GREAT OCEAN ROAD HEALTH

Great Ocean Road Health Annual Report

2022-2023

Acknowledgement of Traditional Owners

We, Great Ocean Road Health acknowledges and pays respect to the peoples of the Gadubanud and Wathaurong people, the traditional owners of the country on which our sites stand and we pay our respects to their Elders past, present and emerging.

Great Ocean Road Health is committed to improving health outcomes for Aboriginal Australians and promoting a culturally safe environment.

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Board Chair's Report

On behalf of the Board, I am pleased to present to you the 2022-2023 annual report for Great Ocean Road Health (GORH). This report highlights the significant achievements and progress made by our organisation during the past year.

I want to start by expressing gratitude to our exceptional staff, led by CEO Sandy Chamberlin, for their resilience, kindness, and ongoing good humor while facing the ongoing challenges posed by the COVID-19 pandemic. The dedication and commitment of our staff is truly commendable. They understand that the health and well-being of each other, and our residents and patients, are of the utmost importance, and they approach their roles with passion and empathy. Whether it be keeping daily activities happening safely when staff are fatigued or on furlough or making sure we remain successfully accredited, their tireless efforts reflect their genuine desire to make a positive difference.

Our governing Board of ten directors, with diverse backgrounds, skills, and experience, have been working diligently to provide effective governance. The Board is responsible for ensuring Great Ocean Road Health meets the Victorian Health Department's expectations by achieving the Statement of Priorities and making decisions that align with our strategic direction (as outlined in the Great Ocean Road Health Strategic Plan 2022 – 2025). We continue to meet monthly, and have resumed face to face meetings, which are held at Apollo Bay and Lorne on a cyclical basis. As part of our commitment to good governance, the Board underwent an external review early in 2023. The recommendations from this review have been enacted and have helped us become an even more effective governing body.

The Safety and Clinical Governance Committee, chaired by A. Prof. Kelli Nicola- Richmond, oversees governance of the delivery of high quality and safe care. This year significant changes were made – the recruitment of two community members, who provide us with lived experience and different perspectives, and, we altered the Terms of Reference, so that oversight of organisational culture (and leadership) is included in the committee's remit. This led to a change of name to the Safety, Culture and Clinical Governance Committee. Reports to this committee include items from the internal Quality, Risk and Safety Committee relating to care of our consumers, and a dashboard on items relating to workforce well-being including responses to the state's People Matter Survey. A board director (Matt Dixon) also attends the internal 'Inclusive Practice Committee' and reports his experience to the Board.

The Finance, Audit and Risk Committee, chaired by Paul Shannon, has responsibility for ensuring our finances are managed effectively. Our service funding is complex as we are a provider of aged care, a small rural hospital, a multi-purpose service, and we have urgent care as well as limited day procedure activities. Funding comes to us from both Federal and State governments, and via grants. Ensuring we avoid a budget deficit is challenging. Thank you to our small but dedicated finance team for achieving a satisfactory outcome at the end of financial year.

The Community Advisory Committee, co-chaired by Fiona Williams and Dr. Tiffany Symes, and made up of community members who live along the Great Ocean Road, provides a link between health needs of the communities we service, and Board decision making. This year, the group came together as one committee and have kept us informed of community issues and helped spread the word about new Great Ocean Road Health services such as social work and mental health services. Thank you to the staff and all our community members for persisting even when we were unable to come together face to face.

In addition to these committee activities informing the Board, our directors commenced Board Leader Rounding, enabling direct contact with residents and staff, as we listen to their experiences. At our monthly Board meetings, we have dedicated time to hear staff and patient stories; for example, we were fortunate to have Gerard Black, a local indigenous artist, tell the story of the murals he painted for Great Ocean Road Health. We also heard a wonderful story of inclusion and acceptance, from one of our service partners, who frequently attends our service and identifies as LGBQTI+. Dr Heng (GP at Apollo Bay) shared how his family had been welcomed into the town and how this helped them decide to relocate here, which in turn, strengthens the GP services in Apollo Bay, providing better care for our community. Fortunately, we have been able to resume face to face contact with people and take opportunities to collaborate. We were delighted once again to be heavily involved in the 'Pier to Pub' through Dr Dave Mullen and staff. Thanks to all the team for representing Great Ocean Road Health so strongly.

Our thanks go to all the Community Team who have grown our community services through our 'Better At Home' program, and provided specialised training to staff enabling more care to be delivered in people's homes, which reduces driving time and improves access to care. We are very proud of our clinical teams and congratulate them for being one of the two shortlisted finalists in the Victorian Health Care Awards.

Each year, the Board recognises the outstanding contributions of our staff through the Lawless Scholarship. In 2022, Jane Maatman was awarded this scholarship to do Paediatric advanced life support.

The Board expresses its deep gratitude for the unwavering commitment of individuals who raise funds for Great Ocean Road Health. We extend our heartfelt appreciation to the Great Ocean Road Cycling Group, the Apollo Bay & District Health Foundation, Lorne Op Shop, and Second Sails Op Shop in Apollo Bay. Moreover, we are incredibly thankful to all the generous donors and those who have left bequests to Great Ocean Road Health, demonstrating their gratitude for the exceptional care they have received. These collective efforts enable us to undertake additional activities that empower our staff to consistently provide outstanding care to every individual, without exception.

In the role of Chair, I am an active participant of the Barwon South West Board Chairs forum, and I was fortunate this year to take part in the Victorian Health Sector Summit. Both events facilitate improvements for the health system, and give us the opportunity to influence decisions. We thank the Department of Health staff who have supported us throughout the year, particularly when it has been extremely challenging.

In closing I thank my fellow Board members for their support of me in the role of Chair, particularly to deputy Chair Nick Salkeld, who is a great sounding board; to the Committee Chairs and to all who provide their knowledge and experience to the committees, including Rob Knowles AO, Sean O'Reilly and Clare Power, and special acknowledgment of all that Paul Shannon (who retired from the Board at the end of June) has contributed.

On behalf of the Board, thank you to all our staff, our colleagues at neighbouring health services; to all our volunteers for the driving, gardening, listening, checking, helping and your consistent compassion; to our business partners, contractors, consultants, and locum staff, thank you for being there; and to all our community members, thank you for your sustained efforts to support Great Ocean Road Health.

Dr. Joy Humphreys

Chair of the Board of
Great Ocean Road Health

Back row: Tiffany Symes (Chair of Safety, Culture & Clinical Governance Committee), Paul Shannon (Retired as of 1/7/23), Rob Knowles AO, Sean O'Reilly

Middle row: Nick Salkeld (Deputy Chair), Matt Dixon, Joy Humphreys (Chair), Kelli Nicola-Richmond.
Front row: Fiona Williams (Chair Community Advisory Committee), Sandy Chamberlin (CEO) and Clare Power (Chair of Finance, Audit & Risk Committee).

CEO Report

This year saw Great Ocean Road Health (GORH) move towards COVID recovery, though 2022 saw us have our first outbreak in Aged Care. COVID recovery meant working through what COVID normal might look like, embedding the changed ways of working, increased infection control precautions, social distancing, increased virtual care and the ability for staff to work from home. This year has been very challenging for the workforce and financially very challenging for the organisation. A continued focus on health and well-being of our staff and our communities has produced excellent People Matter Survey results, the ability for our staff to manage emergency situations when they arise and display incredible teamwork every day.

Emergency events this year have included planned burns that threaten containment lines, unexpected presentations to urgent care, a flood event and other unexpected weather events. We have continued daily situational analysis response meetings to assist in managing all events, which has increased communication and confidence in the management of any issue.

Recruitment and retention have been the highest workforce priorities, especially at our Apollo Bay campus as we have had to fill staffing gaps with an agency workforce, which comes with increased costs and other challenges. Although recruitment of clinical staff and support services has been positive this year, we are still reliant on a casual and agency workforce clinically at Apollo Bay. There has been a significant investment in training and development as we continued with the Reach Out Rural Training Hub partnership with Alpine Health, this year increasing the courses offered, and committed to the resources required. We are hopeful to continue to increase this vital training partnership so we can recruit, train and develop our own staff.

Our Apollo Bay and Lorne Medical Centres continue to provide excellent services in the community and were both successfully accredited against national standards in 2022-23. We are delighted to continue our registrar training program at both sites with increased supervisors to assist Dr Terence Heng and Dr David Mullen. Our training opportunities for our GP registrars has continued to excel. This has resulted in a high number of employment opportunities at both campuses that meet the diversity requirements of RACGP.

Staff Health and Well-being continues to be a significant priority both with a very active Staff Health and Wellbeing Committee and support and enthusiasm from the leadership team and the Board. Our program was a finalist in the Victorian Public Healthcare Awards and has received interest from other health services.

The People Matter Survey results showed that Great Ocean Road Health senior leaders support stress prevention (implementing a number of wellness activites and services throughout 2022-2023) with an increase of 6% from 2021, an increase of 10% from 2020 and a difference of 24% from our small rural health service comparators and an increase of 29% from public sector comparators. Also showing positive increases was "All levels are involved in the prevention of stress", an increase of 5% from 2021, an increase of 18% from 2020, a difference of 24% greater than our small rural health service comparators and an impressive 30% greater than our public sector comparators. Staff reporting high to severe stress has decreased from 20% in 2020, 17%in 2021 to 14% in 2022. Staff sick leave has also been consistently under 3%, despite the changes in guidelines around not working with symptoms. We continue to be innovative in our approach to supporting staff, particularly as fatigue continues to impact our workforce.

The Marrar Woorn Neighbourhood house at Apollo Bay has been reinvigorated with the appointment of a new coordinator who has initiated several new programs, which have been well supported by the community. The food pantry has been supported by local business and local volunteers to stock food items for those in need of it. Fresh food has been donated on a daily basis, there is also a box at the local supermarket where shoppers can donate items. A toy library and further groups for young families have also been provided. The look and feel of the house has been updated to improve the user experience.

The Lorne Community House and Occasional Care is now back to being fully staffed for Child Care services after a challenging 12 months with recruitment of workforce. This was a very challenging period for our service and the community as child care services in the Lorne area are limited.

The Second Sails Op Shop in Apollo Bay has been able to extend hours and services for the first time post COVID-19, donating over $80,000 to Great Ocean Road Health, Apollo Bay campus. Expanded services this year include pop-up shops in the Aged Care facility and the engagement of one of the Aged Care residents as a volunteer in the shop. Gift vouchers have also been provided to the Social Workers to give to those in need of clothing and other

household items and approval has been given for a Second Sails professional development scholarship for staff from next financial year.

The Lorne Op Shop continues to provide wonderful support for our Aged Care residents by providing care packages and equipment totaling over $30,000. This support is very much appreciated by the residents, the families, the staff and the Board.

Jason Phieler, Acute Nurse Unit Manager at Lorne, continues to assist with the provision of extended practice nursing services overseas and has spent time assisting with a Tuberculosis program in Papua New Guinea and more recently a 3-week mission in Vanuatu on board M.V. HELPR-I, a health response and logistics support vessel operated by Respond Global who offer health crisis management and operations solutions. In Vanuatu, their objective is to deliver health care to the remotest communities as well as developing the country's disaster resilience. We are delighted to support Jason as he provides support to our Pacific neighbours.

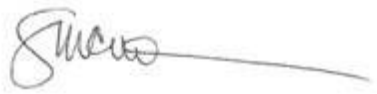
We have continued to provide Mental Health First Aid (MHFA) Training to our staff and the community with excellent feedback from those participating. Great Ocean Road Health is officially recognised as a skilled workplace for delivering Mental Health First Aid® Workplace Recognition Programs. The Mental Health First Aid® Workplace Recognition Program celebrates organisations across Australia who invest in developing mental health first aid skills in their people and acknowledges their achievement and commitment to embedding MHFA training into their organisation's culture; through actions like senior leadership support, relevant policies, supporting Mental Health First Aid Officers and continuous improvement. We are committed to embedding MHFA training into our organisation's culture and delivering this valued program to our community.

Virtual Care continues to be used to provide an alternative means of communication for medical and other appointments and a way of us providing further information and getting advice when transferring patients. The increased use of the Victorian Virtual Emergency Department and the Barwon Health Virtual system in our Urgent Care centres and Health Direct in the Medical Practices and the community have meant less travel and better outcomes for our clients. We continue to explore virtual care options by being the lead agency for the Virtual Care regional project.

Our pathology provider and process also changed this year and has allowed us to provide a better experience for our consumers. We continue to actively listen to and respond to our consumers via our very active Consumer Advisory Committee, our complaints and compliments process, our Community liaison staff and the implementation of Care Opinion, also adds to the way we engage with our community.

We continue to work with our health service partners in the Barwon South West region with projects with the Primary Health Network, both the Surf Coast and Colac Otway Shire and are active members of community organisations in both Lorne and Apollo Bay.

The challenges of working in Health post pandemic are not dissimilar to those in other industries with finance, workforce and IT systems providing significant challenges. Despite these daily challenges we have been able to deliver Year Two of our strategic plan and provide great services to our communities.



Sandy Chamberlin
Chief executive Officer
Great Ocean Road Health

Great Ocean Road Health Services

Great Ocean Road Health was established in July 2019, following the amalgamation of Lorne Community Hospital and Otway Health (a multi purpose service).

We provide a range of integrated multidisciplinary health services within a large catchment area extending from Aireys Inlet to Lavers Hill, including the local townships of Deans Marsh and Forrest and the coastal towns of Lorne and Apollo Bay, as well as other small townships in between.

We have two hospital campuses, providing urgent care, community services, acute and respite wards, medical centres and aged care facilities, in Lorne and Apollo Bay.

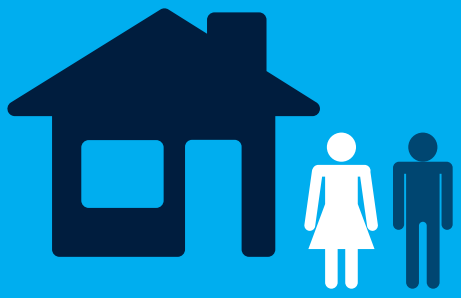
Our catchment is home to approximately 5,700 permanent residents and over 50,000 visitors, particularly throughout the peak holiday season. All residents and visitors to the region are eligible to access the services we provide. More than half of the residents in this area are over the age of 50 years old and health and well-being services play an important role in their lives.

Many of our programs and services are designed to reflect this demographic and their specific needs. We know that there are also younger community members with different needs and over the next three years, we plan to develop more services to cater for a broader range of age groups.

We work with our community, staff, volunteers and patients to build healthier lives.

Through our community engagement events, fundraising activities, patient centred care and staff information sessions, we bring our vision to reality.

We are guided by a strong governance framework, which places significant focus on stakeholder engagement, to ensure that advice from the people in our communities, our staff and consumers, directs our decisions on prioritising, configuring and delivering essential health care services for all.



5,700 approx permanent residents

50,000 approx during peak holiday season

Our Vision, Our Purpose & Our Values

OUR VISION
To create a person-centred, high quality experience for every Great Ocean Road Health consumer, every time.

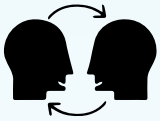
OUR PURPOSE
To provide Great Health Care to enable people to live purposeful, healthy and engaged lives.

Genuine

We are authentic; we do what we say we will do and are motivated to extend ourselves in everything we do.

Respect

We demonstrate intergrity in every interaction, and we value the insights of staff, community members and our partners.



Empathy

We listen to our staff, patients', residents' and community member needs and help them on their journey to enhanced health and wellbeing.

Accountable

We are accountable for all our actions and decisions - we deliver our strategic priorities in order to fulfil our purpose and best meet our community needs.

Teamwork

We actively seek opportunities to work together in the spirit of collaboration.

Manner Of Establishment & Relevant Ministers

Great Ocean Road Health (GORH) is a public health service established under the Health Services Act 1988 (Vic). Great Ocean Road Health was established in July 2019, when Otway Health and Lorne Community Hospital joined forces to operate under one entity, Great Ocean Road Health. Operating as a single entity facilitates our health services to meet the growing health care needs of the community and remain financially sustainable for the future.

RESPONSIBLE STATE MINISTERS:

Minister for Health

> 1 July 2022 to 30 June 2023
The Hon. Mary-Anne Thomas

Minister for Mental Health

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

Minister for Disability, Ageing and Carers

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

> 5 December 2022 to 30 June 2023
The Hon. Lizzie Blandthon

Workforce Data

Hospitals Labour Category	June current month FTE		June YTD FTE	
	2022	2023	2022	2023
Nursing	46.34	48.4	49.8	46.3
Administration and Clerical	34.81	36.1	34.3	34.1
Medical Support	7.16	5.7	10.9	7.5
Hotel and Allied Services	32.59	29.7	24.0	31.7
Medical Officers	n/a	3.1	n/a	2.4
Hospital Medical Officers	n/a	n/a	n/a	n/a
Sessional Clinicians	n/a	n/a	n/a	n/a
Ancillary Staff (Allied Health)	6.35	5.5	7.2	6.0
TOTAL	**127.25**	**128.5**	**126.2**	**128.0**

WARDS 1-4

Great Ocean Road Health Services

Great Ocean Road Health has a range of health services that span across Urgent Care, Short Term Care, Residential Care and Community Care. All residents within the Great Ocean Road Health catchment area (Lorne, Deans Marsh, Fairhaven, Aireys Inlet, Wye River, Kennett River, Separation Creek, Apollo Bay, Lavers Hill), as well as visitors to the region are eligible to access services provided by GORH.

