



Annual Report 2020

*Everything we do is about caring
for our community.*



Contents

Our Vision, Mission and Values	1
2019–2020 Health Services Snapshot	1
About Us	2
Strategic Plan 2019–2024	4
Board Chair and Chief Executive Officer’s Report	6
Clinical Services Report	10
Corporate Services Report	13
Primary Health	18
Aged Care Services	20
Quality & Risk	22
Performance	24
Statutory Compliance	30
Our Governance	33
Board of Management, Senior Management Team, Departmental Managers, VMO’s, Committees & Organisational Structure	
Disclosure Index	35
Finance Report 2019–2020	36

Responsible Bodies Declaration

In accordance with the *Financial Management Act 1994*, I am pleased to present the Report of Operations for Robinvale District Health Services for the year ending 30th June 2020.



Mr Bruce Myers
Board Chair

Robinvale
30 July 2020

Annual Report

Robinvale District Health Service reports on its annual performance in two separate documents. The Annual Report of Operations fulfils the statutory reporting requirements to Government and the Quality Account Report reports on quality, risk management and performance improvement matters. Both documents are distributed to the community.

These reports are available on our website: www.rdhs.com.au

Robinvale District Health Services

128-132 Latje Road, Robinvale Victoria 3549
Telephone +61 3 5051 8111
Facsimile +61 3 5051 8100
Email info@rdhs.com.au
www.rdhs.com.au
ABN 58 413 230 512

The responsible Ministers during the reporting period were:

The Hon. Jenny Mikakos MP	Minister for Health and Minister for Ambulance Services	01/07/2019 – 30/06/2020
The Hon. Martin Foley MP	Minister for Mental Health	01/07/2019 – 30/06/2020

Our Vision, Mission and Values

Vision

Through leadership and innovation RDHS will improve the health, wellbeing and strength of our communities.

Mission

To be accessible, build strong relationships, understand and meet people's needs and use resources wisely.



Everything we do is about caring for our community.

2019–2020 Health Service Snapshot



741

Renal Dialysis Episodes

21,185

Primary Health Individual Occasions of Service

1,886

Urgent Care Presentations



60

Women at any given time are receiving Pre and Post-Natal Care

462

Vaccinations Administered



90%

of Staff vaccinated for Influenza.

Early Years Groups

had participation of

5,452

attendees across the year.

About Us

RDHS is a multi-campus facility with our main campus located in Robinvale and further locations with Riverside Campus and Manangatang Campus.

In 1998, RDHS was established as a Multi-Purpose Service (MPS) incorporated under the Health Services Act 1988 and in 2009 expanded to incorporate the then former Manangatang & District Hospital. RDHS MPS is one of seven MPS's operating in Victoria and one of 146 Nationally and funded under the MPS Program, a joint initiative of the Australian Government and state and territory governments. This program provides integrated health and aged care services for some small regional and remote communities. It allows services to exist in regions that could not viably support stand-alone hospitals or aged care homes. RDHS receives Australian Government funding to deliver aged care services with the Victorian Government providing block funding for health services.

Under the MPS model RDHS provides a range of services, 20 acute beds, 24 residential aged care places and provide urgent care services to both Robinvale and Manangatang communities. A comprehensive range of additional services includes renal dialysis, medical imaging, midwifery, visiting nursing, allied health and early years' services (playgroups, support for complex need families).

In 1999 the Robinvale Committee for the Ageing; Riverside Hostel - Residential Aged Care Facility, transferred ownership of the Residential Aged Care business to RDHS for management outside of the MPS model. Riverside Campus, as it is now known, consists of 30 beds and is funded by both the Australian Government and contributions from residents. The basic

care subsidy for each permanent resident is calculated using the Aged Care Funding Instrument (ACFI). The ACFI is a tool that the provider uses to assess the care needs of a resident. Riverside Campus is required to meet the Australian Aged Care Quality Standards.

In addition to service delivery in its immediate area, RDHS provides outreach services to the communities of Ouyen, Boundary Bend and Manangatang in Victoria and Dareton, Wentworth and Balranald in New South Wales. Overall a catchment area of approximately 60,000 square kilometres.

Our Services

Hospital (sub-acute)

- 20 acute medical beds
- Stabilisation and resuscitation
- Urgent Care Centre
- Maternity Program - Ante and Post Natal Care
- Palliative care
- Post Acute Care
- Medical Imaging
- Renal Dialysis

Aged Care

- Riverside Campus - 30 Low Care Residential Aged Care beds
- Main MPS site - 14 High Care Residential Aged Care Beds
- Manangatang Campus - 10 High Care Residential Aged Care Beds
- Respite Care
- Adult Day Activity and Support Service

Primary Care Services

- Aboriginal Liaison Officer
- Access & Support Worker
- Early Years Program
- Aged and Disability Support
- Asthma Education
- Counselling
- Diabetes Education
- Exercise Physiology
- Health Promotion / Education
- Immunisation Program
- Men's Programs
- Dietetics
- Occupational Therapy
- Pap Smear Screening/Women's Health
- Physiotherapy
- Podiatry
- Social Work
- Speech Pathology

Home Nursing Service

- Visiting Nurse Service
- Palliative Care Nursing / Volunteers
- Post Acute Care

Support Services

- Administration
- Customer Services
- Employer Training Programs
- Graduate Nurse Program
- Hospitality and Facilities Management Services
- Information Technology
- Meals on Wheels
- Occupational Health and Safety
- Public Relations
- Supply
- RDHS Linen Service
- Volunteer Services



Strategic Plan 2019–2024

Through leadership and innovation RDHS will improve the health, wellbeing and strength of our communities.

DIRECTION 01

Become a provider of in-home aged care services

DIRECTION 02

Become a provider of disability support programs and services under the NDIS

DIRECTION 03

Increase focus on community mental health needs, concentrating on mental health promotion and timely referral

DIRECTION 04

Increase capacity to deliver telehealth services

DIRECTION 05

Expand the delivery of health and wellness promotion programs to address chronic disease prevalence

DIRECTION 06

Enhance health care and residential aged care infrastructure at RDHS campuses



DIRECTION 07

Stabilise funding for early childhood care and education services

DIRECTION 08

Increase workforce capacity and develop a leadership program to promote a sustainable middle management workforce

DIRECTION 09

Enhance partnerships with other regional health service organisations providing support to the catchment population including: Mildura Base Hospital (MBH), Murray Valley Aboriginal Co-operative (MVAC), Mallee Track Health & Community Service (MTHCS), Swan Hill District Health (SHDH), Sunraysia Community Health, The Primary Health Networks and Mallee Family Care

DIRECTION 10

Increase community engagement exploring new ways to deliver key health messages, initiatives and events

DIRECTION 11

Promote innovation, scanning the environment for new approaches to health service delivery

Board Chair and Chief Executive Officer's Report



Board Chair Report

30/06/2019 to 27/11/2020

You might notice that things are a little different this year with regards to the Board Chair Report. This year, our Chair report is from two Chairs, as we had a swap over of Chair and Vice Chair roles after our 2019 Annual General Meeting. So, on behalf of the Robinvale District Health Service (RDHS) Board, both Bruce and I are proud to present the Annual Report for the year ending 30th June 2019. This report is prepared in accordance with the Financial Management Act 1994.

I will be giving a 'snapshot' of our activity for the first half of our Board year and Bruce will be following my report with his own synopsis of the second half.

As always, I would like to acknowledge the traditional owners of the country on which our campuses are located. I wish to pay my respect to Elders past, present and emerging as I recognise their connections to the land, waters, territories and resources. I would also like to make special mention of the vast and varying cultures that make our area such a diverse and wonderful place in which to live.

This year started with the implementation of our long awaited new Strategic Plan. This plan will guide our strategic direction and decision making until 2024. This new plan includes our Vision and Mission

statements and showcases our values of Respect, Professionalism, Care, Commitment and Collaboration.

Our Strategic Plan is ambitious and aspirational in both the number of directions that have been set (eleven directions in total) and the scale of what is needed to achieve these directions. This being said, I have every faith that the Board and Staff have not only the capacity, but also the drive and enthusiasm to accomplish these lofty goals.

In line with our Strategic Direction 10 – Increase community engagement exploring new ways to deliver key health messages, initiatives and events – We decided to present the new Strategic Plan to our community with a travelling 'Roadshow' in order to educate and articulate the plan and objectives. Three public meetings were held across our three campuses where I was able to have conversations with the community. These conversations were about what this plan practically means at all levels of RDHS, our focus now and where we are going, outlining the core values that will drive our success in order to achieve outstanding culture, and ultimately, in turn to provide exceptional care consistently.

This year Mara and myself were able to attend a conference based on the Studer Model of Care, and from the information gleaned, we have now embedded a values based model of culture in the organisation. We seized this opportunity as we recognised it

was advantageous timing to adopt a values based model of care concurrently while delivering our Strategic Plan, which is based around culture. We have long had pride in our staff's ability to produce excellence, but having excellence is not the problem, having consistency in excellence is.

Personally, this is my last term as a Board Member at RDHS, and as I reflect on my time, I am genuinely filled with pride in what the Board and most importantly the staff have been able to achieve over this time. Going forward, I have every confidence in the leadership and staff to fully realise the expectation and potential of our Strategic Plan.

I would personally like to thank everyone that has supported me during my time on the RDHS Board and would like to assure everyone that our community and RDHS will be still front of my mind post my retirement from the Board.

A handwritten signature in blue ink, appearing to read 'Q Norton', written in a cursive style.

Quentin Norton
Board Chair
30/06/2019 to 27/11/2020



Board Chair Report

27/11/2020 to 30/06/2020

Assuming the Chair position from Quentin Norton after several years of progressive and fast-paced change may have seemed a bit daunting, however the second half of the reporting period was put into perspective by the society-changing global pandemic of COVID-19.

I would like to congratulate Quentin for his tenure both as a Board Member and as Chair. On behalf of the Board, the Senior Management Team and all Staff at RDHS we wish Quentin well with his role in assisting the transition of Mildura Base to public ownership.

The Board membership this year said goodbye to Abby White, I thank her for her contribution throughout her time on the Board.

Some significant Board development took place during the early part of 2020, whereby each Director undertook a survey which provided evaluation of the governance maturity of the Board. This process allows the Board to see where it needs to increase its knowledge to better support the CEO and Executive, and to control risks.

This became even more topical as COVID-19 became the major priority for RDHS from March onwards.

Working closely with other Loddon Mallee Region health services, the organisation calmly and efficiently

moved to a responsive model, always following best practice. The Board was conscious of the extra stresses on Mara and the organisational team, so readily accepted the fact that for a period of time, Board priorities needed to be relaxed. This paid dividends in the way the organisation engaged with the community and DHHS, with numerous service changes, testing information, and DHHS safety messaging communicated effectively via social media platforms.

