Bass Coast Health Annual Report 2023–24

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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Bass Coast Health Annual Report 2023–24

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 2024.

Ian Thompson, Chair, Board of Directors
Bass Coast Health
11 September 2024

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 2023 to 30 June 2024

Minister for Ambulance Services
The Hon. Gabrielle Williams from
1 July 2023 to 2 October 2023

The Hon Mary-Anne Thomas from
2 October 2023 to 30 June 2024

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

The Hon. Ingrid Stitt from
2 October 2023 to 30 June 2024

Minister for Disability, Ageing and Carers
The Hon. Lizzie Blandthorn from
1 July 2023 to 2 October 2023

Minister for Disability/
Minister for Children
The Hon. Lizzie Blandthorn from
2 October 2023 to 30 June 2024

Minister for Ageing
The Hon. Ingrid Stitt from
2 October 2023 to 30 June 2024

About BCH

Our Purpose

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

Contents

Our Service Profile

Acute Services

- Haemodialysis
- Hospital in the Home
- Integrated Cancer
- Maternity
- Medical and Surgical inpatient
- Operating Suite / Day Procedure / Central Sterile Supply Department (CSSD)
- Phillip Island Urgent Care
- Wonthaggi Emergency Department with Short Stay Unit and Fast Track

Sub-Acute Services

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

Clinical Support Services

- Acute Mental Health (Latrobe Regional Health)
- Breast screening (BreastScreen Victoria)
- Infection Prevention and Control
- Pathology (Monash Health Pathology)
- Pharmacy
- Radiology and ultrasonography (I-MED Radiology Network)
- Spiritual Care

Volunteer Programs

- Advisory Committees (Community Advisory Committee) (First Peoples Advisory Committee) (Consumer Health Information Committee)
- Administration volunteers in Quality, Medical Ward, Pre-Admissions, Organisational Support and Armitage House
- Concierge
- Fundraising Auxiliaries: BCH Inverloch Art Show Auxiliary, BCH Ladies Auxiliary, BCH San Remo Opportunity Shop Auxiliary, Inverloch Fundraising Auxiliary and Phillip Island Health Hub Auxiliary
- Gardening
- I Care support at Armitage House, Emergency Department and Theatre
- Planned Activity Groups
- Residential aged care, visiting Griffiths Point Lodge and Kirrak House
- Volunteer Transport
- Wayfinding

Residential Aged Care

- Griffiths Point Lodge – 29 beds
- Home Care Packages (Flexihealth)
- Kirrak House – 30 beds

Primary and Community Care Services

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

Medical Specialists

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

Chief Executive and Chair Report

Year in review

Bass Coast Health's (BCH) focus is to deliver Excellence in Care.

As we reflect on the past year, we take pride that BCH has provided care to more people and expanded its range of services, enabling the delivery of care closer to home. Our newly constructed Wonthaggi Hospital is fully operational, providing patient focused services in an improved working and healing environment.

Safety and quality of care are our highest priorities and our excellent care was recognised via a series of external accreditation reviews undertaken during the last 12 months. This past year of outstanding service delivery would not have been possible without the tireless efforts of our skilled staff, our enthusiastic volunteers, our highly engaged partners, and the Community of Bass Coast – for whom we serve.

The Bass Coast is experiencing population growth as people move to our region. Additionally, we have an ageing population with a poorer health profile[1] than the state average. These dynamics determine the ongoing growth demands on BCH and the appropriate suite of services required. Further, it underscores the need to deliver services closer to home where possible.

BCH has actively sought to meet the increasing healthcare needs of its Community through a range of clinical partnerships with valued metropolitan partners as we develop our local capability and infrastructure capacity.

During the year BCH commenced the construction of the multi-million dollar Phillip Island Community Hospital which will be a valued asset to Island residents and visitors.

The high demand for BCH's services is reflected in 31,223 presentations to our ED and UCC with a trend towards higher acuity, a 30% increase in surgery activity, and meaningful increases in Haematology and Oncology, along with Geriatrics services. To cater for this growth, BCH increased its workforce by 11% and expanded outpatient specialists and visiting surgeons. Attracting, developing and retaining our talented and skilled workforce remains a critical issue to deliver care.

BCH is fortunate to have such a hard-working, committed and compassionate workforce of skilled healthcare workers. As the largest employer in our region, most of our staff are members of the Bass Coast community living locally. We are also fortunate to have other staff who choose to travel to Bass Coast to be part of our team and provide specialist care and support.

This year, our staff demonstrated their versatility in response to the major storms which resulted in loss of power and phone outages across Bass Coast and South Gippsland in February. We ran our sites from back-up generators and provided additional capacity for patients needing emergency support, food and equipment. We undertook extra home visits to care for our vulnerable community members, and we worked alongside Victoria Police, Bass Coast Shire Council and Ambulance Victoria to co-ordinate responses to ensure our community was safe. As an example, with just an hour's notice, our Kitchen staff prepared 60 hot meals for the Corinella community to help comfort people while their homes were without electricity.

1 Source: https://www.abs.gov.au/census/find-census-data/quickstats/2021/LGA20740#health

BCH is always looking to improve the experience of those we care for. We are particularly proud of an initiative of our residential aged care team who developed "the Bucket List", which earned us being named a finalist in the 2023 Victorian Public Healthcare Awards in the Excellence in Aged Care category. This initiative, at our residential care facility, Griffiths Point Lodge at San Remo, gave residents the chance to participate in a special experience they have always dreamed of – an item from their bucket list. Experiences included a 21st birthday party for a resident who had never had one, and a Paris-themed birthday party for a 104-year-old resident who had always wanted to go to Paris.

While we have been focused on the growth of our health service, it was important not to forget the foundations on which we're building. For this reason, we recognised the significant contribution of some of the many people who have built the foundations of Wonthaggi Hospital over its journey. Multiple glass panels, featuring the photos and contributions of local identities, have been unveiled in the corridor linking the old and new hospitals, with more to come. Bass Coast Health is built on the amazing efforts of these great local leaders who started our vision to grow a dynamic community hospital.

We continued on our path to Reconciliation by unveiling three First Nations artworks at Wonthaggi Hospital. The large-scale paintings were created by Wonthaggi artist Aunty Patrice Mahoney OAM. BCH is highly committed to walking with, working with and listening to First Nations People as we continue our journey to be culturally safe in the care we provide. We are blessed to have appointed Aunty Doseena Fergie as our Elder in Residence to help guide this journey.

Our relationship and engagement with our Community is critical to our success. It is an extensive and rewarding relationship that embraces patients and family for whom we care, as our genuine partners in care. We are also enriched by the generous and highly engaged volunteer base who provide much needed support, and community minded organisations and individuals who provide financial support.

BCH is committed to delivering the best possible care to our community and focusing on growing our services to deliver more care closer to home, in line with our Strategic Goals. A summary of initiatives achieved this year is set out below:

Safety and Quality

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

- maintaining accreditation under the National Safety & Quality in Health Service Standards following an assessment by the Australian Commission on Safety and Quality in Healthcare, in November.
- maintaining accreditation at our two residential aged care facilities, Griffiths Point Lodge and Kirrak House, in the three-yearly accreditation review by the Aged Care Quality and Safety Commission.
- maintaining accreditation for our Aged Care Community programs, including our Flexihealth Community Packages, under the Aged Care Quality and Safety Commission.
- meeting the requirements of the Child Safe Standards.

- receiving continued certification from the NDIS Commission by meeting the requirements of the National Disability Insurance Scheme (NDIS) Practice Standards and Quality Indicators.
- achieving mid-cycle accreditation of the pre-vocational intern and Postgraduate Year 2 medical training conducted by the Postgraduate Medical Council of Victoria (PMCV).
- achieving accreditation of the Bass Coast Health Anaesthetic Department to include rotation of Anaesthetists and Medical Registrars for the Anaesthetic Component of Intensive Care Training.
- collaborating with Safer Care Victoria to improve safety including:
  - participating in the Post Partum Haemorrhage collaborative
  - seeking advice on processes to meet the Statutory Duty of Candour and Serious Adverse Patient Safety Event requirements
  - participating in the Criteria Led Discharge collaborative
  - participating in the Health Complaints Analysis Tool (HCAT project)
  - rolling out the Aged Friendly Systems collaborative
  - participating in a pilot program for Mortality & Morbidity (M&M) meetings
  - reviewing the operational commissioning of the Behavioural Assessment Room in the new ED.
- achieving successful outcomes from our cardiac programs, including expanding our cardiac rehabilitation groups and heart failure rehabilitation groups, and commencing a heart failure pathway for patients seen in our Emergency Department.
- facilitating a Clinical Redesign Project to improve the Access, Outpatient and Surgical Reform processes.
- implementing the Fast Track model in ED, which is led by a BCH-grown ED Nurse Practitioner.
- implementing changes to Food Services systems and processes, including review of special dietary menus, review of food preparation guidelines and an updated Food Safety Plan.
- ensuring BCH has trained Consumer Advocates in Serious Adverse Event reviews.
- implementing 'DIvERT' – a call escalation response system (De-Escalation Intervention Early Response Team) as an improved recognition and response to mental state deterioration.
- achieving five-star ratings for both Kirrak House and Griffiths Point Lodge.
- being a part of the collective Delivery and Innovation Team for the Gippsland Elective Surgery Reform that improved elective surgery access.
- supporting the health of our staff and visitors by providing healthy food and drinks at our café and events.
- implementing an electronic pathology ordering, collection and resulting system.

Service Growth and Development

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

- increasing Surgical activity by 30 per cent, Haematology and Oncology by 19 per cent, and Geriatrics by 13 per cent.
- introducing 24/7 support for patients through access to on-call services for Neurology and Infectious Diseases.
- expanding our respiratory services to include a sleep clinic for patients needing assessment for sleep apnoea.
- offering people greater access to clinical trials through our partnership with the Alfred Health Trial Hub pilot program.
- developing a contemporary stroke service to enable local people who have had a stroke to receive expert rehabilitation care at BCH.
- providing a Registered Nurse (RN) on-site 24/7 at Griffiths Point Lodge to provide a greater level of care to residents.
- offering a greater range of surgery at Wonthaggi Hospital, including shoulder replacements, endoscopic gastric stents and trans perineal prostate biopsies, hand and elbow nerve releases, and rectopexies.
- adopting a dog called Max at our Kirrak House residential aged care centre to enhance residents' mental and physical health.
- attracting more outpatient specialists and surgeons, including Shoulder and Upper Limb Surgery, Rehabilitation Medicine, Palliative Care, Neurosurgical consultations, Onco-geriatrics, and Respiratory and Sleep. Sixty-four specialists now travel to BCH to provide publicly-funded services.
- offering a Sleep and Settling Program and Groups via our Maternal and Child Health team.
- expanding our Midwifery unit, with two extra post-natal rooms.
- offering a new Nurse Practitioner-led clinic to help people with addiction to opiates (prescribed or illegal) and other drug or alcohol issues.
- embedding our close observation beds in Kodowlinun Ward at Wonthaggi Hospital, for patients who have more complex conditions.
- continuing to advance the quality of the service we provide by obtaining a $125,000 Gippsland Regional Integrated Cancer Service grant for the Older Person with Cancer Project.

People

We enhanced our workforce and developed our skillset by:

- growing our workforce from 638.4 full-time equivalent (FTE) staff in June 2023 to 705.6 FTE staff in June 2024. We did this by implementing a new recruitment strategy, adopting a targeted approach to attract midwives and Allied Health staff.
- launching our inaugural International Recruitment Program, targeting experienced nurses and midwives, allied health and medical professionals for our skilled migration program.
- investing in new career and education pathways, including Wonthaggi Hospital becoming an accredited site of Federation University to provide more local opportunities for our staff to grow their careers locally.
- celebrating 48 long-serving staff at our Annual General Meeting, in recognition of their dedicated service to the community. Special mention to Irma Hyde and Linda Goltz for each serving 35 years, and Kerryn Griffiths, Kay Barford, Tracy Creaton, Glenda Churchill and Melissa MacDermid for each serving 30 years.
- appointing Dr Megan Scott as the new BCH Clinical Dean to guide Medical Students, continuing the excellent foundation developed by Associate Professor Bruce Waxman, who remains as a mentor for Dr Scott and our Medical Supervisors.
- expanding our Learning and Development team, appointing Clinical Nurse Educators across four major directorates, and increasing our staff within Allied Health Clinical Development due to rising growth in student and graduate programs.
- enrolling 37 Bachelor of Nursing students across first and second year at Wonthaggi Hospital, as an accredited site of Federation University.
- facilitating 4,827 student placement days to more than 300 students from across Australia.
- having 78 per cent of our eligible RUSONs apply to undertake their graduate year in 2025, with overall application numbers up by 20 candidates from 2024.
- having 14 postgraduate scholarship recipients for the Department of Health 'Making it Free to Study Nursing and Midwifery' initiative.
- having 11 EN to RN scholarship recipients for 2023–24, with eight due to graduate at the end of the year.
- developing employee wellbeing project groups focused on reducing stress and promoting wellbeing, effectively managing high workloads, creating a psychologically safe environment, and career development and fair opportunities.
- providing breastfeeding rooms and a prayer room for staff and the public at Wonthaggi Hospital.

Partnerships and Collaboration

We have developed close partnerships dedicated to shared outcomes and inclusiveness by:

- continuing to maintain and grow strong clinical partnerships with our Metropolitan partners such as Alfred Health and Monash Health to offer our community access to a greater range of care closer to home.
- being an active member of the Bass Coast Reconciliation Network, collaborating to run events for Sorry Day, National Reconciliation Week and the annual First Nations Art Exhibition during NAIDOC Week.
- participating in the Bass Coast Gathering Place Committee, which launched the work to develop a local Gathering Place.
- appointing a new Aboriginal Health Liaison Officer, complementing our Aboriginal Health Clinical Nurse Consultant Darelle, who promotes Aboriginal Health assessments, and engaging Aunty Professor Doseena Fergie as our Elder-In-Residence.
- working with Gippsland Southern Health Service, South Gippsland Hospital and Kooweerup Regional Health Service on a range of initiatives including the Partnering for Innovative Workforce Solutions Conference at Inverloch, which focused on workforce challenges in healthcare.
- working with our Community Advisory Committee, Consumer Associates and Consumer Consultants to obtain consumer input to improve our services.
- continuing the highly valued Volunteer Transport service to the community where our 33 volunteer drivers provided 2,704 hours of service and averaged 130 drives per month.
- providing 528 hours welcoming consumers and helping consumers find their way around the hospital through our Concierge Volunteers.
- providing 640 hours of support through our Administration Volunteers.
- providing 792 hours of support and care to Theatre patients through our Theatre Volunteers.
- continuing work on the Rainbow Ready Roadmap and celebration milestones such as IDAHOBIT, introduction of Gender Pronoun stickers for staff and patients, and developing a staff resource hub for recognising and celebrating key diversity days.
- connecting isolated clients with our Planned Activity Community Volunteers.
- planting the new Café Courtyard, improving the Dennis Ginn Memorial Garden, ITCU Garden, and staff areas near Armitage House and Outpatients, all by our volunteer gardening group who bring joy to our patients and staff.
- introducing a new volunteer management system and MePACS alarms for Volunteer Drivers to enhance their safety whilst transporting patients to appointments.
- being a part of the Gippsland Health Service Partnership, including in region-wide workforce initiatives, surgical efficiency initiatives and Better at Home opportunities.

- hosting the Big Red Kidney Bus by partnering with Kidney Health Australia and Monash Health to deliver expanded Dialysis services at Wonthaggi Hospital for peak periods.
- participating in the GenV research project that aims to improve the health and wellbeing of Victorian families. GenV (short for Generation Victoria) is led from the Murdoch Children's Research Institute at The Royal Children's Hospital.
- welcoming four new members to our Community Advisory Committee.
- creating a Diversity Framework for the South Gippsland Coast Sub-Regional Partnership to provide strategic direction for diversity and inclusion work.
- having our South Coast Prevention Team partner with our secondary schools to deliver the Vaping Prevention in Secondary Schools Initiative.
- developing Associate Positions to our Consumer Voices to bring continued insight into our decision-making.

Financial Health

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

- expanding our operating base revenue from $55m in 2015–16 to $154m in 2023–24 to deliver more services, enabling our community access to a greater range of healthcare services locally.
- conducting comprehensive capacity and demand analysis to achieve an endorsed 2037 Entity Service Plan for Wonthaggi Hospital in collaboration with DH.
- valuing the tireless and passionate volunteers of our Auxiliaries whose combined fundraising efforts this year raised $278,767. Among the highlights were:
  - the San Remo Op Shop reaching the $1 million milestone, enabling BCH to buy much-needed medical equipment. Most recently, the BCH San Remo Opportunity Shop Auxiliary donated $120,000 towards new equipment for the Women's and Children's service at Wonthaggi Hospital
  - the Inverloch Fundraising Auxiliary that hosted the magnificent Auction, which resulted in the purchase of a $60,000 state-of-the-art ultrasound machine for the L. Rigby Cancer Centre and other departments
  - receiving a $37,000 donation from the Bass Coast Health Ladies Auxiliary towards Women's Health Services, raised at their annual fete and raffles
  - the Phillip Island Health Hub Auxiliary donating a coffee cart to the Phillip Island Health Hub, bought with the proceeds of fundraising at their excellent St Patrick's Race Day at Woolamai, trivia nights, sausage sizzles and raffles
  - the Inverloch Art Show Auxiliary holding a record-making impressive art show, earning more than $10,000 for our food box program to help people in need.
- having the Valuer General Victoria complete a full revaluation of BCH land and buildings during the year, as part of a DH requirement to have this process undertaken every five years. This resulted in an increase in land and building values of $25m in 2023–24.
- working collaboratively with DH who have provided ongoing support to support BCH meet its financial health goals.

- welcoming many donations, including:
  - the Indulgence Raffle fundraiser sponsored by three local businesses (Headlines Hairdressing, Revive Beauty and Spa, and The Cape Tavern) that raised $20,771 for the proposed Maternity and Neonatal Care Nursery at Wonthaggi Hospital
  - a pledge by the Rotary Club of Phillip Island and San Remo to raise $100,000 over five years, to design and develop the Rotary Rehabilitation Courtyard for the new Phillip Island Community Hospital
  - a significant anonymous donation that fully equipped the Phillip Island Radiology Service along with other equipment
  - a $50,000 bequest from Vivian Reith, a former resident of Griffiths Point Lodge, towards new flooring at the residential aged care centre
  - $13,600 for the L. Rigby Cancer Centre at Wonthaggi Hospital from patient Cheryl Wilson and her supporters
  - more than $11,000 for women's health services from a golf day hosted by Kelly and Sean Ambler.
- actively engaging in the South Coast Partnership to develop a Sub-Regional Sustainability Framework. Outcomes include installing a Food Waste Digester which has reduced bin costs by 80 per cent.
- transitioning our fleet vehicles towards environmental sustainability and meeting government directives that all new small passenger vehicles in the fleet be hybrid as a standard feature. The initiative involves a meticulous assessment of current vehicles, coordination with VicFleet for procurement and leasing arrangements, and the phasing out of non-compliant vehicles.
- progressing a large volume of procurement packages relating to ICT, Furniture, Fittings and Equipment for the Phillip Island Community Hospital. These activities have been driven by learnings derived from the Wonthaggi Hospital Expansion project, with a key focus of achieving interoperability of medical equipment across BCH sites, as well as delivering cost savings for future servicing of this equipment.
- improving our Business Intelligence reporting to enhance data driven decision making in financial and operational areas to improve efficiency. We have implemented performance dashboards through the integration of BCH clinical and non-clinical systems into a single reporting tool.

