs First Act 2003</i> disclosures	28
SD 5.1.4	Financial Management Compliance attestation	50
SD 5.2.3	Declaration in report of operations	ii
Attestations		
	Attestation on Data Integrity	50
	Attestation on managing Conflicts of Interest	50
	Attestation on Integrity, fraud and corruption	51
Other reporting requirements		
	Reporting of outcomes from Statement of Priorities 2022–23	37
	Occupational Violence reporting	35
	<i>Gender Equality Act 2020</i>	33
	Reporting obligations under the <i>Safe Patient Care Act 2015</i>	28
	Reporting of compliance regarding Car Parking Fees (if applicable)	N/A

Financial Statements – Financial Year Ending 30 June 2023

Board Member's, Accountable Officer's and Chief Finance and Accounting Officer's Declaration

The attached financial statements for Bass Coast 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 2023 and the financial position of Bass Coast Health at 30 June 2023.

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

We authorise the attached financial statements for issue on 22 September 2023.

Board Member



Ian Thompson
Chair
Wonthaggi
22 September 2023

Accountable Officer



Jan Child
Chief Executive Officer
Wonthaggi
22 September 2023

Chief Finance and Accounting Officer



Shaun Brooks
Chief Finance and Accounting Officer
Wonthaggi
22 September 2023

Independent Auditor’s Report



Independent Auditor’s Report

To the Board of Bass Coast Health

Opinion	<p>I have audited the financial report of Bass Coast Health (the health service) which comprises the:</p> <ul style="list-style-type: none"> • balance sheet as at 30 June 2023 • comprehensive operating statement for the year then ended • statement of changes in equity for the year then ended • cash flow statement for the year then ended • notes to the financial statements, including significant accounting policies • board member’s, accountable officer’s and chief finance & accounting officer’s declaration. <p>In my opinion the financial report presents fairly, in all material respects, the financial position of the health service as at 30 June 2023 and their financial performance and cash flows for the year then ended in accordance with the financial reporting requirements of Part 7 of the <i>Financial Management Act 1994</i> and applicable Australian Accounting Standards.</p>
Basis for Opinion	<p>I have conducted my audit in accordance with the <i>Audit Act 1994</i> which incorporates the Australian Auditing Standards. I further describe my responsibilities under that Act and those standards in the <i>Auditor’s Responsibilities for the Audit of the Financial Report</i> section of my report.</p> <p>My independence is established by the <i>Constitution Act 1975</i>. My staff and I are independent of the health service in accordance with the ethical requirements of the Accounting Professional and Ethical Standards Board’s <i>APES 110 Code of Ethics for Professional Accountants</i> (the Code) that are relevant to my audit of the financial report in Victoria. My staff and I have also fulfilled our other ethical responsibilities in accordance with the Code.</p> <p>I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.</p>
Board’s responsibilities for the financial report	<p>The Board of the health service is responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards and the <i>Financial Management Act 1994</i>, and for such internal control as the Board determines is necessary to enable the preparation and fair presentation of a financial report that is free from material misstatement, whether due to fraud or error.</p> <p>In preparing the financial report, the Board is responsible for assessing the health service’s ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless it is inappropriate to do so.</p>

Auditor's responsibilities for the audit of the financial report	<p>As required by the <i>Audit Act 1994</i>, 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.</p> <p>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:</p> <ul style="list-style-type: none"> • 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. <p>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.</p>
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Dominika Ryan
as delegate for the Auditor-General of Victoria

MELBOURNE
22 September 2023

Financial Statements

Bass Coast Health Comprehensive Operating Statement For the Financial Year Ended 30 June 2023

		Total 2023 \$'000	Total 2022 \$'000
Revenue and income from transactions			
Operating activities	2.1	163,389	179,526
Non-operating activities	2.1	1,243	96
Share of revenue from joint operations	8.7	2,214	2,249
Total revenue and income from transactions		166,846	181,871
Expenses from transactions			
Employee expenses	3.1	(100,681)	(82,169)
Supplies and consumables	3.1	(21,775)	(19,472)
Finance costs	3.1	(26)	(9)
Depreciation and amortisation	3.1	(8,049)	(5,086)
Other administrative expenses	3.1	(6,369)	(5,594)
Other operating expenses	3.1	(4,000)	(3,415)
Other non-operating expenses	3.1	(3)	(2)
Share of expenditure from joint operations	8.7	(2,213)	(2,457)
Total Expenses from transactions		(143,116)	(118,204)
Net result from transactions - net operating balance		23,730	63,667
Other economic flows included in net result			
Other gain/(loss) from other economic flows	3.2	(341)	(543)
Total other economic flows included in net result		(341)	(543)
Net result for the year		23,389	63,124
Other comprehensive income			
Items that will not be reclassified to net result			
Changes in property, plant and equipment revaluation surplus	4.3	-	1,003
Total other comprehensive income		-	1,003
Comprehensive result for the year		23,389	64,127

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

**Bass Coast Health
Balance Sheet
As at 30 June 2023**

		Total 2023 \$'000	Total 2022 \$'000
Current assets			
Cash and cash equivalents	6.2	25,793	30,320
Receivables and contract assets	5.1	1,437	1,220
Inventories	4.5	252	274
Prepaid expenses		172	119
Share of assets in joint operations	8.7	1,535	871
Total current assets		29,189	32,804
Non-current assets			
Receivables	5.1	2,442	2,368
Property, plant and equipment	4.1 (a)	165,452	138,950
Right of use assets	4.2 (a)	300	377
Share of assets in joint operations	8.7	79	114
Total non-current assets		168,273	141,809
Total assets		197,462	174,613
Current liabilities			
Payables and contract liabilities	5.2	8,568	10,882
Borrowings	6.1	403	406
Employee benefits	3.3	15,583	14,208
Other liabilities	5.3	4,892	5,470
Share of liabilities in joint operations	8.7	781	140
Total current liabilities		30,227	31,106
Non-current liabilities			
Borrowings	6.1	59	293
Employee benefits	3.3	2,591	2,005
Share of liabilities in joint operations	8.7	34	47
Total non-current liabilities		2,684	2,345
Total liabilities		32,911	33,451
Net assets		164,551	141,162
Equity			
Property, plant and equipment revaluation surplus	4.3	27,918	27,918
Restricted specific purpose reserve	SCE	293	293
Contributed capital	SCE	19,410	19,410
Accumulated surplus	SCE	116,930	93,541
Total equity		164,551	141,162

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

Bass Coast Health
Statement of Changes in Equity
For the Financial Year Ended 30 June 2023

	Property, Plant and Equipment Revaluation Surplus \$'000	Restricted Specific Purpose Reserve \$'000	Contributed Capital \$'000	Accumulated Surplus \$'000	Total \$'000
Total	26,915	293	19,410	30,417	77,035
Balance at 30 June 2021	-	-	-	63,124	63,124
Net result for the year	1,003	-	-	-	1,003
Other comprehensive income for the year	-	-	-	-	-
Balance at 30 June 2022	27,918	293	19,410	93,541	141,162
Net result for the year	-	-	-	23,389	23,389
Other comprehensive income for the year	-	-	-	-	-
Balance at 30 June 2023	27,918	293	19,410	116,930	164,551

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

**Bass Coast Health
Cash Flow Statement
For the Financial Year Ended 30 June 2023**

Note	Total 2023 \$'000	Total 2022 \$'000
Cash Flows from operating activities		
Operating grants from government - State	106,950	96,668
Operating grants from government - Commonwealth	13,740	10,341
Capital grants from government	30,776	68,162
Patient fees received	3,311	3,306
Donations and bequests received	-	6
Interest and investment income received	1,029	96
Commercial income received	181	263
Other receipts	4,996	2,696
Total receipts	160,983	181,538
Payments to employees	(80,215)	(69,175)
Payments to contractors and consultants	(18,600)	(11,147)
Payments for supplies and consumables	(21,364)	(20,803)
Payments for medical indemnity insurance	(945)	(820)
Payments for repairs and maintenance	(1,457)	(1,253)
Finance costs	(26)	(9)
GST paid to ATO	(203)	(79)
Cash outflow for leases	(292)	(505)
Other payments	(7,709)	(6,610)
Total payments	(130,811)	(110,401)
Net cash flows from/(used in) operating activities	8.1 30,172	71,137
Cash Flows from investing activities		
Purchase of property, plant and equipment	(34,355)	(65,752)
Capital donations and bequests received	479	154
Net cash flows from/(used in) investing activities	(33,876)	(65,598)
Cash flows from financing activities		
Repayment of borrowings	(237)	(340)
Repayment of accommodation deposits	(1,851)	(1,577)
Receipt of accommodation deposits	1,220	272
Net receipt of other monies held in trust	45	1
Net cash flows from /(used in) financing activities	(823)	(1,644)
Net increase/(decrease) in cash and cash equivalents held	(4,527)	3,895
Cash and cash equivalents at beginning of year	30,320	26,425
Cash and cash equivalents at end of year	6.2 25,793	30,320

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

Bass Coast Health

Notes to the Financial Statements

For the Financial Year Ended 30 June 2023

Note 1: Basis of preparation

Structure

- 1.1 Basis of preparation of the financial statements**
- 1.2 Impact of COVID-19 pandemic**
- 1.3 Abbreviations and terminology used in the financial statements**
- 1.4 Joint arrangements**
- 1.5 Key accounting estimates and judgements**
- 1.6 Accounting standards issued but not yet effective**
- 1.7 Goods and Services Tax (GST)**
- 1.8 Reporting entity**

These financial statements represent the audited general purpose financial statements for Bass Coast Health for the year ended 30 June 2023. The report provides users with information about Bass Coast 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.