The wide range of services provided by RDHS, from early years programs to aged care, never ceases to amaze me. The effects of COVID-19 on each and every one of these services are profound and potentially very bad, however the organisational response through COVID-safe measures and changes to services has been effective and appreciated by the Board.

The agility of the organisation was also evident in the way the mindset moved from COVID-19 being 'the' business, to becoming 'part' of the business of RDHS.

The situation has also highlighted the benefits of using technology to meet remotely, to which all Board members have adapted. This was coupled with the positive news of Mildura Base moving back to a public hospital, and the broader take-up of telehealth as an option for the community.

More work will need to be undertaken as the pandemic moves into whatever path it takes, but Robinvale District

Health Service is ready and fully supported by the Board, which also welcomes some new Directors in July.

Once again RDHS has benefited from outstanding support from community volunteers, both groups and individuals, who selflessly gave both time and financial assistance. As we all know, communities like ours and specifically RDHS would not be able to achieve what they have if not for the many volunteers that support our service. To these special people I say thank you.

In conclusion, on behalf of the Board, I would like to thank our CEO Mara Richards for her ongoing leadership. RDHS again this year has a lot to be proud of in this past year, and this would not be possible without our staff. As a Board, we are continually impressed at how our staff adapt to change and continuously look for improvements.

The challenges set out this year have not been easy. With strong commitment and positive culture from our staff to address the years challenges, RDHS was well positioned to address these challenges.

My final words to all staff is "thank you!"

Bruce Myers
Board Chair
27/11/2020 to 30/06/2020



Chief Executive Officer

It is with my very great pleasure and pride that I write an operational report for RDHS, 2020, "the year that was". On behalf of the Leadership Team and Staff of RDHS we consider working at RDHS to be a privilege as we provide ongoing care and health services to our community. The Staff of RDHS continue to work towards the aspiration of "innovation, innovation, innovation" in all they do, seeking new ways of doing their work that has, as an outcome, better health for all.

The year that was can only be described as a "roller coaster ride" of quite literally, unknown destination, frustration and fear for the future. We started in a normal business mode during the latter part of 2019 and then switched in February 2020 to deal with a new and menacing worldwide pandemic known as COVID-19. RDHS literally went into a very strict lockdown across all three campuses and remains so today. This pandemic has literally changed the way we do business on a daily basis from appointments in the virtual mode to restricting access in visiting loved ones. It has been tough on our community but please note, it has also been tough on our Staff who become almost displaced by having their work lives changed so dramatically. The Board and Staff of RDHS are very appreciative to our community for understanding and accepting of the changes which we were required to follow in response to the Governments edicts.

This year we said our goodbyes to two staff members, Ray Gentle, Director of People and Culture and Poorani Balasundaram, Manager Primary Care. RDHS thanks them for their service and dedication to their respective positions and indeed the changes that they implemented for the betterment of the health service. In their places we welcomed Jess Brigante as the new Manager of People and Culture and Anita Erlandsen, Manager of Primary Care. We are very fortunate to have the calibre of Staff that we continue to attract and Leaders such as Jess and Anita are very welcome additions to RDHS as their contribution will be invaluable in the development of programs across the health service and community.

RDHS has also said goodbye to a number of other Staff and I would like to proudly acknowledge them, in this report, with consideration of their contribution to this health service and in recognition of the care they afforded to our community;

Deidre Hall - 36 years
Enrolled Nurse

Margaret Turnbull - 23 years
Personal Care Assistant

Jennifer Rickard - 19 years
Personal Care Assistant

Christopher Stevens - 16 years
Maintenance

Joshua Loy - 14 years
Maintenance

Shelly Waters - 13 years
Cook

Paea Mezzatesta - 9 years
Food Services Assistant

Gail Robinson - 4 years
Nurse Unit Manager - Riverside Campus

Anil Sasi - 4 years
Social Worker

Thank you all for your dedicated service and RDHS wishes you all the very best for the future and we hope that your stay with us was rewarding and a positive experience.

RDHS has also spent considerable time and effort in the ongoing development of our Values and the framework of how we are going to conduct our business. The Values were evaluated in a formal review during the year, with all Department Heads "Plus 1"! This was a very successful meeting and all Staff were very focused and enthusiastic to play a part in the Review.

Our Values were endorsed as follows;

- Respect
- Professionalism
- Care
- Commitment and
- Collaboration

The Staff have embraced these Values and the Leadership Team is working with all Staff to ensure that the Values are adhered together with our Vision of "Everything we do is about Caring for our Community". RDHS welcomed our new Studer Coach Jaime Thomson and we are all very much looking forward to her guidance and training in organisational culture.

Other key projects to note in this year's achievements include the following:

- Our Northwest Partnership has realised a new GP service in Robinvale sponsored by the RFDS and has become quite a significant service to the area including Manangatang. Dr Bec Jacobs and Dr Dharminder Singh provide the service which has become busy and popular until COVID struck, when it became predominantly a telehealth based service which was also well accepted by clients. There is access for the community of Manangatang to have medical services provided via this service mode. The RFDS remains a very important partner to RDHS in that we work well together and their financial support of several programs in Robinvale and across the Region would not happen if they were not there beside us!

- Our Quality and Safety program was given a boost this year when we commenced a partnership together with Bendigo Health. The program from Bendigo, provides RDHS with oversight and direction for its Quality, Safety and Risk programs and interprets data to enable effective decision making by the Board. This move precipitated a change in our Accreditation body and we are now proudly associated with the ACHS (Australian Council on Healthcare Standards). RDHS maintains full Accreditation across all required areas of compliance. Connie Chirchiglia has now been afforded the title of Manager, in recognition of her increased responsibilities. Connie does an outstanding job of managing all things Quality, Risk and Safety across the organisation and we look forward to her continuing contribution.
- This year has also seen the development of internal KPIs presented to the Board on our very 1st Dashboard. The Dashboard reports in four areas and they are Clinical/Activity, Quality, Safety and Customer Experience, Financials and Workforce and Employee Engagement. It provides the Board with a monthly synopsis of all things happening in a data format that also provides for emerging trends to be identified and appropriate narrative to explain variances. In short, it will be a system that provides for a simple but meaningful set of KPIs which cover the breadth of RDHS from both a Clinical and Corporate perspective. The Leadership team is responsible for the reporting and follow up of any anomalies. This also forms part of the actions required from our Operational Plan.
- RDHS has also formally joined forces with the emerging Loddon Mallee Health Network (LMHN) which comprises all of the health services within the Region, with Bendigo Health as the Lead health service. With the birth of the LMHN came our health service Mascots, Rob n Val, presenting as little “lego” people. I hope you have seen them featured on our Facebook page appearing in a number of areas across the health service? Our thanks go to Josh Loy who won the community based naming competition and I am sure you feel that the Board chose well! There are opportunities to be had within a network of combined resources and services that only a collaboration can achieve through a formal partnership.

- During the year we also did a review of our Maternity services (pre and post-natal) whereby our local Midwife, Vicki Broad, is better supported by medical specialists from Mildura Base Hospital (MBH). A significant amount of time has been invested in negotiating with MBH, has seen a commitment by the hospital to evaluate the service with a view to re-establishing onsite regular medical support. This will ensure that this well recognised and respected service will continue into the future for the benefit of the community we serve.
- Primary Care has held some significant health promotion programs this year particularly focussing on:
 - Women’s Health
 - Staff Health
 - Mental Health
 - Telehealth appointments in lieu of “face to face”

All programs implemented have been very successful and provide RDHS with the foundation for more exciting programs and services to come in 2020–2021! Primary Care also welcomed our new Aboriginal Health Liaison Officer, Malcolm Timberly-Thornton who has established himself well into our community. Malcolm replaces Barbara Gibson-Thorpe who we farewelled in March 20 to take up a promotion elsewhere. With the commencement of our new Manager, Anita Erlandsen the future of Primary Care looks bright!

- The RDHS Lifestyle team continue to connect our Residents to their Families and community through a wide variety of activities that require all parties to engage. A number of activities occurred and a couple to name as good examples were ; a competition where children of all of our communities were invited to write/draw pictures to brighten up the walls of the Residential areas and a bigger and broader based Aged Care Newsletter was launched incorporating all three campuses. I would like to acknowledge and thank, all three Lifestyle Coordinators and note the Editor-in-Chief, Heather (Shine) McPherson of the Manangatang campus! Thank you from the Residents and Families for keeping our Residents connected during these potentially lonely and isolating times!

Finally, RDHS would like to thank our local GPs that provide medical services to our health service and recognise Dr Jane Neyland and the RFDS team mentioned earlier.

Thank you to All Staff of the health service for your unwavering support and dedication to your duties particularly in these “COVID” times! I am very proud to be the CEO of this health service and indeed it’s Staff no matter who you are and what you do. The sum of your efforts make this health service what it is and your input makes the difference! You make a difference to the lives of others and it is this spirit which makes the Board and myself so proud... continue to not be limited in your thinking and your imagination and dreams, as they can result in an improvement or new service and we encourage you always to do so.

On behalf of the Leadership team and Staff, I would like to thank the Board, led by our Chair, Bruce Myers, for allowing us to be free thinkers and innovators, the invested “risk” is worth it, proof is in the service delivery and outcomes! I would like to sincerely thank my Leadership team whom all give 100% plus in their incredibly difficult roles. Thank you for the effort you expend it is not always easy to see what efforts you all make individually and collectively to make things happen. Thank you also to the Huddle team of Department heads what a fantastic job you are all doing in getting things done! You all make it look like everything happens on cue and that is simply not true....not knowing what is happening throughout the health service is a KPI of how well you do your jobs! You are all my heroes and I look forward to the future of our wonderful health service.....

Mara Richards
Chief Executive Officer

Clinical Services Report

Director of Clinical Services manages the clinical operations of RDHS including; Sub-Acute Nursing, Visiting Nurse Services, Midwifery, Clinical Education, Renal Dialysis and VCC.

Sub-Acute Services

RDHS has continued with further staff training and community awareness in combating Family Violence. The Strengthening Hospital Response to Family Violence (SHRFV) initiative has provided resources and training tools for us to better equip our staff to recognise the signs to initiate appropriate referrals. Family Violence is a health issue and requires a community response to break the cycle that is most often perpetuated by disrespect towards women.

RDHS has embedded a pathway for community members seeking to utilise the Voluntary Assisted Dying Act 2017 (VAD). We now have policies and processes to support Victorian residents. The very strict criteria to access VAD would see only a few people be eligible. Community members can speak with the Director of Clinical Services at RDHS for further information.

This year we farewelled Dr Sean White (MVAC) as a Visiting Medical Officer (VMO). Dr Jane Neyland (VMO) has continued to carry a majority of the

load with support to the residential sector, Dialysis, acute admissions and on call in the Urgent Care Centre (UCC). We extend our gratitude to Dr Neyland for her support beyond her very busy clinic.