We could not have achieved what we have without our valued partnerships with many organisations who are as equally committed to the Bass Coast. The contributions of our loyal partners have helped us to advance our health service for our community. We sincerely thank:

- our Federal, State and Local governments.
- the Victorian Department of Health.
- the Commonwealth Department of Health.
- the Victorian Health Building Authority.
- our local State member.
- other Federal and State representatives.
- our Metropolitan health service colleagues, in particular Alfred Health and Monash Health.
- our Regional and Sub-Regional health service colleagues, especially South Gippsland Hospital, Gippsland Southern Health Service, Kooweerup Regional Health Service, Latrobe Regional Health and the Gippsland Region Public Health Unit.
- Ambulance Victoria.
- Victoria Police.
- our dedicated community organisations, including Lions, Rotary, Freemasons, Returned & Services League, Bendigo Bank and Men's Sheds.
- local businesses.
- the local media.
- members of our community.

We remain extremely grateful to the community-minded people and organisations who donate to our health service so we can continue to expand our care to the people of Bass Coast and South Gippsland. The community's kind and generous donations have significantly enhanced our Oncology, Cardiology and Surgical services. We will be forever grateful to those people who give locally – whether it is a single, small donation, or a large bequest, these community donations make a massive difference in what we can achieve, and more people receive a greater range of care close to their homes, because of your generosity. Thank you!!

We are blessed to have five passionate Auxiliaries who volunteer their time, day in and day out, to deliver community events and raise funds so that our patients have access to state-of-the-art equipment. A huge thank you to the Inverloch Fundraising Auxiliary, the Inverloch Art Show Auxiliary, Bass Coast Health Ladies Auxiliary, San Remo Opportunity Shop Auxiliary and the Phillip Island Health Hub Auxiliary. We thank you not only for the hundreds of thousands of dollars you give us each year, but for the kindness, compassion and community connection you bring.

We are fortunate to have the skills, expertise and enthusiasm of more than 220 Volunteers who help us deliver healthcare. They help us in many ways such as Administration, Wayfinding, Transport Driving, Gardening, Aged Care visiting, Consumer Advisory Committees and Volunteer Concierge. We acknowledge and celebrate each and every one of our volunteers, and we thank them for making us a better service.

We also thank our Community Advisory Committee and our Associates who have provided strong voices, to improve the work we do. You provide us with hours and hours of consumer and community perspective, and you make our decision-making about our services, robust and complete. Your partnership with our clinical and corporate teams, and your many networks and conduits within our community, bring insight and clarity to enable us to continually enhance our care. It is a privilege to work alongside you.

Above all, our most valued partners are our patients, clients, residents and families who use our services. Through your compliments, feedback, suggestions and critiques, we've been able to improve and advance our services for the benefit of future patients, families and friends. We are a learning organisation, and we learn much from you. Thank you genuinely, for taking the time to tell us what works, and what doesn't. We may not always get things perfectly right, but we are wholly committed to listening and working with you, to improve. Thank you for this most valuable partnership.

Our Future, together

The year ahead is filled with promise. We will continue the provision of excellent healthcare in partnership with others, and we will continue to seek opportunities for service expansion, to deliver care closer to home.

We will also focus on delivering a financially sustainable service as we prepare to open the new Phillip Island Community Hospital, and advance work on the master plan for Stage Two of the Wonthaggi Hospital.

Above all, our key focus will be to support our staff and volunteers, as we continue to deliver, safe high-quality care. It is a privilege to be able to care for our community, and we thank you for your continued trust and support.

Ian Thompson, Chair, Board of Directors
Bass Coast Health
11 September 2024

Jan Child, Chief Executive Officer
Bass Coast Health
11 September 2024

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 monitoring 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.

Ian Thompson | Board Chair

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 here 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 the Finance, Audit and Risk committees of a number of 'for purpose' organisations. 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 in November 2022, and is a member of the Finance, Audit and Risk Committee, Quality and Clinical Governance Committee and Remuneration Committee.

Nicky Chung | Deputy Chair

MBA, BA (Psychology), CPHR

Nicky Chung has over 20 years of experience in people, safety and culture. She graduated with a Bachelor of Arts in Psychology and is a Certified Practitioner in Human Resources. Nicky completed the Senior Executive MBA program at Melbourne Business School, graduating in 2022 and currently serves as the CEO for the Australian Vietnamese Women's Association. Nicky joined the board in July 2022 and is a proud, active member of the Bass Coast community. She is on the board of South Coast FM and has been involved with Rotary since 2014. Nicky was appointed Deputy Chair in October 2023 and has served on a number of BCH committees.

Mary Whelan

B. App Sc (Physiotherapy), Grad Dip Manipulative 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, and Quality and Clinical Governance Committee.

Simon Jemmett

BHSc, Grad Cert Mgt, Dip Proj Mgt, MAICD

Simon has more than 30 years 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 and the Remuneration Committee.

Ian Leong

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

Ian has over 45 years 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 supporting board governance functions and also as a former member of the Ministerial Advisory Committee for Mine Rehabilitation. He is highly involved in the Gippsland innovation ecosystem having founded startups and provided mentoring support to startup founders throughout Gippsland. He lives locally and has a real passion for the Gippsland region. Angelo is the Chair of the Finance, Audit and Risk Committee.

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 Western Health 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 previously 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.
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 over 20 years.
Liz is a member of the Finance, Audit and Risk Committee.

John Nevins | Independent Member

Bach (Economics), 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. John is now semi-retired and currently a Board member of three other organisations, one of which he holds the position of Board Chair.

Board Committees

Finance, Audit and Risk Committee

Chairperson: Angelo Saridis

Deputy Chair: Liz Camilleri

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: Simon Jemmett

Deputy Chair: Harvey Newnham

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: Ian Thompson

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

Community Advisory Committee

Chairperson: Mim Kershaw

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.

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

The following occurred in 2023–24:

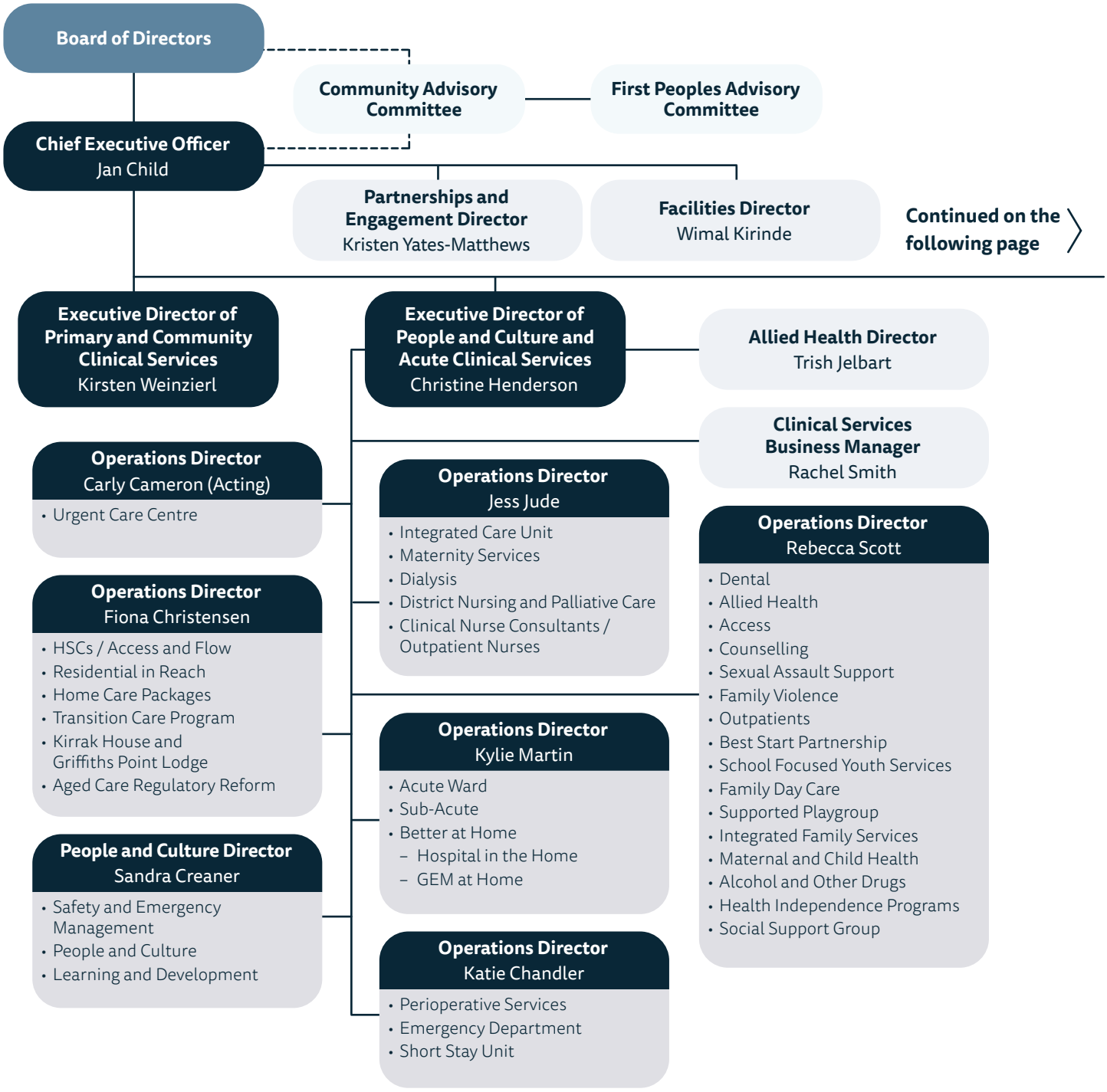
Retirements	
Mary Whelan	11 August 2015 to 27 June 2024
Re-appointments	
Simon Jemmett	1 July 2023 to 30 June 2026
Kate Jungwirth	1 July 2023 to 30 June 2026
Angelo Saridis	1 July 2023 to 30 June 2026
Appointments	
Nil new appointments in 2023–24	

Board Membership and Meeting Attendance

The table below provides information on board membership and meeting attendance for 2023–24.

Board Member	Board of Directors	Finance, Audit and Risk Committee	Quality and Clinical Governance Committee	Community Advisory Committee
Ian Thompson	100%	100%	100%	100%
Angelo Saridis	80%	75%	-	-
Elizabeth Camilleri	70%	75%	-	-
Harvey Newnham	100%	100%	100%	-
Ian Leong	90%	88%	-	66.67%
Kate Jungwirth	80%	63%	-	-
Mary Whelan	80%	88%	67%	-
Nicky Chung	70%	80%	67%	50%
Simon Jemmett	80%	88%	100%	-
Independent members				
John Nevins	-	50%	-	-

BCH Organisation Chart



Portfolios

Chief Executive Officer
- Phillip Island Community Hospital
- Wonthaggi Hospital Expansion
- Inclusion & Diversity
- Fundraising

Executive Director of Primary and Community Clinical Services
- Healthcare that Counts
- My Aged Care
- Responsible Person (Family Day Care)
- Child Safe Standards

Executive Director of People and Culture and Acute Clinical Services
- Gender Equity
- Environmental Sustainability
- Wellbeing

Professional Reporting

Medicine: Renee Kelsall

Nursing and Midwifery: Chris Henderson

Allied Health: Trish Jelbart

Continued from the previous page

Chief Medical Officer
Renee Kelsall

- **Clinical Director of Emergency Medicine**
  Kishan Ajjampur & Don Liew
- **Clinical Director of Anaesthetics and Perioperative Services**
  Arul Sivanesan and Michael Keane
- **Clinical Director of Women's Health**
  Carmen Brown
- **Deputy CMO and Clinical Director UCC**
  Raja Devanathan
- **Clinical Director of Surgery**
  Senthilkumar (Kumar) Sundaramurthy
- **Clinical Dean Rural Health**
  Megan Scott
- **Pharmacy Director**
  Kym Bowring

Executive Director of Quality, Health Information and Technology
Emilia Pezzi

- **Business Intelligence and Reporting Director**
  Dhruv Govil
  - Information, Communication and Technology
  - Health Information Services
  - Clinical Coding and Case Mix
  - Reception and Administrative Support
- **Quality, Clinical Governance and Risk Director**
  Kelly McRae
  - Risk Management
  - Infection Control and Staff Health
  - Medico-legal
- **Workforce Bureau**
  Carley Gilliland (Acting)
- **Operations Director**
  Bernadette McKenna
  - Service Development
  - Research and Clinical Trials
  - Mental Health Reform

Chief Financial Officer
Shaun Brooks

- **Finance**
  Phil Maddock
- **Payroll**
  Kerry Doig
- **Corporate Services Business Manager**
  Luke Anthony
- **Contracts and Procurement**
  Darren Taylor

Operations Director
Carly Cameron (Acting)

- Radiology
- Pathology
- Clinical Informatics

Support Services Director
Blake Carew (Acting)

- Environmental Services
- Food Services
- Supply and Fleet

Portfolios

Chief Medical Officer
- Medical Accreditation
- Medical Credentialing and Scope of Practice
- New Technology
- Medico-legal
- End of Life/ACP/VAD
- Research
- Medical Indemnity
- Clinical Governance

Executive Director of Quality, Health Information and Technology
- Risk Management Framework
- Legislative Compliance
- My Health Record
- Freedom of Information
- Privacy
- Accreditation/Standards including:
  - National Disability Insurance Scheme (NDIS)

Chief Financial Officer
- Standing Directions
- Insurance
- HSV/Procurement

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 a surveyor with the Australian Council of Healthcare Services. She has more than 40 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 was appointed as Chief Executive Officer in September 2016 following a six-month interim role commencing in March 2016.

Executive Director of People and 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 nearly 30 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, GAICD

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, AFRACMA

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 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 | Kirsten Weinzierl

Reg Nurse, Post Grad Critical Care

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

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 $31.80 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 2023–24, BCH received 126 applications. Of these requests, 107 were from Lawyers, Government Agencies and Insurance agencies, and the remainder from the general public.

BCH made 115 FOI decisions during the 12 months ended 30 June 2024. There were 114 decisions made within the statutory time periods and one decision made outside time, with a further 45 days.

A total of 115 FOI access decisions were granted in full, one was granted in part (some exempt material), one was withdrawn and nine are in progress.

Building Act 1993

Bass Coast Health complies with the building and maintenance provisions of the *Building Act 1993*.

We obtain building permits for new projects where required and all certificates of occupancy are completed by a registered building surveyor.

Bass Coast Health controls a number of properties across three main sites, including addresses at Wonthaggi Hospital, Griffiths Point Lodge, Kirrak House, San Remo Community Health and Phillip Island Health Hub. The main campus is located in Wonthaggi.

In 2023-24, BCH did not require any occupancy permits or certificates of final inspection.

BCH had no emergency orders or building orders issued in relation to the buildings we own or operate.

Victorian Health Building Authority are managing the construction of Phillip Island Community Hospital, which is adjacent to the Phillip Island Health Hub and will be handed over to Bass Coast Health in 2025.

Bass Coast Health has had several major works projects above $50,000 in cost. These have included the sprinkler system, renovation of the Warworn ward, Griffiths Point Lodge renovation, Kirrak House renovation, replacement of fire panels, café courtyard, renovation of the old theatre and replacement of chillers. Where required, appropriate building permits were sought and approved.

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 available through the Staff document repository PROMPT.

There have been no disclosures notified to the Independent Broad-based Anti-corruption Commission (IBAC) under section 21(2) during the financial year.

Statement on National Competition Policy

Bass Coast Health is committed to ensuring that services and processes demonstrate both quality and efficiency. Competitive neutrality, which supports the National Competition Policy, assists to ensure any net competitive advantages of a government business are managed. Bass Coast Health understands the requirements of competitive neutrality and acts accordingly, complying with the Competitive Neutrality Policy Victoria and any subsequent reforms that relate to expenditure, infrastructure projects and partnerships between private and public sectors. Openness and fairness are key principles imbedded in Bass Coast Health's procurement framework.

No complaints have been submitted to Bass Coast Health in relation to this policy.

Carers Recognition Act 2012

Bass Coast Health has taken all practical measures to comply with its obligations under the *Carers Recognition Act 2012*. These include:

- promoting the principles of the Act to people in care relationships who receive our services and to the wider community. We have taken measures to comply with our obligations under the Act, ensuring the needs of carers are recognised and responded to when the person for whom they care for is admitted to Bass Coast Health or when the carer is admitted to Bass Coast Health. Carer and care relationship stories are regularly published on our website
- ensuring our staff have an awareness and understanding of the care relationships principles set out in the Act. Our Recognising Carers and Care Relationships as part of Delivering Consumer Care policy, which includes the care relationships principles, is available to all staff (employees and volunteers) to provide awareness and understanding of the care relationship principles. The policy supports our commitment to our WE CARE values and ensures our staff 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
- considering the care relationships principles set out in the Act when setting policies and providing services. Our Recognising Carers and Care Relationships as part of Delivering Consumer Care policy documents the care relationship principles which provide guidance in setting policies and service provision. Our Partnering with Consumers, Comprehensive Care and Communicating for Safety policies include a focus on carers and engagement with carers. BCH Flexible Working Arrangement policy supports and encourages flexible work practices to which care relationships are considered

- implementing priority actions in Recognising and supporting Victoria's carers. BCH Partnerships in Care program recognises the vital role a loved one or significant person plays in the wellbeing and recovery of our consumers and understands the need to have a process in place to ensure vulnerable consumers are able to be supported by the people who know them best. This guideline has been developed to provide guidance on how BCH will partner with relatives, friends and carers to support vulnerable patients and residents' emotional and physical wellbeing.

There are no disclosures required to be made under the *Carers Recognition Act 2012* (Vic).

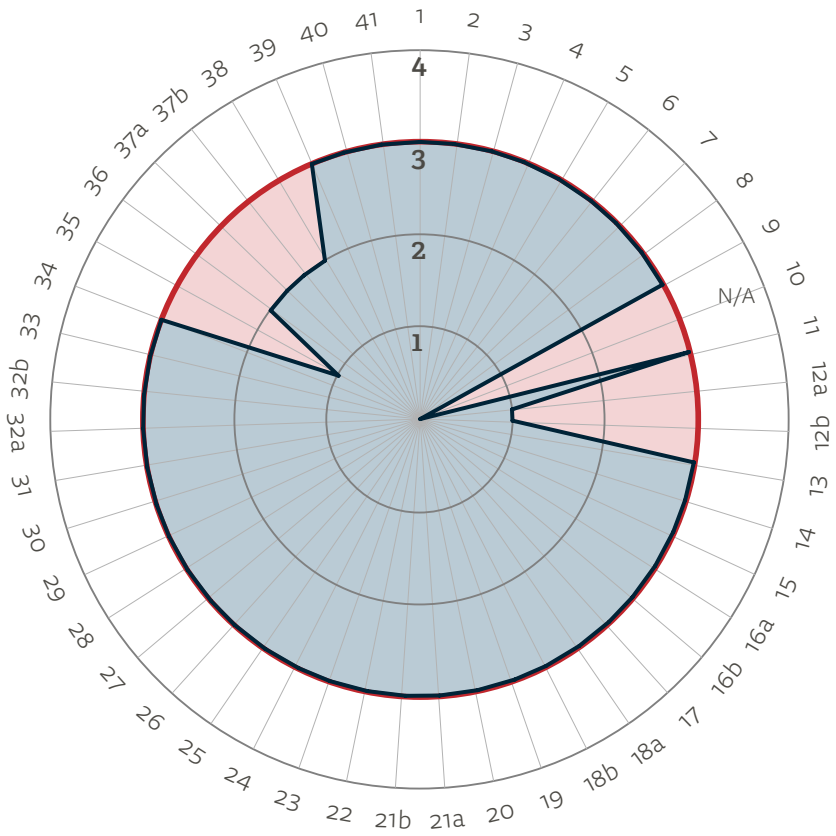
Safe Patient Care Act 2015

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.