Clinical Services

> Acute Care
> Aids and Equipment Hire
> Aged Care
> Chronic Disease Management
> Day Respite Care
> Immunisation
> Infant Welfare
> Needle Exchange Program
> Nurse Clinic
> Otway Health Central Records, incorporating medical records & FOI
> Palliative Care
> Residential Aged Care
> Residential Respite Care
> Urgent Care 24/7

Community Services

> Marrar Woorn Neighbourhood House
> Lorne Community House
> Community Nursing
> Community Welfare
> Customer Service and Reception
> Delivered Meals
> Domestic Assistance
> Exercise Classes
> Exercise Physiology
>Falls Prevention Program
> Health Coaching
> In Home and Social Support Services (HACC/ PYP, CHSP, NDIS, TAC, WorkCover)
> In Home Respite
> Independent Living Units
> Medical GP Services
> Occupational Therapy
> Personal Care
> Physiotherapy
> Social Support Individual
> Social Support Group
> Volunteer Support
> Visiting Services

Corporate Services

> Administration
> Asset Managment
> Board Secretariat
> Buildings and Grounds
> Cleaning
> Communications
> Executive Assistant to CEO
> Financial Management
> Food Services
> Governance Support
> Grants and Submissions
> Human Resources Management
> Information Technology
> Information Management
> Infrastructure Maintenance
> Occupational Health and Safety
>Management of Second Sails Opportunity Shop
> Quality Improvement
>Risk Management

GREAT OCEAN ROAD HEALTH
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Administrative Structure Of Great Ocean Road Health

Board Of Directors

BOARD EXECUTIVE COMMITTEE

- Joy Humphreys (Board Chair)
- Nick Salkeld (Deputy Chair)
- Rob Knowles
- Kelli Nicola-Richmond
- Paul Shannon
- Tiffany Symes
- Fiona Williams
- Matt Dixon
- Clare Power
- Sean O'Reilly

Committees

FINANCE AUDIT AND RISK COMMITTEE

- Paul Shannon (Chair)
- Joy Humphreys (Ex-officio)
- Kelli Nicola-Richmond
- Fiona Williams
- Clare Power
- Sean O'Reilly

SAFETY AND CLINICAL GOVERNANCE COMMITTEE

- Kelli Nicola-Richmond (Chair)
- Joy Humphreys (Ex-officio)
- Rob Knowles
- Tiffany Symes
- Nick Salkeld
- Matt Dixon

CEO APPOINTMENT AND REMUNERATION COMMITTEE

- Joy Humphreys (Chair)
- Nick Salkeld (Deputy Chair)
- Paul Shannon (FAR Chair)

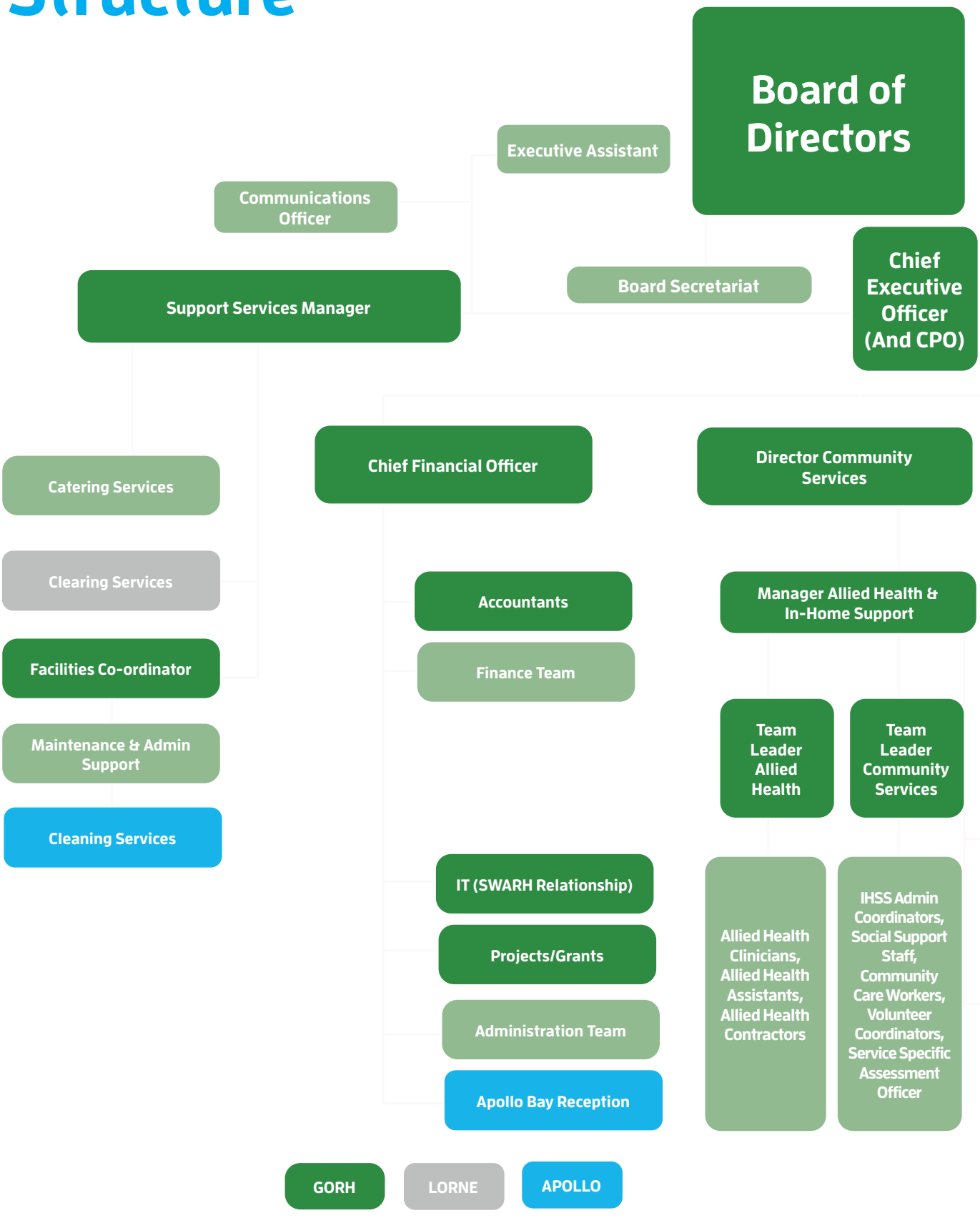
COMMUNITY ADVISORY COMMITTEE

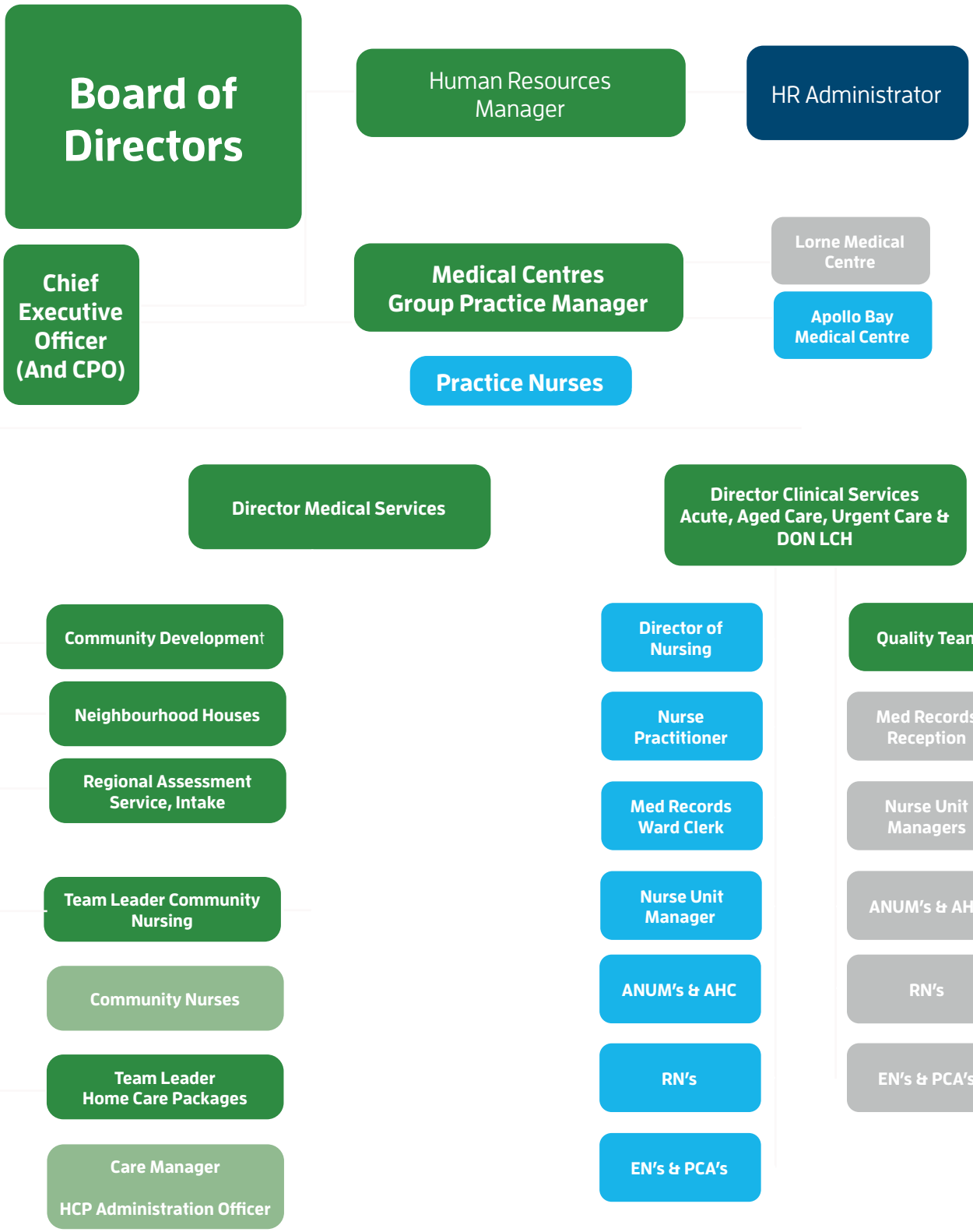
- Fiona Williams (Co-Chair)
- Tiffany Symes (Co-Chair)
- Joy Humphreys (Ex-officio)
- Matt Dixon (Board Director)

COMMUNITY REPRESENTATIVES:

- Di Clarke
- Hans Fankhanel
- Rebecca Callahan
- Katrina Lovett
- John Ford
- Jane Buckingham
- Gill Binger
- Kerry McMahon

Organisational Structure




Board of Directors
Human Resources Manager
HR Administrator
Chief Executive Officer (And CPO)
Medical Centres Group Practice Manager
Lorne Medical Centre
Apollo Bay Medical Centre
Practice Nurses
Director Medical Services
Director Clinical Services Acute, Aged Care, Urgent Care & DON LCH
Community Development
Neighbourhood Houses
Regional Assessment Service, Intake
Team Leader Community Nursing
Community Nurses
Team Leader Home Care Packages
Care Manager
HCP Administration Officer
Director of Nursing
Nurse Practitioner
Med Records Ward Clerk
Nurse Unit Manager
ANUM's & AHC
RN's
EN's & PCA's
Quality Team
Med Records Reception
Nurse Unit Managers
ANUM's & AHC
RN's
EN's & PCA's

Executive Team

Sandy Chamberlin
Chief Executive Officer
BAPpSci(Radiography), Grad Dip Sonography(Dist),
MBA, Grad Cert Psychology

Andrea Russell
Director of Clinical Services
RN, MHCM, Grad cert Health research

Shelly Pascoe
Director Community Services

John Inturrisi
Chief Finance Officer
B.Com, CPA, MAICD

Dr David Mullen
Director of Medical Services
MB BAO BCh DRCOG MICGP AFRACMA FRACGP

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Aura™ 9320A+
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GREAT OCEAN ROAD

Year In Review

Great Strategies

We use technology to enable individuals to have greater access to safe, reliable, connected care.

- The built environment is reviewed so care is provided in the right place. Projects are developed so opportunities for funding can be accessed to enhance our services.
- The consumer experience is embedded in everything we do. This year we implemented the Care Opinion survey so our patients can have their say.
- Virtual care is embedded in all models of care to further enhance our service provision.
- Mental Health services are increased according to needs. Mental Health First Aid is delivered to the community.
- Care is provided to all people, we are committed to enhance our care and provide a welcoming physical environment to our diverse population.

Providing Great Care

Our care decisions are well informed by high quality data, effective consultation, and consistent systems to ensure we provide a fully functional integrated health care service based on consumer needs and experiences. This data is based on real evidence from care opinion, consumer driven feedback forms and array of continuous improvement projects completed in 2022-2023. These projects include working with consumers - Great Ocean Road Health have partnered with a new provider, a Pelvic Floor Physiotherapist, who will work from Great Ocean Road Health once a month with the possibility of increasing service frequency. We are so pleased to be able to offer this much needed service closer to home for our communities.

Great Staff

Our staff are confident, skilled and supported to be accountable for their role in the delivery of great care everyday. In 2022-2023 our Allied Health services have increased from having 2 part-time physiotherapists to four, and two more allied health assistants. We have also increased our social work offering two full-time staff and a mental health social worker to meet the needs of the community. Dietetics, occupational therapy, podiatry, drug and alcohol counselling and psychology services are also provided on site, using consultants and partnerships with other health services.

Our Medical Centres across both sites have seen an increase in both permanent and registrar's on site. We now have two full-time registrars working at Apollo Bay and two part-time in Lorne. This is a fantastic achievement for a rural health service.

Great Partnerships and Community

We actively seek connections and maintain collaborative partnerships that enhance the provision of innovative, contemporary and responsive local services.

In November, 2023 Great Ocean Road Health hosted a Melbourne Cup Day fundraising lunch to raise funds for disadvantaged individuals and families in our community.

Our Mental Health First Aid programs have continued to flourish and grow throughout 2022-2023, with both staff and community members undertaking the course. This course is delivered by our staff and we also deliver First Aid and CPR courses on site.

Our volunteers this year were able to come together to celebrate National Volunteers Week with a series of breakfast meetings and morning teas to celebrate their amazing dedication to our health service. It was fantastic to finally see everyone together and welcome the volunteers back on site.

Our Community Advisory Committee (CAC) ensures that a community voice is present during planning and service provision and our other networks, both formal and informal, provide important links between the health service and the broader community around us.

Our Neighbourhood houses in Lorne and Apollo Bay offer access to other services such as subsidised legal services, access to a food pantry, a toy library, occasional child care and other group activities.

Providing a Great and Responsive Health Service

Great Ocean Road Health is a leader in emergency management in the catchment area, due to our location in a bush fire prone region, with limited access (one road) in and out. We have been leaders in the region for our summer preparedness and business continuity plans.

Our region swells from a population of around 5,700 to over 50,000 in summer. We have to be prepared to provide medical services to a hugely increased population, as well as manage emergency situations.

Emergency situations experienced throughout 2022-2023 have included the COVID-19 pandemic, bush fires, planned burns, power outages due to weather events, running on generator power for up to 48 hours at a time, multiple IT outages due to poor network coverage, and a power pole fire outside our Apollo Bay facility. Every day we conduct a situational analysis meeting so we can be prepared for weather events, possible Codes, staffing issues, breakdowns or maintenance is identified etc. These meetings have allowed for managers/leaders of the organisation to have visibility of the whole organisation and prepare for upcoming issues or events. There is an executive on call every day who leads the meetings.

Great Dedication to Patient Care

Our urgent care facilities are both open 24/7 and staffed with extended practice nurses with GPs and Nurse Practitioners providing on call services during and after hours. Digital x-ray services are also provided 24/7 with nursing staff and GPs having completed their emergency x-ray certification and accreditation. Other x-rays are often taken by the CEO who is a Radiographer, significantly reducing the need for our clients to travel for care. This is an incredible service for our community, but also for the tourist population who are able to be treated on site and referred back to their closest home medical services with a digital copy of their x-rays.
Virtual Care is also used to provide additional support for the medical and nursing teams. VVED and Barwon Health virtual support is used

completed their emergency x-ray certification and accreditation. Other x-ray are often taken by the CEO who is a Radiographer, this significantly reduces the need for our clients to travel for care. This is an incredible service for our community, but also for the tourist population who are able to be treated on site and referred back to their closest home medical services with a digital copy of their x-rays.

Virtual Care is also used to provide additional support for the medical and nursing teams. VVED and Barwon Health virtual support is used successfully in both urgent care centres when required.