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

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

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

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

The financial statements are presented in Australian dollars.

Bass Coast Health Notes to the Financial Statements For the Financial Year Ended 30 June 2023

Note 1.1: Basis of preparation of the financial statements (continued)

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 Bass Coast Health on 1st September 2023.

Note 1.2 Impact of COVID-19 pandemic

The Pandemic (Public Safety) Order 2022 (No. 5) which commenced on 22 September 2022 ended on 12 October 2022 when it was allowed to lapse and was revoked. Long-term outcomes from COVID-19 infection are currently unknown and while the pandemic response continues, a transition plan towards recovery and reform in 2022/23 was implemented. Victoria's COVID-19 Catch-up Plan is aimed at addressing Victoria's COVID-19 case load and restoring surgical activity.

Where financial impacts of the pandemic are material to Bass Coast Health, they are disclosed in the explanatory notes. For Bass Coast Health, this includes:

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

Bass Coast Health

Notes to the Financial Statements

For the Financial Year Ended 30 June 2023

Note 1.3 Abbreviations and terminology used in the financial statements

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

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

Note 1.4 Joint arrangements

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

Bass Coast Health has the following joint arrangements:

- Gippsland Health Alliance - Joint Operation

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

Note 1.5 Key accounting estimates and judgements

Management make estimates and judgements when preparing the financial statements.

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

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

The accounting policies and significant management judgements and estimates used, and any changes thereto, are identified at the beginning of each section where applicable and 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 and amortisation
- Note 4.6: Impairment of assets
- Note 5.1: Receivables and contract assets
- Note 5.2: Payables
- Note 5.2b: Contract liabilities
- Note 6.1(a): Lease liabilities
- Note 7.4: Fair value determination

Bass Coast Health Notes to the Financial Statements For the Financial Year Ended 30 June 2023

Note 1.6 Accounting standards issued but not yet effective

An assessment of accounting standards and interpretations issued by the AASB that are not yet mandatorily applicable to Bass Coast Health and their potential impact when adopted in future periods is outlined below:

Standard	Adoption Date	Impact
AASB 17: <i>Insurance Contracts</i>	Reporting periods beginning on or after 1 January 2023	Adoption of this standard is not expected to have a material impact.
AASB 2020-1: <i>Amendments to Australian Accounting Standards – Classification of Liabilities as Current or Non-Current</i>	Reporting periods beginning on or after 1 January 2023.	Adoption of this standard is not expected to have a material impact.
AASB 2022-5: <i>Amendments to Australian Accounting Standards - Lease Liability in a Sale and Leaseback</i>	Reporting periods beginning on or after 1 January 2024.	Adoption of this standard is not expected to have a material impact.
AASB 2022-6: <i>Amendments to Australian Accounting Standards - Non-Current Liabilities with Covenants</i>	Reporting periods beginning on or after 1 January 2023.	Adoption of this standard is not expected to have a material impact.
AASB 2022-8: <i>Amendments to Australian Accounting Standards - Insurance Contracts: Consequential Amendments</i>	Reporting periods beginning on or after 1 January 2023.	Adoption of this standard is not expected to have a material impact.
AASB 2022-9: <i>Amendments to Australian Accounting Standards - Insurance Contracts in the Public Sector</i>	Reporting periods beginning on or after 1 January 2026.	Adoption of this standard is not expected to have a material impact.
AASB 2022-10: <i>Amendments to Australian Accounting Standards - Fair Value Measurement of Non-Financial Assets of No-for-profit Public Sector Entities</i>	Reporting periods beginning on or after 1 January 2024.	Adoption of this standard is not expected to have a material impact.

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

Bass Coast Health

Notes to the Financial Statements

For the Financial Year Ended 30 June 2023

Note 1.7 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. These GST components are disclosed as operating cash flows.

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

Note 1.8 Reporting Entity

The financial statements include all the controlled activities of Bass Coast Health.

Bass Coast Health's principal address is:

235-237 Graham Street
Wonthaggi, Victoria 3995

A description of the nature of Bass Coast 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

Bass Coast Health's overall objective is to provide quality health service that support and enhance the wellbeing of all Victorians. Bass Coast Health is predominantly funded by grant funding for the provision of outputs. Bass Coast 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

Telling the COVID-19 story

Revenue recognised to fund the delivery of our services during the financial year was not materially impacted by the COVID-19 Coronavirus pandemic and scaling down the COVID-19 public health response during the year ended 30 June 2023.

Key judgements and estimates

This section contains the following key judgements and estimates:

Key judgements and estimates	Description
Identifying performance obligations	<p>Bass Coast Health applies significant judgment when reviewing the terms and conditions of funding agreements and contracts to determine whether they contain sufficiently specific and enforceable performance obligations.</p> <p>If this criteria is met, the contract/funding agreement is treated as a contract with a customer, requiring Bass Coast Health to recognise revenue as or when the health service transfers promised goods or services to customers.</p> <p>If this criteria is not met, funding is recognised immediately in the net result from operations.</p>
Determining timing of revenue recognition	<p>Bass Coast Health applies significant judgement to determine when a performance obligation has been satisfied and the transaction price that is to be allocated to each performance obligation. A performance obligation is either satisfied at a point in time or over time.</p>
Determining time of capital grant income recognition	<p>Bass Coast Health applies significant judgement to determine when its obligation to construct an asset is satisfied. Costs incurred is used to measure the health service's progress as this is deemed to be the most accurate reflection of the stage of completion.</p>
Assets and services received free of charge or for nominal consideration	<p>Bass Coast Health applies significant judgement to determine the fair value of assets and services provided free of charge or for nominal value. Where a reliable market value exists it is used to calculate the equivalent value of the service being provided. Where no reliable market value exists, the service is not recognised in the financial statements.</p>

Note 2.1 Revenue and income from transactions

	Total 2023 \$'000	Total 2022 \$'000
Operating activities		
Revenue from contracts with customers		
Government grants (State) - Operating	78,467	65,649
Government grants (Commonwealth) - Operating	13,152	11,290
Patient and resident fees	3,332	3,291
Commercial activities ¹	181	263
Total revenue from contracts with customers	95,132	80,493
Other sources of income		
Government grants (State) - Operating	31,131	25,970
Government grants (State) - Capital	30,776	68,162
Capital donations	479	154
Assets received free of charge or for nominal consideration	994	1,689
Other revenue from operating activities (including non-capital donations)	4,877	3,058
Total other sources of income	68,257	99,033
Total revenue and income from operating activities	163,389	179,526
Non-operating activities		
Income from other sources		
Other interest	1,029	96
Other revenue from non-operating activities	214	-
Total other sources of income	1,243	96
Total income from non-operating activities	1,243	96
Total revenue and income from transactions	164,632	179,622

1. Commercial activities represent business activities which Bass Coast Health enter into to support their operations.

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

	Total 2023 \$'000	Total 2022 \$'000
Bass Coast Health disaggregates revenue by the timing of revenue recognition.		
Goods and services transferred to customers:		
At a point in time	94,951	80,230
Over time	181	263
Total revenue from contracts with customers	95,132	80,493

Note 2.1 Revenue and income from transactions (continued)

How we recognise revenue and income from operating activities

Government operating grants

To recognise revenue, Bass Coast 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, Bass Coast Health recognises revenue in profit or loss as and when it satisfies its obligations under the contract, unless a contract modification is entered into between all parties. A contract modification may be obtained in writing, by oral agreement or implied by customary business practices.

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 Bass Coast Health's goods or services. Bass Coast Health's funding bodies often direct that goods or services are to be provided to third party beneficiaries, including individuals or the community at large. In such instances, the customer remains the funding body that has funded the program or activity, however the delivery of goods or services to third party beneficiaries is a characteristic of the promised good or service being transferred to the funding body.

Note 2.1 Revenue and income from transactions (continued)

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

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

Capital grants

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

Patient and resident fees

Patient and resident fees are charges that can be levied on patients for some services they receive. Patient and resident fees are recognised at a point in time when the performance obligation, the provision of services, is satisfied, except where the patient and resident fees relate to accommodation charges. Accommodation charges are calculated daily and are recognised over time, to reflect the period accommodation is provided.

Commercial activities

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

How we recognise revenue and income from non-operating activities

Interest Income

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

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

	Total 2023 \$'000	Total 2022 \$'000
Plant and equipment	119	428
Assets received free of charge under State supply arrangements	875	1,261
Total fair value of assets and services received free of charge or for nominal consideration	994	1,689

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

Donations and bequests

Donations and bequests are generally recognised as income upon receipt (which is when Bass Coast Health usually obtained control of the asset) as they do not contain sufficiently specific and enforceable performance obligations. Where sufficiently specific and enforceable performance obligations exist, revenue is recorded as and when the performance obligation is satisfied.

Personal protective equipment

In order to meet the State of Victoria's health system supply needs during the COVID-19 pandemic, arrangements were put in place to centralise the purchasing of essential personal protective equipment (PPE) and other essential plant and equipment.