Asset Management Accountability Framework

The below compliance and maturity rating tool is an assessment of maturity against the requirements of the Asset Management Accountability Framework (AMAF). The AMAF is a policy that aims to ensure an agency's asset base addresses its service delivery objectives and requires compliance with 41 mandatory requirements. BCH meets the target maturity level in most requirements of the categories relating to planning, acquisition and disposal. BCH is at the developing stage for some components of asset performance and information. During the year, BCH made good progress to embed improvements relating to asset management roles and responsibilities and assurance processes, which lifted its overall maturity. BCH is introducing an asset management system to streamline and improve processes to monitor the life cycle of assets. This will better assist with monitoring asset performance and managing asset information.

BCH Asset Management Maturity



Legend

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

Overall assessment

Target

Disclosure of review and study expenses

This year we have developed our Research Strategic Plan 2024–2029 and progressed with delivering aspects of this plan to improve clinical trial access and deliver high quality research that improves the patient experience and health outcomes of our community.

We have continued work to integrate clinical trial services into the organisation and develop processes to align with the National Clinical Trials Governance Framework to ensure strong governance and support the delivery of high-quality clinical trials.

The cost of the three clinical trials below was $135,000. This was partially funded ($78,369) via Alfred Health's agreement with the Victorian Melanoma Service and the Monash Health study agreement.

Research Activity

Clinical Trials

Trial Name	Anticipated outcomes	Terms of reference/scope	Reason for undertaking the review/study	Status
IMAGE (02.19): Melanoma Surveillance Photography (MSP) to Improve early detection of MelanomA in ultra-hiGh and high risk patiEnts (IMAGE – capitalisation intentional)	To determine whether surveillance using Melanoma Surveillance Photography compared to standard care (ie. clinical surveillance without Melanoma Surveillance Photography) results in improved diagnostic performance. To determine the cost-effectiveness of Melanoma Surveillance Photography from a health system perspective.	Recruitment of 20–50 trial participants. Conduct all protocol-mandated requirements for each eligible participant.	To address the critical gaps in evidence for comparative safety, clinical and cost effectiveness of Melanoma Surveillance Photography. To support the Medical Services Advisory Committee to make an informed recommendation about Medicare Benefits Schedule listing of Melanoma Surveillance Photography.	Follow-up. Last participant visit anticipated in November 2024.

Trial Name	Anticipated outcomes	Terms of reference/scope	Reason for undertaking the review/study	Status
Australian Centre of Excellence in Melanoma Imaging & Diagnosis (ACEMID) Cohort Study	To significantly improve lesion identification and tracking in combination with greatly reducing appointment time and decreasing healthcare costs.	Recruitment of 700 trial participants. Conduct all protocol-mandated requirements for each eligible participant.	To contribute to delivering a network of advanced skin surface technology across the Australian eastern seaboard for the monitoring of skin lesions and the early detection of melanoma and other skin cancers.	Recruiting. Commenced August 2023; 178 participants recruited to 31 May 2024.
Symptom monitoring WIth Feedback Trial (SWIFT – capitalisation intentional)	To assess if symptom monitoring with feedback to clinicians (nephrologists and nurses) and patients improves health-related quality of life and cause-specific mortality. To assess if electronic capture of patient reported outcomes within a clinical quality registry is cost-effective.	To invite BCH haemodialysis patients who are registered on the ANZDATA registry to participate in the trial; estimated 20 participants. Conduct all protocol-mandated requirements for each eligible participant.	To contribute to improving the quality of life and overall survival for people on dialysis.	Start-up. BCH Research Governance application in process.

Registries

Registry Name	Anticipated outcomes	Terms of reference/ scope	Reason for being a part of the Registry
Australian Orthopaedic National Joint Replacement Registry (AOANJRR)	N/A	To collect and contribute information on joint replacement surgery (hip, knee, shoulder, elbow, wrist, ankle and spinal disc) undertaken at BCH.	To improve and maintain the quality of care for individuals receiving joint replacement surgery.
Australian Dementia Network (ADNeT) Registry	The Australian Dementia Network (ADNeT) Registry has been established to improve clinical care for people with dementia and mild cognitive impairment.	To register all BCH patients newly diagnosed with either dementia or mild cognitive impairment.	To better understand the patient experience of diagnosis and clinical care. To access BCH registry data that can be used for our own quality audits, research and/ or reporting. This will be used to improve diagnosis and clinical care for patients diagnosed with dementia and mild cognitive impairment.
Monitoring and Evaluation of Victoria State Trauma Registry (VSTORM)	The registry was developed to capture information on all trauma patients in Victoria from 2001. To gather and interpret information about causes of traumatic injury and treatment from trauma services across Victoria. To work to improve quality of trauma care across Victoria, and to identify and reduce major risk factors for trauma in the community. To reduce preventable deaths and permanent disability from major trauma.	To collect and contribute information on all major trauma patients that present to BCH.	To contribute to the ongoing monitoring and evaluation of the state-wide system for trauma management that is designed to reduce preventable death and permanent disability resulting from major trauma.

Registry Name	Anticipated outcomes	Terms of reference/ scope	Reason for being a part of the Registry
Australian Stroke Clinical Registry (AUSCR)	The Australian Stroke Clinical Registry collects information about what happens to people who have had a stroke or a transient ischaemic attack (sometimes called a 'mini-stroke' or TIA).	To register all patients who present to BCH with a diagnosis of stroke or TIA.	To access BCH registry data that can be used for our own quality audits, research and/ or reporting to improve hospital care and the outcomes experienced by people with stroke or TIA.
Victorian Cardiac Outcomes Registry (VCOR)	VCOR collects highly standardised data about patients undergoing relevant cardiac treatments, procedures and interventions, and follow-up data on medical outcomes and complications up to 30 days after a patient has been discharged from hospital. The aim is to improve the quality of care provided to patients with cardiovascular disease.	To collect and contribute information on all relevant cardiac outcomes for BCH patients.	To access BCH registry data that can be used for our own quality audits, research and/ or reporting to improve the quality of care provided to patients with cardiovascular disease.
Victorian Ambulance Cardiac Arrest Registry (VACAR)	To assess the performance of the Victorian ambulance services in relation to the treatment and outcomes of patients with sudden, unexpected pre-hospital cardiac arrest.	To contribute BCH hospital data on all out-of-hospital cardiac arrests attended by emergency medical services that present to BCH.	To improve the care of cardiac arrest patients.

Health Research

Research Name	Anticipated outcomes	Terms of reference/ scope	Reason for taking part in the research
Patient perspectives on the helpfulness and clarity of pharmacist-created medication lists upon discharge from an Australian rural hospital	To assess the effectiveness of medication lists provided by pharmacists at discharge from a patient perspective in an Australian rural public hospital. To improve Bass Coast Health's pharmacist discharge summary.	To recruit 20 eligible participants from acute and 10 from sub-acute wards to complete required phone survey and data collection as per project plan.	To determine how effective the medication lists are to patients after discharge with the aim to improve Bass Coast Health's pharmacist discharge summary.
Patients' Falls Risk Awareness in hospital in regional Victoria: A mixed methods study	To explore the differences between patients' falls risk awareness compared to that of a health professional, and what influences and perceptions lead to their falls risk awareness.	To contribute 26 patients from a mixture of acute, medical, surgical, orthopaedic and rehabilitation wards for inclusion in the research project.	This research is valuable because of the high number of inpatient hospital falls, resulting in harm. Most falls are unwitnessed by hospital staff, leading to questions about patient behaviours and their attitudes towards hospital fall prevention.

Feasibility Assessments

Feasibility Assessments conducted for the following projects:

- Length of stay comparison between a laboratory and point-of-care high sensitivity troponin I assay for emergency department patients with suspected myocardial infarction
- Epidemiological Analysis of Patient Presentations to a Rural Urgent Care Centre: A 12-Month Retrospective Study
- Prospective validation study of POC troponin assays in the ED
- Criteria-Led Discharge for planned surgery – Safer Care Victoria (SCV) pilot
- 100,000 Lives Program – Evaluation
- Clinical Audit Design to Determine the Length of Stay, Effectiveness and Challenges of Close Observation Beds at Bass Coast Health
- Clinical Teaching and Education Pathway Evaluation
- Spiritual Health Australia National Model Pilot Project
- Patient perspectives on the helpfulness and clarity of pharmacist-created medication lists upon discharge from an Australian rural hospital
- Artificial Intelligence (AI) assisted Voice Analysis for the evaluation of breathlessness (AI-VA): Phase II Study

- A novel chest pain model of care that ensures earlier access to definitive care for patients in remote and rural communities
- The Victorian Ambulance Cardiac Arrest Register
- Symptom monitoring WIth Feedback Trial (SWIFT).

Environmental performance

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

ELECTRICITY USAGE		
REQUIREMENT	**SOURCE**	**2023–24**
EL1. Total electricity consumption segmented by source (MWh). Purchased directly through an electricity retailer (including State Purchasing Contracts, HealthShare Victoria contracts or other retail contracts): • Main sites • Accommodation • Other	Eden Suite/Alinta	From Alinta: Phillip Island Health Hub – 315.99 MWh Wonthaggi Hospital – 3,316.29 MWh Griffiths Point Lodge – 73.94 MWh San Remo Community Health – 94.63 MWh **Total: 3,800.85 MWh**
EL2 – On-site electricity generated (in megawatt hours) for large-scale renewable energy systems, (i.e., accredited under the Large-Scale Renewable Energy Target), small-scale renewable energy systems (where data is available), and any other electricity generation system (where data is available), segmented by: • Wind • Solar PV • Bioenergy	Solar Analytics	Solar – 392.525 MWh Wind – N/A Bioenergy – N/A
EL3 – On-site installed generation capacity in megawatts (as at end of reporting period) segmented by: • Wind • Solar PV • Bioenergy	Facilities	Solar PV: • Wonthaggi Hospital: 0.443 MW • Wonthaggi Hospital Expansion: 0.300 MW • Griffiths Point Lodge: 0.030MW

ELECTRICITY USAGE		
REQUIREMENT	**SOURCE**	**2023–24**
EL4 – Total electricity offsets (in megawatt hours) segmented by offset type including: • LGCs voluntarily retired by the entity • LGCs voluntarily retired on the entity's behalf • GreenPower or certified carbon neutral electricity purchased (e.g., through a retailer's contract option) • LGCs mandatorily retired (for RET liable entities only) or LGCs conveyed to an entity's retailer for mandatory retirement (where relevant)	Facilities	GreenPower: 44.67 RPP (Renewable Power Percentage in the grid): 707.43 **EL4 Total electricity offsets [MWh]: 752.11**

STATIONARY FUEL USAGE		
REQUIREMENT	**SOURCE**	**2023–24**
F1 – Total fuels used in buildings and machinery (in megajoules), segmented by fuel type (e.g., natural gas, LPG, diesel, petrol)	Facilities (natural gas and LPG) via manual computation	Natural Gas: 15,993,603.50 MJ LPG: 747,825 MJ Diesel: 188,605.40 MJ Petrol: N/A
F2. Greenhouse gas emissions from stationary fuel consumption segmented by fuel type (tonnes CO2-e)	Facilities (natural gas and LPG) via manual computation	Natural Gas: 812.73 tonnes CO2 LPG: 46.58 tonnes CO2 Diesel: 1,325.20 tonnes CO2 Petrol: N/A
T1. Total energy used in transportation within the entity (in litres) segmented by fuel type	Supply (diesel and petrol) via WEX Motorpass	Diesel: 9,700 litres Petrol: 25,395 litres
T2. Number and proportion of vehicles in the organisational boundary segmented by engine/ fuel type (e.g., petrol, diesel, hybrid electric, plug-in hybrid electric, battery electric) and vehicle category	Supply (diesel and petrol) via CarPool	Diesel: 5 vehicles Petrol: 17 vehicles Hybrid: 24 vehicles
T3. Greenhouse gas emissions from vehicle fleet segmented by fuel type and vehicle category (tonnes CO2-e) – total	Supply (diesel and petrol) via WEX Motorpass	Small: Hybrid – 21.28 tonnes CO2-e; Petrol – 10.55 Co2-e SUV: Hybrid – 16.40 tonnes CO2-e; Petrol – 26.70 CO2-e Utility: Petrol – 5.34 CO2-e Van: Petrol – 17.35 CO2-e
T4. Total distance travelled by commercial air travel (passenger kilometres)	Staff who travelled and Community Relations	8,340km

TOTAL ENERGY USAGE		
REQUIREMENT	**SOURCE**	**2023–24**
E1. Total energy usage from fuels (megajoules)	Supply Facilities	Supply: 1,222,269 MJ Facilities: 16,930,033.90 MJ Total: 18,152,302.90
E2. Total energy usage from electricity (megajoules)	Facilities	3,800.85 MWh = 13,683,096 MJ
E3. Total energy usage (megajoules) segmented into renewable and non-renewable sources	Facilities	Renewable: 392.525 MWh = 1,413,090 MJ Non-renewable: E1 + E2 = 31,835,398.90 MJ
E4. Units of energy used normalised by FTE, headcount, floor area or other entity or sector specific quantity		Total usage (E1+E2+E3) divided by Total FTE= 47,593.66 MJ per 1.0 FTE

SUSTAINABLE BUILDING AND INFRASTRUCTURE		
REQUIREMENT	**SOURCE**	**2023–24**
B1. Discuss how environmentally sustainable design (ESD) is incorporated into newly completed entity-owned buildings (qualitative)	Acting Director of Supply Services	ESD was incorporated into the design phase of the Wonthaggi Hospital expansion through our Procurement Policy. This will continue with all new designs and building projects due to the policy and procedure documents within the BCH Procurement framework.
B2. Discuss how new entity leases meet the requirement to preference higher-rated office buildings and those with a Green Lease Schedule (qualitative)	Acting Director of Supply Services	BCH leases accommodation in the local community for its students and staff. BCH takes preference in using newly built homes to ensure they are efficient in their energy usage.
B3. NABERS Energy (National Australian Built Environment Rating System) ratings of newly completed/occupied entity-owned office buildings and substantial tenancy fit-outs	Acting Director of Supply Services	Wonthaggi Hospital Expansion Energy: 5 stars – Superior Performance Water: 3 stars – Market Standard

SUSTAINABLE BUILDING AND INFRASTRUCTURE		
REQUIREMENT	**SOURCE**	**2023–24**
B4 – Environmental performance ratings (e.g. NABERS, Green Star or Infrastructure Sustainability Council of Australia Infrastructure Sustainability rating scheme) 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 (relevant rating, itemised)	Acting Director of Supply Services	5 Star Energy Rating from NABERS. 3 Star Water Rating from NABERS.
B5. Environmental performance ratings achieved for entity-owned assets portfolio segmented by rating scheme and building, facility or infrastructure type, where these ratings have been conducted (number at each rating)	N/A	BCH does not have access to this information.

SUSTAINABLE PROCUREMENT		
REQUIREMENT	**SOURCE**	**2023–24**
Entities have annual reporting requirements under the Social Procurement Framework and should address progress against sustainable procurement objectives as part of that reporting	Contracts	Bass Coast Health complies with all mandatory sustainable procurement requirements and adheres to HealthShare Victoria procurement policies. Social Procurement evaluation criteria are included requirements and used in in the assessment of tender outcomes where appropriate.

WATER CONSUMPTION		
REQUIREMENT	**SOURCE**	**2023–24**
W1. Total units of metered water consumed by water source (kilolitres)	Facilities via manual computation	March 2023–April 2024 (last four billings): 36,571.95Kl
W2. Units of metered water consumed normalised by FTE, headcount, floor area or other entity or sector specific quantity	Facilities via manual computation	Total Water used (W1) divided by floor area = 2.1 Kl/m2

WASTE AND RECYCLING		
REQUIREMENT	**SOURCE**	**2023–24**
WR1. Total units of waste disposed of by disposal method (kg and percentage of total) for the following material types/ streams: • General Waste • Cardboard/Paper • Recycling • E-Waste	Support Services Information Technology	General Waste: 159,594kg annual (78.34% total) Cardboard/Paper: 32,124kg annual (15.77% total) Recycling: 11,336kg annual (5.56% total) E-Waste: 667kg annual (0.33% total) **Total: 203,721kg total waste**
WR2. Dedicated collection services provided in offices (as percentage of total office locations) for: e-waste, printer cartridges, batteries and soft plastics	Support Services Information Technology	BCH doesn't have access to this information.
WR3. Total units of waste disposed normalised by FTE, headcount, floor area or other entity or sector specific quantity, by disposal method	Support Services	304kg of waste per 1.0 FTE, per year
WR4. Recycling rate (percentage of total waste by weight)	Support Services	64.67kg of waste per 1.0 FTE, per year

GREENHOUSE GAS EMISSIONS		
REQUIREMENT	**SOURCE**	**2023–24**
G1. Total Scope One (direct) greenhouse gas emissions (tonnes CO2, CH4, N2O, other and CO2-e)	Facilities	Fuel burned (not vehicle) total: 959.37 tonnes CO2 (Natural gas: 888.125; Diesel: 12.55; LPG: 58.689)
G2. Total Scope Two (indirect electricity) greenhouse gas emissions (tonnes CO2-e)	Facilities, using Carbon Footprint Calculator	Electricity used (E2): 3,496.79 tonnes CO2
G3. Total Scope Three (other indirect greenhouse gas emissions associated with commercial air travel and waste disposal (tonnes CO2-e)	Executive Supply	Commercial air travel: 300.24 tonnes Waste emission (WR5): 164.26 tonnes Indirect emissions from Stationary Energy: 377.68 tonnes Any other Scope 3 emissions: 50.60 tonnes **Total Scope Three greenhouse gas emissions (tonnes CO2e): 892.78**

Social procurement

Bass Coast Health has prioritised the following Social Procurement Objectives during 2023–24 with a combined total spend of $87,316.

The objectives prioritised in the BCH Social Procurement Strategy for Certified Social Traders are:

- Opportunities for Victorian Aboriginal People
- Opportunities for Victorians with a disability.

Summary of priority SPF Strategy objectives – Bass Coast Health 2023–24

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	1	6,000
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	1	81,316

Bass Coast Health is committed to promoting the Social Procurement Strategy and will continue to build on existing and new supplier relationships in 2024–25 to support this.

Case Study 2023–2024:

A successful program that continues to grow

Bass Coast Health (BCH) and Anglicare Victoria have built a strong relationship to deliver the School Focused Youth Service (SFYS) program ReCONNECT. This program brings together community agencies, local government and schools to support young people at risk of disengaging from education, to remain actively engaged in their learning and go on to successfully complete their education.

Anglicare Victoria's vision is to work with children and families to build better tomorrows. The aim is to find solutions for children in need, create opportunities and pathways for young people, provide tools and support families to stay together, to find innovative ways to overcome challenges and to make the system better. Anglicare Victoria celebrates diversity from people from all walks of life, including young First Nations Peoples, to realise their full potential through cultural activities, education and training with exposure to several career pathways supported by partner organisations.

This year BCH is highlighting our social procurement achievements through a different lens. Under the Social Procurement Framework definitions, Anglicare Victoria does not fall within the category of Verified Social Procurement Framework supplier however the service they provide directly supports the BCH Social Procurement Framework objective: Sustainable Victorian Regions – *to improve job readiness and employment for people in regions with entrenched disadvantage.*

Case Study 2023–2024 (continued)

This relationship between our organisations and the achievements that have been made by providing this program to local schools, youth and their families since 2022 merit recognition.

Supporting young people in the middle years of school is extremely important to prevent school disengagement. Evidence shows this is the time of many changes in physical, emotional and social development, and is also when students transition to secondary school. Failing to complete school can mean increased likelihood of poor outcomes, including: more likely to live in poverty, more likely to be unemployed, more likely to abuse drugs and alcohol, more likely to have poor health, more likely to become homeless and more likely to take part in anti-social behaviour.

The program provides support to parents including:

- increasing parenting skills, and wellbeing and safety needs for their children
- supporting children and families transitioning from primary to secondary school
- providing case management to families.

The program also provides support to schools including:

- supporting teachers and staff in dealing with wellbeing needs for the children and families on-site.