The purchase of an ISTAT machine will assist the VMO and staff to ascertain immediate pathology results when managing unwell patients and making clinical decisions for treatment and transfer. We are very grateful to the Humpty Dumpty Foundation for accessing donor Kennards Hire, for the donation of a vital signs monitor particular to paediatrics in our Urgent Care Centre (UCC). Also thanks to Helene & George Penney for the wonderful donation of a paediatric pulse and oxygen saturation monitor, allowing for more accurate monitoring in children. These equipment donations are gratefully accepted by RDHS and our thanks extended to the Foundation and the individual donors.

We have been very fortunate to be part of a project funded by the Murray Primary Health Network (PHN). The project enables us to access afterhours Doctor support in the UCC

via Telehealth. This support has been extended to 2022 and is provided by My Emergency Doctor (MED).

The Royal Flying Doctor Service (RFDS) have supported our community over a long period and in various health areas. This year the RFDS has commenced providing two part time General Practitioners (GP) clinic services. With a GP shortage acknowledged, our community is grateful for the service. Manangatang community is included in the RFDS catchment. This GP clinic is recognised as a private business, not a RDHS service.

Since March 2020 we have been reviewing and changing our processes and practices in preparedness for the COVID-19 pandemic.

This has seen many changes and we commend RDHS staff for their positive approach to adapting and helping us to keep them, our patients, our residents, our clients and visitors safe. Our facilities went into lockdown with all entries being controlled and all persons being temperature checked.



“Everything we do is about caring for our community.”

RDHS offers car park testing for COVID to any community members showing symptoms. We have also participated in an asymptomatic (NOT showing any symptoms) “Farm Gate” testing blitz in May with our partners RFDS. The one-week blitz saw 380 persons tested across the agricultural sector and frontline workers, including supermarket staff and others with public contact. It was pleasing to see ALL tests returned a negative result. RDHS has also conducted a symptomatic blitz in one week of June targeting agricultural workers. This blitz reached 98 workers all returning a negative result. The blitz responses were very positive and well supported, in part because RDHS went to the farms/businesses and due to the community demonstrating a willingness to do the right thing. The RDHS COVID response continues as the pandemic paves a new “normal” future for us all. We thank the community for their acceptance and cooperation to the many changes.

Manangatang did not admit any acute patients in the past financial year but maintained the UCC and a home like environment for the nursing home residents.

Renal Dialysis

RDHS Dialysis unit has seen a steady increase to now having six permanent patients attending for treatment over two shifts every Monday, Wednesday and Friday. Over the past year, we have also treated various holidaymakers to our district and patients waiting for a permanent placement at Mildura Base Hospital. The unit is very busy and manages under the supervision of Nurse Unit Manager (NUM) Binu Joy. Melbourne Health (formerly Royal Melbourne Hospital) provide ongoing support to the NUM and the team. This year RDHS is happy to support the NUM in her Post Graduate studies in Specialisation in Renal Nursing. Due to the COVID pandemic, Nephrology appointments with Melbourne Health were via telehealth since March.

Clinical Governance

The Clinical Governance Meetings are attended by senior RDHS staff, Board of Management members and other external stakeholders. Our thanks are extended to John Pisasale (Pharmacist) and Faye Perry (Barratt & Smith Pathology Area Manager).

Their support is appreciated as they bring their individual expertise to our governance structure. Our Director of Medical Services Dr Peter Sloan has oversight of our clinical practice and supports decision making at RDHS. Thanks also to Dr Neyland (VMO) for her support. RDHS continues with the in depth case reviews to ensure we practice safely and implement improvements where identified.

Visiting Nurse Services

Both Robinvale and Manangatang campus provide nursing visits to the home of community members where a clinical need is identified. There is a noted decline in visits at both sites correlating with an increase in residential admissions. At Manangatang, the main need for visits is identified as “Support & Maintenance”. In Robinvale, there is also Support & Maintenance clientele but also many other short-term admissions requiring wound care, most often post-surgery.

Infection Control

Infection Control measures remain a cornerstone of safe care delivery. RDHS staff demonstrate an ongoing commitment to maintaining good infection control practices and this evidenced by;

- Hand hygiene audits surpassing industry average on a national scale.
- No reports to VICNISS of Hospital acquired infections in the acute ward.
- Ongoing cleaning audits surpass industry expectation of 85% in all areas – low, medium and high risk areas.
- Surpassing the expected 90% uptake of the annual Influenza vaccination rate by achieving 99% of staff being immunised.

The International Infection Prevention Week had a focus on Measles this year. RDHS clinical staff participated in an awareness campaign and a quiz to test and update their knowledge. RDHS also vaccinated 81 overseas workers for Measles during a blitz to improve herd immunity for Measles in our community.

Appreciation is extended to the community for their ongoing cooperation, especially during the COVID pandemic by;

- Seeking COVID testing if unwell with respiratory symptoms and then staying at home to avoid spreading the illness.
- Staying at home if unwell with Gastro type symptoms.
- NOT visiting patients or residents if unwell.
- Abiding the current restrictions for visiting our facilities.
- Using the Hand Sanitiser available when visiting our facilities.
- Abiding the 1.5-metre social distancing directions at all times.

Midwifery

Our local shared care Midwifery service continues to be very busy with in excess of 100 babies born annually from our community.

Our Midwife has faced an increased workload with changes made by Mildura Base Hospital (MBH) resulting in reduced visits by a Doctor. We are currently working towards a solution to best manage the Midwifery clinic and ensure priority care to our expectant mothers and newborns. COVID restrictions has seen some changes to care delivery with a mix of telehealth and face-to-face visits.

The Midwife supports the visiting RFDS Gynaecology service with their monthly visits. COVID restrictions have seen this service suspended until further notice.

Funds provided by the Cancer Council of Victoria enabled the Midwife to participate in several clinics providing Pap Smears. The target audience were the unscreened and the under screened.

The clinic was very fortunate to receive a Connex Vital Signs Monitor through the Humpty Dumpty Foundation and the donation from Kennards Hire. This equipment enables the accurate monitoring of vital signs for mothers and babies.

A highlight for the year was Vicki Broad (Midwife) being featured in an article celebrating International Day of the Midwife – 5th May. The article and pictures (Australian Nursing & Midwifery Journal Volume 26 No 10) showcased the wonderful work done by Vicki as solo Midwife in Robinvale since its inception in 2007.

Corporate Services Report



Corporate Services encompasses all RDHS campuses and has the responsibility for Financial Management, Procurement, Facility and asset management, Maintenance, Fleet Services, Food Services, Environmental Services, Health Information, Information Communication Technology, Payroll, People and Culture, Contracts, Administrative Services.

Operating Performance

The Department of Health and Human Services (DHHS) benchmark indicator for financial performance is the Operating Result. For the 2019–2020 financial year the Operating Result for Robinvale District Health Services was a surplus of \$257K compared to a budget deficit of (\$245K). The net result from transactions which includes capital and specific items was a deficit of (\$1,324K) for 2019–2020 which increased from a deficit of (\$1,026K) in 2018–2019. The major reason for the variance year on year was the increase in depreciation from \$1,094K, to \$1,681K which was due to the Valuer General's land and building revaluation in 2018–2019 that increased the value of land and buildings by \$4.93 million and shortened the effective lives of some assets.

Other significant changes for the year included increased throughput of renal acute patients which is funded based on activity, increased occupancy of the Riverside Hostel which led to additional fees and funding as well as new revenue streams and program initiatives such as the Colman Foundation. Interest

revenue reduced from \$220K to \$144K with all cash now held in the Central Banking System.

RDHS received COVID support payments from the Commonwealth through a variation to the Multi-Purpose Service Funding agreement as well as increased viability supplements and one off lump sum amounts as part of the Aged Care Funding Instrument (ACFI) at the Riverside Hostel residential aged care facility.

Employee expenses were well managed for the year coming in \$67K (0.6%) under the \$11.43 million budget. With limited leave taken as a result of COVID the annual leave provision has increased by \$177K for the year.

The increased activity and occupancy mentioned above has led to a corresponding increase in medical/food/domestic supplies.

Asset purchases were \$392K for the year with information technology accounting for 1/3 of those costs through the "Windows 7 Tech Refresh" of equipment. Funding was received

from the Loddon Mallee Rural Health Alliance to assist with this project. Other additions to our fixed asset base included a Bain Marie, i-STAT machine, immunisation fridge, ZOLL X series monitor and defibrillator, replacement of main switch board at Riverside, combi-therm oven for Riverside, SCIFIT Pro2 exercise bike and a 20kw solar system to the Manangatang Campus as well as a number of items of medical and non-medical equipment.

RDHS also undertook a number of minor facilities maintenance projects, refurbishment of various rooms, replacement of Sullage pit at Manangatang, internal painting, creation of vegetable plot. We continue to improve the quality of our resident experience by ensuring that facilities and equipment are well maintained

Borrowings appear on the balance sheet as a liability for the first time as DHHS have provided an interest free loan to assist with the procurement and installation of solar equipment at Manangatang.

RDHS financial position continues to be one of strength with \$7M of untied funds which equates to 183 days cash available (DHHS target 14 days). RDHS also meets DHHS adjusted current ratio indicator (0.70) along with trade debtor and creditor turnover days (Less than 60 days).

Residential Aged Care services – Riverside Campus: demand for permanent residential aged care increased in the 2019–2020 year, the demand for respite was also strong until the impact of restricting access to the service due to COVID-19.

Occupancy in the main campus nursing home and Manangatang nursing home remained steady.

5 Year Comparison	2020 \$000	2019 \$000	2018 \$000	2017 \$000	2016 \$000
OPERATING RESULT*	257	73	309	684	749
Total revenue	14,741	13,660	13,948	14,128	14,423
Total expenses	16,065	14,686	14,561	14,521	14,824
Net result from transactions	(1,324)	(1,026)	(613)	(393)	(401)
Total other economic flows	4	(113)	141	90	13
Net result	(1,320)	(1,139)	(472)	(303)	(388)
Total assets	30,235	31,388	27,171	27,220	27,554
Total liabilities	7,071	6,904	6,129	6,055	6,086
Net assets/Total equity	23,164	24,484	21,042	21,165	21,468

Reconciliation of Net Result from Transactions and Operating Result	2019–2020 \$000
Net operating result *	257
Capital purpose income	(125)
Specific income	0
Assets received free of charge	(17)
Expenditure for capital purpose	42
Depreciation and amortisation	1,681
Impairment of non-financial assets	0
Finance costs (other)	0
Net result from transactions	(1,324)

Occupancy	2019–2020		
	Riverside	Robinvale	Manangatang
Available Bed Days	10980	5124	3660
Permanent High	145	4413	1761
Permanent Low	7161	0	0
Permanent Uncategorised	511	0	0
Respite High	0	233	153
Respite Low	986	0	0
Convalescent	0	0	11
Total Occupancy	8803	4646	1925
%	80.17%	90.67%	52.60%

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

Funding

In addition to operational funding from the Department of Health and Human Services Victoria and the Commonwealth Department of Health, RDHS secured supplementary grants from the State and Commonwealth Government and other agencies to support the Robinvale community through various programs. Programs such as NSW Dept of Industry – Responsible Gambling Fund, Royal

Flying Doctor Service, Dental Health Services Victoria (Smiles 4 Miles – Oral Health promotion program), Colman Education Foundation, Best Start, Communities for Children, Early Years; HIPPY (Home Interaction Program for Parents and Youngsters) and Primary Health Services Flexible funding, via the Murray Primary Health Network, NSW Rural Doctors Network and the Western New South Wales Primary Health Network.