The general principles of the State Supply Arrangement were that Health Share Victoria sourced, secured and agreed terms for the purchase of the PPE products, funded by the Department of Health, while Monash Health took delivery, and distributed an allocation of the products to Bass Coast Health as resources provided free of charge. Health Share Victoria and Monash Health were acting as an agent of the Department of Health under this arrangement.

Contributions of resources

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

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

Volunteer Services

Bass Coast Health receives volunteer services from members of the community in the following areas:

- concierge services, car washing, transport and meals driving, visiting services and other programs.

Bass Coast 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.

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

Non-cash contributions from the Department of Health

The Department of Health makes some payments on behalf of Bass Coast Health as follows:

Supplier	Description
Victorian Managed Insurance Authority	The Department of Health purchases non-medical indemnity insurance for Bass Coast Health which is paid directly to the Victorian Managed Insurance Authority. To record this contribution, such payments are recognised as income with a matching expense in the net result from transactions.
Department of Health	Long Service Leave (LSL) revenue is recognised upon finalisation of movements in LSL liability in line with the long service leave funding arrangements set out in the relevant Department of Health Hospital Circular.

Note 3: The cost of delivering our services

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

Structure

3.1 Expenses from transactions

3.2 Other economic flows

3.3 Employee benefits in the balance sheet

3.4 Superannuation

Telling the COVID-19 story

Expenses incurred to deliver services during the financial year were not materially impacted by the COVID-19 Coronavirus pandemic and scaling down of the COVID-19 public health response during the year ended 30 June 2023.

Key judgements and estimates

This section contains the following key judgements and estimates:

Key judgements and estimates	Description
Classifying employee benefit liabilities	<p>Bass Coast Health applies significant judgment when measuring and classifying its employee benefit liabilities.</p> <p>Employee benefit liabilities are classified as a current liability if Bass Coast Health does not have an unconditional right to defer payment beyond 12 months. Annual leave, accrued days off and long service leave entitlements (for staff who have exceeded the minimum vesting period) fall into this category.</p> <p>Employee benefit liabilities are classified as a non-current liability if Bass Coast Health has a conditional right to defer payment beyond 12 months. Long service leave entitlements (for staff who have not yet exceeded the minimum vesting period) fall into this category.</p>
Measuring employee benefit liabilities	<p>Bass Coast Health applies significant judgment when measuring its employee benefit liabilities.</p> <p>The health service applies judgement to determine when it expects its employee entitlements to be paid.</p> <p>With reference to historical data, if the health service does not expect entitlements to be paid within 12 months, the entitlement is measured at its present value, being the expected future payments to employees.</p> <p>Expected future payments incorporate:</p> <ul style="list-style-type: none"> • an inflation rate of 4.35%, 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 22% and 86% • discounting at the rate of 4.063%, as determined with reference to market yields on government bonds at the end of the reporting period. <p>All other entitlements are measured at their nominal value.</p>

Bass Coast Health
Notes to the Financial Statements
for the financial year ended 30 June 2023

Note 3.1 Expenses from transactions

Note	Total 2023 \$'000	Total 2022 \$'000
Salaries and wages	74,090	65,073
On-costs	7,177	5,949
Agency expenses	15,319	6,337
Fee for service medical officer expenses	3,281	4,195
Workcover premium	814	615
Total employee expenses	100,681	82,169
Drug supplies	6,137	5,090
Medical and surgical supplies	4,750	4,366
Diagnostic and radiology supplies	4,607	3,606
Other supplies and consumables	6,281	6,410
Total supplies and consumables	21,775	19,472
Finance costs	26	9
Total finance costs	26	9
Other administrative expenses	6,369	5,594
Total other administrative expenses	6,369	5,594
Fuel, light, power and water	1,306	837
Repairs and maintenance	863	790
Maintenance contracts	594	463
Medical indemnity insurance	945	820
Expenses related to leases of low value assets	292	505
Total other operating expenses	4,000	3,415
Total operating expense	132,851	110,659
Depreciation and amortisation	4.4 8,049	5,086
Total depreciation and amortisation	8,049	5,086
Bad and doubtful debt expense	3	2
Total other non-operating expenses	3	2
Total non-operating expense	8,052	5,088
Total expenses from transactions	140,903	115,747

Note 3.1 Expenses from transactions

How we recognise expenses from transactions

Expense recognition

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

Employee expenses

Employee expenses include:

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

Supplies and consumables

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

Finance costs

Finance costs include:

- finance charges in respect of leases which are recognised in accordance with AASB 16 *Leases*.

Other operating expenses

Other operating expenses generally represent the day-to-day running costs incurred in normal operations and include such things as:

- Fuel, light and power
- Repairs and maintenance
- Other administrative expenses
- Expenditure for capital purposes (represents expenditure related to the purchase of assets that are below the capitalisation threshold of \$1,000).

The Department of Health also makes certain payments on behalf of Bass Coast Health. These amounts have been brought to account as grants in determining the operating result for the year by recording them as revenue and also recording the related expense.

Non-operating expenses

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

Note 3.2 Other economic flows included in net result

	Total 2023 \$'000	Total 2022 \$'000
Net gain/(loss) arising from revaluation of long service liability	(341)	(543)
Total other gains/(losses) from other economic flows	(341)	(543)
Total gains/(losses) from other economic flows	(341)	(543)

How we recognise other economic flows

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

- the revaluation of the present value of the long service leave liability due to changes in the bond interest rates and;

Net gain/(loss) on non-financial assets

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

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

Note 3.3 Employee benefits and related on-costs

	Total 2023 \$'000	Total 2022 \$'000
Current employee benefits and related on-costs		
<i>Accrued days off</i>		
Unconditional and expected to be settled wholly within 12 months ⁱ	264	187
	264	187
<i>Annual leave</i>		
Unconditional and expected to be settled wholly within 12 months ⁱ	6,288	5,283
Unconditional and expected to be settled wholly after 12 months ⁱⁱ	1,000	856
	7,288	6,139
<i>Long service leave</i>		
Unconditional and expected to be settled wholly within 12 months ⁱ	887	949
Unconditional and expected to be settled wholly after 12 months ⁱⁱ	5,451	5,371
	6,338	6,320
<i>Provisions related to employee benefit on-costs</i>		
Unconditional and expected to be settled within 12 months ⁱ	849	743
Unconditional and expected to be settled after 12 months ⁱⁱ	844	819
	1,693	1,562
Total current employee benefits and related on-costs	15,583	14,208
Non-current employee benefits and related on-costs		
Conditional long service leave	2,285	1,765
Provisions related to employee benefit on-costs	306	240
Total non-current employee benefits and related on-costs	2,591	2,005
Total employee benefits and related on-costs	18,174	16,213

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

	Total 2023 \$'000	Total 2022 \$'000
Current employee benefits and related on-costs		
Unconditional accrued days off	264	208
Unconditional annual leave entitlements	8,145	6,844
Unconditional long service leave entitlements	7,174	7,156
Total current employee benefits and related on-costs	15,583	14,208
Conditional long service leave entitlements	2,591	2,005
Total non-current employee benefits and related on-costs	2,591	2,005
Total employee benefits and related on-costs	18,174	16,213
Attributable to:		
Employee benefits	16,175	14,411
Provision for related on-costs	1,999	1,802
Total employee benefits and related on-costs	18,174	16,213

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

	Total 2023 \$'000	Total 2022 \$'000
Carrying amount at start of year	16,213	14,113
Additional provisions recognised	9,704	8,420
Net gain/(loss) arising from revaluation of long service liability	(341)	(543)
Amounts incurred during the year	(7,402)	(5,777)
Carrying amount at end of year	18,174	16,213

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 it is taken.

Annual leave and accrued days off

Liabilities for annual leave and accrued days off are recognised in the provision for employee benefits as 'current liabilities' because Bass Coast 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 Bass Coast Health expects to wholly settle within 12 months or
- Present value – if Bass Coast 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 Bass Coast 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 Bass Coast Health expects to wholly settle within 12 months or
- Present value – if Bass Coast Health does not expect to wholly settle within 12 months.

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

Provision for on-costs related to employee benefits

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

Note 3.4 Superannuation

	Paid Contribution for the Year		Contribution Outstanding at Year End	
	Total 2023 \$'000	Total 2022 \$'000	Total 2023 \$'000	Total 2022 \$'000
Defined benefit plans:ⁱ				
Aware Super	32	71	-	3
Defined contribution plans:				
Aware Super	3,302	2,807	-	203
Hesta	2,333	1,893	-	135
Other	1,915	1,306	-	104
Total	7,582	6,077	-	445

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 Bass Coast Health are entitled to receive superannuation benefits and it contributes to both defined benefit and defined contribution plans.

Defined benefit superannuation plans

The defined benefit plan provides benefits based on years of service and final average salary. The amount charged to the Comprehensive Operating Statement in respect of defined benefit superannuation plans represents the contributions made by Bass Coast Health to the superannuation plans in respect of the services of current Bass Coast 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.

Bass Coast 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 Bass Coast Health.

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

Note 4: Key assets to support service delivery

Bass Coast 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 Bass Coast Health to be utilised for delivery of those outputs.

Structure

- 4.1 Property, plant & equipment**
- 4.2 Right-of-use assets**
- 4.3 Revaluation surplus**
- 4.4 Depreciation and amortisation**
- 4.5 Inventories**
- 4.6 Impairment of assets**

Telling the COVID-19 story

Assets used to support the delivery of our services during the financial year were not materially impacted by the COVID-19 Coronavirus pandemic.