Through the ReCONNECT program, Anglicare Victoria has engaged social welfare/family workers to build strong relationships and engage with identified members of the Bass Coast school community to consult with. The workers also increased the capacity of school staff to identify students for referral to the project early, while implementing a 'wrap around' support model for students, and their families, who were displaying signs of disengagement and chronic absenteeism, and/or facing barriers to attending school.

From the outcomes achieved and relationships developed with schools and service providers to date, this successful program will continue to expand to include more schools in 2024–25. Bass Coast Health values the continuity of the excellent work already undertaken, and the growing relationship between Anglicare Victoria and the BCH's School Focused Youth Service team. We look forward to building on this in the future.

Local Jobs First Act 2003

In 2023–24 there were no projects requiring disclosure under the *Local Jobs First Act 2003*.

Gender Equality Act 2020

Bass Coast Health has recently completed a progress update report, detailing actions taken over the past two years to improve gender equality and submitted this to the Commission. This will be soon published on the Insights Portal of the Commission for Gender Equality in the Public Sector.

Bass Coast Health was able to demonstrate progress against all indicators, including:

- gender composition of all levels of the workforce
- gender composition of governing bodies
- equal remuneration for work of equal or comparable value across all levels of the workforce, irrespective of gender
- sexual harassment in the workplace
- recruitment and promotion practices in the workplace
- availability and utilisation of terms, conditions and practices relating to:
  - family violence leave
  - flexible working arrangements
  - working arrangements supporting employees with family or caring responsibilities
  - gendered segregation within the workplace.

Our review identified areas where additional focus is needed to achieve plan outcomes by the end of the plan period (2024–25).

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 over two days. This will ensure that they understand their role, the broader organisation and the mandatory educational requirements required to undertake their role safely.

New Manager Orientation provides 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 Bass Coast Health and are available to the relevant Ministers, Members of Parliament, and the public on request (subject to the freedom of information requirements, if applicable):

- a statement that declarations of pecuniary interests have been duly completed by all relevant officers
- details of shares held by a senior officer as nominee or held beneficially in a statutory authority or subsidiary
- details of publications produced by the entity about itself, and how these can be obtained
- details of changes in prices, fees, charges, rates and levies charged by the entity
- details of any major external reviews carried out on the entity
- details of major research and development activities undertaken by the entity
- details of overseas visits undertaken including a summary of the objectives and outcomes of each visit
- details of major promotional, public relations and marketing activities undertaken by the entity to develop community awareness of the entity and its services
- details of assessments and measures undertaken to improve the occupational health and safety of employees
- a general statement on industrial relations within the entity and details of time lost through industrial accidents and disputes
- a list of major committees sponsored by the entity, the purposes of each committee and the extent to which the purposes have been achieved, and
- details of all consultancies and contractors including:

  (i) consultants/contractors engaged,

  (ii) services provided, and

  (iii) expenditure committed to for each engagement.

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	
	2023	2024	2023	2024
Nursing	260.5	284.2	246.9	271.5
Administration and Clerical	151.8	164.8	148.0	158.3
Medical Support	49.8	52.6	47.7	52.4
Hotel and Allied Services	78.3	81.5	78.0	80.3
Medical Officers	0.0	0.0	0.0	0.0
Hospital Medical Officers	29.5	34.8	21.3	29.0
Sessional Clinicians	15.7	24.7	14.7	18.7
Ancillary Staff (Allied Health)	52.8	63.0	50.6	58.6

Occupational Health and Safety (OHS) Statistics

Occupational Health and Safety Statistics	2021–22	2022–23	2023–24
The number of reported hazards/incidents for the year per 100 FTE	42.65	34.2	36.32
The number of 'lost time' standard WorkCover claims for the year per 100 FTE	2.47	1.87	1.49
The average cost per WorkCover claim for the year ('000)	$271,417	$54,068	$103,168

Occupational Violence

Occupational violence statistics	2023–24
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	132
Number of occupational violence incidents reported per 100 FTE	19.7
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 2023–24.

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

Bass Coast Health contributed to the *Department of Health Strategic Plan 2023–27* by progressing against each of the following priorities:

Ministerial Priorities

1. Improved health system culture, grounded in respect and safety.
2. A supported, growing, and fit-for-purpose health workforce.
3. A reformed overall health system (community-based and acute health services), with reforms to service models and enablers (structural, financial and cultural), delivering improved patient safety, experiences and outcomes, particularly for people in regional and rural Victoria.
4. A step-change in women's health.
5. Nation-leading reductions in rates of vaping.
6. Improved health equity through:
    - determination and ceding power
    - family-centred health models for priority populations
    - intersectional improvements in health access and outcomes for priority cohorts.
7. Improved mental health system through:
    - New and transformed integrated services through the implementation of the Royal Commission into Victoria's Mental Health System
    - Strengthening system guidance, stewardship and commissioning
    - Realising the vision of the new Mental Health and Wellbeing Act 2022 by driving cultural change
    - Supporting a culture that embraces lived experience leadership at every level of the mental health and wellbeing system
    - Investing in suicide prevention and mental health and wellbeing promotion.

System Priorities

Excellence in clinical governance

We aim for the best patient experience and care outcomes by assuring safe practice, leadership of safety, an engaged and capable workforce, and continuing to improve and innovate care.

Goals and Health Service deliverables	Progress included:
Goal MA6 Improve access to timely emergency care by implementing strategies that improve whole of system patient flow to reduce emergency department wait times and improve ambulance to health service handover times. **Health Service deliverable** MA6 Support the trial, piloting, and implementation of new and innovative models of care that work to improve whole of hospital patient flow.	**Achieved and Ongoing:** • A Physician in triage pilot was undertaken to improve streamlining of patients at the point of triage. • The Fast Track service was implemented with a Nurse Practitioner model. • Direct referrals from ED to BCH surgical, Sub-Acute and Better at Home services improved patient flow. • Inpatient capability increased, enabling more patients to be admitted closer to home. • Two Close Observation beds commenced resulting in higher acuity patients being cared for closer to home.
Goal MA6 Improve access to timely emergency care by implementing strategies that improve whole of system patient flow to reduce emergency department wait times and improve ambulance to health service handover times. **Health Service deliverable** MA6 Collaborate with other services in the region to support the implementation of new and innovative models of care for Mental Health that provide a safer and calmer environment for staff and patients.	**Achieved and Ongoing:** • The Latrobe Regional Health Mental Health Nurse Practitioner and Clinical Liaison Nursing service was slightly increased to provide support to patients presenting with Mental Health issues. • The Mental Health Telehealth system was rolled out to facilitate access to Psychiatrist Assessment. • The DIvERT process (based on Alfred Health's model) was implemented across all sites and services, to ensure clinical de-escalation wherever possible. • BCH actively participated in Regional Mental Health reform education regarding the new Mental Health and Wellbeing Act changes. • BCH continues to advocate for an increased local Mental Health service response for the South Coast community.

Goals and Health Service deliverables	Progress included:
Goal MA9 Maintain commitment to driving planned surgery reform in alignment with the Surgery Recovery and Reform Program, as well as identify and implement local reform priorities. **Health Service deliverable** MA9 Participate actively in the Gippsland Health Service Partnership surgical reform work while seeking to expand partnerships with regional and metro services to optimise surgical activity and fill vacant operating lists.	**Achieved and Ongoing:** • 14 local initiatives were completed as part of the State-wide Surgical Recovery and Gippsland Health Service Partnership (GHSP) Reform Community of Practice. Initiatives included Criteria Led Discharge policies and documents; centralised pooling of surgical patients; complete transition to i Patient Manager (iPM) in Elective Surgery Access Unit (ESAU) with a new theatre schedule built in iPM, with greater data capture and reporting; change of decolonisation policy to allow for short notice cancellation replacement and development of a nurse led pre-admission clinic pathway. • A partnership with Monash Health was established for providing general surgery and orthopaedic patients. • A partnership with Latrobe Regional Health was established for Orthopaedics and Urology surgery.
Goal MA9 Maintain commitment to driving planned surgery reform in alignment with the Surgery Recovery and Reform Program, as well as identify and implement local reform priorities. **Health Service deliverable** MA9 Review BCH operational structure, Outpatient & Surgical pathways and surgical capability to provide greater oversight of surgical performance and strategies, that may facilitate a safe capability uplift in line with DH Capability Frameworks.	**Achieved and Ongoing:** • The Surgical and Anaesthetic Capability Framework was reviewed to allow more patients to access surgery locally. The revised capability framework and governance structure shifted the number of patients transferred for surgery to metropolitan sites from 9% to less than 1%. • Weekly Amber meetings were strengthened to review complex patients involving Multi-Disciplinary Team (MDT) review to ensure risk mitigation. • Weekly MDT Perioperative workflow reviews were implemented. • Embedded email communication pathways were created for theatre planning visibility with all stakeholders. • Hospital in the Home (HITH) pathways for same day discharge for hernia cases were developed and implemented. • Criteria Led Discharge for orthopaedic patients was completed.

Goals and Health Service deliverables	Progress included:
Goal MA11 Develop strong and effective systems to support early and accurate recognition and management of deterioration of paediatric patients. **Health Service deliverable** MA11 Partner with Safer Care Victoria (SCV) and relevant multidisciplinary groups to establish protocols and auditing processes to manage effective monitoring and escalation of deterioration in paediatric patients via ViCTOR charts.	**Achieved and Ongoing:** • BCH linked with SCV processes to establish protocols, develop the audit tool and implement the ViCTOR charts. • The Emergency and Quality teams have undertaken audits with appropriate sample size and these audits are presented at the ED Quality Committee. • A number of actions have been implemented based on the identified opportunities for improvement, and these are monitored by the local quality meetings.
Goal MA11 Develop strong and effective systems to support early and accurate recognition and management of deterioration of paediatric patients. **Health Service deliverable** MA11 Improve paediatric patient outcomes through implementation of the "ViCTOR track and trigger" observation chart and escalation system, whenever children have observations taken.	**Achieved:** • ViCTOR charts are now embedded within the Emergency Department and audit results are monitored and actioned. • BCH ED staff have been working with the Electronic Medical Record (EMR) team to auto-populate specific ViCTOR charts for relevant age groups. • The "ViCTOR track and trigger" observation chart and escalation system is regularly audited to ensure children have observations undertaken. • Downtime boxes are available with paper ViCTOR charts if required to enable continuity of escalation triggers during EMR down times.
Goal MA11 Develop strong and effective systems to support early and accurate recognition and management of deterioration of paediatric patients. **Health Service deliverable** MA11 Implement staff training on the "ViCTOR track and trigger" tool to enhance identification and prompt response to deteriorating paediatric patient conditions.	**Achieved:** • A comprehensive local staff training program for the "ViCTOR track and trigger" tool was developed and implemented by the Learning and Development team. • ViCTOR training is built into the ongoing training program.

Working to achieve long term financial sustainability

Ensure equitable and transparent use of available resources to achieve optimum outcomes.

Goals and Health Service deliverables	Progress included:
Goal MB1 Co-operate with and support Department-led reforms that look towards reducing waste and improving efficiency to address financial sustainability, operational and safety performance, and system management. **Health Service deliverable** MB1 Review and implement a new corporate governance framework that provides improved oversight of financial risks and strategies including the FMIP, and cash management.	**Achieved and Ongoing:** • The new Corporate Governance Framework has been implemented with an overarching Corporate Governance Committee and five sub-Committees (Finance and Procurement, Assets/Infrastructure/Capital, People and Culture, Digital Health and Partnerships and Engagement) established. • These committees collectively monitor and manage the corporate risks and activities across BCH. • Ongoing monitoring and mitigation of risks, treatment actions and outcomes occur via the regular OQR updates, key performance indicators and the operational risk registers.
Goal MB1 Co-operate with and support Department-led reforms that look towards reducing waste and improving efficiency to address financial sustainability, operational and safety performance, and system management. **Health Service deliverable** MB1 Improve reporting and monitoring of workforce utilisation, including high-cost locums and casuals, and recruitment, retention and conversion data.	**Achieved and Ongoing:** • The Finance, Workforce and Business Management teams led initiatives to improve the accuracy and timeliness of end of month reporting processes, which improved financial reporting of agency and locum costs. • The budget development work for 2024–25 included bottom-up, roster level detail to forecast vacancy data and cost imposts for local staff.
Goal MB1 Co-operate with and support Department-led reforms that look towards reducing waste and improving efficiency to address financial sustainability, operational and safety performance, and system management. **Health Service deliverable** MB1 Implement a targeted recruitment strategy in high-cost areas such as Urgent Care Centre (UCC), Allied Health, Maternity, ED, and Anaesthetics, to shift vacancy management from high-cost locums to permanent staff.	**Achieved and Ongoing:** • BCH developed and implemented a recruitment strategy that included a strong online media campaign with a focus on Maternity and Allied Health, and strategies for casual medical officer positions and nursing and allied health, including an international recruitment campaign. • Vacancies have reduced whilst services have increased, demonstrating strong recruitment of new staff and high retention rates for existing staff.

Goals and Health Service deliverables	Progress included:
Goal MB1 Co-operate with and support Department-led reforms that look towards reducing waste and improving efficiency to address financial sustainability, operational and safety performance, and system management. **Health Service deliverable** MB1 Implement an Asset Management system and processes to optimise management and maintenance of Capital Assets.	**Partially Achieved:** • The policy and process has been re-developed, and the new governance structure for Asset, Infrastructure and Capital (AICC) has been implemented with a weekly muster. • The system to report performance standards and targets for assets and which enables regular recording, monitoring and performance of an asset's condition, performance and utilisation, has been sourced. • Capital asset management priorities, such as the PICH level 2 FFE/ICT packages were facilitated. • An end-to-end lifecycle accountability process has been completed and embedded into the BCH Asset Management Framework policy. • This updated policy framework incorporates learnings post Wonthaggi Hospital Expansion and Phillip Island Community Hospital FFE procurement, and will provide support to an expanding and more complex asset register.
Goal MB2 Development of a health service financial sustainability plan in partnership with the Department with a goal to achieving long term health service safety and sustainability. **Health Service deliverable** MB2 Explore opportunities to develop a BCH revenue stream through community partnerships, grants, fundraising, and bequests to reduce dependence on government funding.	**Achieved and Ongoing:** • A Strategic Framework has been developed to support BCH to grow donations and enhance fundraising opportunities. • A grants writer has been appointed and priorities developed for grant submissions. • A Philanthropic committee has been developed to monitor all donations and guide fundraising activities. This committee is supported by a database incorporating all donations tracking.
Goal MB2 Development of a health service financial sustainability plan in partnership with the Department with a goal to achieving long term health service safety and sustainability. **Health Service deliverable** MB2 Undertake a costing analysis of various programs which may include community service programs, flexi health community aged care package program and urgent care to understand profitability, service gain and drive informed decisions to support sustainability and future arrangements for these programs. Undertake a review of Residential Aged Care program and develop and implement a plan for improved financial performance.	**Achieved and Ongoing:** • Costing exercises and financial evaluations were undertaken on a range of programs as part of the Financial Management Improvement Plan (FMIP) processes in 2023–24 and part of preparing the 2024-25 Budget Action Plan. • A review of the Home Care Package program, Post-Acute Care program and the Residential Care program has been undertaken and actions have been implemented in line with timeframes. • A Residential Care Business Manager has commenced to ensure regulatory requirements, including care minutes, are met, and occupancy increases to meet best funding scenarios.

Goals and Health Service deliverables	Progress included:
Goal MB2 Development of a health service financial sustainability plan in partnership with the Department with a goal to achieving long term health service safety and sustainability. **Health Service deliverable** MB2 Collaborate with other health service providers to explore opportunities for shared services, joint procurement, and resource sharing to improve efficiency, in areas such as Radiology.	**Partially Achieved:** • BCH has been an active participant in the Gippsland Heath Alliance regional Payroll Talent Modernisation program, contributing to governance roles and subject matter experts. • BCH continues to undertake procurement leadership for the South Coast Pathology service via Monash Health. • BCH led the Linen and Laundry services procurement for BCH and South Gippsland Hospital. • BCH has facilitated the procurement processes for Radiology services which includes Wonthaggi and Phillip Island sites.

Improving equitable access to healthcare and wellbeing

Ensure that Aboriginal people have access to a health, wellbeing and care system that is holistic, culturally safe, accessible, and empowering.

Ensure that communities in rural and regional areas have equitable health outcomes irrespective of locality.

Goals and Health Service deliverables	Progress included:
Goal MC1 Address service access issues and equity of health outcomes for rural and regional people including more support for primary, community, home-based and virtual care, and addiction services. **Health Service deliverable** MC1 Actively partner with the Bunurong Land Council and local Aboriginal and Torres Strait Islander community members via the Bass Coast Reconciliation Network (BCRN) and develop processes to measure BCRN outcomes and impact.	**Achieved and Ongoing:** • BCH has met with the CEO of the Bunurong Land Council to progress a shared MOU. • BCRN organised a number of catchment-wide events to celebrate NAIDOC and other days including NAIDOC Week (2–9 July), Children's Day (4 August), Tunnerminnerwait and Maulboyheenner Commemoration Day (20 January), National Sorry Day (26 May), National Reconciliation Week (27 May–3 June). BCN also acknowledged these significant First Nations days through our social and other media channels: National Apology (13 February), National Close the Gap Day (17 March), Indigenous Literacy Day (1 September) and World Indigenous Peoples Day (10 June). • A collective impact assessment was undertaken by the BCRN to measure capacity building, engagement initiatives, events and promotion, reconciliation and recognition activities, cultural awareness and employment outcomes, and self-determination activities. This assessment was presented to Reconciliation Australia.

Goals and Health Service deliverables	Progress included:
Goal MC1 Address service access issues and equity of health outcomes for rural and regional people including more support for primary, community, home-based and virtual care, and addiction services. **Health Service deliverable** MC1 Appoint an Aboriginal clinician who can provide direct care to Aboriginal and Torres Strait Islander community members.	**Achieved and Ongoing:** • An Aboriginal Clinical Nurse Consultant has been appointed to provide direct care to Aboriginal and Torres Strait Islander community members. • BCH participates in a First Nations Yarn and Plan Group with other key service providers to identify gaps in the Bass Coast area and to map access pathways. • Communication has commenced with DFFH to explore local options to increase clinical support locally, including health assessments. • BCH is supporting and participating in a community-led project to assess the feasibility of establishing a 'Gathering Place' as a culturally safe place to meet and connect with health and support services.
Goal MC1 Address service access issues and equity of health outcomes for rural and regional people including more support for primary, community, home-based and virtual care, and addiction services. **Health Service deliverable** MC1 Convene a staff Reconciliation Action working group to further progress the BCH Reconciliation Action Plan to identify and prioritise the health, wellbeing and service needs of the Aboriginal catchment population and service users.	**Achieved and Ongoing:** • The staff Reconciliation Action Plan Working Group completed the first stage RAP 'Reflect' to identify and prioritise the health, wellbeing and service needs of the Aboriginal catchment population and service users. The plan has been submitted to Reconciliation Australia for accreditation.
Goal MC2 Strengthen programs that support Aboriginal people to access early intervention and prevention services. **Health Service deliverable** MC2 In collaboration with the Gippsland Region Public Health Unit (GRPHU) and the South Coast Health Promotion Working Group, develop Aboriginal and Torres Strait Islander pathways for screening, prevention, and early intervention prevention that recognise cultural needs and condition prevalence of local community members.	**Achieved and Ongoing:** • In collaboration with the GRPHU, a network of service providers was established to develop Aboriginal and Torres Strait Islander pathways to identify cultural needs and condition prevalence of community members. BCH is actively participating in the working group projects.