Improving health and wellbeing for disadvantaged people and communities

Great Ocean Road Health continues to support all members of the community through their lifetime from healthcare, from community midwifes post birth care, with lifelong GP care, to specialised child and youth programs at the neighbourhood houses and mental health first aid and other community training programs. We also provide acute care and have a Montessori approach to aged care. Our integrated care meetings involving GPs, the community team and the clinical teams ensure that no one in the community is without care, and the health care service increases with increasing needs.

A day respite program has been developed to provide support and assistance with those in the community who don't have support at home but are not ready for Aged Care.

"We cannot thank you enough for providing respite care for our mother who has been struggling with dementia over the last few years. She was not only warmly welcomed by all staff but felt so content and happy, she decided to stay permanently. This smooth transition into aged care has been so quick and easy for the family. We truly thank you for your care and understanding whilst we navigate through this difficult time."

As a rural health care provider Great Ocean Road Health recognises the important role we play in providing inclusive healthcare and empowering the community, and how this conveys to gender equality through strong leadership, advocacy and role modeling.

The LGBTIQA+ youth, in particular transgender youth in the community are less marginalised after being involved in Great Ocean Road Health's youth art program where they have the support of social workers whilst expressing themselves in art.

Many of our programs and services are designed to reflect this demographic and their specific needs. We know that there are also younger community members with different needs and we are dedicated to developing more services to cater for a broader range of age groups.

Occupational Violence

Great Ocean Road Health is committed to addressing occupational violence. During the 2022-2023 reporting period, there were 43 incidents registered.

Occupational Violence Statistics	2020 - 2021	2021-2022	2022-2023
Workcover accepted claims with an occupational violence cause per 100 FTE	0.87	0	0
Number of accepted Workcover claims with lost time injury with an occupational violence cause per 1,000,000 hours worked.	0	0	0
Number of occupational violence incidents reported	15.0	26.0	43.0
Number of occupational violence incidents reported per 100 FTE	13.04	20.60	33.59
Percentage of occupational violence incidents resulting in a staff injury, illness or condition	6.67	0	0

* Great Ocean Road Health has seen an increase in the number of Occupational Violence and Aggression (OVA) incidents in the last 12 months. In response to this rise, Great Ocean Road Health is undertaking an organisation wide training program to equip staff to safely manage incidents of OVA and to support the workforce in their well being.

Occupational Health & Safety Data

	2020-2021	2021-2022	2022 - 2023
Number of reported hazards/incidents for the year per 100 FTE	49.00	63.00	61.0
Number of reported 'lost time' standard claims for the year 100 FTE	n/a	n/a	n/a
Average cost per claim	n/a	n/a	n/a

Great Ocean Road Health's occupational health and safety (OHS) incident reporting rate has increased slightly over the past 12 months, although the rate of reporting was relatively stable quarter to quarter. OHS incidents are reviewed by the Great Ocean Road Health's, Quality, Risk and Safety committee on a monthly basis. During 2022-2023, a number of controls and treatments were implemented in response to these reports.

TRIDENT
Amber

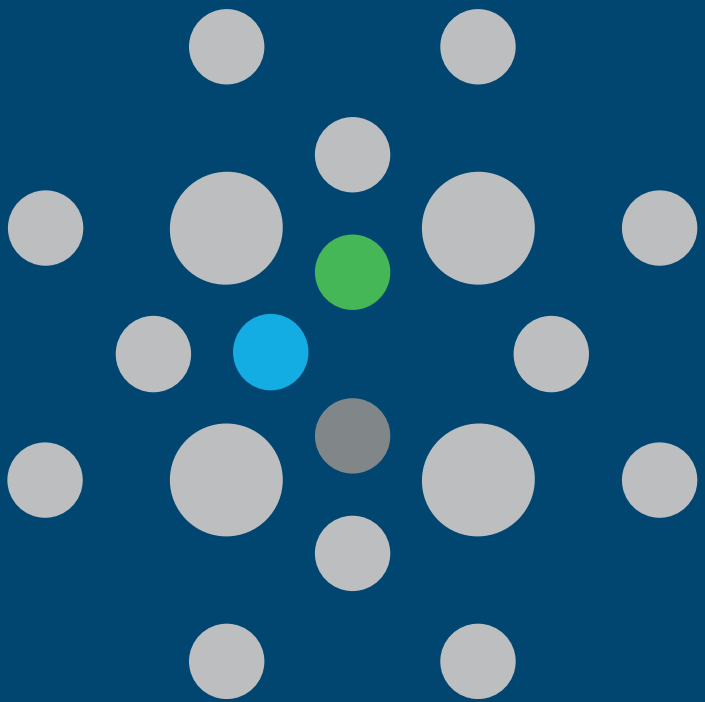
Great Ocean Road Health Financial Results 2022-2023

2022-2023 saw Great Ocean Road Health work through another challenging year. It was another year disrupted by the COVID-19 pandemic and the worldwide shortage of nursing staff.

Our results were significantly impacted by an increased reliance on Nurse Agencies to meet our staffing requirements, and once again by COVID-19. But with the challenges also came opportunities to continue to expand services to our communities and ensure sustainable 24/7 urgent care, aged care facilities, expanded community services and increased patient numbers through our medical centers.

Despite the challenges of the previous 12 months, the team are proud to report that 2022-23 finished in a good financial position, and management are pleased to present fully compliant financial reports.

Joel Hearnshaw
Acting Chief Financial Officer



Income Statement

	2020	2021	2022	2023
Total revenue	17,834,629	19,410,000	20,418,000	23,523,000
Total expenses	18,546,601	20,073,000	21,240,000	23,640,000
Net result from transactions	(711,972)	(663,000)	(822,000)	(117,000)
Total other economic flows	58,718	80,000	138,000	33,000
Net result	(653,254)	(583,000)	(684,000)	(84,000)
Total Assets	45,622,194	46,438,000	45,965,000	48,639,000
Total Liabilities	10,976,454	9,946,000	8,968,000	8,653,000
Net Assets/Total Equity	**34,645,740**	**36,492,000**	**36,997,000**	**39,986,000**

	2021	2022	2023
Net operating result	384,000	98,000	(84,000)
Capital Purpose Income	138,000	0	1,002,000
Specific income	0	0	114,000
COVID 19 State Supply Arrangements	n/a	n/a	n/a
- Assets received free of charge or for nil consideration under the State Supply	n/a	n/a	n/a
State supply items consumed up to 30 June 2023	n/a	n/a	n/a
Assets provided free of charge	0	0	96,000
Expenditure for capital purpose	0	0	0
Depreciation and amortisation	(1,208,000)	(1,242,000)	(1,172,000)
Impairment of non-financial assets	n/a	n/a	n/a
Finance costs (other)	36,000	41,000	(73,000)
Net Result from Transactions	**(633,000)**	**(822,000)**	**(117,000)**

Consultancies Information

Details of consultancies (under $10,000).
In 2022-2023 there were eight consultancies where the total fees payable to the consultants were less than $10,000.
The total expenditure incurred during 2022-2023 in relation to these consultancies is $27,746.00 (excl. GST).

Details of consultancies (over $10,000).
In 2022-2023 there was no consultancy where the total fees payable to the consultants was $10,000 or greater.

Information & Communications Technology (ICT expenditure)

Business as Usual (BAU) ICT expenditure	Non-B usiness As Usual (non BAU) ICT expenditure		
Total (excluding GST)	Total Operational expenditure and capital expenditure (excluding GST) (a) + (b)	Operational expendiutre (excluding GST) (a)	Capital expenditure (excluding GST)
$0.866m	NIL	NIL	NIL

Compliance With Legislation

Freedom Of Information Act 1982

The Freedom of Information Act 1982 provides the right to obtain information held by Great Ocean Road Health. Requests under the Act are made in writing to the Administration Officer. The Chief Executive Officer is the organisation's Authorised Officer. The majority of requests received annually are from patients or their authorised representatives for release of medical record information.

Building Act 1993

In accordance with "Good Building Principles and Practices", agencies are required to regularly carry out assessments and reports on the condition of built assets. Great Ocean Road Health has complied with all government requirements to ensure that all built assets are maintained and protected.

Public Interest Disclosure Act 2012

The Protected Disclosure Act ensures transparency and accountability and provides an environment that guarantees disclosures can be made safely without the fear of reprisal. Throughout the year no disclosures have been made under the Act.

National Competition Policy

Great Ocean Road Health complies to the degree applicable with the Competitive Neutrality Policy Victoria.

Carers Recognition Act 2012

The Carers Recognition Act formally recognises and values the role of carers and the importance of care relationships in the Victorian community. It includes a set of principles about the significance of care relationships, and specifies obligations for state government agencies, local councils, and other organisations that interact with people in care relationships. Throughout the reporting period no disclosures have been made under the Act.

Local Jobs First Act 2003

The Victorian Government requires public bodies and departments to report on the implementation of the Victorian Industry Participation Policy Act 2003, "reformed in August 2018 by the Victorian Parliament into the Local Jobs First Act 2003".

Gender Equality Act 2020

2022 – 2025 Gender Equality Action Plan was introduced in July 2022, which is a call to action for everyone at Great Ocean Road Health. We are committed to creating an inclusive environment and experience.

We are committed to removing barriers that impact our patients, consumers,employees, volunteer community, and visitors from being fully included in healthcare.

We will achieve this by improving our accessibility and the way we communicate. We will take an inclusive approach to recruitment and employment to ensure we represent and reflect the community we serve.

Great Ocean Road Health acknowledges the strategies and actions of the plan are considerable and comprehensive, hence recognises the importance of a structured and focused intent to ensure the actions and measures are sustained and delivered.

The following mechanisms and instruments will form the framework for reporting, monitoring and measuring our progress;

- Monthly engagement with the Inclusive Practice Steering Committee.
- Monthly progress reports and monitoring by the Quality, Risk and Safety Committee.
- Progress overseen by the Executive Directors on a regular basis.
- Twice-yearly progress report to the Great Ocean Road Health Board.
- Annual progress updates shared with employees, volunteers and other key committees and stakeholders.
- Progress published in Great Ocean Road Health's annual report.
- Undertake gender impact assessments (GIA) (ongoing).

In accordance with our legislative obligations under the Gender Equality Act, Great Ocean Road Health will ensure all submission obligations will be met.

Environmental Performance and Sustainability

Great Ocean Road Health (GORH) is committed to maintaining the health and well-being of our catchment area we service. To achieve this goal, we acknowledge our responsibility to provide a leadership role to ensure the environmental, social and economic sustainability of our organisation which is guided by our Environmental Management Plan (EMP). The organisation boundary of the entity for the purpose of environmental reporting includes all operations of Great Ocean Road Health.

The following tables are a detailed summary on environmental indicators at Great Ocean Road Health year on year to environmental impacts and energy use and summary of transport performance.

ELECTRICITY USE	2022-2023	2021-2022	2020-2021
EL1 Total electricity consumption segmented by source [MWh]			
Purchased	483.42	454.32	463.66
Self-generated	105.48	118.48	115.33
EL1 Total electricity consumption [MWh]	588.90	572.80	578.99
EL2 On site-electricity generated [MWh] segmented by:			
Consumption behind-the-meter			
Solar Electricity	105.48	118.48	115.33
Total Consumption behind-the-meter [MWh]	105.48	118.48	115.33
Exports			
Solar Electricity	0.00	0.00	0.00
Total Electricity exported [MWh]	0.00	0.00	0.00
EL2 Total On site-electricity generated [MWh]	105.48	118.48	115.33
EL3 On-site installed generation capacity [kW converted to MW] segmented by:			
Diesel Generator	0.35	0.35	0.35
Solar System	0.09	0.09	0.09
EL3 Total On-site installed generation capacity [MW]	0.44	0.44	0.44
EL4 Total electricity offsets segmented by offset type [MWh]			
LGCs voluntarily retired on the entity's behalf	0.00	0.00	0.00
GreenPower	0.00	0.00	0.00
RPP (Renewable Power Percentage in the grid)	90.88	84.46	87.77
Certified climate active carbon neutral electricity purchased	0.00	0.00	0.00
EL4 Total electricity offsets [MWh]	90.88	84.46	87.77

STATIONARY ENERGY	2022-2023	2021-2022	2020-2021
F1 Total fuels used in buildings and machinery segmented by fuel type [MJ]			
LPG	2,672,349.31	2,517,764.80	2,213,060.40
F1 Total fuels used in buildings [MJ]	2,672,349.31	2,517,764.80	2,213,060.40
F2 Greenhouse gas emissions from stationary fuel consumption segmented by fuel type [Tonnes CO2-e]			
LPG	161.94	152.58	134.11
F2 Greenhouse gas emissions from stationary fuel consumption [Tonnes CO2-e]	161.94	152.58	134.11
TRANSPORT ENERGY	**2022-2023**	**2021-2022**	**2020-2021**
T1 Total energy used in transportation (vehicle fleet) within the Entity, segmented by fuel type [MJ]			
Total energy used in transportation (vehicle fleet) [MJ]	787,192.77		
T2 Number and proportion of vehicles in the organisational boundary segmented by engine/fuel type and vehicle category			
	20		
T3 Greenhouse gas emissions from transportation (vehicle fleet) segmented by fuel type [tonnes CO2-e]			
Total Greenhouse gas emissions from transportation (vehicle fleet) [tonnes CO2-e]	57.79		
T4 Total distance travelled by commercial air travel (passenger km travelled for business purposes by entity staff on commercial or charter aircraft)	n/a		
Total distance travelled by commercial air travel			
T(opt1) Total vehicle travel associated with entity operations [1,000 km]			
Total vehicle travel associated with entity operations [1,000 km]	256.98		
T(opt2) Greenhouse gas emissions from vehicle fleet [tonnes CO2-e per 1,000 km]			
tonnes CO2-e per 1,000 km	82.90		

TOTAL ENERGY USE	2022-2023	2021-2022	2020-2021
E1 Total energy usage from fuels, including stationary fuels (F1) and transport fuels (T1) [MJ]			
Total energy usage from stationary fuels (F1) [MJ]	2,672,349.31	2,517,764.80	2,213,060.40
Total energy usage from transport (T1) [MJ]	787,192.77		
Total energy usage from fuels, including stationary fuels (F1) and transport fuels (T1) [MJ]	3,459,542.08	2,517,764.80	2,213,060.40
E2 Total energy usage from electricity [MJ]			
Total energy usage from electricity [MJ]	2,120,062.62	2,062,054.00	2,084,382.07
E3 Total energy usage segmented by renewable and non-renewable sources [MJ]			
Renewable	706,914.75	730,564.69	731,169.72
Non-renewable (E1 + E2 - E3 Renewable)	4,872,689.95	3,849,254.11	3,566,272.75
E4 Units of Stationary Energy used normalised: (F1+E2)/normaliser			
Energy per unit of Aged Care OBD [MJ/Aged Care OBD]	269.28	360.47	379.20
Energy per unit of LOS [MJ/LOS]	3,313.45	9,521.45	5,960.39
Energy per unit of Separations [MJ/Separations]	13,100.67	25,874.68	17,053.34
Energy per unit of floor space [MJ/m2]	473.06	694.86	652.02
SUSTAINABLE BUILDING AND INFRUSTRUCTURE	**2022-2023**	**2021-2022**	**2020-2021**
B1 Discuss how environmentally sustainable design (ESD) is incorporated into newly completed entity-owned buildings	n/a		
B2 Discuss how new entity leases meet the requirement to preference higher-rated office buildings and those with a Green Lease Schedule	n/a		
B3 NABERS Energy (National Australian Built Environment Rating system) ratings of newly completed/occupied Entity-owned office buildings and substantial tenancy fit-outs (itemised)	n/a		
B4 Environmental performance ratings (eg. NABERS, Green Star, or ISCAIS rating scheme) of newly completed Entity-owned non-office building or infrastructure projects or upgrades with a value over $1 million	n/a		
NABERS Energy			

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	n/a		
Rating scheme			
SUSTAINABLE PROCUREMENT	**2022-2023**	**2021-2022**	**2020-2021**
WATER USE	Jul-22 to Jun-23	Jul-21 to Jun-22	Jul-20 to Jun-21
WI Total units of metered water consumed by water source (kl)			
Potable water [kL]	3,402.00	3,537.00	3,607.37
Total units of water consumed [kl]	3,402.00	3,537.00	3,607.37
W2 Units of metered water consumed normalised by FTE, head-count, floor area, or other entity or sector specific quantity			
Water per unit of Aged Care OBD [kL/Aged Care OBD]	0.29	0.28	0.32
Water per unit of LOS [kL/LOS]	3.62	7.35	5.00
Water per unit of Separations [kL/Separations]	14.29	19.98	14.31
Water per unit of floor space [kL/m2]	0.52	0.54	0.55
WASTE AND RECYCLING	**2022-2023**	**2021-2022**	**2020-2021**
WRI Total units of waste disposed of by waste stream and disposal method [kg]			
Landfill (total)			
General waste	19,949.28	17,818.56	14,523.12
Offsite treatment			
Clinical waste - incinerated	0.00		
Clinical waste - sharps	118.10	139.89	125.45
Clinical waste - treated	813.30	1,061.80	1,103.90
Recycling/recovery (disposal)			
Commingled	5,512.32	5,554.56	5,132.16
Organics (garden)	296.99	244.59	69.88
Total units of waste disposed [kg]	26,689.99	24,819.40	20,954.51
WRI Total units of waste disposed of by waste stream and disposal method [%]			
Landfill (total)			
General waste	74.74%	71.79%	69.31%
Offsite treatment			
Clinical waste - incinerated	0.00%		
Clinical waste - sharps	0.44%	0.56%	0.60%
Clinical waste - treated	3.05%	4.28%	5.27%
Recycling/recovery (disposal)			
Commingled	20.65%	22.38%	24.49%
Organics (garden)	1.11%	0.99%	0.33%