Key judgements and estimates

This section contains the following key judgements and estimates:

Key judgements and estimates	Description
Measuring fair value of property, plant and equipment and investment properties	<p>Bass Coast Health obtains independent valuations for its non-current assets at least once every five years.</p> <p>If an independent valuation has not been undertaken at balance date, the health service estimates possible changes in fair value since the date of the last independent valuation with reference to Valuer-General of Victoria indices.</p> <p>Managerial adjustments are recorded if the assessment concludes a material change in fair value has occurred. Where exceptionally large movements are identified, an interim independent valuation is undertaken.</p>
Estimating useful life and residual value of property, plant and equipment	<p>Bass Coast Health assigns an estimated useful life to each item of property, plant and equipment. This is used to calculate depreciation of the asset.</p> <p>The health service reviews the useful life, residual value and depreciation rates of all assets at the end of each financial year and where necessary, records a change in accounting estimate.</p>
Estimating useful life of right-of-use assets	<p>The useful life of each right-of-use asset is typically the respective lease term, except where the health service is reasonably certain to exercise a purchase option contained within the lease (if any), in which case the useful life reverts to the estimated useful life of the underlying asset.</p> <p>Bass Coast Health applies significant judgement to determine whether or not it is reasonably certain to exercise such purchase options.</p>

Key judgements and estimates (continued)

Key judgements and estimates	Description
Estimating restoration costs at the end of a lease	Where a lease agreement requires Bass Coast Health to restore a right-of-use asset to its original condition at the end of a lease, the health service estimates the present value of such restoration costs. This cost is included in the measurement of the right-of-use asset, which is depreciated over the relevant lease term.
Estimating the useful life of intangible assets	Bass Coast Health assigns an estimated useful life to each intangible asset with a finite useful life, which is used to calculate amortisation of the asset.
Identifying indicators of impairment	<p>At the end of each year, Bass Coast 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.</p> <p>The health service considers a range of information when performing its assessment, including considering:</p> <ul style="list-style-type: none"> ▪ If an asset's value has declined more than expected based on normal use ▪ If a significant change in technological, market, economic or legal environment which adversely impacts the way the health service uses an asset ▪ If an asset is obsolete or damaged ▪ If the asset has become idle or if there are plans to discontinue or dispose of the asset before the end of its useful life ▪ If the performance of the asset is or will be worse than initially expected. <p>Where an impairment trigger exists, the health services applies significant judgement and estimate to determine the recoverable amount of the asset.</p>

Note 4.1 Property, plant and equipment

Note 4.1 (a) Gross carrying amount and accumulated depreciation

	Total 2023 \$'000	Total 2022 \$'000
Land at fair value - Freehold	10,580	10,580
Total land at fair value	10,580	10,580
Buildings at fair value	147,679	48,784
Less accumulated depreciation	(14,257)	(9,296)
Total buildings at fair value	133,422	39,488
Works in progress at fair value	-	76,580
Total land and buildings	144,002	126,648
Plant and equipment at fair value	17,529	11,675
Less accumulated depreciation	(7,186)	(6,037)
Total plant and equipment at fair value	10,343	5,638
Motor vehicles at fair value	1,115	1,115
Less accumulated depreciation	(1,105)	(1,082)
Total motor vehicles at fair value	10	33
Medical equipment at fair value	13,217	9,030
Less accumulated depreciation	(5,947)	(5,178)
Total medical equipment at fair value	7,270	3,852
Computer equipment at fair value	5,372	2,637
Less accumulated depreciation	(2,756)	(1,809)
Total computer equipment at fair value	2,616	828
Furniture and fittings at fair value	955	955
Less accumulated depreciation	(793)	(744)
Total furniture and fittings at fair value	162	211
Total plant, equipment, furniture, fittings and vehicles at fair value	20,401	10,562
Other assets under construction at cost	1,049	1,740
Total property, plant and equipment	165,452	138,950

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

	Land \$'000	Buildings \$'000	Plant & equipment \$'000	Motor vehicles \$'000	Medical Equipment \$'000	Computer Equipment \$'000	Furniture & Fittings \$'000	Assets under construction \$'000	Total \$'000
Balance at 1 July 2021	9,577	39,243	3,904	75	3,214	397	267	20,063	76,740
Additions	-	2,115	1,716	-	1,142	753	-	60,403	66,129
Disposals	-	-	-	-	-	-	-	(435)	(435)
Assets provided free of charge	-	-	428	-	-	-	-	-	428
Revaluation increments/(decrements)	1,003	-	-	-	-	-	-	-	1,003
Net transfers between classes	-	1,314	334	-	63	-	-	(1,711)	-
Depreciation	-	(3,184)	(744)	(42)	(567)	(322)	(56)	-	(4,915)
Balance at 30 June 2022	10,580	39,488	5,638	33	3,852	828	211	76,320	138,950
Additions	-	21,544	5,124	-	4,118	2,727	-	1,050	34,563
Disposals	-	-	-	-	-	-	-	(82)	(82)
Assets provided free of charge	-	-	-	-	-	-	-	-	-
Revaluation increments/(decrements)	-	-	-	-	-	-	-	-	-
Net Transfers between classes	-	77,351	730	-	68	7	-	(78,239)	(83)
Depreciation	-	(4,961)	(1,149)	(23)	(768)	(946)	(49)	-	(7,896)
Balance at 30 June 2023	10,580	133,422	10,343	10	7,270	2,616	162	1,049	165,452

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

How we recognise property, plant and equipment

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

Initial recognition

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

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

Subsequent measurement

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

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

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

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

Revaluation

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

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

An independent valuation of Bass Coast Health's land was performed by the VGV on 30 June 2022. The valuation, which complies with Australian Valuation Standards, was determined by reference to the amount for which assets could be exchanged between knowledgeable willing parties in an arm's length transaction.

An independent valuation of Bass Coast Health's buildings was performed by the VGV on 30 June 2019. The valuation, which complies with Australian Valuation Standards, was determined by reference to the amount for which assets could be exchanged between knowledgeable willing parties in an arm's length transaction.

As an independent valuation was not undertaken on 30 June 2023, a managerial assessment was performed at 30 June 2023, which indicated an overall:

- increase in fair value of land of 0.00%
- increase in fair value of buildings of 4.50%

As the cumulative movement was less than 10% for land and buildings since the last revaluation, a managerial revaluation adjustment was not required as at 30 June 2023.

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

	Total 2023 \$'000	Total 2022 \$'000
Right of use equipment and vehicles	489	744
Less accumulated depreciation	(189)	(367)
Total right of use equipment and vehicles	300	377
Total right of use equipment and vehicles	300	377

Note 4.2(b) Reconciliations of the carrying amounts of each class of asset

	Note	Right-of-use Vehicles \$'000	Total \$'000
Balance at 1 July 2021		554	554
Disposals		(6)	(6)
Depreciation	4.4	(171)	(171)
Balance at 30 June 2022	4.2 (a)	377	377
Additions		77	77
Depreciation	4.4	(154)	(154)
Balance at 30 June 2023	4.2 (a)	300	300

How we recognise right-of-use assets

Where Bass Coast Health enters a contract, which provides the health service with the right to control the use of an identified asset for a period of time in exchange for payment, this contract is considered a lease.

Unless the lease is considered a short-term lease or a lease of a low-value asset (refer to Note 6.1 for further information), the contract gives rise to a right-of-use asset and corresponding lease liability. Bass Coast Health presents its right-of-use assets as part of property, plant and equipment as if the asset was owned by the health service.

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

Class of right-of-use asset	Lease term
Leased vehicles	2 to 5 years

Initial recognition

When a contract is entered into, Bass Coast Health assesses if the contract contains or is a lease. If a lease is present, a right-of-use asset and corresponding lease liability is recognised. The definition and recognition criteria of a lease is disclosed at Note 6.1.

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

- any lease payments made at or before the commencement date
- any initial direct costs incurred 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.

Subsequent measurement

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

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

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

Note 4.3 Revaluation Surplus

Note	Total 2023 \$'000	Total 2022 \$'000
Balance at the beginning of the reporting period	27,918	26,915
Revaluation increment		
- Land	-	1,003
Balance at the end of the Reporting Period*	27,918	27,918
* Represented by:		
- Land	8,224	8,224
- Buildings	19,694	19,694
	27,918	27,918

Note 4.4 Depreciation

	Total 2023 \$'000	Total 2022 \$'000
Depreciation		
Buildings	4,961	3,184
Plant and equipment	1,149	744
Motor vehicles	22	42
Medical equipment	768	567
Computer equipment	946	322
Furniture and fittings	49	56
Total depreciation - property, plant and equipment	7,895	4,915
Right-of-use assets		
Right of use - vehicles	154	171
Total depreciation - right-of-use assets	154	171
Total depreciation	8,049	5,086

How we recognise depreciation

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

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

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

	2023	2022
Buildings		
- Structure shell building fabric	7 to 50 Years	7 to 50 Years
- Site engineering services and central plant	7 to 40 Years	7 to 40 Years
Central Plant		
- Fit Out	7 to 25 Years	7 to 25 Years
- Trunk reticulated building system	7 to 30 Years	7 to 30 Years
Plant and equipment	1 to 13 Years	1 to 13 Years
Medical equipment	10 Years	10 Years
Computers and communication	3 Years	3 Years
Furniture and fitting	8 to 10 Years	8 to 10 Years
Motor Vehicles	5 Years	5 Years

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

Note 4.5 Inventories

	Total 2023 \$'000	Total 2022 \$'000
Pharmacy supplies at cost	103	120
General stores at cost	149	154
Total inventories	252	274

How we recognise inventories

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

Note 4.6: Impairment of assets

How we recognise impairment

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

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

External sources of information include but are not limited to observable indications that an asset's value has declined during the period by significantly more than would be expected as a result of the passage of time or normal use. Internal sources of information include but are not limited to evidence of obsolescence or physical damage of an asset and significant changes with an adverse effect on Bass Coast Health which changes the way in which an asset is used or expected to be used.