Goals and Health Service deliverables	Progress included:
Goal MC2 Strengthen programs that support Aboriginal people to access early intervention and prevention services. **Health Service deliverable** MC2 Continue to explore opportunities for delivering culturally safe, welcoming environments with Aboriginal cultural symbols and spaces demonstrating, recognising, celebrating and respecting Aboriginal communities and culture.	**Achieved:** • Aboriginal artwork by Patrice Mahoney OAM commissioned for the Wonthaggi Hospital Expansion is hanging in three key areas. • Acknowledgement of Country window decals based on this artwork are on all entrances, complementing the several existing Aboriginal artworks already on display. • Flags are displayed prominently in public areas and meeting rooms, with ally flag lapel badges worn by staff. • Face-to-face Cultural Safety Training delivered to Executive, Board, Community Advisory Committee, Directors, Ward Clerks, Reception and Clinical Directors. New employees complete a mandatory online training module for Cultural Safety. Acknowledgement of Country is built into the meeting agenda template used across the organisation.
Goal MC2 Strengthen programs that support Aboriginal people to access early intervention and prevention services. **Health Service deliverable** MC2 Partner with members of the Bass Coast Reconciliation Network to deliver local events to increase engagement and connection with Aboriginal community members.	**Achieved and Ongoing:** • Partnering to plan and deliver BCRN events that recognise and celebrate days of significance, and to increase engagement and connection with Aboriginal community members. • These included NAIDOC Week (2–9 July), Children's Day (4 August), Tunnerminnerwait and Maulboyheenner Commemoration Day (20 January), National Sorry Day (26 May) and National Reconciliation Week (27 May-3 June).

A stronger workforce

There is increased supply of critical roles, which supports safe, high-quality care. Victoria is a world leader in employee experience, with a focus on future roles, capabilities and professional development. The workforce is regenerative and sustainable, bringing a diversity of skills and experience that reflect the people and communities it serves. As a result of a stronger workforce, Victorians receive the right care at the right time closer to home.

Goals and Health Service deliverables	Progress including:
Goal MD1 Improve employee experience across four initial focus areas to assure safe, high-quality care: leadership, health and safety, flexibility, and career development and agility. **Health Service deliverable** MD1 Undertake nursing workforce focus groups in acute and sub-acute wards, in collaboration with ANMF, to identify workforce and roster flexibility.	**Achieved and Ongoing:** • Local meetings are scheduled monthly in the Acute and Sub-Acute wards to discuss roster patterns and flexible work arrangements. • Bi-monthly meetings are scheduled between BCH Executive and the Australian Nursing and Midwifery Federation (ANMF) to discuss professional workplace matters. • Consultation between BCH and ANMF resulted in a change to the rostered shift time of the EFT 300 RN at the request of staff on Kodowlinun.

Goals and Health Service deliverables	Progress including:
Goal MD1 Improve employee experience across four initial focus areas to assure safe, high-quality care: leadership, health and safety, flexibility, and career development and agility. **Health Service deliverable** MD1 Develop and implement a training and capability enhancement strategy that supports the new and expanded Maternity models of care that facilitates uplift of Maternity capability and sustains workforce development.	**Achieved and Ongoing:** • BCH Women and Families team has undertaken a gap analysis and developed an implementation plan to increase capability over the coming years. • BCH has also worked with the Maternity Connect program to offer opportunities to Midwives to undertake clinical placement in maternity services with a special care nursery to enable consolidation of skills. • Equipment has been purchased to enable care for the mildly unwell newborn. All staff in the unit have undertaken training in the equipment's safe operation.
Goal MD1 Improve employee experience across four initial focus areas to assure safe, high-quality care: leadership, health and safety, flexibility, and career development and agility. **Health Service deliverable** MD1 In collaboration with WorkSafe Victoria, implement a Safety Huddles Program focusing on staff communication, wellbeing and safety.	**Achieved and Ongoing:** • Safety huddles are multi-disciplinary team meetings held by work units that run for approximately 10 minutes and are a proactive tool to identify risks to staff, patients and visitors, and the mitigation strategies in place. Bass Coast Health has been progressively rolling these out as a pilot program over the past 12 months in Food Services, People and Culture, Access, Kirrak House and more recently, Griffiths Point Lodge. Staff feedback has been positive and there are plans to continue the rollout to additional work units over the coming year.
Goal MD2 Explore new and contemporary models of care and practice, including future roles and capabilities. **Health Service deliverable** MD2 Develop a workforce profile, targeted recruitment strategy and model of care that will meet the needs of the Phillip Island Community Hospital, due to open in 2024–2025.	**Partially Achieved:** • BCH has continued to recruit permanent Doctors and Nurses for the Urgent Care Centre at the Phillip Island Health Hub. • Planning is well underway to staff the Phillip Island Community Hospital when it opens in 2025. • Models of Care for the Phillip Island Community Hospital are finalised and are ongoingly updated, in line with building and equipment changes, and workforce requirements.

Goals and Health Service deliverables	Progress including:
Goal MD2 Explore new and contemporary models of care and practice, including future roles and capabilities. **Health Service deliverable** MD2 Expand Public specialist outpatient appointment access for the local community including in the areas of Cardiac, Geriatrics and Paediatrics.	**Achieved and Ongoing:** • BCH implemented the following clinics in 2023–24: – Respiratory – Respiratory Sleep studies – Orthopaedic Shoulder Surgery – Gynaecology Clinics – Colposcopy – Neurological Rehabilitation and Chronic Pain – Neurosurgery – Older person with cancer – an additional Oncology Clinic. • Cardiology services increased and the Geriatric clinic has expanded to include onco-geriatrics. • Paediatricians have been recruited.
Goal MD2 Explore new and contemporary models of care and practice, including future roles and capabilities. **Health Service deliverable** MD2 Develop and implement a Stroke action plan which will formally review current practice and develop best practice pathways from ED into a newly developed BCH stroke inpatient service in collaboration with metro services.	**Achieved and Ongoing:** • A Stroke Action Plan was completed to formally review current practice as a result of the Stroke Project from September 2023 to April 2024. • Clinical practice in Emergency Department, Acute, Sub-Acute and Outpatients was reviewed, and benchmarked against regional and metropolitan hospitals. • New services (e.g. Inpatient Stroke Rehabilitation, Outpatient Rehabilitation Specialist Clinic), processes (e.g. Code Stroke), and recruitment recommendations (Stroke Co-ordinator) have been implemented. • Recommendations from the Stroke Action Plan are being implemented, including acute stroke care, continued quality improvement towards stroke certification, continued optimisation of stroke services, and strengthened partnerships with existing stroke services and networks.

Moving from competition to collaboration

Share knowledge, information and resources with partner health and wellbeing services and care providers. This will allow patients to experience one health, wellbeing and care system through connected digital health information, evidence and data flows, enabled by advanced interoperable platforms.

Goals and Health Service deliverables	Progress
Goal ME1 Partner with other organisations (for example community health, ACCHOs, PHNs, General Practice, private health) to drive further collaboration and build a more integrated system. **Health Service deliverable** ME1 Actively participate in the Gippsland Health Service Partnership governance and in the delivery of key initiatives being delivered by the HSP.	**Achieved and Ongoing:** • The BCH CEO is an active participant in the GHSP governance committee. • BCH staff have been active participants in all key initiatives including the development of the Sub-regional GEM@Home program, the surgical waitlist project, the Residential in Reach project and Mental Health initiatives.

Goals and Health Service deliverables	Progress
Goal ME1 Partner with other organisations (for example community health, ACCHOs, PHNs, General Practice, private health) to drive further collaboration and build a more integrated system. **Health Service deliverable** ME1 Partner with metro services to develop Wonthaggi Hospital as a potential site for Basic Physician trainees, support training and education of ICU trainees, formalise infectious disease support, commence the Close Observation Unit, and expand oncology and cardiac service locally.	**Achieved and Ongoing:** • BCH has been accredited as a seconded site for Basic Physician trainees (BPTs) from Monash Health and is due for a site accreditation visit in December 2024. Also, BCH has partnered with Monash ICU and has been accredited as a rural general medicine and anaesthetic rotation for ICU trainees. We currently have three trainees from Monash seconded to this role. This will grow to four trainees in 2025. • BCH opened two Close Observation Beds within our Kodowlinun Acute Ward to provide more complex care to higher acuity patients close to their homes, avoiding transfer to other health services. • BCH expanded oncology and cardiac services locally. • BCH now offers a Medical Oncology service five days a week with the appointment of a BCH employed Medical Oncologist working in partnership with Alfred Health clinicians. • BCH commenced infectious disease support for the community in collaboration with Monash Health. Specialist clinics are available monthly, and clinicians from BCH and Monash review patients twice weekly via virtual rounds.
Goal ME1 Partner with other organisations (for example community health, ACCHOs, PHNs, General Practice, private health) to drive further collaboration and build a more integrated system. **Health Service deliverable** ME1 Re-commit to a shared South Gippsland Coast Partnership vision, refresh the formal South Gippsland Coast Local Area Partnership Memorandum of Understanding.	**Achieved and Ongoing:** • South Gippsland Coast Partnership refreshed the formal South Gippsland Coast Local Area Partnership MoU with endorsement from Governance Committee in November 2023. • The South Gippsland Coast Partnership delivered a Sub-Regional Diversity Framework, Environmental Sustainability Framework, Better at Home Service model, shared approach to DIvERT response to Acute Deterioration Standard, Workforce Development Conference, Healthy Choices Policy, Smiles for Miles, Vaping Education Initiative in Secondary Schools, Vic Kids Eat Well initiative and an Integrated Health Promotion Plan.

Goals and Health Service deliverables	Progress
Goal ME2 Engage in integrated planning and service design approaches, whilst assuring consistent and strong clinical governance, with partners to join up the system to deliver seamless and sustainable care pathways and build sector collaboration. **Health Service deliverable** ME2 Participate actively in any clinical service planning that is undertaken by the Gippsland Health Service Partnership, to develop a collaborative approach to coordinating the delivery of health services at a regional level.	**Partially Achieved:** • The Gippsland Health Service Partnership Clinical Service Planning did not progress. • The South Gippsland Coast Partnership undertook a Local Area Health Service Partnership Situation Analysis to identify key challenges and opportunities to inform future delivery of services for the community. • The Local Area Health Service Partnership seeks to drive local collaboration at an operational level while also supporting the implementation of Gippsland Health Service Partnership priorities in the local area.
Goal ME2 Engage in integrated planning and service design approaches, whilst assuring consistent and strong clinical governance, with partners to join up the system to deliver seamless and sustainable care pathways and build sector collaboration. **Health Service deliverable** ME2 Collaborate with Gippsland partners in the planning for an integrated governance and service model for Radiology services.	**Achieved and Ongoing:** • BCH collaborated with other Gippsland health services to review Radiology service provision and market opportunities. • Following an external review of BCH Radiology requirements and a competitive tender process, BCH will transition from I-MED Radiology (who service the majority of health services across Gippsland) to Imaging Associates. The contract plans to integrate electronic medical records with radiology ordering.
Goal ME2 Engage in integrated planning and service design approaches, whilst assuring consistent and strong clinical governance, with partners to join up the system to deliver seamless and sustainable care pathways and build sector collaboration. **Health Service deliverable** ME2 Establish a South Gippsland Coast Local Area Partnership working group to develop and commence implementation of a sub-regional Sustainability framework and plan.	**Achieved:** • A sub-regional working group was established including Bass Coast Health, Kooweerup Regional Health Service, South Gippsland Hospital and Gippsland Southern Health Service. • The working group, comprising consumer representatives, developed and commenced implementation of a Sub-Regional Sustainability Framework and health service sustainability plans. • A Sustainability Committee was developed at BCH to drive local initiatives including internal waste improvements and staff education. • Sustainability champions are volunteering in local departments to support the Committee to implement sustainability initiatives.

Empowering people to keep healthy and safe in the community

Support individual health and mental wellbeing by giving people the tools and information they need to stay healthy and well. Work with the local government to respond to health threats and empower the community to proactively respond to health risks.

Goals and Health Service deliverables	Progress
Goal EA2 Improve the health and wellbeing of our communities, families and individuals by focussing on areas of healthy eating, climate change impacts, increased physical activity, and reduced rates of harmful drug, alcohol and substance behaviours including vaping. **Health Service deliverable** EA2 Implement the South Coast Prevention team work plan focused on healthy eating, active living, reducing tobacco and e-cigarette related harm and partnering to deliver a whole of community approach to family violence.	**Achieved and Ongoing:** • The South Coast Prevention Team has successfully implemented their 2023–24 Annual Action Plan and has developed their 2024–25 Annual Action Plan. • All actions within this plan are focused on the priority areas of increasing healthy eating, increasing active living, reducing tobacco and e-cigarette related harms, and partnering to deliver a whole of community approach to family violence. • Examples of their deliverables include work with early childhood services to implement the Smiles 4 Miles program, support schools and outside school hours care to implement the Vic Kids Eat Well initiative, and support secondary schools to implement the Smoking and Vaping actions of the Achievement Program framework.
Goal EA2 Improve the health and wellbeing of our communities, families and individuals by focussing on areas of healthy eating, climate change impacts, increased physical activity, and reduced rates of harmful drug, alcohol and substance behaviours including vaping. **Health Service deliverable** EA2 Embed smoking and vaping identification and cessation pathways into routine care.	**Achieved and Ongoing:** • Patients identified as smokers are offered support to quit smoking and advised of the availability of Nicotine Replacement Therapy (NRT). Upon discharge, patients are asked whether they wish to continue not smoking. If yes, a referral is made to Quitline, a confidential, evidence-based telephone counselling service provided by Quit Victoria. • Seven days support of NRT is provided for patients who have been receiving NRT in hospital and wish to continue in their efforts to stop smoking. The medication list is reviewed and patients are advised to provide the medication list to their GP and community pharmacist at their next appointment. • As per the Smoking Policy, smoking status is assessed for all admissions via Patient Admission Assessment Risk Screen (PAARS) if not already covered in the Emergency Department or Pre-Admissions.

Goals and Health Service deliverables	Progress
Goal EA2 Improve the health and wellbeing of our communities, families and individuals by focussing on areas of healthy eating, climate change impacts, increased physical activity, and reduced rates of harmful drug, alcohol and substance behaviours including vaping. **Health Service deliverable** EA2 Develop a population health catchment plan with LPHUs, including supporting local priorities as identified through population health needs assessment and Municipal Public Health and Wellbeing Planning.	**Achieved and Ongoing:** • BCH partnered via the Gippsland Region Public Health Unit (GRPHU) Steering Group to develop the Gippsland Region Population Health Catchment Plan 2023–2029 and partnered to develop the GRPHU Implementation Plan 2024–25 via the GRPHU Population Health Working Group. • Within the priority areas of healthy eating, active living, and reducing tobacco and e-cigarette related harms, BCH has supported many initiatives. These include the successful Vic Health Grant vaping prevention for young people submission, community consultation for the Breathe Easy Gippsland Initiative, facilitated connections between GRPHU and our target settings, and supported transition of an active living social marketing campaign to the GRPHU.

Care close to home

Primary and community care is accessible and reduces avoidable escalation in acuity of health conditions. When appropriate, hospital care is delivered in the home, including through digital care and connection, to deliver virtual care, telehealth, and other advanced models of care.

Goals and Health Service deliverables	Progress
Goal EB1 Improve pathways through the health system and implement models of care to enable more people to access care closer to, or in their homes. **Health Service deliverable** EB1 Further develop referral pathways between sub-regional health services so that patients can be easily referred or transferred for care closer to, or in their homes.	**Achieved and Ongoing:** • BCH in-home care programs continue to grow and deliver services to our community, that have historically seen these patients have to travel for care or be an acute inpatient in a health service. These services include Hospital In the Home (HITH) and GEM@Home. • The GEM@Home program provides a multidisciplinary service in the home for older people. The model of care expanded to include sub-regional support for patients in South Gippsland to receive GEM care closer to home.
Goal EB1 Improve pathways through the health system and implement models of care to enable more people to access care closer to, or in their homes. **Health Service deliverable** EB1 Expand the GEM at Home model that facilitates virtual and/or shared care delivery between the sub-regional partnership health services so that people can receive care closer to their homes.	**Achieved and Ongoing:** • Staff across the region have undertaken Electronic Medical Record (EMR) training and education. • Daily MDT meetings with the sub-regional health services and weekly individual consumer MDT meetings are undertaken virtually to ensure the delivery of shared services. • HITH has expanded services and provides a wide range of at home care including delivery of antibiotics, high risk wound care and post operation surgical care. BCH HITH service reached higher than expected throughput for the financial year.

Goals and Health Service deliverables	Progress
Goal EB1 Improve pathways through the health system and implement models of care to enable more people to access care closer to, or in their homes. **Health Service deliverable** EB1 Develop and implement initiatives that expand the early discharge of patients to HITH, and outpatient settings.	**Achieved and Ongoing:** The GEM@Home Coordinator and HITH Nurse Unit Manager facilitate twice-daily consultation with the Acute and Sub-Acute Medical and Nursing clinicians to identify patients suitable for HITH and GEM@Home, and commence discharge planning as soon as possible by attending ward-based MDT.

Local Priorities

Goals and Health Service deliverables	Progress
Local Goal Further develop in house data reporting systems and capability to enhance performance reporting and monitoring. **Local Deliverable 1** Develop both short- and long-term strategies to support the Mastercare system and reporting processes.	**Achieved and Ongoing:** • Data has been linked from multiple systems into the QlikSense platform to enable timely access to data for reporting. KPI development has continued to focus on clinical areas with significant effort in service planning (Entity Service Planning), Surgery, Maternity and Aged Care Services. • Ongoing training and cyclical meetings with Operations Directors continue, promoting regular monitoring of relevant performance indicators. • Bespoke dashboards and reports, relevant to each directorate, have been developed and are being sent to managers via automated processes. Refinement of dashboards with local areas to improve data capture and reporting is ongoing. • Migration of the KPI workbook to Teams has been completed to ensure stability of the data and improved access, allowing multiple people to make changes simultaneously. • The QlikSense database migrated to a cloud-based environment in early 2023 to enable increased access and availability to data. • Project work continues for transitioning VINAH reporting programs from MasterCare to iPM. Current and future workflows have been completed, and a project plan and communications strategy have been drafted. Residential in Reach, Post-Acute care and Hospital Admission Risk Programs all transitioned from Mastercare to iPM for VINAH reporting at the start of June. Training is underway to transition Maternity and Obstetric programs to iPM by end of September 2024.

Goals and Health Service deliverables	Progress
Local Goal Further develop in house data reporting systems and capability to enhance performance reporting and monitoring. **Local Deliverable 2** Explore options to enhance IT systems for BCH referral entry, outpatients and surgical services to ensure information is timely, accurate, transparent and meaningful for patients, referrers and staff.	**Partially Achieved:** • BCH has developed a referral management tool with the Access and Intake team that will launch early in the next financial year. • This tool has significantly improved workflow efficiency, created greater transparency of referral processing stage times and reduced clinical risk associated with referral management. Overall, this will assist with ensuring patients are referred to the right program in a timely manner to receive the care and treatment required. • The triaging process within the referral management system enables timely efficiencies and oversight for the entire care team, providing valuable automated data visualisation between outpatients, specialists, clinicians and Access teams.

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%	89%
Percentage of healthcare workers immunised for influenza	94%	98%
Continuing care		
Average change in the functional independence measure (FIM) score per day of care for rehabilitation separations	0.645	0.985
Patient experience		
Percentage of patients who reported positive experiences of their hospital stay – Quarter 1	95%	95%
Percentage of patients who reported positive experiences of their hospital stay – Quarter 2	95%	94%
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%	1.1%
Percentage of singleton babies with severe fetal growth restriction (FGR) delivered at 40 or more weeks gestation	28.6%	N/A*
Unplanned Readmissions		
Rate of unplanned readmissions to any hospital following a hip replacement procedure	6%	3.70%
Aboriginal Health		
Percentage of Aboriginal admitted patients who left against medical advice	25% reduction in gap based on prior year's annual rate of 1.8%	Not achieved
Percentage of Aboriginal emergency department presentations who did not wait to be seen	25% reduction in gap based on prior year's annual rate of 7.4%	Achieved

* For the 2023–24 YTD rate is only reported when population reaches >10 over the reporting period therefore N/A.