Clinical waste - incinerated	0.00		
Clinical waste - sharps	118.10	139.89	125.45
Clinical waste - treated	813.30	1,061.80	1,103.90
Recycling/recovery (disposal)			
Commingled	5,512.32	5,554.56	5,132.16
Organics (garden)	296.99	244.59	69.88
Total units of waste disposed [kg]	26,689.99	24,819.40	20,954.51
WR1 Total units of waste disposed of by waste stream and disposal method [%]			
Landfill (total)			
General waste	74.74%	71.79%	69.31%
Offsite treatment			
Clinical waste - incinerated	0.00%		
Clinical waste - sharps	0.44%	0.56%	0.60%
Clinical waste - treated	3.05%	4.28%	5.27%
Recycling/recovery (disposal)			
Commingled	20.65%	22.38%	24.49%
Organics (garden)	1.11%	0.99%	0.33%
WR2 Percentage of office sites covered by dedicated collection services for each waste stream			
Printer cartridges	100%		
Batteries	100%		
e-waste	100%		
Soft plastics	0%		
WR3 Total units of waste disposed normalised by FTE, headcount, floor area, or other entity or sector specific quantity, by disposal method			
Total waste to landfill per PPT [(kg general waste)/PPT]	1.56	1.33	1.18
Total waste to offsite treatment per PPT [(kg offsite treatment)/PPT]	0.07	0.09	0.10
Total waste recycled and reused per PPT [(kg recycled and reused)/PPT]	0.46	0.43	0.42
WR4 Recycling rate [%]			
Offsite treatment			
Clinical waste - incinerated	0.00%		
Clinical waste - sharps	0.44%	0.56%	0.60%
Clinical waste - treated	3.05%	4.28%	5.27%

Recycling/recovery (disposal)			
Commingled	20.65%	22.38%	24.49%
Organics (garden)	1.11%	0.99%	0.33%
WR2 Percentage of office sites covered by dedicated collection services for each waste stream			
Printer cartridges	100%		
Batteries	100%		
e-waste	100%		
Soft plastics	0%		
WR3 Total units of waste disposed normalised by FTE, headcount, floor area, or other entity or sector specific quantity, by disposal method			
Total waste to landfill per PPT [(kg general waste)/PPT]	1.56	1.33	1.18
Total waste to offsite treatment per PPT [(kg offsite treatment)/PPT]	0.07	0.09	0.10
Total waste recycled and reused per PPT [(kg recycled and reused)/ PPT]	0.46	0.43	0.42
WR4 Recycling rate [%]			
Weight of recyclable and organic materials [kg]	5,809.31	5,799.15	5,202.04
Weight of total waste [kg]	26,689.99	24,819.40	20,954.51
Recycling rate [%]	21.77%	23.37%	24.83%
WR5 Greenhouse gas emissions associated with waste disposal [tonnes CO2-e]			
tonnes CO2-e	27.14	24.73	20.48
GREENHOUSE GAS EMISSIONS	**2022-2023**	**2021-2022**	**2020-2021**
GI Total scope one (direct) greenhouse gas emissions [tonnes CO2e]			
Carbon Dioxide	60.07	152.57	133.23
Methane	0.20	0.50	0.44
Nitrous Oxide	0.20	0.50	0.44
Total	60.47	152.58	134.11
Scope I GHG emissions from stationary fuel (F2 Scope I) [tonnes CO2-e]	60.47	152.58	134.11
Scope I GHG emissions from vehicle fleet (T3 Scope I) [tonnes CO2-e]			

Medical/Refrigerant gases			
Total scope one (direct) greenhouse gas emissions [tonnes CO2e]	60.47	152.58	134.11
G2 Total scope two (indirect electricity) greenhouse gas emissions [tonnes CO2e]			
Electricity	332.09	331.76	361.61
Total scope two (indirect electricity) greenhouse gas emissions [tonnes CO2e]	332.09	331.76	361.61
G3 Total scope three (other indirect) greenhouse gas emissions associated with commercial air travel and waste disposal (tonnes CO2e)			
Commercial air travel			
Waste emissions (WR5)	27.14	24.73	20.48
Indirect emissions from Stationary Energy	62.94	45.31	49.69
Indirect emissions from Transport Energy			
Paper emissions			1.53
Any other Scope 3 emissions	5.76	6.64	5.95
Total scope three greenhouse gas emissions [tonnes CO2e]	95.85	76.68	77.65
G(Opt) Net greenhouse gas emissions (tonnes CO2e)			
Gross greenhouse gas emissions (G1 + G2 + G3) [tonnes CO2e]	488.41	561.01	573.37
Carbon Neutral Electricity	0.00	0.00	0.00
Green Power Electricity	0.00	0.00	0.00
Purchased LGCs	0.00	0.00	0.00
Any Offsets purchased	0.00	0.00	0.00
Net greenhouse gas emissions [tonnes CO2e]	488.41	561.02	573.37
NORMALISATION FACTORS	**2022-2023**	**2021-2022**	**2020-2021**
1000km (Corporate)			
1000km (Non-emergency)			
Aged Care OBD	11,579.00	12,705.00	11,333.00
ED Departures	0.00	0.00	0.00
FTE		122.00	127.00
LOS	941.00	481.00	721.00
OBD	12,520.00	13,186.00	12,054.00
PPT	12,758.00	13,363.00	12,306.00
Separations	238.00	177.00	252.00
TotalAreaM2	6,591.00	6,591.00	6,591.00
NOTE: The data gaps in the environmental peformance and sustainability reporting tables indicates that GORH does not have data for the 2022-20023 annual report. The data gap will be addressed and GORH will be able to report on this indicator in the next financial year.			

Social Procurement Framework

Victoria's Social Procurement Framework (SPF) is a Victorian Government policy that enables Great Ocean Road Health to increase the value of procured goods, services, and construction by pursuing social and sustainable outcomes, in accordance with the SPF.

During the year 2022-23, Great Ocean Road Health developed their social procurement strategy alongside HealthShare Victoria which aligns with our strategic goals, namely,

Our Partnerships
We actively seek connections and maintain collaborative partnerships that enhance the provision of innovative, contemporary and responsive local services.

Our Actions

- Develop and implement a plan with our key partners to increase integration and availability of services through the use of technology.
- Continue to work collaboratively with our healthcare partners in Barwon South West.
- Develop suitable University and TAFE partnerships to enhance recruitment, retention and capability across all staffing and volunteer cohorts.
- Continue to deliver a range of health and wellbeing programs to our community, such as healthy bones program.
- Implement evidence based strategies to enhance our population health approach.
- Contribute and collaborate towards public health initiatives.
- Enhance our community relationships.
- Support a strong Community Advisory Committee and appoint a community member to the Safety and Clinical Governance Board committee.
- Strengthen our volunteer workforce.

Additional Information Available On Request

Consistent with FRD 22I (Section 5.19) details in respect of the items listed below have been retained by Great Ocean Road 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) Declarations of pecuniary interests have been duly completed by all relevant officers;

b) Details of shares held by senior officers as nominee or held beneficially;

c) Details of publications produced by the entity about itself, and how these can be obtained;

d) Details of changes in prices, fees, charges, rates and levies charged by the Health Service;

e) Details of any major external reviews carried out on the Health Service;

f) Details of major research and development activities undertaken by the Health Service that are not otherwise covered either in the Report of Operations or in a document that contains the financial statements and report of operations;

g) Details of overseas visits undertaken including a summary of the objectives and outcomes of each visit;

h) Details of major promotional, public relations and marketing activities undertaken by the Health Service to develop community awareness of the Health Service and its services;

i) Details of assessments and measures undertaken to improve the occupational health and safety of employees;

j) General statement on industrial relations within the Health Service and details of time lost through industrial accidents and disputes, which is not otherwise detailed in the Report of Operations;

k) A list of major committees sponsored by the Health Service, the purposes of each committee and the extent to which those purposes have been achieved;

l) Details of all consultancies and contractors including consultants/ contractors engaged, services provided, and expenditure committed for each engagement.

Statement Of Priorities - Strategic Priorities

Strategic Priorities	Outcomes
Maintain a robust COVID-19 readiness and response, working with the department, Health Service Partnership and Local Public Health Unit (LPHU) to ensure effective responses to changes in demand and community pandemic orders. This includes, but is not limited to, participation in the COVID-19 Streaming Model, the Health Service Winter Response framework and continued support of the COVID-19 vaccine immunisation program and community testing.	Great Ocean Road Health (GORH) have a well- documented clinical COVID-19 model of care in place to respond to the ongoing pandemic. This includes regular model reviews and updates for our aged care facility, medical centres, urgent care department and community services. • Rural/Regional Aged Care Facility Outbreak Management Plan developed and tested multiple times this reporting period. • Vaccination Clinic established in the Lorne and Apollo Bay Medical Centre to provide COVID vaccines. • Urgent care department at Lorne and Apollo Bay refined to support COVID specific presentations – strict entry policy, zoning of areas, staff restrictions and COVID Worksafe Occupational Health and Safety (OHS) procedures. Great Ocean Road Health enable provision of social, emotional and mental health support during the COVID pandemic. • Increased Mental Health Services internally and externally to address the impact of COVID. • Adopted Virtual Care models to increase patient access and care during COVID peak. • Positive patient monitoring system in place, in partnership with Barwon Health. • Mental Health First Aid instructors training has been undertaken by five Great Ocean Road Health staff. This program has been rolled out to all staff and is now being delivered to the community.
Increase the provision of home-based or virtual care, where appropriate and preferred by the patient, including via the Better@Home program.	In 2022, Great Ocean Road Health partnered with Barwon South Western Regional Integrated Cancer Service (BSWRICS) to undertake a feasibility study to establish how many patients are needing to travel for treatment and if there is a need to potentially establish a day infusion service at our Apollo Bay and Lorne campus that will provide medical infusions, immunotherapy and chemotherapy closer to home. We established that in the year 2020-2021 there were 40 patients that needed to travel from our catchment area which equates to over 30,000kms traveled. This partnership and feasibility study showed there was a need and highlighted the extent of travel required by our patients. With the results of our feasibility study, we were then able to partner with Better@Home, who funded a project role to establish a Day Infusion service. The partnership with Better@Home has allowed Great Ocean Road Health to access funding for the increased activity, as well as providing funding to train and up skill nursing staff. The project officer has created a model of care and has been able to establish a referral process for medical infusions, including

Strategic Priorities	Outcomes
	and supportive hematological treatments. We have created relationships with Barwon Health and Colac's Frank Minchinton Centre to provide treatments closer to home. Work continues to build on this service with the aim to also provide low risk chemotherapies. We are currently partnering with Barwon Health to develop a service agreement and model of care to ensure the sustainability of this service. This infusion centre aligns with the Great Ocean Road Health mission, "to provide great health care to enable people to live purposeful, healthy and engaged lives". The project aligns with the Victorian Cancer Plan 2020-2024: "Support Victoria's regional cancer centres to deliver appropriate, accessible and high quality and safe cancer care closer to home."
Work with Safer Care Victoria (SCV) in areas of clinical improvement to ensure the Victorian health system is safe and delivers best care, including working together on hospital acquired complications, low value care and targeting preventable harm to ensure that limited resources are optimised without compromising clinical care and outcomes.	Great Ocean Road Health is working with Safer Care Victoria (SCV) to reduce preventable harm for example, implementing standardised sepsis bundle of care to ensure timely recognition and treatment of sepsis. The Barwon South West Virtual Care project, chaired by Great Ocean Road Health CEO is in Year two with activities across the region: • Virtual care bubs set up at both Community Houses. • Increased use of Virtual care in urgent care when required with the use of My Emergency Doctor platform. • The Medical Centres & Allied Health usage of Health Direct (which is the preferred virtual care platform) has increased as GPs & Allied Health staff are working from home when in isolation. • Virtual Care is adopted for appointments when possible reducing the use of patient transport.
Develop a plan to implement nutrition and quality of food standards in 2022-2023, implemented by December of 2023.	Nutrition steering group established with Nutrition and clinical team to oversee implementation of nutrition and quality of food standards in 2022-2023. Menu review completed to ensure compliance with the standards, in particular to meet Nutritional banding and choice requirements.

Strategic Priorities	Outcomes
Contribute to enhancing health system resilience by improving the environmental sustainability, including identifying and implementing projects and/or processes that will contribute to committed emissions reduction targets, through reducing or avoiding carbon emissions and/or implementing initiatives that will help the health system to adapt to the impacts of climate change.	Great Ocean Road Health has made a commitment to reducing our environmental impacts through adopting an environmental policy, setting key objectives and targets to achieve our goals, monitoring and reporting achievements. Our pillars include Leadership and Advocacy, Adaption and Resilience, Sustainability and Recycling. **Leadership, Partnerships & Advocacy** The leadership, partnerships and advocacy focus area empowers Great Ocean Road Health to lead in areas of governance within its sphere of control and influence, as well as to undertake meaningful collaboration with, and support mobilisation and empowerment of, our catchment area. **Adaption and Resilience** As the changes in our environment accelerate, we can expect to see ever increasing incidence of disasters and extreme weather events. The actions in this focus area will help Great Ocean Road Health to effectively respond to these challenges and to build both the Organisation's and community preparedness for them. It will help us to deliver and foster the practices necessary to create resilience in communities and individuals and protect our way of life. At the forefront of Great Ocean Road Health's targeted actions in this area are: human health, resilience to extreme weather events, emergency and disaster preparedness, and education. **Sustainability** Great Ocean Road Health commits to the delivery of sustainable infrastructure projects. Buildings and infrastructure account for a significant proportion of global greenhouse gas emissions. To address this, sustainable design and construction are essential to reduce energy use and greenhouse gas emissions, while improving indoor air quality and occupant comfort. Examples of sustainable building practices include the use of energy-efficient lighting and appliances, passive solar design, and the use of sustainable materials such as recycled steel and timber. Renewable energy is an extremely important part of sustainable built environments. This includes the use of solar, wind, and geothermal energy. The implementation of renewable energy can help to reduce reliance on fossil fuels and reduce greenhouse gas emissions. Transport is another key component of sustainable built environments and Great Ocean Road Health's aim is to provide an adaptive and resilient fleet moving towards zero-emission by 2030. Electric and hybrid vehicles, cycling and walking infrastructure, and public transport systems all contribute to reducing greenhouse gas emissions improving public health and enhancing the livability of our coastal areas. Great Ocean Road Health is working on the development of a Fleet Transition Plan (FTP) and to transition our operational fleet and equipment to zero emissions vehicles: in accord with the Department of Health's Environmental Plan. **Waste and Recycling** Waste reduction is a critical component of the circular economy. Examples of this are promoting and enabling recycling and composting, reducing food waste, and designing products for easy disassembly and recycling. This focus area relates in particular to consumption of fuel, electricity, water and materials, and covers how Great Ocean Road Health can contribute to positive change by taking a more considered approach to what we consume and our waste outputs.

Strategic Priorities	Outcomes
	Great Ocean Road Health commits to the following actions: • Reduce waste and environmental impacts by integrating the waste and emissions reduction hierarchy, life cycle analysis and sustainable procurement within projects, contracts and tenders • Increase recycling infrastructure, including paper, cardboard, glass, batteries, light globes, coffee pods and mask recycling • Avoid creating waste and recover and reuse more resources in all points of the organisation – for example; mobile phone reallocation, swipe cards reassignment and increased use of recycled equipment and furniture where appropriate and safe • Improve management and efficiency of campuses by actively monitoring and managing energy and water consumption through data capture, smart technology and accurate reporting • Reduce potable water usage in existing and future owned facilities, assets and operations
Improve health service and Department Asset Management Accountability Framework (AMAF) compliance by collaborating with Health Infrastructure to develop policy and processes to review the effectiveness of asset maintenance and its impact on service delivery.	Great Ocean Road Health undertook HealthShare Victoria's (HSV's) self - assessment against the HSV Purchasing Policies (HSV PPs) obligations, as a requirement under the Health Services Act I988 (Vic) and HSV PP I. Governance 2.2 e)i) for the 2022-23 financial year. **Governance (HSV PP I)** Great Ocean Road Health is compliant for our self-assessment of performance against HSV's purchasing policies, collective agreements and supply chain. **Strategic Analysis (HSV PP 2)** Great Ocean Road Health is compliant with each purchasing policy such as systematically review market analysis, including the characteristics, capacity and capability of the supply chain. We have been successful in assessing procurement capability, ascertaining the right match of people, resources, systems, and processes to the complexity of the procurement for the most appropriate value outcomes within the health service. **Market Approach (HSV PP 3)** Great Ocean Road Health is compliant with systematically, efficiently and fairly managed procurement analysis and planning, when approaching the market, to maximise operational and financial performance and minimise risk through our Health Purchasing Compliance Policy. **Contract Management and Asset Disposal (HSV PP 4)** Great Ocean Road Health is partially complaint in systematically and efficiently manage contract creation, execution and asset disposal for maximising operational and financial performance and minimising risk. Great Ocean Road Health is developing a plan with the finance team to implement improvement on our individual procurement and the overarching entity contract management strategies. **Collective Purchasing and Supply Chain (HSV PP 5)** Great Ocean Road Health is compliant with HSV's collective agreements, supply chain conditions/specifications or approved Victorian Government SPC / SEPC to gain value for money through aggregated demand.