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

When performing an impairment test, Bass Coast 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, Bass Coast Health estimates the recoverable amount of the cash-generating unit to which the asset belongs.

Bass Coast Health did not record any impairment losses for the year ended 30 June 2023.

Note 5: Other assets and liabilities

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

Structure

5.1 Receivables and contract assets

5.2 Payables and contract liabilities

5.3 Other liabilities

Telling the COVID-19 story

Other assets and liabilities used to support the delivery of our services during the financial year were not materially impacted by the COVID-19 coronavirus pandemic.

Key judgements and estimates

This section contains the following key judgements and estimates:

Key judgements and estimates	Description
Estimating the provision for expected credit losses	Bass Coast 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 Bass Coast 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. Bass Coast Health applies significant 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	Bass Coast Health applies significant judgement to measure its progress towards satisfying a performance obligation as detailed in Note 2. Where a performance obligation is yet to be satisfied, 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.

Bass Coast Health
Notes to the Financial Statements
for the financial year ended 30 June 2023

Note 5.1 Receivables and contract assets

Notes	Total 2023 \$'000	Total 2022 \$'000
Current receivables and contract assets		
Contractual		
Trade receivables	50	168
Patient fees	92	71
Accrued revenue	442	343
Amounts receivable from governments and agencies	224	212
Total contractual receivables	808	794
Statutory		
GST receivable	629	426
Total statutory receivables	629	426
Total current receivables and contract assets	1,437	1,220
Non-current receivables and contract assets		
Contractual		
Long service leave - Department of Health	2,442	2,368
Total contractual receivables	2,442	2,368
Total non-current receivables and contract assets	2,442	2,368
Total receivables and contract assets	3,879	3,588
<i>(i) Financial assets classified as receivables and contract assets (Note 7.1(a))</i>		
Total receivables and contract assets	3,879	3,588
GST receivable	(629)	(426)
Total financial assets classified as receivables	7.1(a) 3,250	3,162

Note 5.1 Receivables and contract assets (continued)

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

	Total 2023 \$'000	Total 2022 \$'000
Balance at the beginning of the year	-	120
Increase in allowance	-	-
Amounts written off during the year	-	(120)
Reversal of allowance written off during the year as uncollectable	-	-
Balance at the end of the year	-	-

How we recognise receivables

Receivables consist of:

- **Contractual receivables**, which mostly includes debtors in relation to goods and services. These receivables are classified as financial instruments and categorised as 'financial assets at amortised costs'. They are initially recognised at fair value plus any directly attributable transaction costs. 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**, includes Goods and Services Tax (GST) input tax credits that are recoverable. Statutory receivables do not arise from contracts and are recognised and measured similarly to contractual receivables (except for impairment), but are not classified as financial instruments for disclosure purposes. 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 nominal amounts due and are due for settlement within 30 days from the date of recognition.

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

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

Impairment losses of contractual receivables

Refer to Note 7.1 (a) for Bass Coast Health's contractual impairment losses.

Note 5.2 Payables and contract liabilities

Note	Total 2023 \$'000	Total 2022 \$'000
Current payables and contract liabilities		
Contractual		
Trade creditors	678	534
Accrued salaries and wages	995	749
Accrued expenses	1,721	1,940
Deferred capital grant income	5.2(a) 982	1,222
Amounts payable to governments and agencies	5.2(b) 3,680	5,542
Other	512	895
Total contractual payables	8,568	10,882
Total payables and contract liabilities	8,568	10,882
<i>(i) Financial liabilities classified as payables and contract liabilities (Note 7.1(a))</i>		
Total payables and contract liabilities	8,568	10,882
Deferred grant income	(982)	(1,222)
Contract liabilities	(3,680)	(5,542)
Total financial liabilities	7.1(a) 3,906	4,118

How we recognise payables and contract liabilities

Payables consist of:

- **Contractual payables**, which mostly includes payables in relation to goods and services. These payables are classified as financial instruments and measured at amortised cost. Accounts payable and salaries and wages payable represent liabilities for goods and services provided to Bass Coast Health prior to the end of the financial year that are unpaid.
- **Statutory payables** comprises 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 30 days.

Note 5.2 (a) Deferred capital grant income

	Total 2023 \$'000	Total 2022 \$'000
Opening balance of deferred grant income	1,222	1,515
Grant consideration for capital works received during the year	-	175
Deferred grant revenue recognised as revenue due to completion of capital works	(240)	(468)
Closing balance of deferred grant income	982	1,222

How we recognise deferred capital grant revenue

Grant consideration was received from the Department of Health to support the construction of major infrastructure. Capital grant revenue is recognised progressively as the asset is constructed, since this is the time when Bass Coast Health satisfies its obligations. The progressive percentage of costs incurred is used to recognise income because this most closely reflects the percentage of completion of the building works. As a result, Bass Coast Health has deferred recognition of a portion of the grant consideration received as a liability for the outstanding obligations.

Bass Coast Health expects to recognise all of the remaining deferred capital grant revenue for capital works by 30 June 2023.

Note 5.2 (b) Contract liabilities

	Total 2023 \$'000	Total 2022 \$'000
Opening balance of contract liabilities	5,542	973
Grant consideration for sufficiently specific performance obligations received during the year	82,099	68,715
Revenue recognised for the completion of a performance obligation	(83,961)	(64,146)
Total contract liabilities	3,680	5,542
* Represented by:		
- Current contract liabilities	3,680	5,542
	3,680	5,542

How we recognise contract liabilities

Contract liabilities include consideration received in advance from customers in respect of activity based services. The balance of contract liabilities was significantly lower than the previous reporting period due to reduced funding recalls implemented by the Department of Health.

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

Notes	Total 2023 \$'000	Total 2022 \$'000
Current monies held in trust		
Patient monies	20	12
Refundable accommodation deposits	4,632	5,263
Other monies	240	195
Total current monies held in trust	4,892	5,470
Total other liabilities	4,892	5,470
* Represented by:		
- Cash assets	6.2 4,892	5,470
	4,892	5,470

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 Bass Coast Health upon admission. These deposits are liabilities which fall due and payable when the resident leaves the home. As there is no unconditional right to defer payment for 12 months, these liabilities are recorded as current liabilities.

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

Note 6: How we finance our operations

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

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

Structure

6.1 Borrowings

6.2 Cash and cash equivalents

6.3 Commitments for expenditure

6.4 Non-cash financing and investing activities

Telling the COVID-19 story

Our finance and borrowing arrangements were not materially impacted by the COVID-19 Coronavirus pandemic and scaling down of the COVID-19 public health response during the year ended 30 June 2023.

Key judgements and estimates

This section contains the following key judgements and estimates:

Key judgements and estimates	Description
Determining if a contract is or contains a lease	<p>Bass Coast Health applies significant judgement to determine if a contract is or contains a lease by considering if the health service:</p> <ul style="list-style-type: none"> • has the right-to-use an identified asset • has the right to obtain substantially all economic benefits from the use of the leased asset and • can decide how and for what purpose the asset is used throughout the lease.
Determining if a lease meets the short-term or low value asset lease exemption	<p>Bass Coast Health applies significant judgement when determining if a lease meets the short-term or low value lease exemption criteria.</p> <p>The health service estimates the fair value of leased assets when new. Where the estimated fair value is less than \$10,000, the health service applies the low-value lease exemption.</p> <p>The health service also estimates the lease term with reference to remaining lease term and period that the lease remains enforceable. Where the enforceable lease period is less than 12 months the health service applies the short-term lease exemption.</p>
Discount rate applied to future lease payments	<p>Bass Coast 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, Bass Coast 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 1.25% and 2.25%.</p>
Assessing the lease term	<p>The lease term represents the non-cancellable period of a lease, combined with periods covered by an option to extend or terminate the lease if Bass Coast Health is reasonably certain to exercise such options.</p> <p>Bass Coast Health determines the likelihood of exercising such options on a lease-by-lease basis through consideration of various factors including:</p> <ul style="list-style-type: none"> • If there are significant penalties to terminate (or not extend), 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

	Total 2023 \$'000	Total 2022 \$'000
Note		
Current borrowings		
Lease liability ⁽ⁱ⁾	240	243
Advances from government (ii)	163	163
Total current borrowings	403	406
Non-current borrowings		
Lease liability ⁽ⁱ⁾	59	138
Advances from government (ii)	-	155
Total non-current borrowings	59	293
Total borrowings	462	699

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 mainly raised from advances from the Treasury Corporation of Victoria (TCV) and other funds raised through lease liabilities and other interest-bearing arrangements.