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%	65%

Timely access to care

Key Performance Measure	Target	Result
Emergency Care		
Percentage of patients transferred from ambulance to emergency department within 40 minutes	90%	61%
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%	81%
Percentage of emergency patients with a length of stay in the emergency department of less than four hours	81%	61%
Number of emergency patients with a length of stay in the emergency department greater than 24 hours	Zero	45
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%	63%
Percentage of routine patients referred by GP or external specialist who attended a first appointment within 365 days	90%	100%
Home Based Care		
Percentage of admitted bed days delivered at home	Equal to or better than prior year result	Achieved
Percentage of admitted episodes delivered at least partly at home	Equal to or better than prior year result	Achieved

Effective financial management

Key performance measure	Target	Result
Operating result ($m)	(10.19)	(3.23)
Average number of days to paying trade creditors	60 days	25 days
Average number of days to receiving patient fee debtors	60 days	13 days
Adjusted current asset ratio	0.7 or 3% improvement from health service base target	0.9
Variance between forecast and actual Net result from transactions (NRFT) for the current financial year ending 30 June	Variance ≤$250,000	Not Achieved
Actual number of days available cash, measured on the last day of each month	14 days	8 days

Part C: Activity and Funding

Funding Type	2023–2024 Activity achievement
Consolidated Activity Funding	
Acute admitted, subacute admitted, emergency services, non-admitted NWAU	15,586.63
Acute Admitted	
National Bowel Cancer Screening Program NWAU	29.45
Acute admitted DVA	91.54
Other Admitted	0.65
Acute Non-Admitted	
Home Enteral Nutrition NWAU	5.31
Subacute/Non-Acute, Admitted & Non-admitted	
Subacute – DVA	65.03
Aged Care	
Residential Aged Care (bed days)	16,424
HACC	7,208.49
Primary Health	
Community Health / Primary Care Programs	14,791

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

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 2024

	2024 $000	2023 $000	2022 $000	2021 $000	2020 $000
Operating Result*					
Total revenue	164,925	166,846	181,871	115,975	93,313
Total expenses	169,754	143,116	118,204	103,850	88,922
Net result from transactions	**(4,829)**	**23,730**	**63,667**	**12,125**	**4,391**
Total other economic flows	44	(341)	(543)	170	(22)
Net result	**(4,785)**	**23,389**	**63,124**	**12,295**	**4,369**
Total assets	224,714	197,462	174,613	108,534	89,939
Total liabilities	39,500	32,911	33,451	31,499	29,738
Net assets/Total equity	**185,214**	**164,551**	**141,162**	**77,035**	**60,201**

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

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

	2023–24 ($000)
Net operating result*	**(3,233)**
Capital purpose income	8,790
Specific income	N/A
COVID-19 State Supply Arrangements – Assets received free of charge or for nil consideration under the State Supply	255
State supply items consumed up to 30 June 2024	(255)
Assets provided free of charge	N/A
Assets received free of charge	126
Expenditure for capital purpose	N/A
Depreciation and amortisation	(10,512)
Impairment of non-financial assets	N/A
Finance costs (other)	0
Net result from transactions	**(4,829)**

* 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 2023–24 year continued to be adversely impacted by the expanding and higher cost operational environment. This continued to be driven by higher staffing costs due to a need to use short term agency staff to fill roster gaps. Consumable costs also continued to increase, a result of the provision of additional services throughout the expanded programs and ongoing inflationary pressures.

Additional operational funding from the Department of Health, of $19.7m, was received to support the increased costs and support cash flow sustainability. Despite this, Bass Coast Health reported an operating deficit of $3.233m with the reported net result from transactions for the year being a deficit of $4.829m. The operating deficit noted above includes capital purpose income of $8.8m and depreciation charges of $10.5m.

The capital purpose income received during the year, of $8.8m, was provided to assist with the purchase of medical and ICT equipment, required for the fitout of the Phillip Island Community Hospital, along with costs associated with the early master planning for Stage Two of the Wonthaggi Hospital Expansion project.

Bass Coast Health remains committed to maintaining its financial sustainability through the ongoing delivery of safer and more expanded services with the ongoing support from the Department of Health.

Significant Changes in Financial Position During the Year

Bass Coast Health's total asset base grew by $23m in 2023–24. This was predominantly due to revaluations of land and buildings undertaken during the financial year, noting this is required to be undertaken every five years.

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 2023–24, there was one consultant where the total fees payable to the consultant were less than $10,000. The total expenditure incurred during 2023–24 in relation to this consultancy is $1,450 (excl. GST).

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

In 2023–24, there were two consultants where the total fees payable to the consultants were $10,000 or greater. The total expenditure incurred during 2023–24 in relation to these consultancies is $76,974 (excl. GST).

Table 7: Consultancies over $10,000

Consultant	Purpose of Consultancy	Start date	End date	Total approved Project fee (ex GST)	Expenditure 2023–24 (ex GST)	Future Expenditure (ex GST)
Open Advisory	Sub-Regional Services Plan	01/09/2023	30/04/2024	$19,374	$19,374	–
B2B Consulting	Flexihealth, Residential Aged Care, Maternity and Community Programs Strategy	01/07/2023	31/03/2024	$57,600	$57,600	–
			Totals	**$76,974**	**$76,974**	**–**

Information and Communication Technology Expenditure

The total ICT expenditure incurred during 2023–24 is $5,493,238 (excluding GST) with the details shown below:

Business as Usual (BAU) ICT expenditure	Non-Business as Usual (non-BAU) ICT expenditure		
Total (ex GST)	**Total = Operational expenditure and Capital expenditure (ex GST) (a) + (b)**	**Operational expenditure (ex GST) (a)**	**Capital expenditure (ex GST) (b)**
$2,511,404	$2,981,834	$730,251	$2,251,583

Attestations and Declarations

Financial Management Compliance Attestation

I, Ian Thompson, on behalf of the Responsible Body, certify that Bass Coast Health 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
11 September 2024

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
11 September 2024

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 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 health service and board meeting.

Jan Child
Chief Executive Officer
Bass Coast Health
11 September 2024

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
11 September 2024

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
11 September 2024

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.

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Financial Statements – Financial Year Ending 30 June 2024

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 2024 and the financial position of Bass Coast Health at 30 June 2024.

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

We authorise the attached financial statements for issue on 11 September 2024.

Board Member

Ian Thompson
Chair
Wonthaggi
11 September 2024

Accountable Officer

Jan Child
Chief Executive Officer
Wonthaggi
11 September 2024

Chief Finance and Accounting Officer

Shaun Brooks
Chief Finance and Accounting Officer
Wonthaggi
11 September 2024

Independent Auditor's Report

Victorian Auditor-General's Office

To the Board of Bass Coast Health

Opinion	I have audited the financial report of Bass Coast Health (the health service) which comprises the: • balance sheet as at 30 June 2024 • comprehensive operating statement for the year then ended • statement of changes in equity for the year then ended • cash flow statement for the year then ended • notes to the financial statements, including material accounting policy information • Board member's, accountable officer's and chief finance & accounting officer's declaration. In my opinion the financial report presents fairly, in all material respects, the financial position of the health service as at 30 June 2024 and their financial performance and cash flows for the year then ended in accordance with the financial reporting requirements of Part 7 of the *Financial Management Act 1994* and applicable Australian Accounting Standards.
Basis for Opinion	I have conducted my audit in accordance with the *Audit Act 1994* which incorporates the Australian Auditing Standards. I further describe my responsibilities under that Act and those standards in the *Auditor's Responsibilities for the Audit of the Financial Report* section of my report. My independence is established by the *Constitution Act 1975.* My staff and I are independent of the health service in accordance with the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants* (the Code) that are relevant to my audit of the financial report in Victoria. My staff and I have also fulfilled our other ethical responsibilities in accordance with the Code. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.
Other information	The Board of the health service are responsible for the Other Information, which comprises the information in the health service's annual report for the year ended 30 June 2024, but does not include the financial report and my auditor's report thereon. My opinion on the financial report does not cover the Other Information and accordingly, I do not express any form of assurance conclusion on the Other Information. However, in connection with my audit of the financial report, my responsibility is to read the Other Information and in doing so, consider whether it is materially inconsistent with the financial report or the knowledge I obtained during the audit, or otherwise appears to be materially misstated. If, based on the work I have performed, I conclude there is a material misstatement of the Other Information, I am required to report that fact. I have nothing to report in this regard.

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Board's responsibilities for the financial report	The Board of the health service is responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards and the *Financial Management Act 1994*, and for such internal control as the Board determines is necessary to enable the preparation of a financial report that is free from material misstatement, whether due to fraud or error. In preparing the financial report, the Board is responsible for assessing the health service's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless it is inappropriate to do so.
Auditor's responsibilities for the audit of the financial report	As required by the Audit Act 1994, my responsibility is to express an opinion on the financial report based on the audit. My objectives for the audit are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with the Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of this financial report. As part of an audit in accordance with the Australian Auditing Standards, I exercise professional judgement and maintain professional scepticism throughout the audit. I also: • identify and assess the risks of material misstatement of the financial report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for my opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. • obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the health service's internal control • evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the Board • conclude on the appropriateness of the Board's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the health service's ability to continue as a going concern. If I conclude that a material uncertainty exists, I am required to draw attention in my auditor's report to the related disclosures in the financial report or, if such disclosures are inadequate, to modify my opinion. My conclusions are based on the audit evidence obtained up to the date of my auditor's report. However, future events or conditions may cause the health service to cease to continue as a going concern.

Auditor's responsibilities for the audit of the financial report (continued)	• evaluate the overall presentation, structure and content of the financial report, including the disclosures, and whether the financial report represents the underlying transactions and events in a manner that achieves fair presentation. I communicate with the Board regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that I identify during my audit.

MELBOURNE
26 September 2024

Dominika Ryan
as delegate for the Auditor-General of Victoria

Financial Statements

Bass Coast Health
Comprehensive Operating Statement
For the Financial Year Ended 30 June 2024

	Note	Total 2024 $'000	Total 2023 $'000
Revenue and income from transactions			
Operating activities	2.1	160,881	163,389
Non-operating activities	2.1	1,371	1,243
Share of revenue from joint operations	8.7	2,673	2,214
Total revenue and income from transactions		**164,925**	**166,846**
Expenses from transactions			
Employee expenses	3.1	(118,691)	(100,681)
Supplies and consumables	3.1	(26,452)	(21,775)
Finance costs	3.1	(23)	(26)
Depreciation and amortisation	3.1	(10,471)	(8,049)
Other administrative expenses	3.1	(6,253)	(5,976)
Other operating expenses	3.1	(5,412)	(4,393)
Other non-operating expenses	3.1	(19)	(3)
Share of expenditure from joint operations	8.7	(2,433)	(2,213)
Total Expenses from transactions		**(169,754)**	**(143,116)**
Net result from transactions - net operating balance		**(4,829)**	**23,730**
Other economic flows included in net result			
Net gain/(loss) on sale of non-financial assets	3.2	93	-
Net gain/(loss) on financial instruments	3.2	(80)	-
Other gain/(loss) from other economic flows	3.2	31	(341)
Total other economic flows included in net result		**44**	**(341)**
Net result for the year		**(4,785)**	**23,389**
Other economic flows - other comprehensive income			
Items that will not be reclassified to net result			
Changes in property, plant and equipment revaluation surplus	4.3	25,448	-
Total other comprehensive income		**25,448**	**-**
Comprehensive result for the year		**20,663**	**23,389**

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

Bass Coast Health
Balance Sheet
As at 30 June 2024

	Note	Total 2024 $'000	Total 2023 $'000
Current assets			
Cash and cash equivalents	6.2	27,066	25,793
Receivables and contract assets	5.1	2,343	1,437
Inventories	4.5	313	252
Prepaid expenses		172	172
Share of assets in joint operations	8.7	2,140	1,535
Total current assets		**32,034**	**29,189**
Non-current assets			
Receivables	5.1	2,983	2,442
Property, plant and equipment	4.1 (a)	188,975	165,452
Right of use assets	4.2 (a)	669	300
Share of assets in joint operations	8.7	53	79
Total non-current assets		**192,680**	**168,273**
Total assets		**224,714**	**197,462**
Current liabilities			
Payables and contract liabilities	5.2	10,272	8,568
Borrowings	6.1	220	403
Employee benefits	3.3	19,108	15,583
Other liabilities	5.3	5,782	4,892
Share of liabilities in joint operations	8.7	1,133	781
Total current liabilities		**36,515**	**30,227**
Non-current liabilities			
Borrowings	6.1	447	59
Employee benefits	3.3	2,517	2,591
Share of liabilities in joint operations	8.7	21	34
Total non-current liabilities		**2,985**	**2,684**
Total liabilities		**39,500**	**32,911**
Net assets		**185,214**	**164,551**
Equity			
Property, plant and equipment revaluation surplus	4.3	53,366	27,918
Restricted specific purpose reserve	SCE	293	293
Contributed capital	SCE	19,410	19,410
Accumulated surplus	SCE	112,145	116,930
Total equity		**185,214**	**164,551**

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

Bass Coast Health
Statement of Changes in Equity
For the Financial Year Ended 30 June 2024

Total	Property, Plant and Equipment Revaluation Surplus $'000	Restricted Specific Purpose Reserve $'000	Contributed Capital $'000	Accumulated Surplus $'000	Total $'000
Balance at 1 July 2022	**27,918**	**293**	**19,410**	**93,541**	**141,162**
Net result for the year	-	-	-	23,389	23,389
Balance at 30 June 2023	**27,918**	**293**	**19,410**	**116,930**	**164,551**
Net result for the year	-	-	-	(4,785)	(4,785)
Other comprehensive income for the year	25,448	-	-	-	25,448
Balance at 30 June 2024	**53,366**	**293**	**19,410**	**112,145**	**185,214**

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 2024

	Note	Total 2024 $'000	Total 2023 $'000
Cash Flows from operating activities			
Operating grants from government - State		121,518	106,950
Operating grants from government - Commonwealth		17,141	13,740
Capital grants from government		8,048	30,776
Patient fees received		3,093	3,311
Donations and bequests received		11	-
Interest and investment income received		1,348	1,029
Commercial income received		211	181
Other receipts		5,561	4,996
Total receipts		**156,931**	**160,983**
Payments to employees		(89,875)	(80,215)
Payments to contractors and consultants		(24,380)	(18,600)
Payments for supplies and consumables		(22,726)	(21,364)
Payments for medical indemnity insurance		(1,033)	(945)
Payments for repairs and maintenance		(1,973)	(1,457)
Finance costs		(23)	(26)
GST paid to ATO		(22)	(203)
Cash outflow for leases		(1,023)	(685)
Other payments		(7,717)	(7,316)
Total payments		**(148,772)**	**(130,811)**
Net cash flows from/(used in) operating activities	8.1	**8,159**	**30,172**
Cash Flows from investing activities			
Purchase of non-financial assets		(8,789)	(34,355)
Capital donations and bequests received		713	479
Proceeds from disposal of investments		93	-
Net cash flows from/(used in) investing activities		**(7,983)**	**(33,876)**
Cash flows from financing activities			
Proceeds from borrowings		388	-
Repayment of borrowings		(183)	(237)
Repayment of accommodation deposits		(1,470)	(1,851)
Receipt of accommodation deposits		2,350	1,220
Net receipt of other monies held in trust		12	45
Net cash flows from /(used in) financing activities		**1,097**	**(823)**
Net increase/(decrease) in cash and cash equivalents held		**1,273**	**(4,527)**
Cash and cash equivalents at beginning of year		25,793	30,320
Cash and cash equivalents at end of year	6.2	**27,066**	**25,793**

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 2024

Note 1: Basis of preparation

Structure

These financial statements represent the audited general purpose financial statements for Bass Coast Health for the year ended 30 June 2024. 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.

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 11th September 2024.

Bass Coast Health
Notes to the Financial Statements
For the Financial Year Ended 30 June 2024

Note 1.2 Abbreviations and terminology used in the financial statements
The following table sets out the common abbreviations used throughout the financial statements:

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

Note 1.3 Joint arrangements
Interests in joint arrangements are accounted for by recognising in 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 1.4 Material accounting estimates and judgements
Management make estimates and judgements when preparing the financial statements.

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

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

The accounting policies and material 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

Note 1.5 Accounting standards issued but not yet effective

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

Standard	Adoption Date	Impact
AASB 2022-5: Amendments to Australian Accounting Standards - Lease Liability in a Sale and Leaseback	Reporting periods beginning on or after 1 January 2024.	Adoption of this standard is not expected to have a material impact.
AASB 2022-9: Amendments to Australian Accounting Standards - Insurance Contracts in the Public Sector	Reporting periods beginning on or after 1 January 2026.	Adoption of this standard is not expected to have a material impact.
AASB 2022-10: Amendments to Australian Accounting Standards - Fair Value Measurement of Non-Financial Assets of Not-for-profit Public Sector Entities	Reporting periods beginning on or after 1 January 2024.	The impact of this standard has not been assessed as at 30 June 2024.

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.

Note 1.6 Goods and Services Tax (GST)

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

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

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

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

Note 1.7 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

Material judgements and estimates

This section contains the following material judgements and estimates:

Material judgements and estimates	Description
Identifying performance obligations	Bass Coast Health applies material judgement when reviewing the terms and conditions of funding agreements and contracts to determine whether they contain sufficiently specific and enforceable performance obligations. If this criterion is met, the contract/funding agreement is treated as a contract with a customer, requiring Bass Coast Health to recognise revenue as or when the health service transfers promised goods or services to customers. If this criterion is not met, funding is recognised immediately in the net result from operations.
Determining timing of revenue recognition	Bass Coast Health applies material judgement to determine when a performance obligation has been satisfied and the transaction price that is to be allocated to each performance obligation. A performance obligation is either satisfied at a point in time or over time.
Determining time of capital grant income recognition	Bass Coast Health applies material judgement to determine when its obligation to construct an asset is satisfied. Costs incurred is used to measure the health service's progress as this is deemed to be the most accurate reflection of the stage of completion.
Assets and services received free of charge or for nominal consideration	Bass Coast Health applies material 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.

Note 2.1 Revenue and income from transactions

	Note	Total 2024 $'000	Total 2023 $'000
Operating activities			
Revenue from contracts with customers			
Government grants (State) - Operating		81,647	78,467
Government grants (Commonwealth) - Operating		16,553	13,152
Patient and resident fees		3,158	3,332
Commercial activities [1]		211	181
Total revenue from contracts with customers	2.1 (a)	**101,569**	**95,132**
Other sources of income			
Government grants (State) - Operating		43,721	31,131
Government grants (State) - Capital		8,048	30,776
Capital donations		713	479
Assets received free of charge or for nominal consideration	2.2	392	994
Other revenue from operating activities (including non-capital donations)		6,438	4,877
Total other sources of income		**59,312**	**68,257**
Total revenue and income from operating activities		**160,881**	**163,389**
Non-operating activities			
Income from other sources			
Capital interest		6	-
Other interest		1,342	1,029
Other revenue from non-operating activities		23	214
Total other sources of income		**1,371**	**1,243**
Total income from non-operating activities		**1,371**	**1,243**
Total revenue and income from transactions		**162,252**	**164,632**

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 2024 $'000	Total 2023 $'000
Bass Coast Health disaggregates revenue by the timing of revenue recognition.		
Goods and services transferred to customers:		
At a point in time	101,358	94,951
Over time	211	181
Total revenue from contracts with customers	**101,569**	**95,132**

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

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 2024 $'000	Total 2023 $'000
Cash donations and gifts	11	-
Plant and equipment	126	119
Assets received free of charge under State supply arrangements	255	875
Total fair value of assets and services received free of charge or for nominal consideration	**392**	**994**

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

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

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.
Victorian Health Building Authority	The Department of Health made payments to the Victorian Health Building Authority to fund capital works projects during the year ended 30 June 2024, on behalf of Bass Coast Health.

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 disclosed.