Strategic Priorities	Outcomes
Strengthen cross-service collaboration, including through active participation in health service partnerships (HSP). Work together with other HSP members on strategic system priorities where there are opportunities to achieve better and more consistent outcomes through collaboration, including the pandemic response, elective surgery recovery and reform, implementation of the Better@Home program and mental health reform.	Great Ocean Road Health (Great Ocean Road Health) works with other health-care organisations at all levels of the health system to meet the health and wellbeing needs of our growing and diverse regional community. Our CEO leads the Virtual Care project across the region and has been very active in encouraging virtual care (telehealth) to be embedded all models or care. We have initiated virtual care hubs at both neighborhood houses, where clients can access the health direct platform with assistance if required. Great Ocean Road Health partners with BreastScreen Victoria, which provides a transport service to Colac to undertake a free mammography screening to women aged 50 years and over. Great Ocean Road Health implemented a pandemic response acute care pathway for COVID patients in conjunction with the Public Health Unit at Barwon Health. Throughout 2022-2023 we increased our social work hours and mental health first aid training to keep up with community demand. Our staff regularly participate in EMET training program with Barwon Health, which covers emergency training from the emergency department consultants.
Participate in the Occupational Violence and Aggression (OVA) training that will be implemented across the sector in 2022-2023. Support the implementation of the Strengthening Hospital Responses to Family Violence (SHRFV) initiative deliverables including health service alignment to MARAM, the Family Violence Multi-Agency Risk Assessment and Management framework. Prioritise wellbeing of healthcare workers and implement local strategies to address key issues.	Great Ocean Road Health continues to support all members of the community through their lifetime from healthcare, from community midwifes post birth care, with lifelong GP care, to specialised child and youth programs at the neighbourhood houses and mental health first aid and other community training programs. We also provide acute care and have a Montessori approach to aged care. A day respite program has been developed to provide support and assistance with those in the community who don't have support at home but are not ready for Aged Care. As a rural health care provider Great Ocean Road Health recognises the important role we play in providing inclusive healthcare and empowering the community and how this conveys to gender equality through strong leadership, advocacy and role modeling. The LGBTIQA+ youth, in particular trans gender youth in the community are less marginalised after being involved in Great Ocean Road Health's youth art program where they have the support of social workers whilst expressing themselves in art. Many of our programs and services are designed to reflect this demographic and their specific needs. We know that there are also younger community members with different needs and we are dedicated to developing more services to cater for a broader range of age groups.

Strategic Priorities	Outcomes
	• Review and communicate family violence policies and processes to ensure they are in line with sector best practice. • Continue to monitor manager's completion of family violence workplace support training. • Improve internal recording and reporting practices of family violence leave. • Ensure family violence policies and training is provided to all new employees upon commencement.

Statement Of Priorities
Part B

High Quality and Safe Care

Key Performance Measure	Target	2022- 2023 Result
Health service accreditation	Full Compliance	Full Compliance
Compliance with cleaning standards	Full Compliance	Full Compliance
Compliance with the Hand Hygiene Australia Program	85%	95%
Percentage of healthcare workers immunized for influenza	92%	94%
Key Performance Indicator		
Victorian Healthcare Experience Survey - percentage of positive patient experience responces - Quarter I	95%	95%
Victorian Healthcare Experience Survey - percentage of positive patient experience responces - Quarter 2	95%	n/a
Victorian Healthcare Experience Survey - percentage of positive patient experience responces - Quarter 3	95%	n/a

Strong Governance, Leadership and Culture

Key Performance Indicator	Target	2022- 2023 Result
People Matter Survey - safety culture among healthcare workers	62%	86%

Financial Reporting

Key Performance Indicator	Target	2022 - 2023 Outcome
Operating result ($m)	$0.00	-$0.08
Trade creditors	60 days	22 Days
Patient fee debtors	60 days	I9 Days
Adjusted current asset ration	0.7	I.32
Actual number of days available cash	I4 days	97 Days
Variance between forecast and actual Net result from transactions for the current financial year ending 30 June.	Variance $250,000	Achieved

Statement Of Priorities Part C

Funded Flexible Aged Care Places

Funding Type	2022-2023 Activity achievement	Budget ($'000)	2021-2022 Activity achievement	2020-2021 Activity achievement	
Consolidated activity funding					
Small Rural Acute (TAC and DVA)	243	6,781	19	17	WEIS equivalent
Small Rural Primary Health & HACC	1,245	301	1,498	3,915	Services hours
Small Rural Residential Care	10,471	1,009	10,859	26,686	Bed Days
Health Workforce	1,818	86	1,718	3,260	Services hours
Total Funding		9,063			

Acute Care

Service	Campus	Type of Activity	Actual Activity 2022	Actual Activity 2023
Medical Inpatients	Clinical	Bed Days	410	574
Urgent Care	Clinical	Presentations	4,303	2,466
Radiology	Clinical	Number of clients	337	418

Primary Health Care

Service	Actual Activity 2021- Hours of service (both campuses)	Actual Activity 2022 - Hours of service (both campuses)	Actual Activity 2023 - Hours of service (both campuses)
Physiotherapy	1,469	1,124	1,222
Community Nursing	2,143	2,000	3,230
Dietetics	6.5	67	162
Podiatry (Lorne Only)	104	66	104
Exercise Physiologist	575	388	230
Occupational Therapy	170	497	238
Allied Health Assistant	774	478	859
Social Worker	618	291	1,171
Domestic Assistance	5,474	5,289	4,165
Health Coaching	486	297	72
Social Support Group	1,102	1,515	4,163
Allied Health Exercise Group	4,686	3,679	6,319
Community Education	n/a	n/a	248
*These figures do not include 4216 hours of Transport directly related to Primary Health Care in 2022-2023			

Attestations and Declarations

Responsible Body Declaration
I, Joy Humphreys in accordance with the Financial Management Act 1994, am pleased to present the Report of Operations for Great Ocean Road Health for the year ending 30 June 2023

Joy Humphreys
Chair Of The Board
Great Ocean Road Health
10 September 2023

Attestation on Financial Management Compliance.
I, Joy Humphreys certify that Great Ocean Road Health has complied with the applicable Standing Directions made under the Financial Management Act 1994 and Instructions.

Joy Humphreys
Chair Of The Board
Great Ocean Road Health
10 September 2023

Attestation on Data Integrity
I, Sandy Chamberlin certify that Great Ocean Road Health has put in place appropriate internal controls and processes to ensure that reported data accurately reflects actual performance. Great Ocean Road Health has critically reviewed these controls and processes during the year.

Sandy Chamberlin
Chief Executive Officer
Great Ocean Road Health
10 September 2023

Attestation for Integrity, fraud and corruption
I, Sandy Chamberlin certify that Great Ocean Road Health has put in place appropriate internal controls and processes to ensure that Integrity, fraud and corruption risks have been reviewed and addressed at Great Ocean Road Health during the year.

Sandy Chamberlin
Chief Executive Officer
Great Ocean Road Health
10 September 2023

Attestation on Compliance with HealthShare Victoria (HSV) Health Purchasing Policies Compliant
I, Sandy Chamberlin certify that Great Ocean Road Health has put in place appropriate internal controls and processes to ensure that it has complied with all requirements set out in the HealthShare Victoria (HSV) Health Purchasing Policies including mandatory HPV collective agreements as required by the Health Services Act 1988 (Vic) and has critically reviewed these controls and processes during the year.

Sandy Chamberlin
Chief Executive Officer
Great Ocean Road Health
28 September 2023

Annual Fire Safety Certification is submitted to the Department of Health to verify compliance with maintenance of the essential safety measures. In the process of new construction or modification of the building, the service engages architects, engineers and builders who are registered with the Building Practitioner's Board. Under this engagement, the health service ensures that all buildings and renovations comply with the Australian Standards and the Building Codes of Australia.

Attestations

Conflict of Interest

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

Sandy Chamberlin
Chief Executive Officer
Great Ocean Road Health
10 September 2023

Safe Patient Care Act 2015
In accordance with Safe Patient Care Act 2015, Great Ocean Road Health has complied with all government requirements in the 2022-2023 reporting period. This ensures that Great Ocean Road Health provides the correct staffing levels in caring for its patients. Great Ocean Road Health has nil matters to report in relation to its obligations under section 40 of the Safe Patient Care Act 2015.

Employment Practices
Great Ocean Road Health is committed to the principles of merit and equity in the workplace with respect to employment, promotion and opportunity. Selection processes reflect equal opportunity and diversity principles.The organisation recognizes the Public Sector Code of Conduct and actively promotes a positive working environment and values based culture, which includes a code of conduct for staff and volunteers.

Gender Balance	**Male**	**Female**
Board	40%	60%
Senior Staff	30%	70%

Disclosure Index

The Great Ocean Road Health Annual Report is prepared in accordance with all relevant Victorian legislation. This index has been prepared to facilitate identification of the Department's compliance with statutory disclosure requirements.

Legislation	Requirement	Page Reference
Ministerial Directions		
Report of Operations		
Charter and purpose		
FRD 22	Manner of establishment and the relevant Ministers	13
FRD 22	Purpose, functions, powers and duties	9
FRD 22	Activities, programs and achievements for the reporting period	4-7
FRD 22	Nature and range of services provided	15
FRD 22	Significant changes in key initiatives and expectations for the future	22-23
Management and structure		
FRD 22	Organisational structure	18-19
FRD 22	Occupational Health and Safety	24
FDR 22	Workforce data/employment and conduct principles	24
Financial and other information		
FRD 22	Summary of financial results for the year	27
FRD 22	Significant changes in financial position during the year	Financials
FRD 22	Operational and budgetery objectives and performance againist objectives	28
FRD 22	Subsequent events	Financials
FRD 22	Details of consultancies over $10,000	29
FRD 22	Details of consultancies under $10,000	29
FRD 22	Disclosure of ICT expenditure	29
Legislation		
FRD 22	Application and operation of Freedom of Information Act 1982	30
FRD 22	Compliance with building and maintenance provisions of Building Act 1993	30
FRD 22	Application and operation of Public Interest Disclosure Act 2012	30
FRD 22	Statement and National Competition Policy	30
FRD 22	Application and operation of Carers Recognition Act 2012	30
FRD 22	Additional Information available on request	39

Other relevant reporting directives

Legislation	Requirement	Page Reference
FRD 24	Environmental data reporting	31-37
FRD 25	Local jobs First Act disclosures	30
SD 5.1.4	Financial Management Compliance attestation	48
SD 5.2.3	Declaration in report operations	48
	Attestation on Data Integrity	48
	Attestation on managing Conflicts of Interest	49
	Attestation on Integrity, fraud and corruption	48
	Compliance with HealthShare Victoria (HSV) Purching Policies 2002-2023	48

Other Reporting Requirements

	Reporting of outcomes from Statement of Priorities 2021-2022	40-44
	Occupational Violence reporting	24
	Gender Equality Act 2020	30
	Reporting obligations under Safe Patient Care Act 2015	49
	Reporting of compliance regarding Car Parking Fees (if appliciable)	n/a

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GREAT OCEAN ROAD HEALTH

Independent Auditor's Report

To the Board of Great Ocean Road Health

Opinion	I have audited the financial report of Great Ocean Road Health (the health service) which comprises the: • balance sheet as at 30 June 2023 • comprehensive operating statement for the year then ended • statement of changes in equity for the year then ended • cash flow statement for the year then ended • notes to the financial statements, including significant accounting policies • Board member's, accountable officer's and chief finance & accounting officer's declaration. In my opinion the financial report presents fairly, in all material respects, the financial position of the health service as at 30 June 2023 and their financial performance and cash flows for the year then ended in accordance with the financial reporting requirements of Part 7 of the *Financial Management Act 1994* and applicable Australian Accounting Standards.
Basis for Opinion	I have conducted my audit in accordance with the *Audit Act 1994* which incorporates the Australian Auditing Standards. I further describe my responsibilities under that Act and those standards in the *Auditor's Responsibilities for the Audit of the Financial Report* section of my report. My independence is established by the *Constitution Act 1975.* My staff and I are independent of the health service in accordance with the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants* (the Code) that are relevant to my audit of the financial report in Victoria. My staff and I have also fulfilled our other ethical responsibilities in accordance with the Code. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.
Board's responsibilities for the financial report	The Board of the health service is responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards and the *Financial Management Act 1994*, and for such internal control as the Board determines is necessary to enable the preparation and fair presentation of a financial report that is free from material misstatement, whether due to fraud or error. In preparing the financial report, the Board is responsible for assessing the health service's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless it is inappropriate to do so.

Auditor's responsibilities for the audit of the financial report

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

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

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

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

MELBOURNE
10 November 2023

Dominika Ryan
as delegate for the Auditor-General of Victoria

Financial Statements
Financial Year ended 30 June 2023

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

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

We further state that, in our opinion, the information set out in the comprehensive operating statement, balance sheet, statement of changes in equity, cash flow statement and accompanying notes, presents fairly the financial transactions during the year ended 30 June 2023 and the financial position of Great Ocean Road Health at 30 June 2023.

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

We authorise the attached financial statements for issue on 10th November, 2023.

Board member	**Accountable Officer**	**Chief Finance & Accounting Officer**
Chair	Chief Executive Officer	Acting Chief Financial Officer
Lorne 10th November, 2023	Lorne 10th November, 2023	Lorne 10th November, 2023

Great Ocean Road Health
Comprehensive Operating Statement
For the Financial Year Ended 30 June 2023

	Note	Total 2023 $'000	Total 2022 $'000
Revenue and income from transactions			
Operating activities	2.1	22,324	19,736
Non-operating activities	2.1	248	146
Share of revenue from joint operations	8.7	951	536
Total revenue and income from transactions		**23,523**	**20,418**
Expenses from transactions			
Employee expenses	3.1	(17,979)	(15,862)
Supplies and consumables	3.1	(771)	(1,002)
Finance costs	3.1	(23)	(40)
Depreciation and amortisation	3.1	(1,172)	(1,184)
Other administrative expenses	3.1	(1,909)	(1,839)
Other operating expenses	3.1	(844)	(797)
Other non-operating expenses	3.1	(4)	(12)
Share of expenditure from joint operations	8.7	(938)	(504)
Total Expenses from transactions		**(23,640)**	**(21,240)**
Net result from transactions - net operating balance		**(117)**	**(822)**
Other economic flows included in net result			
Net gain on sale of non-financial assets	3.2	-	37
Net gain on financial instruments	3.2	-	21
Other gain from other economic flows	3.2	33	80
Total other economic flows included in net result		**33**	**138**
Net result for the year		**(84)**	**(684)**
Other comprehensive income			
Items that will not be reclassified to net result			
Changes in property, plant and equipment revaluation surplus	4.3	4,018	1,189
Total other comprehensive income		**4,018**	**1,189**
Comprehensive result for the year		**3,934**	**505**

The comparative figures have been adjusted to enhance the comparability of the financial statements. Refer to Note 8.7 for more detailed information.

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

Great Ocean Road Health
Balance Sheet
As at 30 June 2023

	Note	Total 2023 $'000	Total 2022 $'000
Current assets			
Cash and cash equivalents	6.2	7,915	9,601
Receivables	5.1	1,178	675
Contract assets	5.2	818	-
Prepaid expenses		225	215
Share of assets in joint operations	8.7	456	700
Total current assets		**10,592**	**11,191**
Non-current assets			
Property, plant and equipment	4.1 (a)	38,530	34,428
Right of use assets	4.2 (a)	174	212
Share of assets in joint operations	8.7	288	211
Total non-current assets		**38,992**	**34,851**
Total assets		**49,584**	**46,042**
Current liabilities			
Payables	5.3	1,182	886
Contract Liabilities	5.4	-	(67)
Borrowings	6.1	115	138
Employee benefits	3.3	2,341	2,243
Other liabilities	5.5	3,832	4,641
Share of liabilities in joint operations	8.7	491	748
Total current liabilities		**7,961**	**8,589**
Non-current liabilities			
Borrowings	6.1	85	103
Employee benefits	3.3	535	291
Share of liabilities in joint operations	8.7	72	62
Total non-current liabilities		**692**	**456**
Total liabilities		**8,653**	**9,045**
Net assets		**40,931**	**36,997**
Equity			
Property, plant and equipment revaluation surplus	4.3	7,636	3,618
Restricted specific purpose reserve	SCE	1,904	1,904
Contributed capital	SCE	35,337	35,337
Accumulated deficit	SCE	(3,946)	(3,862)
Total equity		**40,931**	**36,997**

The comparative figures have been adjusted to enhance the comparability of the financial statements. Refer to Note 8.7 for more detailed information.