Compliance

Assurance with new legislative reform and ongoing compliance remains a high priority.

The Finance & Audit Committee continues to monitor the adequacy of risk management, accounting procedures, financial reporting and compliance with statutory requirements. The internal audit program is undertaken by Audit & Risk Solutions, independent

internal auditors contracted by the RDHS Board. Accounting & Audit Solutions Bendigo were also engaged to undertake a specific audit of RDHS compliance with the requirements of the Financial Management Compliance Framework under the Standing Directions 2018 under the Financial Management Act 1994. RDHS was deemed fully compliant.

Facilities Management

Facilities Management provides the ongoing maintenance of physical facilities to ensure they are reliable, safe and comply with relevant standards. Maintenance of our infrastructure requires planning, coordination of redevelopment and refurbishment programs and preventative and reactive maintenance for essential plant and equipment at all sites. To assist us we sourced a facilities management system which enables us to have a more structured asset orientated approach and bring about more consistency and better oversight across the organisation. The system called Pulse allows staff members to log jobs and to track the progress to the job. The system also allows the maintenance team to log preventative maintenance to ensure timely resolutions to ensure compliance. When fully functional the system will provide robust functionality across critical operational areas such as asset and work order management and contractor and visitor management.

Stage 1, rollout to the Riverside Campus is complete, Stage 2 will be the rollout to the main campus in July 2020 and stage 3 the Manangatang campus.

Food Services

Our Catering departments at all campuses continued their quality work in the past year. The team of approximately 20 staff provides more than 50,000 meals each year to patients, residents, visitors and staff. As a result of the recent multi-campus Catering Services review, RDHS introduced the role of Manager Hotel Services. This

role has oversight of catering, cleaning and laundry services. The newly appointed Manager Hotel Services, Sue Mattschoss has hit the ground running with the implementation of a number of fantastic initiatives. Sue initiated the establishment of the Riverside Resident 'Dining Experience' Committee. Meeting monthly, this committee has provided the residents an opportunity to share their experiences and comments regarding the menu and the overall dining experience. Menu's for all campuses have been reviewed, menu choices expanded and a Bain- marie purchased so that residents can now be served at the table. Buffet breakfasts are to commence in July. The team are especially proud of the resident centred changes and have loved the positive feedback from residents and families.

We continue to invest in our food services equipment with the purchase of an additional combi-therm oven, dual hotplates and additional large storage fridge for the Riverside campus.

Cleaning / Linen Services

The cleaning staff of approximately eight people continued their quality work delivering excellent results with external cleaning audits results well above the industry target of 85.

RDHS provide cleaning services to four external clients. Providing external cleaning services acts as a staff retention strategy. We are able to offer our staff additional hours of work which boosts their overall weekly rostered hours.

The laundry staff continue to provide a high level of service to both internal and external customers. Our service area extends to Balranald, Ouyen, a local medical clinic, Robinvale & Euston Motels, other accommodation providers and horticultural business in Robinvale.

Resident personal laundry is managed by the linen service with delicate precision.

A second hand ironing press was generously donated to RDHS. Our intention is to provide pressed linen to the external agencies where requested.

Community Initiative

Robinvale District Health Services is a keen participant in all areas of community. For many years with financial assistance from Swan Hill Rural City Council, RDHS has managed the operations of the Robinvale / Euston Tourist Information Centre

The 2019–2020 year was extraordinary with only 7,645 customers accessing the Tourist Information Centre, a reduction of almost 5,000 customers from the previous year due to COVID-19.

The sustainability of non-health community units is reviewed annually to ensure that there is no financial impost on the health service.

Procurement

RDHS as a Multi-Purpose service is not mandated under the Health Services Act (1988) Vic to procure through Health Purchasing Victoria (HPV). However, we do wherever possible seek access to relevant HPV contracts to ensure that RDHS achieves best value outcomes when procuring.

Additional HPV contracts accessed this year include the contract for Liquid Petroleum Gas. Access to this contract will result in a significant reduction of LPG costs to the organisation.

This year a new Procurement Officer position was created to help facilitate changes to the procurement area.

Information Technology

The RDHS Information Technology Support team is responsible for providing baseline user support services for ICT systems and infrastructure. The key delivery mechanism for higher level ICT support is via external company Pro Advance Mildura.

RDHS is also a member of Loddon Mallee Shared Services (LMSS). ICT development and software implementation support is provided by LMSS.

Key areas of focus from a RDHS perspective in the 2019–2020 year have been:

- Cyber Security
- Telehealth
- PC / Server upgrades/replacements
- Asset / Facilities Management software (implementation)

The Maintenance team have successfully rolled out the first stage of the new Asset Management System. In 2020–2021 RDHS looks forward to working with LMSS to implement the Loddon Mallee Regional Community Platform. This platform aims to improve integration, access and interoperability for our community and primary health services. This application will provide our clinicians with a fully digital medical record and replacing stand-alone clinical systems.

The total ICT expenditure incurred during 2019–2020 is \$1.15 million (excluding GST) with the details shown in the table below.

Environmental

Robinvale District Health strives to continually improve the health of the people in our community by endeavouring to provide health care in an environmentally sound and sustainable manner. We commit to continual improvement in energy to reduce our carbon footprint.

The 100kW solar system at the main campus (installed November 2015) continues to generate significant monetary and environmental efficiencies.

A 20 kW solar system has been installed at the Manangatang Campus as part of the Greener Government Buildings Program. This system will also generate significant monetary and environmental savings.

In addition:

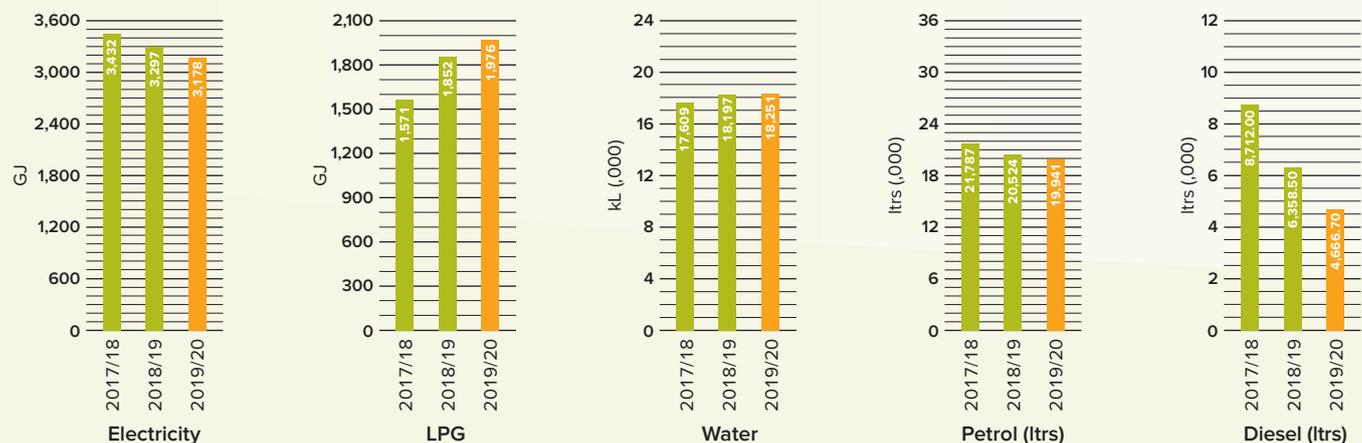
- LED lighting: continue to replace existing globes across the organisation.
- Where required workstations continue to be upgraded to dual screens, reducing the need to print a document for working purposes.

The graphs below outline Energy, Water and Fuel usage across all campuses for the last 3 financial years.

Information and Communication Technology (ICT) expenditure 2019–2020

Business as Usual (BAU) ICT expenditure	Non-Business as Usual (non-BAU) ICT expenditure		
Total (excluding GST)	Total = Operational and Capital	Operational	Capital
\$1.02 million	\$0.13 million	\$0.00 million	\$0.13 million

Environmental - RDHS Energy Use



People & Culture

The People & Culture department is responsible for overseeing industrial matters, recruitment and retention, performance management, professional development, employee support, OH&S and payroll.

The role supports the health service through cultural change by creating, implementing and managing change and supporting the leadership team with development through performance management systems and constructive feedback.

Recruitment

RDHS continues to experience difficulties in the recruitment of Registered and Enrolled Nurses and some disciplines within Allied Health. It is still increasingly difficult for small rural communities to attract health professionals. To supplement our recruitment we engage Agency staff in the interim while we continue to recruit.

Staff Credentialing

RDHS verifies the credentials of all registered practitioners annually through Australian Health Practitioners Regulation Agency (AHPRA) public access web site or directly with presentation of renewed registration.

Clinical Placement/Work Experience

RDHS has a range of partnerships with various education providers who request clinical placements at our facility. Placement requests are usually in Allied health or the Nursing setting. There were 20 placements completed as at 30th June 2020.

- 12 Nursing
- 4 Speech Pathology
- 1 Physiotherapy
- 2 Occupational Therapy

Due to staff retention and Covid-19, the number of accepted student placements had dropped this year.

RDHS also has a long standing relationship with Robinvale P-12 College and offers work experience in the Allied health and Aged Care department. Requested work experience was minimal this year.

Traineeships/Apprentices

As at 30th June 2020, RDHS had one full time Food Services Apprentice completing a certificate III in commercial cookery in the Main campus kitchen, and one school based apprentice who is completing a certificate III in Parks and gardens.

As part of the apprenticeship, the student is required to work in our Gardens and Maintenance department 2 days per week.

People Matter Survey

The People Matter Survey is the Victorian public sector's annual employee opinion survey for Victorian public sector organisations. The survey is run by the Victorian Public Sector Commission to support the public sector.

In 2019, the survey captured the views and experiences of 92,215 people from 196 organisations. The survey helps organisations build positive workplace cultures. RDHS's response rate to the survey was 41%. RDHS will consider ways to improve staff engagement in future surveys.