Structure

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

Material judgements and estimates

This section contains the following material judgements and estimates:

Material judgements and estimates	Description
Classifying employee benefit liabilities	Bass Coast Health applies material judgement when measuring and classifying its employee benefit liabilities. 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. 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.
Measuring employee benefit liabilities	Bass Coast Health applies material judgement when measuring its employee benefit liabilities. The health service applies judgement to determine when it expects its employee entitlements to be paid. With reference to historical data, if the health service does not expect entitlements to be paid within 12 months, the entitlement is measured at its present value, being the expected future payments to employees. Expected future payments incorporate: • 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 4.348%, as determined with reference to market yields on government bonds at the end of the reporting period. All other entitlements are measured at their nominal value.

Note 3.1 Expenses from transactions

	Note	Total 2024 $'000	Total 2023 $'000
Salaries and wages		84,473	74,090
On-costs		8,240	7,177
Agency expenses		22,086	15,319
Fee for service medical officer expenses		2,294	3,281
Workcover premium		1,598	814
Total employee expenses		**118,691**	**100,681**
Drug supplies		7,863	6,137
Medical and surgical supplies		8,767	4,750
Diagnostic and radiology supplies		6,397	4,607
Other supplies and consumables		3,425	6,281
Total supplies and consumables		**26,452**	**21,775**
Finance costs		23	26
Total finance costs		**23**	**26**
Other administrative expenses		6,253	5,976
Total other administrative expenses		**6,253**	**5,976**
Fuel, light, power and water		1,383	1,306
Repairs and maintenance		862	863
Maintenance contracts		1,111	594
Medical indemnity insurance		1,033	945
Expenses related to leases of low value assets		1,023	685
Expenditure for capital purposes		-	-
Total other operating expenses		**5,412**	**4,393**
Total operating expense		**156,831**	**132,851**
Depreciation and amortisation	4.4	10,471	8,049
Total depreciation and amortisation		**10,471**	**8,049**
Bad and doubtful debt expense		19	3
Total other non-operating expenses		**19**	**3**
Total non-operating expense		**10,490**	**8,052**
Total expenses from transactions		**167,321**	**140,903**

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 a corresponding expense.

Non-operating expenses

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

Note 3.2 Other economic flows included in net result

	Total 2024 $'000	Total 2023 $'000
Net gain/(loss) on disposal of property plant and equipment	93	-
Total net gain/(loss) on non-financial assets	**93**	**-**
Allowance for impairment losses of contractual receivables	(80)	-
Total net gain/(loss) on financial instruments	**(80)**	**-**
Net gain/(loss) arising from revaluation of long service liability	31	(341)
Total other gains/(losses) from other economic flows	**31**	**(341)**
Total gains/(losses) from other economic flows	**44**	**(341)**

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 2024 $'000	Total 2023 $'000
Current employee benefits and related on-costs		
Accrued days off		
Unconditional and expected to be settled wholly within 12 months [i]	294	264
	294	**264**
Annual leave		
Unconditional and expected to be settled wholly within 12 months [i]	7,492	6,288
Unconditional and expected to be settled wholly after 12 months [ii]	1,307	1,000
	8,799	**7,288**
Long service leave		
Unconditional and expected to be settled wholly within 12 months [i]	1,205	887
Unconditional and expected to be settled wholly after 12 months [ii]	6,527	5,451
	7,732	**6,338**
Provisions related to employee benefit on-costs		
Unconditional and expected to be settled within 12 months [i]	1,162	849
Unconditional and expected to be settled after 12 months [ii]	1,121	844
	2,283	**1,693**
Total current employee benefits and related on-costs	**19,108**	**15,583**
Non-current employee benefits and related on-costs		
Conditional long service leave	2,198	2,285
Provisions related to employee benefit on-costs	319	306
Total non-current employee benefits and related on-costs	**2,517**	**2,591**
Total employee benefits and related on-costs	**21,625**	**18,174**

[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 2024 $'000	Total 2023 $'000
Current employee benefits and related on-costs		
Unconditional accrued days off	294	264
Unconditional annual leave entitlements	9,965	8,145
Unconditional long service leave entitlements	8,849	7,174
Total current employee benefits and related on-costs	**19,108**	**15,583**
Conditional long service leave entitlements	2,517	2,591
Total non-current employee benefits and related on-costs	**2,517**	**2,591**
Total employee benefits and related on-costs	**21,625**	**18,174**
Attributable to:		
Employee benefits	19,023	16,175
Provision for related on-costs	2,602	1,999
Total employee benefits and related on-costs	**21,625**	**18,174**

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

	Total 2024 $'000	Total 2023 $'000
Carrying amount at start of year	1,999	1,802
Additional provisions recognised	1,652	1,213
Net gain/(loss) arising from revaluation of long service liability	4	(43)
Amounts incurred during the year	(1,053)	(973)
Carrying amount at end of year	**2,602**	**1,999**

How we recognise employee benefits

Employee benefit recognition

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

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

Annual leave and accrued days off

Liabilities for annual leave and accrued days off are recognised in the provision for employee benefits as 'current liabilities' because 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 2024 $'000	Total 2023 $'000	Total 2024 $'000	Total 2023 $'000
Defined benefit plans:[i]				
Aware Super	14	32	1	-
Defined contribution plans:				
Aware Super	3,193	3,302	267	-
Hesta	2,248	2,333	175	-
Other	2,047	1,915	183	-
Total	**7,502**	**7,582**	**626**	**-**

[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

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

Material judgements and estimates

This section contains the following material judgements and estimates:

Material judgements and estimates	Description
Measuring fair value of property, plant and equipment and investment properties	Bass Coast Health obtains independent valuations for its non-current assets at least once every five years. 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. 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.
Estimating useful life and residual value of property, plant and equipment	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. The health service reviews the useful life, residual value and depreciation rates of all assets at the end of each financial year and where necessary, records a change in accounting estimate.
Estimating useful life of right-of-use assets	The useful life of each right-of-use asset is typically the respective lease term, except where the health service is reasonably certain to exercise a purchase option contained within the lease (if any), in which case the useful life reverts to the estimated useful life of the underlying asset. Bass Coast Health applies material judgement to determine whether or not it is reasonably certain to exercise such purchase options.

Material judgements and estimates (continued)

Material 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	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. The health service considers a range of information when performing its assessment, including considering: ▪ If an asset's value has declined more than expected based on normal use ▪ If a significant change in technological, market, economic or legal environment which adversely impacts the way the health service uses an asset ▪ If an asset is obsolete or damaged ▪ If the asset has become idle or if there are plans to discontinue or dispose of the asset before the end of its useful life ▪ If the performance of the asset is or will be worse than initially expected. Where an impairment trigger exists, the health services applies material judgement and estimate to determine the recoverable amount of the asset.

Note 4.1 Property, plant and equipment

Note 4.1 (a) Gross carrying amount and accumulated depreciation

	Total 2024 $'000	Total 2023 $'000
Land at fair value - Freehold	12,815	10,580
Total land at fair value	**12,815**	**10,580**
Buildings at fair value	158,585	147,679
Less accumulated depreciation	(5,381)	(14,257)
Total buildings at fair value	**153,204**	**133,422**
Works in progress at fair value	**1,769**	-
Total land and buildings	**167,788**	**144,002**
Plant and equipment at fair value	17,560	17,529
Less accumulated depreciation	(8,353)	(7,186)
Total plant and equipment at fair value	**9,207**	**10,343**
Motor vehicles at fair value	856	1,115
Less accumulated depreciation	(854)	(1,105)
Total motor vehicles at fair value	**2**	**10**
Medical equipment at fair value	15,232	13,217
Less accumulated depreciation	(7,004)	(5,947)
Total medical equipment at fair value	**8,228**	**7,270**
Computer equipment at fair value	6,201	5,372
Less accumulated depreciation	(4,178)	(2,756)
Total computer equipment at fair value	**2,023**	**2,616**
Furniture and fittings at fair value	1,015	955
Less accumulated depreciation	(844)	(793)
Total furniture and fittings at fair value	**171**	**162**
Total plant, equipment, furniture, fittings and vehicles at fair value	**19,631**	**20,401**
Other assets under construction at cost	1,556	1,049
Total property, plant and equipment	**188,975**	**165,452**

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

	Note	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 2022		**10,580**	**39,488**	**5,638**	**33**	**3,852**	**828**	**211**	**78,320**	**138,950**
Additions		-	21,544	5,124	-	4,118	2,727	-	1,050	34,563
Disposals		-	-	-	-	-	-	-	(82)	(82)
Net transfers between classes		-	77,351	730	-	68	7	-	(78,239)	(83)
Depreciation	4.4	-	(4,961)	(1,149)	(23)	(768)	(946)	(49)	-	(7,896)
Balance at 30 June 2023	4.1 (a)	**10,580**	**133,422**	**10,343**	**10**	**7,270**	**2,616**	**162**	**1,049**	**165,452**
Additions		-	2,666	486	-	1,811	540	57	3,274	8,834
Disposals		-	-	(531)	-	-	-	-	-	(531)
Assets provided free of charge		-	-	-	-	126	-	-	-	126
Revaluation increments/(decrements)		2,235	23,213	-	-	-	-	-	-	25,448
Net Transfers between classes		-	329	300	-	79	290	-	(998)	-
Depreciation	4.4	-	(6,426)	(1,391)	(8)	(1,058)	(1,423)	(48)	-	(10,354)
Balance at 30 June 2024	4.1 (a)	**12,815**	**153,204**	**9,207**	**2**	**8,228**	**2,023**	**171**	**3,325**	**188,975**

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

Revaluation 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 2024 $'000	Total 2023 $'000
Right of use equipment and vehicles	975	489
Less accumulated depreciation	(306)	(189)
Total right of use equipment and vehicles	**669**	**300**
Total right of use equipment and vehicles	**669**	**300**

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 2022		**377**	**377**
Additions		77	77
Depreciation	4.4	(154)	(154)
Balance at 30 June 2023	4.2 (a)	**300**	**300**
Additions		486	486
Depreciation	4.4	(117)	(117)
Balance at 30 June 2024	4.2 (a)	**669**	**669**

How we recognise right-of-use assets

Initial recognition

When a contract is entered into, Bass Coast Health assesses if the contract contains or is a lease.

Unless the lease is considered a short-term lease or a lease of a low-value asset (refer to Note 6.1 for further information), the contract gives rise to a right-of-use asset and corresponding lease liability.

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

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

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.

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 2024 $'000	Total 2023 $'000
Balance at the beginning of the reporting period		27,918	27,918
Revaluation increment			
- Land	4.1 (b)	2,235	-
- Buildings	4.1 (b)	23,213	-
Balance at the end of the Reporting Period*		**53,366**	**27,918**
*** Represented by:**			
- Land		10,459	8,224
- Buildings		42,907	19,694
		53,366	**27,918**

Note 4.4 Depreciation

	Total 2024 $'000	Total 2023 $'000
Depreciation		
Buildings	6,426	4,961
Plant and equipment	1,391	1,149
Motor vehicles	8	22
Medical equipment	1,058	768
Computer equipment	1,423	946
Furniture and fittings	48	49
Total depreciation - property, plant and equipment	**10,354**	**7,895**
Right-of-use assets		
Right of use - vehicles	117	154
Total depreciation - right-of-use assets	**117**	**154**
Total depreciation	**10,471**	**8,049**

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.

	2024	2023
Buildings		
- Structure shell building fabric	5 to 50 Years	7 to 50 Years
- Site engineering services and central plant	5 to 40 Years	7 to 40 Years
Central Plant		
- Fit Out	2 to 25 Years	7 to 25 Years
- Trunk reticulated building system	5 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 2024 $'000	Total 2023 $'000
Pharmacy supplies at cost	153	103
General stores at cost	160	149
Total inventories	**313**	**252**

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 against Property, Plant and Equipment for the year ended 30 June 2024 (30 June 2023:Nil).

Note 5: Other assets and liabilities

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

Structure

5.1 Receivables and contract assets
5.2 Payables and contract liabilities
5.3 Other liabilities

Material judgements and estimates

This section contains the following material judgements and estimates:

Material 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 material judgement when measuring the deferred capital grant income balance, which references the estimated the stage of completion at the end of each financial year.
Measuring contract liabilities	Bass Coast Health applies material judgement to measure its progress towards satisfying a performance obligation as detailed in Note 2. Where a performance obligation is yet to be satisfied, the health service assigns funds to the outstanding obligation and records this as a contract liability until the promised good or service is transferred to the customer.

Note 5.1 Receivables and contract assets

	Notes	Total 2024 $'000	Total 2023 $'000
Current receivables and contract assets			
Contractual			
Inter hospital debtors		35	-
Trade receivables		217	50
Patient fees		157	92
Allowance for impairment losses		(80)	-
Accrued revenue		910	442
Amounts receivable from governments and agencies		453	224
Total contractual receivables		**1,692**	**808**
Statutory			
GST receivable		651	629
Total statutory receivables		**651**	**629**
Total current receivables and contract assets		**2,343**	**1,437**
Non-current receivables and contract assets			
Contractual			
Long service leave - Department of Health		2,983	2,442
Total contractual receivables		**2,983**	**2,442**
Total non-current receivables and contract assets		**2,983**	**2,442**
Total receivables and contract assets		**5,326**	**3,879**
(i) Financial assets classified as receivables and contract assets (Note 7.1(a))			
Total receivables and contract assets		5,326	3,879
Provision for impairment		80	-
GST receivable		(651)	(629)
Total financial assets classified as receivables	7.1(a)	**4,755**	**3,250**

Note 5.1 Receivables and contract assets (continued)

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

	Total 2024 $'000	Total 2023 $'000
Balance at the beginning of the year	-	-
Increase in allowance	99	-
Amounts written off during the year	(19)	-
Balance at the end of the year	**80**	**-**

How we recognise receivables
Receivables consist of:

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

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

Trade debtors are carried at the nominal amounts due and are due for settlement within 30 days from the date of recognition.

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

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 2024 $'000	Total 2023 $'000
Current payables and contract liabilities			
Contractual			
Trade creditors		544	678
Accrued salaries and wages		1,949	995
Accrued expenses		3,791	1,721
Deferred capital grant income	5.2(a)	199	982
Amounts payable to governments and agencies	5.2(b)	1,747	3,680
Other		2,042	512
Total contractual payables		**10,272**	**8,568**
Total payables and contract liabilities		**10,272**	**8,568**
(i) Financial liabilities classified as payables and contract liabilities (Note 7.1(a))			
Total payables and contract liabilities		10,272	8,568
Deferred grant income		(199)	(982)
Contract liabilities		(1,747)	(3,680)
Total financial liabilities	7.1(a)	**8,326**	**3,906**

How we recognise payables and contract liabilities
Payables consist of:

- Contractual payables, including payables that relate to the purchase of goods and services. These payables are classified as financial instruments and measured at amortised cost. Accounts payable and salaries and wages payable represent liabilities for goods and services provided to the Bass Coast Health prior to the end of the financial year that are unpaid.

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

The normal credit terms for accounts payable are usually net 30 days.

Note 5.2 (a) Deferred capital grant income

	Total 2024 $'000	Total 2023 $'000
Opening balance of deferred grant income	982	1,222
Grant consideration for capital works received during the year	622	-
Deferred grant revenue recognised as revenue due to completion of capital works	(1,405)	(240)
Closing balance of deferred grant income	**199**	**982**

How we recognise deferred capital grant revenue

Capital grant income 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 income for capital works over the next 12 months.

Note 5.2 (b) Movement in contract liabilities

	Total 2024 $'000	Total 2023 $'000
Opening balance of contract liabilities	3,680	5,542
Grant consideration for sufficiently specific performance obligations received during the year	99,636	82,099
Revenue recognised for the completion of a performance obligation	(101,569)	(83,961)
Total contract liabilities	**1,747**	**3,680**
*** Represented by:**		
- Current contract liabilities	1,747	3,680
	1,747	**3,680**

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 2024 $'000	Total 2023 $'000
Current monies held it trust			
Patient monies		18	20
Refundable accommodation deposits		5,512	4,632
Other monies		252	240
Total current monies held in trust		**5,782**	**4,892**
Total other liabilities		**5,782**	**4,892**
*** Represented by:**			
- Cash assets	6.2	5,782	4,892
		5,782	**4,892**

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

Material judgements and estimates

This section contains the following material judgements and estimates:

Material judgements and estimates	Description
Determining if a contract is or contains a lease	Bass Coast Health applies material judgement to determine if a contract is or contains a lease by considering if the health service: • has the right-to-use an identified asset • has the right to obtain substantially all economic benefits from the use of the leased asset and • can decide how and for what purpose the asset is used throughout the lease.
Determining if a lease meets the short-term or low value asset lease exemption	Bass Coast Health applies material judgement when determining if a lease meets the short-term or low value lease exemption criteria. The health service estimates the fair value of leased assets when new. Where the estimated fair value is less than $10,000, the health service applies the low-value lease exemption. The health service also estimates the lease term with reference to remaining lease term and period that the lease remains enforceable. Where the enforceable lease period is less than 12 months the health service applies the short-term lease exemption.
Discount rate applied to future lease payments	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%.
Assessing the lease term	The lease term represents the non-cancellable period of a lease, combined with periods covered by an option to extend or terminate the lease if Bass Coast Health is reasonably certain to exercise such options. Bass Coast Health determines the likelihood of exercising such options on a lease-by-lease basis through consideration of various factors including: • If there are significant penalties to terminate (or not extend), the health service is typically reasonably certain to extend (or not terminate) the lease. • If any leasehold improvements are expected to have a significant remaining value, the health service is typically reasonably certain to extend (or not terminate) the lease. • The health service considers historical lease durations and the costs and business disruption to replace such leased assets.

Note 6.1 Borrowings

	Note	Total 2024 $'000	Total 2023 $'000
Current borrowings			
Lease liability [(i)]	6.1 (a)	220	240
Advances from government (ii)		-	163
Total current borrowings		**220**	**403**
Non-current borrowings			
Lease liability [(i)]	6.1 (a)	447	59
Total non-current borrowings		**447**	**59**
Total borrowings		**667**	**462**

[i] Secured by the assets leased.
[ii] These are unsecured loans which bear no interest.

How we recognise borrowings
Borrowings refer to interesting 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 2024 $'000	Total 2023 $'000
Total undiscounted lease liabilities	696	304
Less unexpired finance expenses	(29)	(5)
Net lease liabilities	**667**	**299**

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

	Total 2024 $'000	Total 2023 $'000
Not longer than one year	229	243
Longer than one year but not longer than five years	467	61
Longer than five years	-	-
Minimum future lease liability	**696**	**304**
Less unexpired finance expenses	(29)	(5)
Present value of lease liability	**667**	**299**
*** Represented by:**		
- Current liabilities	220	240
- Non-current liabilities	447	59
	667	**299**

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 5 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 5.75%.