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

Great Ocean Road Health
Statement of Changes in Equity
For the Financial Year Ended 30 June 2023

Total	Note	Property, Plant and Equipment Revaluation Surplus $'000	Restricted Specific Purpose Reserve $'000	Contributed Capital $'000	Accumulated Deficit $'000	Total $'000
Balance at 1 July 2021		**2,429**	**1,904**	**35,337**	**(3,178)**	**36,492**
Net result for the year		-	-	-	(684)	(684)
Other comprehensive income for the year		1,189	-	-	-	1,189
Balance at 30 June 2022		**3,618**	**1,904**	**35,337**	**(3,862)**	**36,997**
Net result for the year		-	-	-	(84)	(84)
Other comprehensive income for the year		4,018	-	-	-	4,018
Balance at 30 June 2023		**7,636**	**1,904**	**35,337**	**(3,946)**	**40,931**

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

Great Ocean Road Health
Cash Flow Statement
For the Financial Year Ended 30 June 2023

	Note	Total 2023 $'000	Total 2022 $'000
Cash Flows from operating activities			
Operating grants from State Government		10,262	9,538
Operating grants from Commonwealth Government		5,113	4,803
Capital grants from government - State		1,002	336
Patient fees received		1,220	1,247
Donations and bequests received		289	316
GST received from ATO		518	508
Interest and investment income received		248	146
Commercial Income Received		2,834	2,719
Other receipts		166	350
Total receipts		**21,652**	**19,963**
Payments to employees		(17,553)	(15,571)
Payments for supplies and consumables		(430)	(1,012)
Payments for medical indemnity insurance		(14)	(13)
Payments for repairs and maintenance		(617)	(549)
Finance Costs		(23)	(41)
GST paid to ATO		(503)	(517)
Other payments		(2,130)	(2,127)
Total payments		**(21,270)**	**(19,830)**
Net cash flows from operating activities	8.1	**382**	**133**
Cash Flows from investing activities			
Purchase of property, plant and equipment		(1,217)	(1,117)
Capital donations and bequests received		-	25
Other capital receipts		-	2
Proceeds from disposal of property, plant and equipment		-	53
Net cash flows used in investing activities		**(1,217)**	**(1,037)**
Cash flows from financing activities			
Repayment of borrowings		(42)	(19)
Receipt of Capital Contribution		-	-
Receipt of accommodation deposits		1,540	1,166
Net repayment of accommodation deposits		(2,349)	(2,000)
Net cash flows used in financing activities		**(851)**	**(853)**
Net decrease in cash and cash equivalents held		**(1,686)**	**(1,757)**
Cash and cash equivalents at beginning of year		9,601	11,358
Cash and cash equivalents at end of year	6.2	**7,915**	**9,601**

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

Great Ocean Road Health
Notes to the Financial Statements
For the Financial Year Ended 30 June 2023

Note 1: Basis of preparation

Structure

1.1 Basis of preparation of the financial statements
1.2 Impact of COVID-19 pandemic
1.3 Abbreviations and terminology used in the financial statements
1.4 Joint arrangements
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Great Ocean Road Health
Notes to the Financial Statements
For the Financial Year Ended 30 June 2023

Note 1: Basis of preparation

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

Great Ocean Road 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.

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 Great Ocean Road Health on 9th November, 2023.

Great Ocean Road Health
Notes to the Financial Statements
For the Financial Year Ended 30 June 2023

Note 1.2 Impact of COVID-19 pandemic

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

In the current reporting period, financial impacts of the pandemic were not material to Great Ocean Road Health.

Note 1.3 Abbreviations and terminology used in the financial statements

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

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

Note 1.4 Joint arrangements

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

Great Ocean Road Health has the following joint arrangements:

- South West Alliance of Rural Health - Joint Operation

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

Great Ocean Road Health
Notes to the Financial Statements
For the Financial Year Ended 30 June 2023

Note 1.5 Key accounting estimates and judgements
Management make estimates and judgements when preparing the financial statements.

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

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

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

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

Great Ocean Road Health
Notes to the Financial Statements
For the Financial Year Ended 30 June 2023

Note 1.6 Accounting standards issued but not yet effective

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

Standard	Adoption Date	Impact
AASB 17: *Insurance Contracts*	Reporting periods beginning on or after 1 January 2023	Adoption of this standard is not expected to have a material impact.
AASB 2020-1: *Amendments to Australian Accounting Standards – Classification of Liabilities as Current or Non-Current*	Reporting periods beginning on or after 1 January 2023.	Adoption of this standard is not expected to have a material 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 2022-6: *Amendments to Australian Accounting Standards - Non-Current Liabilities with Covenants*	Reporting periods beginning on or after 1 January 2023.	Adoption of this standard is not expected to have a material impact.
AASB 2022-8: *Amendments to Australian Accounting Standards - Insurance Contracts: Consequential Amendments*	Reporting periods beginning on or after 1 January 2023.	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 No-for-profit Public Sector Entities*	Reporting periods beginning on or after 1 January 2024.	Adoption of this standard is not expected to have a material impact.

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

Great Ocean Road Health
Notes to the Financial Statements
For the Financial Year Ended 30 June 2023

Note 1.7 Goods and Services Tax (GST)
Income, expenses, assets and liabilities are recognised net of the amount of GST, except where the GST incurred is not recoverable from the Australian Taxation Office (ATO). In these circumstances the GST is recognised as part of the cost of acquisition of the asset or as part of the expense.

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

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

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

Note 1.8 Reporting Entity
The financial statements include all the controlled activities of Great Ocean Road Health.

Great Ocean Road Health's principal address is:

Albert Street
Lorne, Victoria 3232

A description of the nature of Great Ocean Road 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

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

Structure

2.1 Revenue and income from transactions
2.2 Fair value of assets and services received free of charge or for nominal consideration

Telling the COVID-19 story

Revenue and income recognised to fund the delivery of our services increased during the financial year which was partially attributable to the receipt of sustainability funding to cover lost revenue and increased costs due to the COVID-19 Coronavirus pandemic. Whilst the COVID-19 public health response during the year ended 30 June 2023 was scaled down, ongoing concerns from the public around entering aged care continued. This resulted in bed vacancies in our aged care facility, reducing income from the Commonwealth and residents.

Key judgements and estimates

This section contains the following key judgements and estimates:

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

Note 2.1 Revenue and income from transactions

		Total 2023 $'000	Total 2022 $'000
Operating activities			
Revenue from contracts with customers			
Government grants (State) - Operating		10	3
Government grants (Commonwealth) - Operating		1,211	1,218
Patient and resident fees		1,287	1,213
Commercial activities [1]		2,834	2,719
Total revenue from contracts with customers	Note 2.1 (a)	**5,342**	**5,153**
Other sources of income			
Government grants (State) - Operating		10,924	9,272
Government grants (Commonwealth) - Operating		3,981	3,585
Government grants (State) - Capital		1,002	336
Other capital purpose income		-	2
Capital donations		-	25
Assets received free of charge or for nominal consideration	Note 2.2	385	477
Other revenue from operating activities (including non-capital donations)		690	886
Total other sources of income		**16,982**	**14,583**
Total revenue and income from operating activities		**22,324**	**19,736**
Non-operating activities			
Income from other sources			
Capital interest		-	1
Other interest		248	145
Total other sources of income		**248**	**146**
Total income from non-operating activities		**248**	**146**
Total revenue and income from transactions		**22,572**	**19,882**

1. Commercial activities represent business activities which Great Ocean Road Health enter into to support their operations.

Note 2.1 Revenue and income from transactions (continued)

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

	Total 2023 $'000	Total 2022 $'000
Great Ocean Road Health disaggregates revenue by the timing of revenue recognition.		
Goods and services transferred to customers:		
At a point in time	2,508	2,434
Over time	2,834	2,719
Total revenue from contracts with customers	**5,342**	**5,153**

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

To recognise revenue, Great Ocean Road 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.

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 Great Ocean Road Health's goods or services. Great Ocean Road Healths 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 Great Ocean Road Health's revenue streams, with information detailed below relating to Great Ocean Road Health's signficant 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 Great Ocean Road 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 Great Ocean Road 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 Great Ocean Road 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 recognsied on a time proportionate basis that considers the effective yield of the financial asset, which allocates interest over the relevant period.

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

	Total 2023 $'000	Total 2022 $'000
Cash donations and gifts	289	316
Personal protective equipment	96	161
Total fair value of assets and services received free of charge or for nominal consideration	**385**	**477**

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

Personal protective equipment

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

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

Contributions of resources

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

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

Volunteer Services

Great Ocean Road Health receives volunteer services from members of the community in the following areas:

- In home support activities
- Community outings
- Nursing home activities

Great Ocean Road 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.

Great Ocean Road 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 Great Ocean Road Health as follows:

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

Note 3: The cost of delivering our services

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

Structure

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

Telling the COVID-19 story

Expenses incurred to deliver our services increased during the financial year which was partially attributable to the COVID-19 Coronavirus pandemic. Specifically, additional costs were incurred to maintain safe patient care ratios, with casual and agency labour required to cover permanent positions that were impacted by Covid related sick leave and staff shortages.

Key judgements and estimates

This section contains the following key judgements and estimates:

Key judgements and estimates	Description
Classifying employee benefit liabilities	Great Ocean Road Health applies significant judgment when measuring and classifying its employee benefit liabilities. Employee benefit liabilities are classified as a current liability if Great Ocean Road 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 Great Ocean Road 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	Great Ocean Road Health applies significant judgment 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 4.063%, 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 2023 $'000	Total 2022 $'000
Salaries and wages		13,190	11,887
On-costs		1,290	1,139
Agency expenses		1,851	1,015
Fee for service medical officer expenses		1,563	1,754
Workcover premium		85	67
Total employee expenses		**17,979**	**15,862**
Drug supplies		56	48
Medical and surgical supplies (including Prostheses)		219	319
Diagnostic and radiology supplies		13	14
Other supplies and consumables		483	621
Total supplies and consumables		**771**	**1,002**
Finance costs		23	40
Total finance costs		**23**	**40**
Other administrative expenses		1,909	1,839
Total other administrative expenses		**1,909**	**1,839**
Fuel, light, power and water		234	234
Repairs and maintenance		339	314
Maintenance contracts		278	235
Medical indemnity insurance		14	13
Expenditure for capital purposes		(21)	1
Total other operating expenses		**844**	**797**
Total operating expense		**21,526**	**19,540**
Depreciation and amortisation	4.4	1,172	1,184
Total depreciation and amortisation		**1,172**	**1,184**
Bad and doubtful debt expense		4	12
Total other non-operating expenses		**4**	**12**
Total non-operating expense		**1,176**	**1,196**
Total expenses from transactions		**22,702**	**20,736**

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 Great Ocean Road Health. These amounts have been brought to account as grants in determining the operating result for the year by recording them as revenue and also recording the related expense.

Non-operating expenses

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

Note 3.2 Other economic flows included in net result

	Total 2023 $'000	Total 2022 $'000
Net gain on disposal of property plant and equipment	-	37
Total net gain on non-financial assets	**-**	**37**
Other gains from other economic flows	-	21
Total net gain on financial instruments	**-**	**21**
Net gain arising from revaluation of long service liability	33	80
Total other gains from other economic flows	**33**	**80**
Total gains from other economic flows	**33**	**138**

How we recognise other economic flows

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

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

Net gain/(loss) on non-financial assets

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

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

Net gain/(loss) on financial instruments

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

- realised and unrealised gains and losses from revaluations of financial instruments at fair value
- impairment and reversal of impairment for financial instruments at amortised cost (refer to Note 7.1 Investments and other financial assets).

Note 3.3 Employee benefits and related on-costs

	Total 2023 $'000	Total 2022 $'000
Current employee benefits and related on-costs		
Accrued days off		
Unconditional and expected to be settled wholly within 12 months [i]	36	31
	36	**31**
Annual leave		
Unconditional and expected to be settled wholly within 12 months [i]	810	770
Unconditional and expected to be settled wholly after 12 months [ii]	116	125
	926	**895**
Long service leave		
Unconditional and expected to be settled wholly within 12 months [i]	72	90
Unconditional and expected to be settled wholly after 12 months [ii]	1,046	999
	1,118	**1,089**
Provisions related to employee benefit on-costs		
Unconditional and expected to be settled within 12 months [i]	108	99
Unconditional and expected to be settled after 12 months [ii]	153	129
	261	**228**
Total current employee benefits and related on-costs	**2,341**	**2,243**
Non-current provisions and related on-costs		
Conditional long service leave	471	261
Provisions related to employee benefit on-costs	64	30
Total non-current employee benefits and related on-costs	**535**	**291**
Total employee benefits and related on-costs	**2,876**	**2,534**

[i] The amounts disclosed are nominal amounts.

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

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

	Total 2023 $'000	Total 2022 $'000
Current employee benefits and related on-costs		
Unconditional accrued days off	36	31
Unconditional annual leave entitlements	1,036	998
Unconditional long service leave entitlements	1,269	1,214
Total current employee benefits and related on-costs	**2,341**	**2,243**
Non-current employee benefits and related on-costs		
Conditional long service leave entitlements	535	291
Total non-current employee benefits and related on-costs	**535**	**291**
Total employee benefits and related on-costs	**2,876**	**2,534**
Attributable to:		
Employee benefits	2,551	2,276
Provision for related on-costs	325	258
Total employee benefits and related on-costs	**2,876**	**2,534**

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

	Total 2023 $'000	Total 2022 $'000
Carrying amount at start of year	258	236
Additional provisions recognised	157	159
Net gain/(loss) arising from revaluation of LSL	(4)	(10)
Amounts incurred during the year	(86)	(127)
Carrying amount at end of year	**325**	**258**

How we recognise employee benefits

Employee benefit recognition

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

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

Annual leave and accrued days off

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

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

Provision for on-costs related to employee benefits

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

Note 3.4 Superannuation

	Paid Contribution for the Year		Contribution Outstanding at Year End	
	Total 2023 $'000	Total 2022 $'000	Total 2023 $'000	Total 2022 $'000
Defined benefit plans:[i]				
Aware Super	-	1	-	-
Defined contribution plans:				
Aware Super	658	617	-	-
Hesta	209	196	-	-
Other	423	325	-	-
Total	**1,290**	**1,139**	**-**	**-**

[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 Great Ocean Road Health are entitled to receive superannuation benefits and it contributes to both defined benefit and defined contribution plans.

Defined benefit superannuation plans

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

Great Ocean Road 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 Great Ocean Road Health.

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

Defined contribution superannuation plans

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

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

Note 4: Key assets to support service delivery

Great Ocean Road 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 Great Ocean Road 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 Impairment of assets

Telling the COVID-19 story

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

Key judgements and estimates

This section contains the following key judgements and estimates:

Key judgements and estimates	Description
Measuring fair value of property, plant and equipment and investment properties	Great Ocean Road 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	Great Ocean Road Health assigns an estimated useful life to each item of property, plant and equipment, whilst also estimating the residual value of the asset, if any, at the end of the useful life. This is used to calculate depreciation of the asset. The health service reviews the useful life, residual value and depreciation rates of all assets at the end of each financial year and where necessary, records a change in accounting estimate.
Estimating useful life of right-of-use assets	The useful life of each right-of-use asset is typically the respective lease term, except where the health service is reasonably certain to exercise a purchase option contained within the lease (if any), in which case the useful life reverts to the estimated useful life of the underlying asset. Great Ocean Road Health applies significant judgement to determine whether or not it is reasonably certain to exercise such purchase options.