As a result of COVID-19, the survey was due to commence in March 2020 but was postponed to October 2020. The survey has also been changed to a shorter version focused on staff wellbeing.

Indigenous workforce

The Government's Victorian Aboriginal Framework establishes a plan for 'closing the gap' in Victoria by 2031. Under the plan the Government has committed to increasing Aboriginal participation in the Victorian public sector workforce. As at June 30 2020, 4% of active staff were reported at RDHS as ATSI within the Small rural health service comparator group which is above average

Hospital Labour Category	June Current month FTE*		June YTD FTE**	
	2019	2020	2019	2020
Administration & Clerical	19.46	14.64	19.86	21.96
Ancillary Staff (Allied Health)	24.57	15.06	23.23	22.59
Hospital Medical Officers	0	0	0	0
Hotel & Allied Services	38.17	25.31	36.27	37.965
Medical Officers	0	0	0	0
Medical Support	0	0	0	0
Nursing	39.45	26.89	37.71	40.335
Sessional Clinicians	0	0	0	0

The table above *(current month FTE) represents all employees that were paid in the month of June and their FTE for calculation for that month. **(YTD FTE) means all employees employed throughout the financial year i.e. the sum of each month FTE divided by 12.

Primary Health

It is hard not to start the report with a reference to that elephant in the room which has dominated our year - COVID-19 – the catalyst for much upheaval and change across the health sector, to our primary health services, and to the way we live our lives. Hopefully as you read this we have returned to some sense of normality.

COVID-19 has resulted in some very dramatic changes in service delivery and after the initial confusion and panic about what we could and could not continue with, most group activities were cancelled and many clinicians moved across to a virtual platform to ensure we continued to meet our obligations to the community, and to our funding bodies.

One of our successes has been in speech therapy, with flexible service provision via telehealth allowing one-on-one therapy sessions to continue. We have received only positive feedback from participants. The telehealth sessions have also allowed for flexibility, particularly with clients from other towns who are enjoying not having to wait for the next outreach visit for services. Clinicians have also been able to work from home and provide a timetable allowing for sessions later in the day or early evening to suit working parents. The telehealth approach is likely to continue to be offered as we return to the 'new normal'.

Clinicians such as the Physiotherapist and Exercise Physiologist, typically providing hands-on services, have also

been able to utilise telehealth and the innovation of the clinicians should be acknowledged. The Early Years team also looked for innovative solutions to ensure that their clients had access to services, providing on-line playgroups, HIPPY and MVPP.

Those services that could not be done remotely such as immunisations and podiatry have continued with appropriate COVID precautions. In fact, immunisation services expanded from the childhood program to include community and workplace influenza vaccines, and a targeted program supported by DHHS to immunise seasonal workers from the Pacific Islands against Measles. Our influenza program expanded from 260 given in the 2019 season, to 462 to date in 2020.

There have been some non-COVID related changes in Primary Care too. The previous Manager Poorani Balasundaram, left in October to get married and move to Perth. Anita Erlandsen was employed as Manager Primary Care in October having come from Dareton Primary Health Service with clinical and management experience and a passion for primary

health. Other staff changes included a podiatrist, a physiotherapist, an occupational therapist, a new social worker to replace Anil Sasi, who had been with RDHS for four years, and a new Aboriginal Health Liaison Officer to replace Barbara Gibson-Thorpe. We also had Erin Petagna, long serving dietician, return from two years Maternity Leave.

We continued to develop and nurture partnerships with other organisations, most notable, the Royal Flying Doctor Service GP clinic. This has been many years in the planning and early 2020 we started with two GPs on site. While COVID-19 has changed the dynamic substantially, as we write this report, the two GPs are seeing patients via a combination of telephone, telehealth and face-to-face consultations. Needless to say the service is being embraced by the local community.

Another new partnership is with the NSW Office of Responsible Gambling, who provided us with substantial funding to provide services to residents of Robinvale and the NSW side of the region, who are negatively impacted directly and indirectly by gambling.



A unique agreement between the NSW Rural Doctors Network, Far West Local Health District and RDHS saw our Podiatrist expand services into Broken Hill as a result of COVID restrictions preventing their usual visiting specialists attending the town. As I write this report they are preparing for their fourth week-long visit, with two more in the planning.

RDHS also became part of the Sunraysia Collaboration this year. This group is made up of representatives from the University of Rural Health (Sydney University) and Monash Rural School in Mildura and RDHS. Among its aims is to support RDHS with student placements, capacity building for clinical staff, mentoring and supervision for sole practitioners and ultimately we hope that it helps us to grow our own workforce.

Early years achieved great things in the past year. Sixty families were supported in the HIPPY program and twenty families provided with Mobile Visiting Play Program. In all 120 Playgroup sessions were conducted averaging 38 participants per session. COVID-19 required the team to innovate and this

resulted in the provision of a virtual play program which was so successful it was accessed by families outside the region.

In conjunction with Our Place and with funding from the Besen Foundation, Baby College was established, which supports mothers through pregnancy and into motherhood. Early Years also had a significant role in the development of the Swan Hill Rural City Council Municipal and Early Years Plan.

Mental Health has remained on the agenda this year with some exciting things occurring. Perhaps the most notable was the partnership with Network House and the Foundation for Rural & Regional Renewal, that saw celebrity and television personality Osher Günsberg come to region and speak about his own battles with depression and anxiety. Closer to home, RDHS are supporting the '42k for 42k' initiative by Luke and Jade Benham to raise money for a dedicated drop-in mental health service to be delivered from RDHS.

Health Promotion and Community Nursing worked together to provide Women's Health and Continence

education sessions in Robinvale and Manangatang. These were very well attended with 35 women at the Robinvale session and 25 at Manangatang. Promotion of Cervical Screening, including a targeted multicultural clinic resulted in increased uptake of screening.

Participants in the 10,000 Steps Challenge which Health Promotion ran in Robinvale in August walked an incredible 20,253,445 steps by the end of the five weeks. The St Mary's Stompers team took out first prize with an impressive 7,587,338 steps and two RDHS teams managed a respectable 2nd and 3rd place, with the Police and Community team coming in fourth.

Overall an eventful and challenging year for Primary Care staff and services and we look forward to coming out the other side with a strong, connected team and an innovative model of service delivery.

Aged Care Services

Continuous quality improvements

There have been numerous quality improvement activities implemented by our team over the past year to increase efficiencies and consumer and employee satisfaction. This ongoing process enables us to evaluate how we work and can improve our processes. Below are some of the quality improvement activities undertaken in the past year.

RDHS Riverside campus is now supported by Registered Nurse coverage seven days a week during the morning shift. This has resulted in improved clinical leadership and supports the care team to improve quality of care through accurate and timely nursing assessments.

We have replaced a number of clinical and safe resident transfer equipment items and staff have been educated on effective use to promote safe handling and improve safety for both residents and staff.

Staff, residents and families continue to initiate and drive with full support of management some of the initiatives aimed to improve the resident's quality of life, safety, care and promote independence by enhancing and supporting sensory function. Activities to meet the needs of our residents who require memory support have been improved in all three of our aged care campuses. They have included providing contrasting (coloured) toilet seats, bright colour coded placemats, coloured labels for resident's mobility aids and large print name badges for staff to assist visually impaired residents. We continue to seek feedback from residents via resident's and family meeting.

The implementation of Manad Plus, an electronic documentation software program replaced our previously paper based documentation system across all three aged care campuses. This process was driven by a project lead who was in charge of implementation, staff training and liaising with our Information Technology (IT) department. The project lead also reviewed assessment forms and care plan templates. Although initially there was some resistance from staff, change is often challenging and there is fear of the unknown, staff have now fully embraced this electronic documentation software. Computers have been installed in areas accessible for staff to ensure timely entry of notes and assessments leading to improved efficiencies.

The COVID-19 pandemic is an event that is impacting all Australians, travel restrictions and isolation are causing particular challenges for older people.

For our vulnerable residents in residential aged care it has been important that we get the balance right - providing good quality, compassionate care alongside appropriate protections to keep everyone safe. Our staff have risen to the challenge and implemented various interventions designed to minimise the risk of infections and a

COVID-19 outbreak. We have adhered to Government directives, administered visiting restrictions, performed ongoing communication with residents, their family and friends, undertaken training and worked effectively together to minimise the wider impact of COVID-19. The Government direction is now enforced that ALL visitors to Residential Aged Care facilities MUST be vaccinated with the annual Influenza vaccination. Evidence is required BEFORE you can visit any of our residential facilities. A record will be maintained at each site. Please follow up and get the vaccination and the evidence of your Influenza immunisation (can be accessed on your My Gov account from the National Register or from your place of vaccination).

To provide choice relating to communication methods and enhance timely communication we promoted and increased use of technology. Bulk SMS messaging was introduced, we promoted the use of email and post and facilitated platforms like face time and skype. Wherever possible we have made personal phone contact with consumers' family and continue to source feedback from residents and family members.



An initiative suggested by one of our nurses during a time of visiting restrictions resulted in an art competition where local children were encouraged to create and send in artwork, photographs and letters to promote engagement and lift the spirits of our residents. Residents eagerly awaited the time when the works could be released from the quarantine period so they could read, admire and discuss each item received. A great deal of effort and thought went into creating each entry and choosing a winner was a very difficult task for our appreciative residents. After much deliberation, the residents selected the following winners who each receives a \$20.00 gift voucher.

Manangatang Campus
Isabel Grant

Robinvale Campus
Christian Costantino

Riverside Campus
Cameron Rogers

Honourable mentions went to Aidan Plant and Zoe McNichol. The talents and kindness of the children who entered assisted in minimising the impact of social isolation and brightened our resident's home. They were all winners in our hearts. RDHS kindly donated

coloured pencils as a token of our gratitude to all those who entered in the competition.

NAIDOC Art Exhibition at Riverside

Riverside is fortunate to have our very own artist in residence, respected indigenous elder Barb Egan.

To celebrate NAIDOC week and to acknowledge resident Barb Egan, our Aboriginal Hospital Liaison Officer – Barbara Gibson-Thorpe decided to organise an Art Exhibition at Riverside.

Leanne Adcock Director of Clinical Services welcomed everyone and introduced special guests Alvira Wighton who gave the welcome to country and Darryl Singh who provided a warm rendition on the didgeridoo. Several speakers also shared their thoughts acknowledging NAIDOC week and the significant contribution Barb Egan has made to Aboriginal culture.

On display was a beautiful collection of art work by Barb and some fortunate visitors took the opportunity to purchase their very own Barb Egan original. Family, visitors, RDHS staff and Riverside residents enjoyed a lovely morning

tea whilst sharing stories and companionship. A moment captured in time demonstrating the willingness of Robinvale to show our unity and appreciation of Aboriginal culture.