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

	Total 2024 $'000	Total 2023 $'000
Cash on hand (excluding monies held in trust)	1	2
Cash at bank (excluding monies held in trust)	1,589	382
Cash at bank - CBS (excluding monies held in trust)	19,694	20,517
Total cash held for operations	**21,284**	**20,901**
Cash at bank (monies held in trust)	18	20
Cash at bank - CBS (monies held in trust)	5,764	4,872
Total cash held as monies in trust	**5,782**	**4,892**
Total cash and cash equivalents (Health Service Operations)	**27,066**	**25,793**

How we recognise cash and cash equivalents

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

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

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

Note 6.3 Commitments for expenditure

	Total 2024 $'000	Total 2023 $'000
Capital expenditure commitments		
Less than one year	1,041	-
Longer than one year but not longer than five years	-	-
Five years or more	-	-
Total capital expenditure commitments	**1,041**	**-**
Non-cancellable short term and low value lease commitments		
Less than one year	395	292
Longer than one year but not longer than five years	-	-
Five years or more	-	-
Total non-cancellable short term and low value lease commitments	**395**	**292**
Total commitments for expenditure (inclusive of GST)	**1,436**	**292**
Less GST recoverable from Australian Tax Office	(131)	(27)
Total commitments for expenditure (exclusive of GST)	**1,305**	**265**

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

Material judgements and estimates

This section contains the following material judgements and estimates:

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

Material judgements and estimates (continued)

Material judgements and estimates	Description
Measuring fair value of non-financial assets	Bass Coast Health uses a range of valuation techniques to estimate fair value, which include the following: ▪ Market approach, which uses prices and other relevant information generated by market transactions involving identical or comparable assets and liabilities. The fair value of 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. The health service selects a valuation technique which is considered most appropriate, and for which there is sufficient data available to measure fair value, maximising the use of relevant observable inputs and minimising the use of unobservable inputs. Subsequently, the health service applies material judgement to categorise and disclose such assets within a fair value hierarchy, which includes: ▪ Level 1, using quoted prices (unadjusted) in active markets for identical assets that the health service can access at measurement date. 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 30 June 2024	Note	Financial Assets at Amortised Cost $'000	Financial Liabilities at Amortised Cost $'000	Total $'000
Contractual Financial Assets				
Cash and Cash Equivalents	6.2	27,066	-	27,066
Receivables and contract assets	5.1	4,755	-	4,755
Total Financial Assets [i]		**31,821**	**-**	**31,821**
Financial Liabilities				
Payables	5.2	-	8,326	8,326
Borrowings	6.1	-	667	667
Other Financial Liabilities - Refundable Accommodation Deposits	5.3	-	5,512	5,512
Other Financial Liabilities - Patient monies held in trust	5.3	-	18	18
Other Financial Liabilities - Other monies held in trust	5.3	-	252	252
Total Financial Liabilities [i]		**-**	**14,775**	**14,775**

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

Total 30 June 2023	Note	Financial Assets at Amortised Cost $'000	Financial Liabilities at Amortised Cost $'000	Total $'000
Contractual Financial Assets				
Cash and cash equivalents	6.2	25,793	-	25,793
Receivables and contract assets	5.1	3,250	-	3,250
Total Financial Assets [i]		**29,043**	**-**	**29,043**
Financial Liabilities				
Payables	5.2	-	3,906	3,906
Borrowings	6.1	-	462	462
Other Financial Liabilities - Refundable Accommodation Deposits	5.3	-	4,632	4,632
Other Financial Liabilities - Patient monies held in trust	5.3	-	20	20
Other Financial Liabilities - Other monies held in trust	5.3	-	240	240
Total Financial Liabilities [i]		**-**	**9,260**	**9,260**

[i] 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.

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 2023-24.

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.

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

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.

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

Note 7.2 (a) Contractual receivables at amortised cost

30 June 2024		Current	Less than 1 month	1–3 months	3 months –1 year	1–5 years	Total
Expected loss rate		0.0%	0.0%	0.0%	14.3%	0.6%	
Gross carrying amount of contractual receivables	5.1	1,024	32	270	426	3,003	**4,755**
Loss allowance		-	-	-	**(61)**	**(19)**	**(80)**

30 June 2023	Note	Current	Less than 1 month	1–3 months	3 months –1 year	1–5 years	Total
Expected loss rate		0.0%	0.0%	0.0%	0.0%	0.0%	
Gross carrying amount of contractual receivables	5.1	561	-	136	110	2,443	**3,250**
Loss allowance		-	-	-	-	-	-

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.

Both the statutory receivables and debt instruments 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

				Maturity Dates				
Total 30 June 2024	**Note**	**Carrying Amount $'000**	**Nominal Amount $'000**	**Less than 1 Month $'000**	**1-3 Months $'000**	**3 months - 1 Year $'000**	**1-5 Years $'000**	**Over 5 years $'000**
Payables	**5.2**	8,326	8,326	8,326	-	-	-	-
Borrowings	**6.1**	667	667	146	14	60	447	-
Other Financial Liabilities - Refundable Accommodation Deposits	**5.3**	5,512	5,512	-	-	5,512	-	-
Other Financial Liabilities - Patient monies held in trust	**5.3**	18	18	-	18	-	-	-
Other Financial Liabilities - Other monies held in trust	**5.3**	252	252	-	-	252	-	-
Total Financial Liabilities		**14,775**	**14,775**	**8,472**	**32**	**5,824**	**447**	**-**

				Maturity Dates				
Total 30 June 2023	**Note**	**Carrying Amount $'000**	**Nominal Amount $'000**	**Less than 1 Month $'000**	**1-3 Months $'000**	**3 months - 1 Year $'000**	**1-5 Years $'000**	**Over 5 years $'000**
Financial Liabilities at amortised cost								
Payables	**5.2**	3,906	3,906	3,906	-	-	-	-
Borrowings	**6.1**	462	462	22	66	337	37	-
Other Financial Liabilities - Refundable Accommodation Deposits	**5.3**	4,632	4,632	-	-	4,632	-	-
Other Financial Liabilities - Patient monies held in trust	**5.3**	20	20	-	20	-	-	-
Other Financial Liabilities - Other monies held in trust	**5.3**	240	240	-	-	240	-	-
Total Financial Liabilities		**9,260**	**9,260**	**3,928**	**86**	**5,209**	**37**	**-**

[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 material judgement and assumptions in deriving fair value for both financial and non-financial assets.

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

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

	Note	Total carrying amount 30 June 2024 $'000	Fair value measurement at end of reporting period using: Level 1 [i] $'000	Level 2 [i] $'000	Level 3 [i] $'000
Specialised land		12,815	-	7,610	5,205
Total land at fair value	4.1 (a)	**12,815**	**-**	**7,610**	**5,205**
Non-specialised buildings		-	-	-	-
Specialised buildings		153,204	-	-	153,204
Total buildings at fair value	4.1 (a)	**153,204**	**-**	**-**	**153,204**
Plant and equipment	4.1 (a)	9,207	-	-	9,207
Motor vehicles	4.1 (a)	2	-	2	-
Medical equipment	4.1 (a)	8,228	-	-	8,228
Computer equipment	4.1 (a)	2,023	-	-	2,023
Furniture and fittings	4.1 (a)	171	-	-	171
Total plant, equipment, furniture, fittings and vehicles at fair value		**19,631**	**-**	**2**	**19,629**
Right of use vehicles	4.2 (a)	669	-	669	-
Total right-of-use assets at fair value		**669**	**-**	**669**	**-**
Total non-financial physical assets at fair value		**186,318**	**-**	**8,281**	**178,038**

		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**
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**

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

How we measure fair value of non-financial physical assets

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

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

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

Non-specialised land & 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 2024.

Specialised land and specialised buildings

Specialised land includes Crown Land which is measured at fair value with regard to the property's highest and best use after due consideration is made for any legal or physical restrictions imposed on the asset, public announcements or commitments made in relation to the intended use of the asset. Theoretical opportunities that may be available in relation to the assets are not taken into account until it is virtually certain that any restrictions will no longer apply. Therefore, unless otherwise disclosed, the current use of these non-financial physical assets will be their highest and best use.

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

For 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 2024.

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

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

7.4(b) Reconciliation of level 3 fair value measurement

Total	Note	Land $'000	Buildings $'000	Plant & Equipment $'000	Medical Equipment $'000	Computer Equipment $'000	Furniture & Fittings $'000
Balance at 1 July 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	7.4 (a)	**4,500**	**133,422**	**10,343**	**7,270**	**2,616**	**162**
Additions/(Disposals)		-	2,666	(45)	1,811	540	57
Assets provided free of charge		-	-	-	126	-	-
Net Transfers between classes		-	329	300	79	290	-
Gains/(Losses) recognised in net result							
- Depreciation and Amortisation		-	(6,426)	(1,391)	(1,058)	(1,423)	(48)
Items recognised in other comprehensive income							
- Revaluation		2,235	23,213	-	-	-	-
Balance at 30 June 2024	7.4 (a)	**6,735**	**153,204**	**9,207**	**8,228**	**2,023**	**171**

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

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

Fair value determination of level 3 fair value measurement

Asset class	Likely valuation approach	Significant inputs (Level 3 only)
Non-specialised land	Market approach	N/A
Specialised land (Crown/freehold)	Market approach	Community Service Obligations Adjustments [(i)]
Non-specialised buildings	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

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

	Note	Total 2024 $'000	Total 2023 $'000
Net result for the year		(4,785)	23,389
Non-cash movements:			
(Gain)/Loss on sale or disposal of non-financial assets	3.2	(93)	-
Depreciation and amortisation of non-current assets	4.4	10,471	8,049
Assets and services received free of charge	2.2	(126)	(119)
Loss allowance for receivables	3.2	80	-
Share of net results in associates	8.7	(240)	(1)
Capital donations and interest received		(713)	(479)
Movements in Assets and Liabilities:			
(Increase)/Decrease in receivables and contract assets		(1,527)	(291)
(Increase)/Decrease in inventories		(61)	22
(Increase)/Decrease in prepaid expenses		(1)	(53)
Increase/(Decrease) in payables and contract liabilities		1,705	(2,314)
Increase/(Decrease) in employee benefits		3,451	1,961
Increase/(Decrease) in other provisions		-	-
Increase/(Decrease) in other liabilities		(2)	8
Net cash inflow from operating activities		**8,159**	**30,172**

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.

	Period
The Honourable Mary-Anne Thomas MP	
Minister for Health	1 Jul 2023 - 30 Jun 2024
Minister for Health Infrastructure	5 Dec 2023 - 30 Jun 2024
Minister for Medical Research	5 Dec 2023 - 30 Jun 2024
Former Minister for Ambulance Services	1 Jul 2023 - 5 Dec 2023
The Honourable Gabrielle Williams MP	
Minister for Mental Health	1 Jul 2023 - 30 Jun 2024
Minister for Ambulance Services	5 Dec 2023 - 30 Jun 2024
The Honourable Lizzy Blandthorn MP	
Minister for Disability, Ageing and Carers	5 Dec 2023 - 30 Jun 2024
The Honourable Colin Brooks MP	
Former Minister for Disability, Ageing and Carers	1 Jul 2023 - 5 Dec 2023
Governing Boards	
Ian Thompson	1 Jul 2023 - 30 Jun 2024
Elizabeth Camilleri	1 Jul 2023 - 30 Jun 2024
Nicky Chung	1 Jul 2023 - 30 Jun 2024
Simon Jemmett	1 Jul 2023 - 30 Jun 2024
Kate Jungwirth	1 Jul 2023 - 30 Jun 2024
Ian Leong	1 Jul 2023 - 30 Jun 2024
Harvey Newnham	1 Jul 2023 - 30 Jun 2024
Angelo Saridis	1 Jul 2023 - 30 Jun 2024
Mary Whelan	1 Jul 2023 - 30 Jun 2024
Accountable Officers	
Jan Child (Chief Executive Officer)	1 Jul 2023 - 30 Jun 2024

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 2024 No	Total 2023 No
$10,000 - $19,999	8	11
$20,000 - $29,999	1	-
$430,000 -$439,999	1	1
Total Numbers	**10**	**12**

	Total 2024 $'000	Total 2023 $'000
Total remuneration received or due and receivable by Responsible Persons from the reporting entity amounted to:	**577**	**599**

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	
	2024 $'000	2023 $'000
Short-term benefits	1,342	1,384
Post-employment benefits	120	122
Other long-term benefits	38	49
Total remuneration [i]	**1,500**	**1,555**
Total number of executives	7	7
Total annualised employee equivalent [ii]	6.1	6.5

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.

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	Ian Leong	Board Member
Bass Coast Health	Harvey Newnham	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	Shaun Brooks	Chief Financial Officer
Bass Coast Health	Christine Henderson	Executive Director
Bass Coast Health	Sue Hunt	Executive Director
Bass Coast Health	Renee Kelsall	Chief Medical Officer
Bass Coast Health	Emilia Pezzi	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.

Compensation - KMPs	Total 2024 $'000	Total 2023 $'000
Short-term Employee Benefits [i]	1,866	1,930
Post-employment Benefits	161	163
Other Long-term Benefits	50	62
Total [ii]	**2,077**	**2,155**

[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 $125.3m (2023: $115.8m) and indirect contributions of $2.4m (2023: $19.7m). Balances outstanding as recallable as at 30 June 2024 are $0.3 m (2023 $0.3m).

Bass Coast Health made payments to Ambulance Victoria of $2.2m (2023: $2.5m)

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 2024 (2023: 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 2024 (2023: none).

Note 8.5: Remuneration of Auditors

	Total 2024 $'000	Total 2023 $'000
Victorian Auditor-General's Office		
Audit of the financial statements	46	44
Total remuneration of auditors	**46**	**44**

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 2024 %	Ownership Interest 2023 %
Gippsland Health Alliance	Information Technology Services	11.08	10.53

Bass Coast Health's interest in assets and liabilities of the above joint arrangements are detailed below. The amounts are disclosed in the financial statements under their respective categories as a separate item to the business as usual activities of Bass Coast Health:

	2024 $'000	2023 $'000
Current assets		
Cash and cash equivalents	1,514	1,033
Receivables	130	140
Prepaid expenses	496	362
Total current assets	**2,140**	**1,535**
Non-current assets		
Property, plant and equipment	53	79
Total non-current assets	**53**	**79**
Total assets	**2,193**	**1,614**
Current liabilities		
Payables	170	219
Other Liabilities	941	540
Lease Liability	22	22
Total current liabilities	**1,133**	**781**
Non-current liabilities		
Lease Liability	21	34
Total non-current liabilities	**21**	**34**
Total liabilities	**1,154**	**815**
Net assets	**1,039**	**799**
Equity		
Accumulated surplus	1,039	799
Total equity	**1,039**	**799**

Note 8.7 Joint arrangements (continued)

Bass Coast Health's interest in revenues and expenses resulting from joint arrangements are detailed below. The amounts are disclosed in the financial statements under their respective categories as a separate item to the business as usual activities of Bass Coast Health:

	2024 $'000	2023 $'000
Revenue and income from transactions		
Operating Activities	2,673	2,214
Total revenue and income from transactions	**2,673**	**2,214**
Expenses from transactions		
Other Expenses from Continuing Operations	2,392	2,168
Depreciation	41	45
Total expenses from transactions	**2,433**	**2,213**
Net result from transactions	**240**	**1**

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 a public health service governed and managed in accordance with the Health Services Act 1988 and its results form part of the Victorian General Government consolidated financial position. Bass Coast Health provides essential services and is predominately dependent on the continued financial support of the State Government, particularly the Department of Health, and the Commonwealth funding via the National Health Reform Agreement (NHRA).

At the time of preparing the financial statements for the year ended 30 June 2024, the level of funding available to Bass Coast Health for the 2024/25 financial year is yet to be finalised. Notwithstanding this, on the basis that Bass Coast Health continues to report and meet regularly with the Department of Health to communicate and agree upon financial performance, risk and strategy, it is considered highly likely that the Department of Health will continue to provide adequate financial support to Bass Coast Health for at least the 12 month period from the date of signing the 30 June 2024 financial statements.

As the State of Victoria plans to continue Bass Coast Health operations and, 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

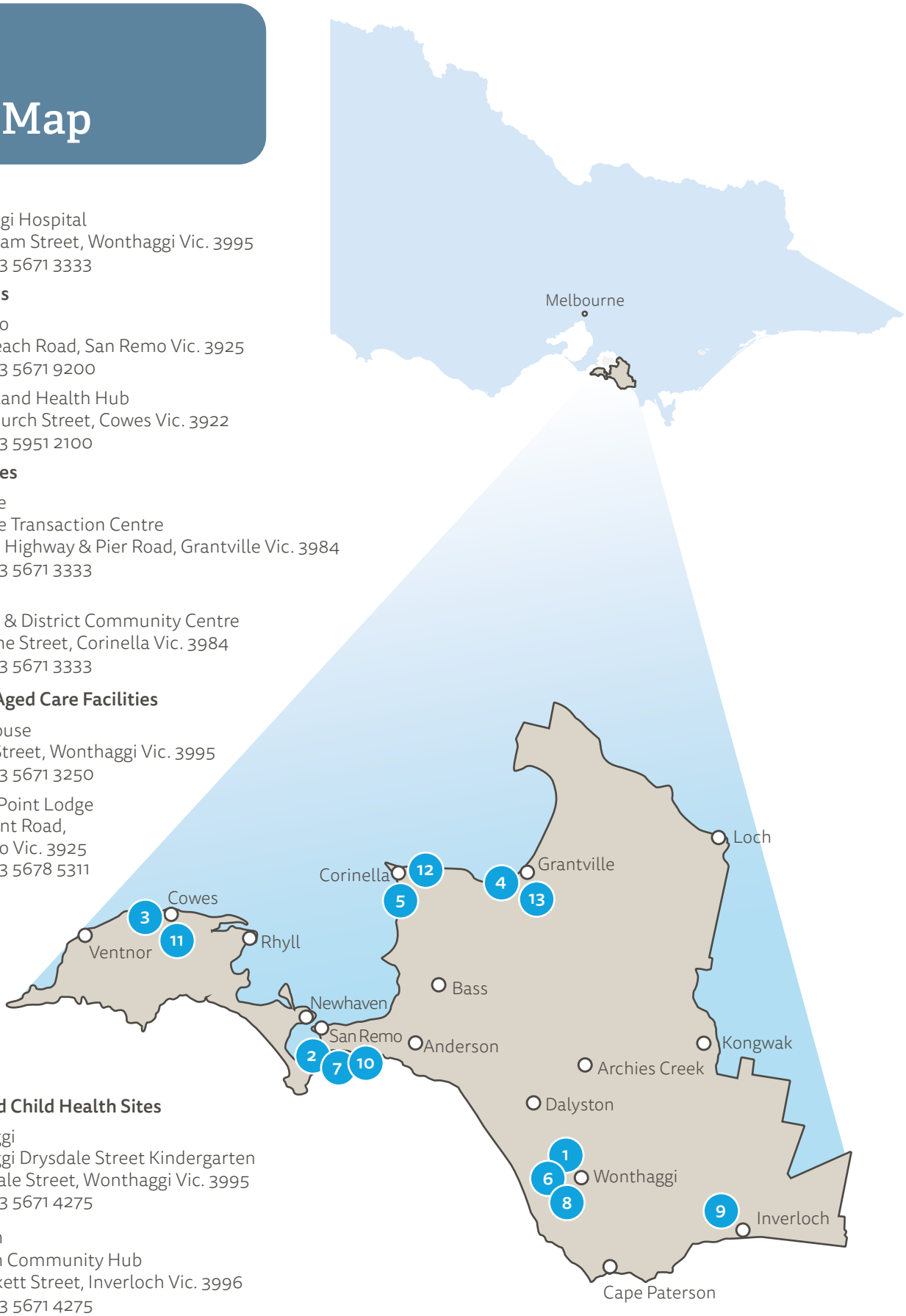
2. San Remo
   1 Back Beach Road, San Remo Vic. 3925
   Phone: 03 5671 9200
3. Phillip Island Health Hub
   50-54 Church Street, Cowes Vic. 3922
   Phone: 03 5951 2100

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 Drysdale Street Kindergarten
   27 Drysdale Street, Wonthaggi Vic. 3995
   Phone: 03 5671 4275
9. Inverloch
   Inverloch Community Hub
   16 A'Beckett Street, Inverloch Vic. 3996
   Phone: 03 5671 4275
10. San Remo
    San Remo Kindergarten
    23 Back Beach Road, San Remo Vic. 3925
    Phone: 03 5671 4275
11. Cowes
    Phillip Island Early Learning Centre
    161 Settlement Road, Cowes Vic. 3922
    Phone: 03 5671 4275
12. Corinella
    Bass Valley Children's Centre
    60 Corinella Road, Corinella, Vic. 3984
    Phone: 03 5671 4275
13. Grantville
    Grantville Transaction Centre
    Corner Bass Highway and Pier Road, Grantville, Vic. 3984
    Phone: 03 5671 4275