Key judgements and estimates (continued)

Key judgements and estimates	Description
Identifying indicators of impairment	At the end of each year, Great Ocean Road 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 significant 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 2023 $'000	Total 2022 $'000
Land at fair value - Crown	12,889	12,889
Total land at fair value	**12,889**	**12,889**
Buildings at fair value	21,981	21,045
Less accumulated depreciation	(35)	(2,347)
Total buildings at fair value	**21,946**	**18,698**
Property improvements at fair value	1,779	1,009
Less accumulated depreciation	(61)	(38)
Total property improvements at fair value	**1,718**	**971**
Building works in progress at fair value	**530**	**539**
Total land and buildings	**37,083**	**33,097**
Plant and equipment at fair value	1,277	1,425
Less accumulated depreciation	(764)	(995)
Total plant and equipment at fair value	**513**	**430**
Motor vehicles at fair value	409	409
Less accumulated depreciation	(378)	(347)
Total motor vehicles at fair value	**31**	**62**
Medical equipment at fair value	1,228	1,289
Less accumulated depreciation	(649)	(838)
Total medical equipment at fair value	**579**	**451**
Computer equipment at fair value	136	222
Less accumulated depreciation	(106)	(183)
Total computer equipment at fair value	**30**	**39**
Furniture and fittings at fair value	1,009	1,329
Less accumulated depreciation	(715)	(980)
Total furniture and fittings at fair value	**294**	**349**
Total plant and equipment, furniture and fittings and vehicles at fair value	**1,447**	**1,331**
Total property, plant and equipment	**38,530**	**34,428**

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

	Note	Land	Buildings & Improvements	Building works in progress	Plant & equipment	Motor vehicles	Medical Equipment	Computer Equipment	Furniture & Fittings	Total
		$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000
Balance at 1 July 2021		**11,700**	**19,970**	**315**	**401**	**129**	**329**	**33**	**423**	**33,300**
Additions		-	513	224	113	-	217	16	28	1,111
Disposals		-	-	-	-	(16)	-	-	-	(16)
Revaluation increments		1,189	-	-	-	-	-	-	-	1,189
Depreciation	4.4	-	(814)	-	(84)	(51)	(95)	(10)	(102)	(1,156)
Balance at 30 June 2022	4.1 (a)	**12,889**	**19,669**	**539**	**430**	**62**	**451**	**39**	**349**	**34,428**
Additions		-	70	707	173	-	232	3	32	1,217
Disposals		-	-	-	-	-	-	-	-	-
Revaluation increments		-	4,018	-	-	-	-	-	-	4,018
Net Transfers between classes		-	715	(716)	-	-	-	1	-	-
Depreciation	4.4	-	(808)	-	(90)	(31)	(104)	(13)	(87)	(1,133)
Balance at 30 June 2023	4.1 (a)	**12,889**	**23,664**	**530**	**513**	**31**	**579**	**30**	**294**	**38,530**

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

Land and Buildings Carried at Valuation

The Valuer-General Victoria undertook to re-value all of Great Ocean Road Health's land and buildings to determine their fair value. The valuation, which conforms to Australian Valuation Standards, was determined by reference to the amounts for which assets could be exchanged between knowledgeable willing parties in an arm's length transaction. The valuation was based on independent assessments. The effective date of the valuation was 30 June 2019.

How we recognise property, plant and equipment

Property, plant and equipment are tangible items that are used by Great Ocean Road 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, Great Ocean Road 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%, Great Ocean Road Health would obtain an interim independent valuation prior to the next scheduled independent valuation.

An independent valuation of Great Ocean Road Health property, plant and equipment was performed by the VGV on 30 June 2019. The valuation, which complies with Australian Valuation Standards, was determined by reference to the amount for which assets could be exchanged between knowledgeable willing parties in an arm's length transaction. As an independent valuation was not undertaken on 30 June 2023, a managerial assessment performed at 30 June 2023 which indicated an overall:

- increase in fair value of land of 0.31% ($39,902)
- increase in fair value of buildings of 19.27% ($3.518M)

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

As the cumulative movement was more than 10% for buildings since the last revaluation a managerial revaluation adjustment was required as at 30 June 2023.

Revaluation increases (increments) arise when an asset's fair value exceeds its carrying amount. In comparison, revaluation decreases (decrements) arise when an asset's fair value is less than its carrying amount. Revaluation increments and revaluation decrements relating to individual assets within an asset class are offset against one another within that class but are not offset in respect of assets in different classes.

Revaluation increments are recognised in 'Other Comprehensive Income' and are credited directly to the asset revaluation reserve, except that, to the extent that an increment reverses a revaluation decrement in respect of that same class of asset previously recognised as an expense in net result, in which case the increment is recognised as income in the net result.

Revaluation decrements are recognised in 'Other Comprehensive Income' to the extent that a credit balance exists in the asset revaluation reserve in respect of the same class of property, plant and equipment. Otherwise, the decrement is recognised as an expense in the net result.

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

Note 4.2 Right-of-use assets

Note 4.2(a) Gross carrying amount and accumulated depreciation

	Total 2023 $'000	Total 2022 $'000
Right of use plant and equipment and vehicles at fair value	267	267
Less accumulated depreciation	(93)	(55)
Total right of use plant and equipment and vehicles at fair value	**174**	**212**
Total right of use assets	**174**	**212**

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

	Note	Right-of-use - PE & Vehicles $'000	Total $'000
Balance at 1 July 2021		**240**	**240**
Additions		-	-
Depreciation	4.4	(28)	(28)
Balance at 30 June 2022	4.2(a)	**212**	**212**
Additions		1	1
Depreciation	4.4	(39)	(39)
Balance at 30 June 2023	4.2(a)	**174**	**174**

How we recognise right-of-use assets

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

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

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

Class of right-of-use asset	Lease term
Leased plant and equipment, furniture and fittings and vehicles	2 to 5 years

Initial recognition

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

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

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

Subsequent measurement

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

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

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

Note 4.3 Property, Plant & Equipment Revaluation surplus

	Note	Total 2023 $'000	Total 2022 $'000
Balance at the beginning of the reporting period		3,618	2,429
Revaluation increment			
- Land	4.1 (b)	-	1,189
- Buildings	4.2 (b)	4,018	-
Balance at the end of the Reporting Period*		**7,636**	**3,618**
*** Represented by:**			
- Land		3,618	3,618
- Buildings		4,018	-
		7,636	**3,618**

Note 4.4 Depreciation

	Total 2023 $'000	Total 2022 $'000
Depreciation		
Buildings	808	814
Plant and equipment	90	84
Motor vehicles	31	51
Medical equipment	104	95
Computer equipment	13	10
Furniture and fittings	87	102
Total depreciation - property, plant and equipment	**1,133**	**1,156**
Right-of-use assets		
Right of use - plant, equipment and motor vehicles	39	28
Total depreciation - right-of-use assets	**39**	**28**
Total depreciation	**1,172**	**1,184**

How we recognise depreciation

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

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

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

	2023	2022
Buildings		
- Structure shell building fabric	45 to 60 years	45 to 60 years
- Site engineering services and central plant	20 to 30 years	20 to 30 years
Central Plant		
- Fit Out	20 to 30 years	20 to 30 years
- Trunk reticulated building system	30 to 40 years	30 to 40 years
Plant and equipment	5 to 20 years	5 to 20 years
Medical equipment	5 to 10 years	5 to 10 years
Computers and communication	3 to 9 years	3 to 9 years
Furniture and fitting	10 to 15 years	10 to 15 years
Motor Vehicles	5 to 8 years	5 to 8 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: Impairment of assets

How we recognise impairment

At the end of each reporting period, Great Ocean Road 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 Great Ocean Road 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, Great Ocean Road 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, Great Ocean Road Health estimates the recoverable amount of the cash-generating unit to which the asset belongs.

Great Ocean Road Health did not record any impairment losses for the year ended 30 June 2023.

Note 5: Other assets and liabilities

This section sets out those assets and liabilities that arose from Great Ocean Road Health's operations.

Structure

5.1 Receivables and contract assets
5.2 Contract assets
5.3 Payables
5.4 Contract liabilities
5.5 Other liabilities

Telling the COVID-19 story

The measurement of other assets and liabilities were not materially impacted by the COVID-19 Coronavirus pandemic.

Key judgements and estimates

This section contains the following key judgements and estimates:

Key judgements and estimates	Description
Estimating the provision for expected credit losses	Great Ocean Road 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 contract liabilities	Great Ocean Road Health applies significant judgement to measure its progress towards satisfying a performance obligation as detailed in Note 2. Where a performance obligation is yet to be satisfied, the health service assigns funds to the outstanding obligation and records this as a contract liability until the promised good or service is transferred to the customer.

Note 5.1 Receivables

	Notes	Total 2023 $'000	Total 2022 $'000
Current receivables			
Contractual			
Trade receivables		220	192
Patient fees		205	138
Allowance for impairment losses - Patient fees	5.1(a)	(35)	(29)
Accrued revenue		85	66
Amounts receivable from governments and agencies		599	189
Total contractual receivables		**1,074**	**556**
Statutory			
GST receivable		104	119
Total statutory receivables		**104**	**119**
Total current receivables		**1,178**	**675**
Total receivables		**1,178**	**675**
(i) Financial assets classified as receivables (Note 7.1(a))			
Total receivables		1,178	675
Provision for impairment		35	29
GST receivable		(104)	(119)
Total financial assets classified as receivables	7.1(a)	**1,109**	**585**

Note 5.1 Receivables and contract assets (continued)

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

	Total 2023 $'000	Total 2022 $'000
Balance at the beginning of the year	29	25
Increase in allowance	4	12
Amounts written off during the year	-	(8)
Reversal of allowance written off during the year as uncollectable	2	-
Balance at the end of the year	**35**	**29**

How we recognise receivables

Receivables consist of:

- **Contractual receivables**, which mostly includes debtors in relation to goods and services. These receivables are classified as financial instruments and categorised as 'financial assets at amortised costs'. They are initially recognised at fair value plus any directly attributable transaction costs. The health service holds the contractual receivables with the objective to collect the contractual cash flows and therefore they are subsequently measured at amortised cost using the effective interest method, less any impairment.

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

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

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

Impairment losses of contractual receivables

Refer to Note 7.1 (a) for Great Ocean Road Health's contractual impairment losses.

Note 5.2 Contract assets

	Total 2023 $'000	Total 2022 $'000
Balance at the beginning of the year	-	-
Add: Additional costs incurred that are recoverable from the customer	818	-
Less: Transfer to trade receivable or cash at bank	-	-
Less: impairment allowance	-	-
Total contract assets	**818**	**-**
*** Represented by:**		
- Current assets	818	-
	818	**-**

How we recognise contract assets

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

Note 5.3 Payables

	Note	Total 2023 $'000	Total 2022 $'000
Current payables			
Contractual			
Trade creditors		360	146
Accrued salaries and wages		471	420
Accrued expenses		224	134
Inter hospital creditors		117	177
Deposits		10	9
Total contractual payables		**1,182**	**886**
Total current payables		**1,182**	**886**
Total payables		**1,182**	**886**
(i) Financial liabilities classified as payables (Note 7.1(a))			
Total payables		1,182	886
Deposits		(10)	(9)
Total financial liabilties classified as payables	7.1(a)	**1,172**	**877**

How we recognise payables
Payables consist of:

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

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

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

Note 5.4 Contract liabilities

	Total 2023 $'000	Total 2022 $'000
Opening balance of contract liabilities	(67)	67
Grant consideration for sufficiently specific performance obligations received during the year	-	-
Revenue recognised for the completion of a performance obligation	67	(134)
Total contract liabilities	**-**	**(67)**
*** Represented by:**		
- Current contract liabilities	-	(67)
	-	**(67)**

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

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

Note 5.5 Other liabilities

	Notes	Total 2023 $'000	Total 2022 $'000
Current monies held it trust			
Refundable accommodation deposits		3,832	4,641
Total current monies held in trust		**3,832**	**4,641**
Total other liabilities		**3,832**	**4,641**
*** Represented by:**			
- Cash assets	6.2	3,832	4,641
		3,832	**4,641**

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 Great Ocean Road 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 Great Ocean Road Health during its operations, along with interest expenses (the cost of borrowings) and other information related to financing activities of Great Ocean Road Health.

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

Structure

6.1 Borrowings
6.2 Cash and cash equivalents
6.3 Commitments for expenditure
6.4 Non-cash financing and investing activities

Telling the COVID-19 story

Our finance and borrowing arrangements were not materially impacted by the COVID-19 Coronavirus pandemic because the health service's response was funded by Government.

Key judgements and estimates

This section contains the following key judgements and estimates:

Key judgements and estimates	Description
Determining if a contract is or contains a lease	Great Ocean Road Health applies significant 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	Great Ocean Road Health applies significant 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	Great Ocean Road 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, Great Ocean Road Health uses its incremental borrowing rate, which is the amount the health service would have to pay to borrow funds necessary to obtain an asset of similar value to the right-of-use asset in a similar economic environment with similar terms, security and conditions. For leased plant, equipment, furniture, fittings and vehicles, the implicit interest rate is between 2.25% and 3.25%.
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 Great Ocean Road Health is reasonably certain to exercise such options. Great Ocean Road 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 2023 $'000	Total 2022 $'000
Current borrowings			
Lease liability [(i)]	6.1 (a)	94	117
Advances from government [(ii)]		21	21
Total current borrowings		**115**	**138**
Non-current borrowings			
Lease liability [(i)]	6.1 (a)	80	97
Advances from government [(ii)]		5	6
Total non-current borrowings		**85**	**103**
Total borrowings		**200**	**241**

[i] Secured by the assets leased.

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

How we recognise borrowings

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

Initial recognition

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

Subsequent measurement

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

Maturity analysis

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

Defaults and breaches

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

Note 6.1 (a) Lease liabilities

Great Ocean Road Health's lease liabilities are summarised below:

	Total 2023 $'000	Total 2022 $'000
Total undiscounted lease liabilities	177	219
Less unexpired finance expenses	(3)	(5)
Net lease liabilities	**174**	**214**

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

	Total 2023 $'000	Total 2022 $'000
Not longer than one year	93	171
Longer than one year but not longer than five years	80	48
Minimum future lease liability	**173**	**219**
Less unexpired finance expenses	(3)	(5)
Present value of lease liability	**170**	**214**
*** Represented by:**		
- Current liabilities	94	117
- Non-current liabilities	80	97
	174	**214**

How we recognise lease liabilities
A lease is defined as a contract, or part of a contract, that conveys the right for Great Ocean Road Health to use an asset for a period of time in exchange for payment.

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

Great Ocean Road Health's lease arrangements consist of the following:

Type of asset leased	Lease term
Leased plant, equipment and vehicles	2 to 3 years

Note 6.1 (a) Lease liabilities

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

Initial measurement
The lease liability is initially measured at the present value of the lease payments unpaid at the commencement date, discounted using the interest rate implicit in the lease if that rate is readily determinable or Great Ocean Road Healths incremental borrowing rate. Our lease liability has been discounted by rates of between 2.25% to 3.25%.

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

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

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

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

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

Note 6.2 Cash and Cash Equivalents

	Note	Total 2023 $'000	Total 2022 $'000
Cash on hand (excluding monies held in trust)		2	2
Cash at bank (excluding monies held in trust)		637	442
Cash at bank - CBS (excluding monies held in trust)		3,445	4,516
Total cash held for operations		**4,084**	**4,960**
Cash at bank - CBS (monies held in trust)		3,831	4,641
Total cash held as monies in trust		**3,831**	**4,641**
Total cash and cash equivalents	7.1 (a)	**7,915**	**9,601**

How we recognise cash and cash equivalents

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

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

Note 6.3 Commitments for expenditure

There are no capital or operating commitments at 30 June 2023 (2022: $Nil)

Note 6.4 Non-cash financing and investing activities

	Total 2023 $'000	Total 2022 $'000
Acquisition of plant and equipment by means of Leases	-	116
Total non-cash financing and investing activities	**-**	**116**

Note 7: Risks, contingencies and valuation uncertainties

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

Structure

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

Key judgements and estimates

This section contains the following key judgements and estimates:

Key judgements and estimates	Description
Measuring fair value of non-financial assets	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, Great Ocean Road 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.

Key judgements and estimates (continued)

Key judgements and estimates	Description
Measuring fair value of non-financial assets	Great Ocean Road 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 Great Ocean Road Health's specialised land is 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 Great Ocean Road 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 significant 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. Great Ocean Road 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. Great Ocean Road Health categorises non-specialised land and right-of-use concessionary land in this level. ▪ Level 3, where inputs are unobservable. Great Ocean Road 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 Great Ocean Road 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 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	7,915	-	7,915
Receivables	5.1	1,109	-	1,109
Total Financial Assets [i]		**9,024**	**-**	**9,024**
Financial Liabilities				
Payables	5.3	-	1,172	1,172
Borrowings	6.1	-	200	200
Other Financial Liabilities - Refundable Accommodation Deposits	5.5	-	3,832	3,832
Total Financial Liabilities [i]		**-**	**5,204**	**5,204**

Note 7.1 (a) Categorisation of financial instruments

Total 30 June 2022	Note	Financial Assets at Amortised Cost $'000	Financial Liabilities at Amortised Cost $'000	Total $'000
Contractual Financial Assets				
Cash and cash equivalents	6.2	9,601	-	9,601
Receivables	5.1	585	-	585
Total Financial Assets [i]		**10,186**	**-**	**10,186**
Financial Liabilities				
Payables	5.3	-	877	877
Borrowings	6.1	-	241	241
Other Financial Liabilities - Refundable Accommodation Deposits	5.5	-	4,641	4,641
Total Financial Liabilities [i]		**-**	**5,759**	**5,759**

[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 Great Ocean Road Health becomes party to the contractual provisions to the instrument. For financial assets, this is at the date Great Ocean Road 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

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 Great Ocean Road 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.

Great Ocean Road Health recognises the following assets in this category:

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

Note 7.1 (a) Categorisation of financial instruments

Categories of financial liabilities

Financial liabilities are recognised when Great Ocean Road 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.