Barb's family acknowledged the wonderful care at Riverside and how comfortable Barb was to now call Riverside Campus her "home". Barb radiates love and gentleness so caring for Barb is easy – love begets love. Whilst age is slowing Barb down, she is still able to enjoy her favourite pastimes, painting and spending time with her loved ones.

Our health service and staff continue to rise up to the challenges each year presents. Our staff continue to innovate and implement improvement activities to ensure that RDHS meets these challenges. There is a strong commitment of all involved at RDHS to embrace change and continuously seek opportunities to innovate. This year has been challenging for our staff and residents due to continuously changing COVID-19 restrictions however, this has also been the catalyst for change and a unique opportunity to come together and find innovative ways to improve our resident experiences, care and lifestyle.

Quality and Risk

The RDHS Quality Management System (QMS) adopts a culture of continuous quality improvement that is embedded in our everyday practices and supports the meaningful participation of people in giving feedback about the services they require, and the quality of services they receive.

RDHS continues to demonstrate ongoing commitment to maintain our QMS including: health & safety management; organisational governance; evidenced based clinical care and support services and adhere to the National Safety and Quality Health Service (NSQHS Standards, maintaining certification since 2018.

Quality

Our Clinical Governance Committee provides an ongoing forum for review, governance and recommendation.

RDHS strong commitment Quality and Risk is reflected in our approach to:

- Ensure accountability for the safety and quality of care at all levels of the organisation, reporting through to the Board of Management.
- Creating safe environments and systems for consumers and staff
- Reviewing and improving the performance of the patient safety and quality systems
- Assisting our healthcare professionals and Visiting Medical Officers monitor the safety and quality of care they provide, and
- Maintaining an outstanding record in the delivery of quality patient care

Accreditation

As a Multi-Purpose Service (MPS) RDHS provides integrated health and aged care services for our local community. As a joint initiative of the Commonwealth and State Government, RDHS is required to meet an array of relevant standards and accreditation frameworks through the accreditation process.

During 2019–2020, RDHS continuously worked towards meeting and maintaining the required Commonwealth and State Government Standards RDHS is yet to participate in the annual surveillance audit. With the postponement of the 2020 audit due to the State border restrictions early 2020. RDHS will be expected to complete the surveillance audit with accrediting body TQCSI, to retain accreditation against ISO 9001:2015 QMS in late August early September 2020.

RDHS maintains ongoing accreditation for the National Safety and Quality Health Service (NSQHS) Standards and is required to submit an annual attestation statement to our accrediting agency, HDAA. These standards provide a clear statement about the level of care consumers can expect from health service organisations, and they play an essential role with the accreditation process.

Attesting is a formal process involving our Board Governance and Senior Executives, attesting to practice. This is in the form of a written affirmation. This process will increase awareness by a governing body of its accountability for safety and quality and clinical governance processes as set out within the NSQHS Standards. RDHS will undertake full recertification against these standards in 2021.

Riverside Campus is required to participate in one Accreditation audit every three years and one support visit annually. These are now both attended by the Australian Aged Care Quality Agency (AACQA) as “un-announced” visits.

These results give us confidence that all our aged care residents are given the best possible service by our extremely caring staff. The Aged Care areas at Manangatang Campus Aged Care and Robinvale Campus Aged Care do not require external accreditation, however with our extensive internal auditing process we ensure that the same processes and procedures are followed at all of our Aged Care facilities.

Riverside Campus has ongoing AACQA accreditation until February 2022.



Risk

RDHS continues to utilise the Victorian Health Incident Management System (VHIMS) in collaboration with the Department of Health and Human Services. VHIMS provides the organisation with a standard electronic method (which is used by all Victorian public hospitals) for reporting, recording and monitoring incidents / near misses that occur within the health setting. This ensures that if things go wrong, the organisation has a procedure for reporting and managing adverse events. This ensures that consumer and staff safety is maintained and that any identified issues are addressed to prevent and / or minimise the likelihood of a similar event occurring again.

Consumer/Community Feedback

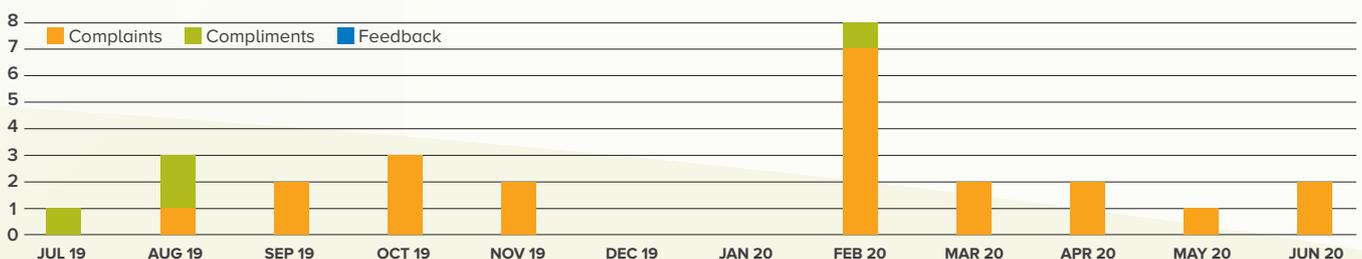
RDHS seeks consumer feedback through surveys (internal and external), direct contact and our complaints and feedback process. Website and social media pages are maintained and local media is utilised on a regular basis to publish Community Updates that contain information on initiatives, general health issues for the RDHS Community catchment area.

4 compliments / feedback and 22 complaints have been received during July 2019 – June 2020. With a majority of complaints related to food services, RDHS introduced the implementation of a catering services consultant to review the RDHS menus and processes. This

resulting in, and consultation with the Riverside Campus residents, a change to our current menus.

RDHS ensures that staff receive this feedback via staff meetings and general communication. Compliments and feedback in way of unofficial cards and verbal “thank you”, praising staff and highlighting their hard work and commitment to patient centred care.

Registered Complaints, Compliments and Feedback 2019 – 2020



Performance

Part A: Service Plan Key Achievements

Key achievements against the RDHS Service Plan for the 2019–2020 year are listed below.

1 Consolidating acute care and residential aged care provision	
Renal Dialysis	
Goal Enhance Renal Dialysis Capability to meet future demand	Outcome <ul style="list-style-type: none"> • MOU with Melbourne Health to provide Renal Dialysis as a satellite program continues. • RN staff continue to be trained to support the Renal Dialysis unit. During COVID 19 numerous staff have been trained on site rather than travelling to Melbourne for training. • The unit activity is steady with 6 shifts per week
Maternity Services	
Goal Support and Maintain the existing Maternity Service Model	Outcome <ul style="list-style-type: none"> • Midwifery service continues to be very busy with in excess of 100 babies born annually from our community. • The Midwife supports the visiting Royal Flying Doctor Service Gynaecology service with their monthly visits. COVID restrictions have seen this service suspended until further notice. • Reduced medical support from Mildura Base Hospital (MBH) resulting in a review by Safer Care Victoria (SCV) and a new medical model is pending, (currently being sourced).
Specialist Medical Services	
Goal Enhance the range of specialist consulting services that can be accessed locally	Outcome <ul style="list-style-type: none"> • Visiting services including the following, Ophthalmology, Mental Health, Psychology, Nephrology, Gynaecology, Obstetrics, Audiology, Cardiology, Endocrinology, Psychiatry, Paediatrics and Continence continue. Whilst some services are delivered personally, others are accessed via telehealth. There has been an increasing trend to telehealth during COVID 19 times. • Residential care continues to be supported by the Psychiatric Geriatrician services out of Mildura Base Hospital. • Residents in residential care are able to access a geriatrician via the Geri-Connect telehealth program.
Urgent Care	
Goal Enhance the existing urgent care capability	Outcome <ul style="list-style-type: none"> • RDHS is participating in a pilot program funded by Murray Primary Health Network (MPHN) for afterhours access to a Doctor via the My Emergency Dr App. This program has been extended in 2020. • Opportunities for additional mandatory training has been made available to all Registered Nurses (RN) on the main campus.

2 Enhancing community based health services

Primary & Community Health - General Practitioners

Goal Enhance the capacity and availability of local GPs	Outcome <ul style="list-style-type: none">• Manangatang Campus residential aged residents are supported by a locum GP service provided by Mallee Track Health & Community Service.• RDHS Urgent Care Centre and patient care is supported by Dr Jane Neyland.• RDHS has further developed a relationship with the RFDS to provide GP services on site with plans to extend to Manangatang with site visits post COVID. (Current COVID precautions exist with predominately telehealth services).• RDHS has provided an unofficial COVID 19 Testing site in the main campus carpark. This testing availability ensures that the community has access to this resource at a local level.
---	--

Community Mental Health – Collaboration and Integration

Goal Improve service delivery outcomes through collaboration and partnerships	Outcome <ul style="list-style-type: none">• Partnership continues with Sunraysia Community Health Services to expand Mental Health Services into Robinvale (funded by Murray Primary Health Network)• RDHS continues to support Mental Health visiting services provided by Mildura Base Hospital and is now having regular case management meetings to enhance continuity of care.• Community Wellbeing Officer position has a strong emphasis on mental health awareness and community wellbeing• Community Wellbeing Officer working on ATSI Dual Diagnosis program at MVAC which has increased referrals and psychoeducation to staff. This program is funded by the Murray Primary Health Network.• Social Workers and Community Wellbeing Officer worked with Mildura Mental Health Services to run a Dialectic Behaviour Therapy group• Engagement of a Community Health Nurse as part of the Mental Health Team• Partnering with the community in the development of a mental health drop in service operating from RDHS.• RDHS has partnered with the University of Melbourne Centre for Excellence in Rural Sexual Health (CERSH) to improve access to sexual health services for vulnerable rural communities.
---	---

Primary & Community Health – Alcohol and Other Drugs

Goal Enhance the service capability for AOD services	Outcome <ul style="list-style-type: none">• In partnership with the Murray Primary Health Network RDHS continues to deliver AOD & Mental Health services to Murray Valley Aboriginal Cooperative (MVAC).• Needle Syringe Program continues to operate from the Health & Wellbeing Centre to support community need.• Alcohol and Drug Services delivered by external providers is supported by the provision of consulting rooms by RDHS
--	---