Initial recognition

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

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

Bass Coast Health's lease liabilities are summarised below:

	Total 2023 \$'000	Total 2022 \$'000
Total undiscounted lease liabilities	304	386
Less unexpired finance expenses	(5)	(5)
Net lease liabilities	299	381

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

	Total 2023 \$'000	Total 2022 \$'000
Not longer than one year	243	246
Longer than one year but not longer than five years	61	140
Longer than five years	-	-
Minimum future lease liability	304	386
Less unexpired finance expenses	(5)	(5)
Present value of lease liability	299	381
* Represented by:		
- Current liabilities	240	243
- Non-current liabilities	59	138
	299	381

How we recognise lease liabilities

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

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

Bass Coast Health's lease arrangements consist of the following:

Type of asset leased	Lease term
Leased vehicles	2 to 3 years

Note 6.1 (a) Lease liabilities (continued)

Separation of lease and non-lease components

At inception or on reassessment of a contract that contains a lease component, the lessee is required to separate out and account separately for non-lease components within a lease contract and exclude these amounts when determining the lease liability and right-of-use asset amount.

Initial measurement

The lease liability is initially measured at the present value of the lease payments unpaid at the commencement date, discounted using the interest rate implicit in the lease if that rate is readily determinable or Bass Coast Health's incremental borrowing rate. Our lease liability has been discounted by rates of between 1.25% to 2.25%.

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.

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

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

Subsequent measurement

Subsequent to initial measurement, the liability will be reduced for payments made and increased for interest. It is remeasured to reflect any reassessment or modification, or if there are changes in the substance 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	Total 2023 \$'000	Total 2022 \$'000
Cash on hand (excluding monies held in trust)	2	3
Cash at bank (excluding monies held in trust)	382	1,590
Cash at bank - CBS (excluding monies held in trust)	20,517	23,257
Total cash held for operations	20,901	24,850
Cash at bank (monies held in trust)	20	12
Cash at bank - CBS (monies held in trust)	4,872	5,458
Total cash held as monies in trust	4,892	5,470
Total cash and cash equivalents (Health Service Operations)	25,793	30,320

How we recognise cash and cash equivalents

Cash and cash equivalents recognised on the balance sheet comprise cash on hand and in banks, deposits at call and highly liquid investments (with an original maturity date of three months or less), which are held for the purpose of meeting short term cash commitments rather than for investment purposes, which are readily convertible to known amounts of cash and are subject to insignificant risk of changes in value.

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

Note 6.3 Commitments for expenditure

	Total 2023 \$'000	Total 2022 \$'000
Capital expenditure commitments		
Less than one year	-	3,789
Longer than one year but not longer than five years	-	-
Five years or more	-	-
Total capital expenditure commitments	-	3,789
Non-cancellable short term and low value lease commitments		
Less than one year	292	250
Longer than one year but not longer than five years	-	-
Five years or more	-	-
Total non-cancellable short term and low value lease commitments	292	250
Total commitments for expenditure (exclusive of GST)	292	4,039
Less GST recoverable from Australian Tax Office	(27)	(367)
Total commitments for expenditure (exclusive of GST)	265	3,672

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

How we disclose our commitments

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

Expenditure commitments

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

Refer to Note 6.1 for further information.

Note 7: Risks, contingencies and valuation uncertainties

Bass Coast Health is exposed to risk from its activities and outside factors. In addition, it is often necessary to make judgements and estimates associated with recognition and measurement of items in the financial statements. This section sets out financial instrument specific information, (including exposures to financial risks) as well as those items that are contingent in nature or require a higher level of judgement to be applied, which for the health service is related mainly to fair value determination.

Structure

- 7.1 Financial instruments**
- 7.2 Financial risk management objectives and policies**
- 7.3 Contingent assets and contingent liabilities**
- 7.4 Fair value determination**

Key judgements and estimates

This section contains the following key judgements and estimates:

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

Key judgements and estimates (continued)

Key judgements and estimates	Description
Measuring fair value of non-financial assets	<p>Bass Coast Health uses a range of valuation techniques to estimate fair value, which include the following:</p> <ul style="list-style-type: none"> ▪ Market approach, which uses prices and other relevant information generated by market transactions involving identical or comparable assets and liabilities. The fair value of Bass Coast Health's [specialised land, non-specialised land, non-specialised buildings, investment properties and cultural assets] 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 Bass Coast Health's [specialised buildings, furniture, fittings, plant, equipment and vehicles] are measured using this approach. <p>The health service selects a valuation technique which is considered most appropriate, and for which there is sufficient data available to measure fair value, maximising the use of relevant observable inputs and minimising the use of unobservable inputs.</p> <p>Subsequently, the health service applies significant judgement to categorise and disclose such assets within a fair value hierarchy, which includes:</p> <ul style="list-style-type: none"> ▪ Level 1, using quoted prices (unadjusted) in active markets for identical assets that the health service can access at measurement date. Bass Coast 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. Bass Coast Health categorises non-specialised land and right-of-use concessionary land in this level. ▪ Level 3, where inputs are unobservable. Bass Coast Health categorises specialised land, non-specialised buildings, specialised buildings, plant, equipment, furniture, fittings, vehicles, right-of-use buildings and right-of-use plant, equipment, furniture and fittings in this level.

Note 7.1: Financial instruments

Financial instruments arise out of contractual agreements that give rise to a financial asset of one entity and a financial liability or equity instrument of another entity. Due to the nature of Bass Coast 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

Total	Financial Assets at Amortised Cost	Financial Liabilities at Amortised Cost	Total
30 June 2023	\$'000	\$'000	\$'000
Contractual Financial Assets			
Cash and Cash Equivalents	25,793	-	25,793
Receivables and contract assets	3,250	-	3,250
Total Financial Assets¹	29,043	-	29,043
Financial Liabilities			
Payables	-	3,906	3,906
Borrowings	-	462	462
Other Financial Liabilities - Refundable Accommodation Deposits	-	4,632	4,632
Other Financial Liabilities - Patient monies held in trust	-	20	20
Other Financial Liabilities - Other monies held in trust	-	240	240
Total Financial Liabilities¹	-	9,260	9,260

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

	Note	Financial Assets at Amortised Cost \$'000	Financial Liabilities at Amortised Cost \$'000	Total \$'000
Total				
30 June 2022				
Contractual Financial Assets				
Cash and cash equivalents	6.2	30,320	-	30,320
Receivables and contract assets	5.1	3,162	-	3,162
Total Financial Assets¹		33,482	-	33,482
Financial Liabilities				
Payables	5.2	-	4,118	4,118
Borrowings	6.1	-	699	699
Other Financial Liabilities - Refundable Accommodation Deposits	5.3	-	5,263	5,263
Other Financial Liabilities - Patient monies held in trust	5.3	-	12	12
Other Financial Liabilities - Other monies held in trust	5.3	-	195	195
Total Financial Liabilities¹		-	10,287	10,287

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

How we categorise financial instruments

Categories of financial assets

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

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

Financial assets at amortised cost

Financial assets are measured at amortised cost if both of the following criteria are met and the assets are not designated as fair value through net result:

- the assets are held by Bass Coast Health solely to collect the contractual cash flows and
- the assets' contractual terms give rise to cash flows that are solely payments of principal and interest on the principal amount outstanding on specific dates.

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

Bass Coast Health recognises the following assets in this category:

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

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

Categories of financial liabilities

Financial liabilities are recognised when Bass Coast 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.

Bass Coast Health recognises the following liabilities in this category:

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

Offsetting financial instruments

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

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

Derecognition of financial assets

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

- the rights to receive cash flows from the asset have expired or
- Bass Coast 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
- Bass Coast 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 Bass Coast Health has neither transferred nor retained substantially all the risks and rewards or transferred control, the asset is recognised to the extent of Bass Coast Health's continuing involvement in the asset.

Derecognition of financial liabilities

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

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

Reclassification of financial instruments

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

Bass Coast Health's main financial risks include credit risk, liquidity risk and interest rate risk. Bass Coast Health manages these financial risks in accordance with its financial risk management policy.

Bass Coast Health uses different methods to measure and manage the different risks to which it is exposed. Primary responsibility for the identification and management of financial risks rests with the Accountable Officer.

Note 7.2 (a) Credit risk

Credit risk refers to the possibility that a borrower will default on its financial obligations as and when they fall due. Bass Coast Health's exposure to credit risk arises from the potential default of a counter party on their contractual obligations resulting in financial loss to Bass Coast Health. Credit risk is measured at fair value and is monitored on a regular basis.

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

There has been no material change to Bass Coast Health's credit risk profile in 2022-23.

Note 7.2 (a) Credit risk (continued)

Impairment of financial assets under AASB 9

Bass Coast 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, impairment assessment includes the health service's contractual receivables and its investment in debt instruments.

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

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

Contractual receivables are written off when there is no reasonable expectation of recovery and impairment losses are classified as a transaction expense. Subsequent recoveries of amounts previously written off are credited against the same line item.

Contractual receivables at amortised cost

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

**Note 7.2 (a) Contractual receivables at amortised cost
Statutory receivables and debt investments at amortised cost**

Bass Coast 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.

Statutory receivables are considered to have low credit risk, taking into account the counterparty's credit rating, risk of default and capacity to meet contractual cash flow obligations in the near term. As a result, no loss allowance has been recognised.

Note 7.2 (b) Liquidity risk

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

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

- maintaining an adequate level of uncommitted funds that can be drawn at short notice to meet its short-term obligations
- careful maturity planning of its financial obligations based on forecasts of future cash flows.