Great Ocean Road 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, Great Ocean Road 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 Great Ocean Road 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

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
- Great Ocean Road 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
- Great Ocean Road 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 Great Ocean Road Health has neither transferred nor retained substantially all the risks and rewards or transferred control, the asset is recognised to the extent of Great Ocean Road 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, Great Ocean Road 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, Great Ocean Road 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.

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

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

Note 7.2 (a) Credit risk

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

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

There has been no material change to Great Ocean Road Health's credit risk profile in 2022-23.

Note 7.2 (a) Credit risk

Impairment of financial assets under AASB 9

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

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

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

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

Contractual receivables at amortised cost

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

On this basis, Great Ocean Road 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 2023		Current	Less than 1 month	1–3 months	3 months –1 year	1–5 years	Total
Expected loss rate		0.0%	0.0%	10.0%	15.0%	54.1%	
Gross carrying amount of contractual receivables	5.1	614	18	13	2	62	**709**
Loss allowance		-	-	**(1)**	-	**(34)**	**(35)**

30 June 2022	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%	9.0%	45.0%	
Gross carrying amount of contractual receivables	5.1	418	141	25	123	40	**747**
Loss allowance		-	-	-	**(11)**	**(18)**	**(29)**

Note 7.2 (a) Contractual receivables at amortised cost

Statutory receivables and debt investments at amortised cost

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

Both the statutory receivables and investments in debt instruments are considered to have low credit risk, 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.

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

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

Great Ocean Road 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 Great Ocean Road 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		**Carrying Amount**	**Nominal Amount**	**Less than 1 Month**	**1-3 Months**	**3 months - 1 Year**	**1-5 Years**	**Over 5 years**
30 June 2023	**Note**	**$'000**	**$'000**	**$'000**	**$'000**	**$'000**	**$'000**	**$'000**
Financial Liabilities at amortised cost								
Payables	**5.2**	1,172	1,172	1,172	-	-	-	-
Borrowings	**6.1**	200	200	11	33	99	57	-
Other Financial Liabilities - Refundable Accommodation Deposits	**5.3**	3,832	3,832	-	-	3,832	-	-
Total Financial Liabilities		**5,204**	**5,204**	**1,183**	**33**	**3,931**	**57**	**-**

				Maturity Dates				
Total		**Carrying Amount**	**Nominal Amount**	**Less than 1 Month**	**1-3 Months**	**3 months - 1 Year**	**1-5 Years**	**Over 5 years**
30 June 2022	**Note**	**$'000**	**$'000**	**$'000**	**$'000**	**$'000**	**$'000**	**$'000**
Financial Liabilities at amortised cost								
Payables	**5.2**	877	1,120	1,120	-	-	-	-
Borrowings	**6.1**	241	336	10	29	140	157	-
Other Financial Liabilities - Refundable Accommodation Deposits	**5.3**	4,641	4,641	-	-	4,641	-	-
Total Financial Liabilities		**5,759**	**6,097**	**1,130**	**29**	**4,781**	**157**	**-**

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

Note 7.2 (c) Market risk

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

- a change in interest rates of 1.0% 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. Great Ocean Road 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. Great Ocean Road 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 (2022: Nil)

How we measure and disclose contingent assets and contingent liabilities

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

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

Contingent assets

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

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

Contingent liabilities

Contingent liabilities are:

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

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

Note 7.4: Fair Value Determination

How we measure fair value

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

The following assets and liabilities are carried at fair value:

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

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

Valuation hierarchy

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

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

Great Ocean Road 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.

Great Ocean Road 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 Great Ocean Road Health's independent valuation agency for property, plant and equipment.

Identifying unobservable inputs (level 3) fair value measurements

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

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

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

	Note	Total carrying amount 30 June 2023 $'000	Fair value measurement at end of reporting period using: Level 1 [i] $'000	Level 2 [i] $'000	Level 3 [i] $'000
Specialised land		12,889	-	-	12,889
Total land at fair value	4.1 (a)	**12,889**	**-**	**-**	**12,889**
Specialised buildings		23,664	-	-	23,664
Total buildings at fair value	4.1 (a)	**23,664**	**-**	**-**	**23,664**
Plant and equipment	4.1 (a)	513	-	-	513
Motor vehicles	4.1 (a)	31	-	-	31
Medical equipment	4.1 (a)	579	-	-	579
Computer equipment	4.1 (a)	30	-	-	30
Furniture and fittings	4.1 (a)	294	-	-	294
Total plant, equipment, furniture, fittings and vehicles at fair value		**1,447**	**-**	**-**	**1,447**
Right of use PPE	4.2 (a)	174	-	-	174
Total right-of-use assets at fair value		**174**	**-**	**-**	**174**
Total non-financial physical assets at fair value		**38,174**	**-**	**-**	**38,174**

		Total carrying amount 30 June 2022 $'000	Fair value measurement at end of reporting period using: Level 1 [i] $'000	Level 2 [i] $'000	Level 3 [i] $'000
Specialised land		12,889	-	-	12,889
Total land at fair value	4.1 (a)	**12,889**	**-**	**-**	**12,889**
Specialised buildings		19,669	-	-	19,669
Total buildings at fair value	4.1 (a)	**19,669**	**-**	**-**	**19,669**
Plant and equipment	4.1 (a)	430	-	-	430
Motor vehicles	4.1 (a)	62	-	-	62
Medical equipment	4.1 (a)	451	-	-	451
Computer equipment	4.1 (a)	39	-	-	39
Furniture and fittings	4.1 (a)	349	-	-	349
Total plant, equipment, furniture, fittings and vehicles at fair value		**1,331**	**-**	**-**	**1,331**
Right of use PPE	4.2(a)	212	-	-	212
Total right-of-use assets at fair value		**212**	**-**	**-**	**212**
Total non-financial physical assets at fair value		**34,101**	**-**	**-**	**34,101**

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

How we measure fair value of non-financial physical assets

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

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

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

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

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

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

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

For Great Ocean Road 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 Great Ocean Road Health's specialised land and specialised buildings was performed by the Valuer-General Victoria. The effective date of the valuation is 30 June 2019.

Vehicles

The Great Ocean Road Health acquires new vehicles and at times disposes of them before completion of their economic life. The process of acquisition, use and disposal in the market is managed by the health service who set relevant depreciation rates during use to reflect the consumption of the vehicles. As a result, the fair value of vehicles does not differ materially from the carrying amount (depreciated cost).

Furniture, fittings, plant and equipment

Furniture, fittings, plant and equipment (including medical equipment, computers and communication equipment) are held at carrying amount (depreciated cost). When plant and equipment is specialised in use, such that it is rarely sold other than as part of a going concern, the depreciated replacement cost is used to estimate the fair value. Unless there is market evidence that current replacement costs are significantly different from the original acquisition cost, it is considered unlikely that depreciated replacement cost will be materially different from the existing carrying amount.

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

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

Total	Note	Land $'000	Buildings $'000	Plant, equipment, vehicles, furniture & fittings $'000	Right of Use Assets $'000
Balance at 1 July 2021		**11,700**	**19,970**	**1,315**	**240**
Additions/(Disposals)		-	513	358	-
Gains/(Losses) recognised in net result					
- Depreciation and amortisation		-	(814)	(342)	(28)
Items recognised in other comprehensive income					
- Revaluation		1,189	-	-	-
Balance at 30 June 2022	7.4 (a)	**12,889**	**19,669**	**1,331**	**212**
Additions/(Disposals)		-	70	440	1
Net Transfers between classes		-	715	1	-
Gains/(Losses) recognised in net result					
- Depreciation and Amortisation		-	(808)	(325)	(39)
Items recognised in other comprehensive income					
- Revaluation		-	4,018	-	-
Balance at 30 June 2023	7.4 (a)	**12,889**	**23,664**	**1,447**	**174**

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

Asset class	Likely valuation approach	Significant inputs (Level 3 only)
Specialised land (Crown/freehold)	Market approach	Community Service Obligations Adjustments [(i)]
Specialised buildings	Current replacement cost approach	- Cost per square metre - Useful life
Vehicles	Current replacement cost approach	- Cost per unit - Useful life
Plant and equipment	Current replacement cost approach	- Cost per unit - Useful life

(i) A community service obligation (CSO) of 20% was applied to Great Ocean Road Health's specialised land.

Note 8: Other disclosures

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

Structure

8.1 Reconciliation of net result for the year to net cash flow from operating activities
8.2 Responsible persons disclosure
8.3 Remuneration of executives
8.4 Related parties
8.5 Remuneration of auditors
8.6 Events occurring after the balance sheet date
8.7 Jointly controlled operations
8.8 Equity
8.9 Economic dependency

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

	Note	Total 2023 $'000	Total 2022 $'000
Net result for the year		(84)	(684)
Non-cash movements:			
Loss/(Gain) on sale or disposal of non-financial assets	3.2	-	(37)
Depreciation and amortisation of non-current assets	4.4	1,172	1,184
Movement in allowance for impairment of receivables	5.1(a)	6	4
Share of net results in associates	3.4	(80)	-
Discount interest on loan		-	(21)
Other non-cash movements		-	(23)
Movements in Assets and Liabilities:			
(Increase)/Decrease in receivables and contract assets		(1,327)	158
(Increase)/Decrease in prepaid expenses		(10)	(110)
Increase/(Decrease) in payables and contract liabilities		363	(24)
Increase/(Decrease) in employee benefits		342	131
Increase/(Decrease) in other liabilities		-	(445)
Net cash inflow from operating activities		**382**	**133**

Note 8.2 Responsible person disclosures

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

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

	Period
The Honourable Mary-Anne Thomas MP	
Minister for Health	1 Jul 2022 - 30 Jun 2023
Minister for Health Infrastructure	5 Dec 2022 - 30 Jun 2023
Minister for Medical Research	5 Dec 2022 - 30 Jun 2023
Former Minister for Ambulance Services	1 Jul 2022 - 5 Dec 2022
The Honourable Gabrielle Williams MP	
Minister for Mental Health	1 Jul 2022 - 30 Jun 2023
Minister for Ambulance Services	5 Dec 2022 - 30 Jun 2023
The Honourable Lizzy Blandthorn MP	
Minister for Disability, Ageing and Carers	5 Dec 2022 - 30 Jun 2023
The Honourable Colin Brooks MP	
Former Minister for Disability, Ageing and Carers	1 Jul 2022 - 5 Dec 2022
Governing Boards	
Joy Humphreys	1 Jul 2022 - 30 Jun 2023
Nick Salkeld	1 Jul 2022 - 30 Jun 2023
Rob Knowles	1 Jul 2022 - 30 Jun 2023
Sean O'Reilly	1 Jul 2022 - 30 Jun 2023
Tiffany Symes	1 Jul 2022 - 30 Jun 2023
Kelli Nicola-Richmond	1 Jul 2022 - 30 Jun 2023
Clare Power	1 Jul 2022 - 30 Jun 2023
Paul Shannon	1 Jul 2022 - 30 Jun 2023
Matthew Dixon	1 Jul 2022 - 30 Jun 2023
Fiona Williams	1 Jul 2022 - 30 Jun 2023
Accountable Officers	
Sandy Chamberlin (Chief Executive Officer)	1 Jul 2022 - 30 Jun 2023

Note 8.2 Responsible person disclosures (continued)

Remuneration of Responsible Persons

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

Income Band	Total 2023 No	Total 2022 No
$0 - $9,999	10	10
$230,000 - $239,999	1	-
$260,000 - $269,999	-	1
Total Numbers	**11**	**11**

	Total 2023 $'000	Total 2022 $'000
Total remuneration received or due and receivable by Responsible Persons from the reporting entity amounted to:	**320**	**298**

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

Note 8.3 Remuneration of executives

Remuneration of executive officers (including Key Management Personnel disclosed in Note 8.4)	Total Remuneration	
	2023 $'000	2022 $'000
Short-term benefits	537	553
Post-employment benefits	49	49
Other long-term benefits	6	14
Total remuneration [i]	**592**	**616**
Total number of executives	5	5
Total annualised employee equivalent [ii]	3.0	3.3

[i] The total number of executive officers includes persons who meet the definition of Key Management Personnel (KMP) of Great Ocean Road Health under AASB 124 *Related Party Disclosures* and are also reported within Note 8.4 Related Parties.
[ii] Annualised employee equivalent is based on working 38 ordinary hours per week over the reporting period.

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

Short-term employee benefits

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

Post-employment benefits

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

Other long-term benefits

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

Termination benefits

Termination of employment payments, such as severance packages.

Note 8.4: Related Parties

Great Ocean Road 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 South West Alliance of Rural Health Joint Venture 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 Great Ocean Road Health, directly or indirectly.

Key management personnel

The Board of Directors, Chief Exectuive Officer and the Executive Directors of Great Ocean Road Health are deemed to be KMPs.

Entity	KMPs	Position Title
Great Ocean Road Health	Joy Humphreys	Board Chair
Great Ocean Road Health	Nick Salkeld	Board Member
Great Ocean Road Health	Rob Knowles	Board Member
Great Ocean Road Health	Sean O'Reilly	Board Member
Great Ocean Road Health	Tiffany Symes	Board Member
Great Ocean Road Health	Kelli Nicola-Richmond	Board Member
Great Ocean Road Health	Clare Power	Board Member
Great Ocean Road Health	Paul Shannon	Board Member
Great Ocean Road Health	Matthew Dixon	Board Member
Great Ocean Road Health	Fiona Williams	Board Member
Great Ocean Road Health	Sandy Chamberlin	Chief Executive Officer
Great Ocean Road Health	Andrea Russell	Director Clinical Services
Great Ocean Road Health	John Inturrisi	Chief Financial Officer
Great Ocean Road Health	Joel Hearnshaw	Acting Chief Financial Officer
Great Ocean Road Health	Shelly Pascoe	Director of Community Services

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

	Total 2023 $'000	Total 2022 $'000
Compensation - KMPs		
Short-term Employee Benefits [i]	823	821
Post-employment Benefits	74	72
Other Long-term Benefits	15	21
Total [ii]	**912**	**914**

[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

Significant transactions with government related entities

Great Ocean Road Health received funding from the Department of Health of $11.87M (2022: $9.56M) and indirect contributions of $Nil (2022: $0.022M).

Expenses incurred by the Great Ocean Road 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 Great Ocean Road 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 Great Ocean Road Health, there were no related party transactions that involved key management personnel, their close family members or their personal business interests. No provision has been required, nor any expense recognised, for impairment of receivables from related parties. There were no related party transactions with Cabinet Ministers required to be disclosed in 2023 (2022: none).

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

Note 8.5: Remuneration of Auditors

	Total 2023 $'000	Total 2022 $'000
Victorian Auditor-General's Office		
Audit of the financial statements	33	31
Total remuneration of auditors	**33**	**31**

Note 8.6: Events occurring after the balance sheet date

There are no events occurring after the Balance Sheet date.

Note 8.7 Joint arrangements

	Principal Activity	Ownership Interest 2023 %	Ownership Interest 2022 %
South West Alliance of Rural Health (SWARH)	Information Technology Services	1.87	2.53

The disclosure of joint arrangement results has changed in 2023, with separate identification of joint arrangement revenue and expenditure in the Comprehensive Operating Statement and assets and liabilities in the Balance Sheet. Previously, the joint arrangement balances were incorporated within the relevant reporting category as disclosed below. This has required restatement of the prior year results to facilitate comparability.

	2023 $'000	2022 $'000
Current assets		
Cash and cash equivalents	328	538
Receivables	111	141
Inventories	1	2
Prepaid expenses	16	19
Total current assets	**456**	**700**
Non-current assets		
Receivables	19	21
Property, plant and equipment	269	190
Total non-current assets	**288**	**211**
Total assets	**744**	**911**
Current liabilities		
Payables	160	243
Other Liabilities	251	330
Lease Liability	31	40
Employee Provisions	50	68
Total current liabilities	**492**	**681**
Non-current liabilities		
Other Liabilities	2	4
Lease Liability	60	51
Employee Provisions	10	7
Total non-current liabilities	**72**	**62**
Total liabilities	**564**	**743**
Net assets	**180**	**168**
Equity		
Accumulated surplus	180	168
Total equity	**180**	**168**

Note 8.7 Joint arrangements

Great Ocean Road Healths interest in revenues and expenses resulting from joint arrangements are detailed below:

	2023 $'000	2022 $'000
Revenue		
Operating Activities	407	462
Non Operating Activities	-	36
Capital Purpose Income	59	4
Total revenue	**466**	**502**
Expenses		
Employee Benefits	196	232
Information Technology and Administrative Expense	-	-
Other Expenses from Continuing Operations	212	213
Depreciation	46	58
Capital Purpose Expenditure	-	-
Total expenses	**455**	**505**
Other economic flows		
Revaluation of Long Service Leave	1	(2)
Net result	**12**	**(5)**

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 Great Ocean Road 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 Great Ocean Road 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

Great Ocean Road Health is dependent on the Department of Health for the majority of its revenue used to operate the health service. At the date of this report, the Board of Directors has no reason to believe the Department of Health will not continue to support Great Ocean Road Health.