Primary & Community Health – Chronic Disease Management

Goal Develop a Service Framework that improves CDM service delivery	Outcome <ul style="list-style-type: none">• RDHS has employed a chronic care model in the primary care setting to focus on care for chronic conditions that is patient centred, timely, evidence-based, has a team approach, facilitates self-management, is goal directed, health promoting and encourages health literacy. This model of care has been embedded into the policies and procedure of RDHS' service delivery in order for employees to be guided by this framework in CDM service delivery.• Several projects are delivered at RDHS under the chronic care model and these include:• The Heart Time and Better Breathing programs are two cardiac and pulmonary rehabilitation programs delivered by a range of health professionals to improve the health outcomes of people with or at risk of heart and lung conditions. (funded by Murray Primary Health Network)• The Workplace Achievement program that is embedded across the organisation. This program is an initiative of Healthy Together Victoria and supports a healthy workplace environment. RDHS has now been recognised by the Victorian Government's Achievement Program in the areas of Physical Activity, Healthy Eating and Smoking.• Support visiting Nephrology services from Royal Melbourne Hospital continue to reach community members at pre-dialysis stage.• Preventive health groups include warm water exercise classes, Strength & Balance, HEAL and Quick Hands (Boxing) (These have been impacted by COVID-19 in 2020)• Through partnership with the Rural Doctor's Network, Balranald Multipurpose Service and Western New South Wales PHN, the Primary Care Allied Health team continues to provide chronic disease management services to Dareton, Wentworth and Balranald.• Our relationship with the Rural Doctor's Network has resulted in RDHS providing Podiatry services to Broken Hill and surrounds while border closures prevent SA clinicians entering the state.• Regular meetings are held with the Robinvale "Elders" to discuss current issues relating to the indigenous community.• Our Aboriginal Health Liaison Officer has maintained and built on current relationships with the Indigenous community and other stakeholders.• Planning has commenced to establish a Koori Hub on the grounds of the main campus to provide a safe meeting place for our Indigenous Community.
---	---

2 Enhancing community based health services *Continued...*

Primary & Community Health – Integration

<p>Goal Improve service integration within RDHS and between service providers</p>	<p>Outcome</p> <ul style="list-style-type: none"> Argus and My Aged Care continue as the main platforms for referral management. Robinvale Early Years Network (REYN) continues to meet and bring together service providers of early childhood and adolescence. Safety Committee meets quarterly for information sharing and project discussion. Attendees represent providers that either service the Robinvale Community or provide outreach services from Mildura. RDHS together with Our Place partner to provide services to the Early Years / Adolescent populations.
--	---

Primary & Community Health – Other Services

<p>Goal Consolidate and incrementally improve a range of community based services</p>	<p>Outcome</p> <ul style="list-style-type: none"> Preventive health groups offered include warm water exercise classes, Strength & Balance, Healthy Eating and Active Living, walking groups, Quick Hands Boxing, M45 Women’s, Heart Time and Better Breathing and moderate intensity exercise groups which respond to the needs of the community. A Toy Library has been established and is open twice per week with staff innovating to ensure that this service continues in the COVID space Post COVID-19 access to the Toy Library will be held in a virtual environment. Jump and Jive, Vacation Care Programs and Mobile Visiting Play Groups are provided to the children in the community by Early Years with staff innovating to ensure that this service continues in the COVID space. These services continue through ZOOM which has allowed greater numbers of families to participate.
--	--

3 Achieving sustainability

Sustainability – Rural Primary Health Service Program

<p>Goal Maintain the Commonwealth Flexible Funding (under Primary Health Network)</p>	<p>Outcome</p> <ul style="list-style-type: none"> Contracts were again secured with the NSW Rural Doctors Network, NSW Outback Division of General Practice, Western New South Wales PHN, Murray PHN, Far West Local Health District, and Balranald Multipurpose Service to provide allied health services to the communities of Robinvale, Manangatang and Ouyen in Victoria and Wentworth, Dareton and Balranald in New South Wales. RDHS continues to seek alternate funding opportunities to provide allied health services beyond the contracted periods. In addition to Commonwealth (PHN, RDN) funding we have ongoing funding from the NSW Department of Industry for a Social Worker to support both problem gambling and other co-morbidities.
--	---

Sustainability – Financial Management

<p>Goal Improve understanding of the costs of service streams to better manage the service</p>	<p>Outcome</p> <ul style="list-style-type: none"> Comprehensive budgets are developed each year for individual service contracts. Magiq - Power Budget has enabled budget management processes to be refined, with a view to department Managers being more specifically engaged in the process of managing their departmental budget.
---	---

4 Enhancing performance management

Enhancing Performance Management - Monitoring and Reporting

<p>Goal Ensure a robust basis for performance monitoring</p>	<p>Outcome</p> <ul style="list-style-type: none"> Contracted external accountant continues to provide the BoM with financial advice, together with monthly and annual financial reports. Through the internal auditors the Board and Finance & Audit Committee monitor the Health Services risk management, financial systems and reporting and compliance with statutory requirements. The internal audit program is undertaken by Audit & Risk Solutions and Accounting & Audit Solutions Bendigo under independent contracts as appointed by the RDHS Board. Activities undertaken by the internal auditors during the year included reviews focusing on Asset Management, Fraud, Human Resources and the Financial Management Compliance Framework. RDHS continues to meet all DHHS performance KPI’s reported on a quarterly basis and includes, Quality, Aged Care and Finance.
---	---

5 Developing partnerships

Partnerships and Alliances

Goal

Focus on the development of priority partnerships and alliances

Outcome

- Dementia Australia (Victoria) - Facilitation and completion of the BIRCH project to identify and establish an Aged Model of Care.
- Mallee Track Health and Community Services & Royal Flying Doctor Service – Tripartite agreement to expand the delivery of Speech Pathology services.
- Murray Valley Aboriginal Cooperative- Continue to promote relationships and agreed practices to better engage with the indigenous community.
- A strong partnership continues with the Aboriginal Elders and staff of the health service. The Aboriginal Health Liaison Officer facilitates these conversations as required.
- Mildura Base Hospital – Continue to promote dialogue to enhance the referral to and discharge from MBH processes. Note that this entity is now known as Mildura Base Public Hospital (MBPH).
- Robinvale College–partnership continues with the Robinvale College to utilise heated pool facilities so that water exercise classes can be run all year round. RDHS provided Speech Pathology, Occupational Therapy and Social Work to the College at no charge.
- Commenced a joint project Robinvale College “Our Place” which supports the education needs of our lower socio-economic demographic. We share the RDHS Early Year Co-ordinator in a joint role to support this project.
- Mallee Local Area Health Partnership – commenced partnership workshops with Mildura Base Hospital, Swan Hill District Health and Mallee Track Health & Community Service. Aspirations for the partnership is to build deeper trust, mutual understanding, and more relationships. RDHS is the Chair of this important partnership.
- Southern Mallee Primary Care Partnership –
- Developed a new agreement to include the RDHS main campus in SMPCP health promotion activities.
- Euston Club – RDHS acknowledges this first time grant from the NSW Department of Industry to employ a Social Worker to support both problem gambling and other co-morbidities. The grant was made possible through our partnership with the Euston Club and NSW Club Grants program.

6 Enabling people

Enabling People – Innovative Workforce Models

Goal

Ensure development of innovative and flexible staffing and workforce models to enhance future service delivery

Outcome

- Manager People & Culture has supported the health service through organisational/cultural change by supporting other Managers through performance management systems and constructive feedback.
- Traineeships continue to be offered in many areas across the organisation, including gardens and grounds. Plans are underway to establish traineeships in Allied Health Assistants (AHA) and Lifestyle.

Enabling People – Staff Engagement

Goal

Further develop effective staff engagement

Outcome

- RDHS continues to assist with the cost of professional development for all staff, ensuring that skills are maintained.
- Embedded robust Employee Assistance Program.
- Staff training continues through the E-learning modules.
- Mental Health First Aid training for staff has been a focus throughout the year.
- Quarterly “CEO Conversations” with staff have been held at all campuses to support employee engagement. This has now evolved to the establishment of a Peoples Champions committee to represent staff of all departments to the Executive and the Board

RDHS has partnered with the University Department of Rural Health and Monash Rural School to support staff at RDHS with mentoring, supervision and provide support and supervision for the placement of health students into RDHS in order to showcase what a career at RDHS could look like.

7 Supporting quality

Quality

Goal

Develop and sustain a comprehensive clinical governance framework

Outcome

- The health service wide Triennial Audit conducted in 2018 demonstrated a high level of achievement against all 10 National Safety and Quality Health Service Standards (NSQHSS). RDHS awarded 6 “met with merit” in our Governance and Partnership arrangements.
- Accreditation against ISO 9001:2015 Quality Management Systems has been maintained post the audit in June 2019
- RDHS commenced exploring a new quality partnership with Bendigo Health
- Riverside maintained accreditation against the Australian Aged Care Quality Agency Standards (AACQA)
- Director of Medical Services continues to support our GP’s and provide an overarching view of Clinical Governance.
- CEO and Board Chair participation in the Regional Clinical Governance Committee & Loddon Mallee Health Network.
- Internal Clinical Review Working Group continues to review incidents as required. Results are tabled at the Clinical Governance Committee.
- Strengthened Board Governance by encouraging attendance by all BoM at the newly titled Clinical Governance Committee Meeting (formerly Clinical Risk Management). Consideration of a Board Member nominee for Chair position commenced.

8 Developing infrastructure

Infrastructure – Information Communication Technology

Goal

Improve ICT within RDHS to address the technical and functional capability of the organisation (in collaboration with LMRHA)

Outcome

- RDHS continues to participate in regional and LMRHA initiatives including ICT strategic planning for the Loddon Mallee Region.
- Geri-Connect
- Telehealth – successful use of telehealth when dealing with adult retrieval team in the Urgent Care Centre. COVID 19 has established Telehealth as the emerging forum for meeting and medical appointments in 2020
- Murray PHN continues to fund the My Emergency Dr App for UCC afterhours for both the Robinvale and Manangatang campus
- Key areas of focus areas in 2019–2020:
 - Cyber Security
 - Telehealth
 - PC / Server upgrades/replacements
 - Asset / Facilities Management software implementation

Part B: Performance Priorities

Quality and Safety

Key Performance Indicator	Target	Result
Health Service Accreditation	Full compliance	Achieved
Compliance with cleaning standards	Full compliance	Achieved
Compliance with the Hand Hygiene Australia Program	83%	91.6%
Percentage of healthcare workers immunised for influenza	84%	90%
Victorian Healthcare Experience Survey – discharge care Quarter 1, 2, 3	Full compliance	*Achieved

* Less than 42 responses were received for the period due to relative size of the Health Service.

Funded Flexible Aged Care Places

Campus	Number
Flexible High Care	
Robinvale	14
Manangatang	10

Utilisation of Aged Care Places

Campus	Number of bed days	Occupancy Level %
Flexible High Care		
Robinvale - Permanent	4413	91%
Robinvale - Respite	233	
Manangatang - Permanent	1761	53%
Manangatang - Respite	153	
Riverside		
Riverside - Permanent	7817	80%
Riverside - Respite	986	
Convalescent Care		
Riverside	0	
Manangatang	11	
Robinvale	0	

Occupational Violence

Occupational Violence Statistics	2019/20
Workcover accepted claims with an occupational violence cause per 100 FTE.	0
Number of accepted Workcover claims with lost time injury with an occupational violence cause per 1,000,000 hours worked.	0
Number of occupational violence incidents reported.	3
Number of occupational violence incidents reported per 100 FTE.	2.4
Percentage of occupational violence incidents resulting in a staff injury, illness or condition.	0

The following definitions apply:

Occupational violence – any incident where an employee is abused, threatened or assaulted in circumstances arising out of, or in the course of their employment.