Bass Coast 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 other financial assets.

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

Note 7.2 (b) Payables and borrowings maturity analysis

	Carrying Amount \$'000	Nominal Amount \$'000	Less than 1 Month \$'000	Maturity Dates			
				1-3 Months \$'000	3 months - 1 Year \$'000	1-5 Years \$'000	Over 5 years \$'000
Total 30 June 2023							
Payables	3,906	3,906	3,906	-	-	-	-
Borrowings	462	462	22	66	337	37	-
Other Financial Liabilities - Refundable Accommodation Deposits	4,632	4,632	-	-	4,632	-	-
Other Financial Liabilities - Patient monies held in trust	20	20	-	20	-	-	-
Other Financial Liabilities - Other monies held in trust	240	240	-	-	240	-	-
Total Financial Liabilities	9,260	9,260	3,928	86	5,209	37	-

	Carrying Amount \$'000	Nominal Amount \$'000	Less than 1 Month \$'000	Maturity Dates			
				1-3 Months \$'000	3 months - 1 Year \$'000	1-5 Years \$'000	Over 5 years \$'000
Total 30 June 2022							
Financial Liabilities at amortised cost							
Payables	4,118	4,118	4,118	-	-	-	-
Borrowings	699	699	15	45	345	294	-
Other Financial Liabilities - Refundable Accommodation Deposits	5,263	5,263	-	-	5,263	-	-
Other Financial Liabilities - Patient monies held in trust	12	12	-	12	-	-	-
Other Financial Liabilities - Other monies held in trust	195	195	-	-	195	-	-
Total Financial Liabilities	10,287	10,287	4,133	57	5,803	294	-

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

Note 7.2 (c) Market risk

Bass Coast Health's exposures to market risk are primarily through interest rate risk. Objectives, policies and processes used to manage each of these risks are disclosed below.

Sensitivity disclosure analysis and assumptions

Bass Coast Health's sensitivity to market risk is determined based on the observed range of actual historical data for the preceding five-year period. Bass Coast 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 0.5% 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. Bass Coast 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. Bass Coast Health has minimal exposure to cash flow interest rate risks through cash and deposits, term deposits and bank overdrafts that are at floating rate.

Note 7.3: Contingent assets and contingent liabilities

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

How we measure and disclose contingent assets and contingent liabilities

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

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

Contingent assets

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

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

Contingent liabilities

Contingent liabilities are:

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

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

Note 7.4: Fair Value Determination

How we measure fair value

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

The following assets and liabilities are carried at fair value:

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

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.

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

Bass Coast 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 Bass Coast Health's independent valuation agency for property, plant and equipment.

Identifying unobservable inputs (level 3) fair value measurements

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

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

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

	Note	Total 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
Specialised land		10,580	-	6,080	4,500
Total land at fair value	4.1 (a)	10,580	-	6,080	4,500
Non-specialised buildings		-	-	-	-
Specialised buildings		133,422	-	-	133,422
Total buildings at fair value	4.1 (a)	133,422	-	-	133,422
Plant and equipment	4.1 (a)	10,343	-	-	10,343
Motor vehicles	4.1 (a)	10	-	10	-
Medical equipment	4.1 (a)	7,270	-	-	7,270
Computer equipment	4.1 (a)	2,616	-	-	2,616
Furniture and fittings	4.1 (a)	162	-	-	162
Total plant, equipment, furniture, fittings and vehicles at fair value		20,401	-	10	20,391
Right of use vehicles	4.2 (a)	300	-	300	-
Total right-of-use assets at fair value		300	-	300	-
Total non-financial physical assets at fair value		164,703	-	6,390	158,313

	Note	Total carrying amount 30 June 2022 \$'000	Fair value measurement at end of reporting period using:		
			Level 1 ⁱ \$'000	Level 2 ⁱ \$'000	Level 3 ⁱ \$'000
Specialised land		10,580	-	6,080	4,500
Total land at fair value	4.1 (a)	10,580	-	6,080	4,500
Specialised buildings		39,488	-	-	39,488
Total buildings at fair value	4.1 (a)	39,488	-	-	39,488
Plant and equipment	4.1 (a)	5,638	-	-	5,638
Motor vehicles	4.1 (a)	33	-	33	-
Medical equipment	4.1 (a)	3,852	-	-	3,852
Computer equipment	4.1 (a)	828	-	-	828
Furniture and fittings	4.1 (a)	211	-	-	211
Total plant, equipment, furniture, fittings and vehicles at fair value		10,562	-	33	10,529
Right of use vehicles	4.2 (a)	377	-	377	-
Total right-of-use assets at fair value		377	-	377	-
Total non-financial physical assets at fair value		61,007	-	6,490	54,517

ⁱ Classified in accordance with the fair value hierarchy.

How we measure fair value of non-financial physical assets

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

Judgements about highest and best use must take into account the characteristics of the assets concerned, including restrictions on the use and disposal of assets arising from the asset's physical nature and any applicable legislative/contractual arrangements.

Bass Coast Health has assumed the current use of a non-financial physical asset is its highest and best use unless market or other factors suggest that a different use by market participants would maximise the value of the asset.

Theoretical opportunities that may be available in relation to the asset(s) are not taken into account until it is virtually certain that any restrictions will no longer apply. Therefore, unless otherwise disclosed, the current use of these non-financial physical assets will be their highest and best uses.

Non-specialised land & non-specialised buildings

Non-specialised land, non-specialised buildings, investment properties 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 and investment properties, 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 2023.

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, Bass Coast Health held Crown Land. The nature of this asset means that there are certain limitations and restrictions imposed on its use and/or disposal that may impact their fair value.

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

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

For Bass Coast 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 Bass Coast Health's specialised land and specialised buildings was performed by the Valuer-General Victoria. The effective date of the valuation is 30 June 2023.

Vehicles

The Bass Coast 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 depreciated replacement cost will be materially different from the existing carrying amount.

There were no changes in valuation techniques throughout the period to 30 June 2023

7.4(b) Reconciliation of level 3 fair value measurement

	Land \$'000	Buildings \$'000	Plant & Equipment \$'000	Medical Equipment \$'000	Computer Equipment \$'000	Furniture & Fittings \$'000
Total						
Balance at 1 July 2021	9,577	39,243	3,904	3,214	397	267
Additions/(Disposals)	-	2,115	1,716	1,142	797	-
Assets provided free of charge	-	-	428	-	-	-
Net Transfers between classes	(6,080)	1,314	334	63	-	-
Gains/(Losses) recognised in net result	-	-	-	-	-	-
- Depreciation and amortisation	-	(3,184)	(744)	(567)	(366)	(56)
Items recognised in other comprehensive income	-	-	-	-	-	-
- Revaluation	1,003	-	-	-	-	-
Balance at 30 June 2022	4,500	39,488	5,638	3,852	828	211
Additions/(Disposals)	-	21,544	5,124	4,118	2,727	-
Assets provided free of charge	-	-	-	-	-	-
Net Transfers between classes	-	77,351	730	68	7	-
Gains/(Losses) recognised in net result	-	-	-	-	-	-
- Depreciation and Amortisation	-	(4,961)	(1,149)	(768)	(946)	(49)
Items recognised in other comprehensive income	-	-	-	-	-	-
- Revaluation	-	-	-	-	-	-
Balance at 30 June 2023	4,500	133,422	10,343	7,270	2,616	162

ⁱ Classified in accordance with the fair value hierarchy, refer Note 7.4.

7.4(b) Reconciliation of level 3 fair value measurement (continued)

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	Market approach	N/A
Specialised buildings	Depreciated replacement cost approach	- Cost per square metre - Useful life
Vehicles	Market approach Depreciated replacement cost approach	N/A - Cost per unit - Useful life
Plant and equipment	Depreciated replacement cost approach	- Cost per unit - Useful life

(i) A community service obligation (CSO) of 20% was applied to Bass Coast 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 financial report.

Structure

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

8.2 Responsible persons disclosure

8.3 Remuneration of executives

8.4 Related parties

8.5 Remuneration of auditors

8.6 Events occurring after the balance sheet date

8.7 Jointly controlled operations

8.8 Equity

8.9 Economic dependency

Telling the COVID-19 story

Our other disclosures were not materially impacted by the COVID-19 Coronavirus pandemic.

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

	Total 2023 \$'000	Total 2022 \$'000
Net result for the year	23,389	63,124
Non-cash movements:		
Depreciation and amortisation of non-current assets	4.4 8,049	5,086
Assets and services received free of charge	2.2 (119)	(428)
Bad and doubtful debt expense	3.1 -	(120)
Capital donations and interest received	(479)	(154)
Movements in Assets and Liabilities:		
(Increase)/Decrease in receivables and contract assets	(291)	(333)
(Increase)/Decrease in inventories	22	(47)
(Increase)/Decrease in prepaid expenses	(53)	178
Increase/(Decrease) in payables and contract liabilities	(2,315)	2,133
Increase/(Decrease) in employee benefits	1,961	2,100
Increase/(Decrease) in other liabilities	8	(402)
Net cash inflow from operating activities	30,172	71,137

Note 8.2 Responsible persons disclosures

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

A caretaker period was enacted during the year ended 30 June 2023 which spanned the time the Legislative Assembly expired, until the Victorian election results were clear or a new government was commissioned. The caretaker period for the 2022 Victorian election commenced at 6pm on Tuesday the 1st of November and new ministers were sworn in on the 5th of December.

	Period
The Honourable Mary-Anne Thomas MP	
Minister for Health	1 Jul 2022 - 30 Jun 2023
Minister for Health Infrastructure	5 Dec 2022 - 30 Jun 2023
Minister for Medical Research	5 Dec 2022 - 30 Jun 2023
Former Minister for Ambulance Services	1 Jul 2022 - 5 Dec 2022
The Honourable Gabrielle Williams MP	
Minister for Mental Health	1 Jul 2022 - 30 Jun 2023
Minister for Ambulance Services	5 Dec 2022 - 30 Jun 2023
The Honourable Lizzy Blandthorn MP	
Minister for Disability, Ageing and Carers	5 Dec 2022 - 30 Jun 2023
The Honourable Colin Brooks MP	
Former Minister for Disability, Ageing and Carers	1 Jul 2022 - 5 Dec 2022
Governing Boards	
Elizabeth Camilleri	1 Jul 2022 - 30 Jun 2023
Nicky Chung	1 Jul 2022 - 30 Jun 2023
Simon Jemmett	1 Jul 2022 - 30 Jun 2023
Kate Jungwirth	1 Jul 2022 - 30 Jun 2023
Mim Kershaw	1 Jul 2022 - 30 Jun 2023
Ian Leong	1 Jul 2022 - 30 Jun 2023
Harvey Newnham	1 Jul 2022 - 30 Jun 2023
Don Paproth	1 Jul 2022 - 27 Oct 2022
Angelo Saridis	1 Jul 2022 - 30 Jun 2023
Ian Thompson	1 Jul 2022 - 30 Jun 2023
Mary Whelan	1 Jul 2022 - 30 Jun 2023
Accountable Officers	
Jan Child (Chief Executive Officer)	1 Jul 2022 - 30 Jun 2023

Note 8.2 Responsible persons (continued)

Remuneration of Responsible Persons

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

Income Band	Total 2023	Total 2022
	No	No
\$0 - \$9,999	-	2
\$10,000 - \$19,999	11	7
\$20,000 - \$29,999	-	1
\$420,000 - \$429,999	-	1
\$430,000 - \$439,999	1	-
Total Numbers	12	11

Total remuneration received or due and receivable by Responsible Persons from the reporting entity amounted to:	Total 2023	Total 2022
	\$'000	\$'000
	599	548

Amounts relating to the Governing Board Members and Accountable Officer of Bass Coast 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

Remuneration of executive officers
(including Key Management Personnel disclosed in Note 8.4)

	Total Remuneration	
	2023 \$'000	2022 \$'000
Short-term benefits	1,384	1,302
Post-employment benefits	122	122
Other long-term benefits	49	52
Total remunerationⁱ	1,555	1,476
Total number of executives	7	7
Total annualised employee equivalent ⁱⁱ	6.5	5.2

ⁱ The total number of executive officers includes persons who meet the definition of Key Management Personnel (KMP) of Bass Coast Health's under AASB 124 *Related Party Disclosures* and are also reported within Note 8.4 Related Parties.

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

Total remuneration payable to executives during the year were lower due to two executives departing and only being replaced partway through the current financial year.

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.

Other factors

Several factors affected total remuneration payable to executives over the year. A number of employment contracts were completed and renegotiated, and a number of executive officers retired, resigned or were retrenched in the past year. This has had a significant impact on remuneration figures for the termination benefits category.

Note 8.4: Related Parties

Bass Coast 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 operations – A member of the Gippsland Health 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 Bass Coast Health, directly or indirectly.

Key management personnel

The Board of Directors, Chief Executive Officer and the Executive Directors of Bass Coast Health's are deemed to be KMPs.

Entity	KMPs	Position Title
Bass Coast Health	Ian Thompson	Board Chair
Bass Coast Health	Elizabeth Camilleri	Board Member
Bass Coast Health	Nicky Chung	Board Member
Bass Coast Health	Simon Jemmett	Board Member
Bass Coast Health	Kate Jungwirth	Board Member
Bass Coast Health	Mim Kershaw	Board Member
Bass Coast Health	Ian Leong	Board Member
Bass Coast Health	Harvey Newnham	Board Member
Bass Coast Health	Don Paproth	Board Member
Bass Coast Health	Angelo Saridis	Board Member
Bass Coast Health	Mary Whelan	Board Member
Bass Coast Health	Jan Child	Chief Executive Officer
Bass Coast Health	Mark Brady	Executive Director
Bass Coast Health	Shaun Brooks	Chief Financial Officer
Bass Coast Health	Christine Henderson	Executive Director
Bass Coast Health	Renee Kelsall	Chief Medical Officer
Bass Coast Health	Emilia Pezzi	Executive Director
Bass Coast Health	Louise Sparkes	Executive Director
Bass Coast Health	Kirsten Weinzierl	Executive Director

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.

	Total 2023 \$'000	Total 2022 \$'000
Compensation - KMPs		
Short-term Employee Benefits ⁱ	1,930	1,793
Post-employment Benefits	163	167
Other Long-term Benefits	62	63
Totalⁱⁱ	2,155	2,023

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.

Note 8.4: Related Parties (continued)

Significant transactions with government related entities

Bass Coast Health received funding from the Department of Health of \$115.8m (2022: \$100.5m) and indirect contributions of \$19.7m (2022: \$58.3m). Balances outstanding as recallable as at 30 June 2023 are \$0.3 m (2022 \$3.4m).

Bass Coast Health made payments to Ambulance Victoria of \$2.5m (2022: \$2.3m)

Expenses incurred by the Bass Coast 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 the Bass Coast 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 Bass Coast 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 2023 (2022: none).

There were no related party transactions required to be disclosed for Bass Coast Health Board of Directors, Chief Executive Officer and Executive Directors in 2023 (2022: none).

Note 8.5: Remuneration of Auditors

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

Total 2023 \$'000	Total 2022 \$'000
44	47
44	47

Note 8.6: Events occurring after the balance sheet date

There are no events occurring after balance sheet date.

Note 8.7 Joint arrangements

	Principal Activity	Ownership Interest	
		2023 %	2022 %
Gippsland Health Alliance	Information Technology Services	10.53	10.49

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

	2023 \$'000	2022 \$'000
Current assets		
Cash and cash equivalents	1,033	330
Receivables	140	259
Prepaid expenses	362	282
Total current assets	1,535	871
Non-current assets		
Property, plant and equipment	79	114
Total non-current assets	79	114
Total assets	1,614	985
Current liabilities		
Payables	219	86
Other Liabilities	540	31
Lease Liability	22	23
Total current liabilities	781	140
Non-current liabilities		
Lease Liability	34	47
Total non-current liabilities	34	47
Total liabilities	815	187
Net assets	799	798
Equity		
Accumulated surplus	799	798
Total equity	799	798

Note 8.7 Joint arrangements (continued)

Bass Coast Health's interest in revenues and expenses resulting from joint arrangements are detailed below:

	2023	2022
	\$'000	\$'000
Revenue and income from transactions		
Operating Activities	2,214	2,249
Total revenue and income from transactions	2,214	2,249
Expenses from transactions		
Other Expenses from Continuing Operations	2,168	2,413
Depreciation	45	44
Total expenses from transactions	2,213	2,457
Net result from transactions	1	(208)

Contingent liabilities and capital commitments

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

Note 8.8: Equity

Contributed capital

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

Specific restricted purpose reserves

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

Note 8.9: Economic dependency

Bass Coast Health is wholly dependent on the continued financial support of the State Government and in particular, the Department of Health.

The Department of Health has provided confirmation that it will continue to provide Bass Coast Health adequate cash flow support to meet its current and future obligations as and when they fall due for a period up to October 2024. On that basis, the financial statements have been prepared on a going concern basis.

BCH Site Map

Main Site

1. Wonthaggi Hospital
235 Graham Street, Wonthaggi Vic. 3995
Phone: 03 5671 3333

Satellite Sites

2. San Remo
1 Back Beach Road, San Remo Vic. 3925
Phone: 03 5671 9200
3. Phillip Island Health Hub
50-54 Church Street, Cowes Vic. 3922
Phone: 03 5951 2100

Outreach Sites

4. Grantville
Grantville Transaction Centre
Cnr. Bass Highway & Pier Road, Grantville Vic. 3984
Phone: 03 5671 3333
5. Corinella
Corinella & District Community Centre
48 Smythe Street, Corinella Vic. 3984
Phone: 03 5671 3333

Residential Aged Care Facilities

6. Kirrak House
Baillieu Street, Wonthaggi Vic. 3995
Phone: 03 5671 3250
7. Griffiths Point Lodge
Davis Point Road,
San Remo Vic. 3925
Phone: 03 5678 5311

Maternal and Child Health Sites

8. Wonthaggi
Wonthaggi Hospital
235 Graham Street, Wonthaggi Vic. 3995
Phone: 03 5671 4275
9. Inverloch
16 A'Beckett Street, Inverloch Vic. 3996
Phone: 03 5671 3136
10. San Remo
San Remo Kindergarten
23 Back Beach Road, San Remo Vic. 3925
Phone: 03 5951 2302
11. Cowes
Phillip Island Early Learning Centre
161 Settlement Road, Cowes Vic. 3922
Phone: 03 5952 2938