Incident – an event or circumstance that could have resulted in, or did result in, harm to an employee. Incidents of all severity rating must be included. Code Grey reporting is not included, however, if an incident occurs during the course of a planned or unplanned Code Grey, the incident must be included.

Accepted Workcover claims – Accepted Workcover claims that were lodged in 2019-20.

Lost time – is defined as greater than one day.

Injury, illness or condition – This includes all reported harm as a result of the incident, regardless of whether the employee required time off work or submitted a claim. FTE figures required in the above table should be calculated consistent with the Workforce information FTE calculation (refer to page 12 of the Health Service Model Annual Report guidelines).

Acute Care

Service	Campus	Type of Activity	Actual
Medical inpatients	Robinvale	Bed days	789
	Manangatang	Bed days	0
Urgent care	Robinvale	Presentations	1886
	Manangatang	Presentations	174
Non-admitted patients	Robinvale	Occasions of service	3783
Radiology	Robinvale	Number of clients	0
Palliative care	Robinvale	Number of clients	NA
District nursing	Robinvale	Occasions of service	752
	Manangatang	Occasions of service	230
Maternity	Robinvale	Occasions of service	1188
Renal Dialysis	Robinvale	Episodes	741

Primary Health Care

Service	Activity levels (e.g. occasions/hours of service. By campus)	
Access and Support Worker*	Individual Occasions of Service	1482
	Group Attendees	0
Allied Health Assistant*	Individual Occasions of Service	666
	Group Attendees	1631
Community Health Nursing*	Individual Occasions of Service	1199
	Group Attendees	290
Cultural Officer*	Individual Occasions of Service	370
	Group Attendees	553
Dietetics*	Individual Occasions of Service	2245
	Group Attendees	6
Early Years*	Group Attendees	5452
Exercise Physiologist*	Individual Occasions of Service	1747
	Group Attendees	381
Health Promotion*	Group Attendees	787
Occupational Therapy*	Individual Occasions of Service	329
	Group Attendees	0
Physiotherapy*	Individual Occasions of Service	2387
	Group Attendees	142
Planned Activity Group*	Number of Group Sessions	66
	Group Attendees	329
Podiatry*	Individual Occasions of Service	4365
	Group Attendees	0
Social Work*	Individual Occasions of Service	1989
	Group Attendees	94
Speech Pathology*	Individual Occasions of Service	5542
	Group Attendees	816

* Services which are not funded or only part funded through the MPS Tripartite Agreement.

Governance and Leadership

Key Performance Indicator	Target	Result
People Matter Survey - percentage of staff with a positive response to safety culture questions	80%	94%

Financial Sustainability

Key Performance Indicator	Target	Result
Operating result (\$000)	(245)	257
Trade creditors	60 days	42 Days
Patient fee debtors	60 days	18 Days
Adjusted current asset ratio	0.7	2.0
Number of days available cash	14	197.4

Statutory Compliance

Occupational Health and Safety

Robinvale District Health Services (RDHS) is committed to enthusiastically working to provide a safe, “environmentally friendly” work environment for all staff and for residents that meet regulatory requirements.

RDHS monitor and maintain the safety and wellbeing of staff, patients, residents, consumers, visitors and contractors through Occupational Health, Safety and Environmental (OHSE) procedures. A major component to ensure RDHS remains a safe working environment is through the OHSE committee. The OHSE committee meet on a bi-monthly basis (every two months) to report and resolve any issue that may arise or have arisen as a result of OHSE. This meeting is minuted and available for viewing by all staff, Managers and Directors.

Robinvale District Health Services (RDHS) standard Work Cover claims

RDHS had one claim submitted for the 2019–2020 year.

There are no outstanding claims.

Freedom of Information

Access to documents and records held by RDHS may be requested under the *Freedom of Information Act 1982*. Consumers wishing to access documents should apply in writing to the FOI Officer at RDHS.

This year 11 FOI requests were received. No requests were denied. All requests were processed within the required timeframes.

Competitive Neutrality

Robinvale District Health Services complied with all the government policies regarding competitive neutrality.

Statement on Compliance with the Building and Maintenance Provisions of the *Building Act 1993*

In accordance with the Building Regulations 2006, made under the *Building Act 1993*, all buildings within the Service are classified according to their functions.

Each campus has a planned preventative maintenance program to ensure ongoing building safety and compliance with regulations.

An Essential Safety Measures Report is prepared annually for each campus and confirms the safety of buildings including fire safety, entry and egress.

Summary of major changes or factors which have affected the achievement of the operational objectives for the year

During the 2019/20 financial year there were no major changes or factors which materially affected the achievement of the operational objectives.

Events subsequent to balance date which may have a significant effect on the operations of the entity in subsequent years

There were no events subsequent to balance date that may have a significant effect on the operations of the entity in subsequent years.

Local Jobs First Act 2003

In 2019/20 there were no contractors requiring disclosure under the Local Jobs First Policy.

Safe Patient Care Act 2015

Robinvale District Health Services has no matters to report in relation to its obligations under section 40 of the *Safe Patient Care Act 2015*.

Fees and Charges

All fees and charges charged by Robinvale District Health Services are regulated by the Australian Department of Health and Ageing and the Hospital & Charities (Fees) Regulations 1986, as amended and as other determined by the Department of Human Services, Victoria.

Policies and procedures are in place for the effective collection of fees owing to the service

Publications

Publications such as the Annual Report, Quality Account Report, Strategic Plan and a multiplicity of Patient Information Brochures are available from Robinvale District Health Services.

Information on Robinvale District Health Services is also available on our website - www.rdhs.com.au

Public Interest Disclosure Act 2012

RDHS has policies and guidelines in place to protect people against detrimental action that might be taken against them if they choose to make a protected disclosure. No disclosures have been made in the year ended 30th June 2020.

Protected Disclosures are to be reported directly to:

Independent Broad-Based Anti-Corruption Commission (ibac)
P 1300 735 135 | **F** 03 8635 6444
Street address Level 1, North Tower, 459 Collins Street, Melbourne VIC 3000
Postal address GPO Box 24234, Melbourne VIC 3001
Web www.ibac.vic.gov.au/contact-us

Health Records Act 2001 and Information Privacy Act 2000

The Acts preserve the privacy and confidentiality of information held by our agency.

All patients, residents and clients receive a brochure explaining how their health information will be used and who will have access to such information

All staff are required to undertake privacy and confidentiality training on a regular basis and there are documented policy and protocols relating to privacy and confidentiality within our organisation.

The Chief Executive Officer is the designated Privacy Officer and deals with enquiries and complaints relating to the Health Records and Information Privacy Acts

In 2019–2020 there were no written complaints with respect to breaches of privacy or confidentiality.

Carers Recognition Act 2012

RDHS is an agency subject to the *Carers Recognition Act 2012*. The *Carers Recognition Act 2012* formally recognises and values the role of carers and the importance of care relationships in the Victorian community.

The Act 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.

RDHS has:

- Taken all practical measures to comply with its obligations under the Act;
- Promoted the principles of the Act to people in care relationships receiving our services and also to the broader community; and
- Reviewed our staff employment policies to include flexible working arrangements and leave provision ensuring compliance with the statement of principles in the Act.

There were no disclosures in 2019–2020.

Employment and conduct principles

Robinvale District Health Services ensures a fair and transparent process for recruitment, selection, transfer and promotion of staff. It bases its employment selection on merit and complies with the relevant legislation. Policies and procedures are in place to ensure staff are treated fairly, respected and provided with avenues for grievance and complaints.

National Competition Policy

Robinvale District Health Services complied with all Government policies regarding neutrality requirements with regards to all tender applications.

Consultancies

Details of consultancies (under \$10,000)

In 2019–2020, there was 1 consultancy where the total fees payable to the consultants were less than \$10,000. The total expenditure incurred during 2019–2020 in relation to these consultancies is \$3,780 (excl. GST).

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

In 2019–2020, there were no consultancies where the total fees payable to the consultant were \$10,000 or greater.

Additional Information (FRD 22H APPENDIX)

In compliance with the requirements of the Standing Directions of the Standing Directions 2018 under the *Financial Management Act 1994*, details in respect of the items listed below have been retained by the Robinvale District Health Services 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) a statement that declarations of pecuniary interests have been duly completed by all relevant officers of the Department;
- (b) details of shares held by senior officers as nominee or held beneficially in a statutory authority or subsidiary;
- (c) details of publications produced by the Department about the activities of the Health Service and where they 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 in respect of the operation of the Health Service
- (f) details of any other research and development activities undertaken by the Health Service that are not otherwise covered either in the report of operations or in a document which contains the financial statement 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 services provided by the Health Service;
- (i) details of assessments and measures undertaken to improve the occupational health and safety of employees, not otherwise detailed in the report of operations;
- (j) a general statement on industrial relations within the Health Service and details of time lost through industrial accidents and disputes, which are 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 the purposes have been achieved; and
- (l) details of all consultancies and contractors including consultants/contractors engaged, services provided and expenditure committed for each engagement.

Statutory Compliance

Attestations

Data Integrity

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



Mara Richards
Chief Executive Officer

Conflict of Interest

I, Mara Richards, certify that Robinvale District Health Services 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 Robinvale District Health Services 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.



Mara Richards
Chief Executive Officer

Integrity, fraud and corruption

I, Mara Richards, certify that Robinvale District Health Services has put in place appropriate internal controls and processes to ensure integrity, fraud and corruption risks have been reviewed and addressed at Robinvale District Health Services during the year.



Mara Richards
Chief Executive Officer

Financial Management Compliance attestation – SD 5.1.4

I Bruce Myers, on behalf of the Responsible Body, certify that Robinvale District Health Services has no Material Compliance Deficiency with respect to the applicable Standing Directions under the *Financial Management Act 1994* and Instructions.



Bruce Myers
Board Chair
Responsible Officer

Our Governance

The Board of Management

The Health Service is governed by the Board of Management (BOM), appointed by the Governor in Council upon recommendation of the Minister for Health. The BOM oversees the clinical and corporate governance of the health service and ensures that services provided comply with *Health Act 1988* requirements and RDHS By-Laws.

The Board of Management meets on the last Tuesday of each month to deal with a formal agenda and the Chief Executive Officer reports on the health service's performance.

Board of Management Members 2019–2020

Mr Quentin Norton – Chair / Vice Chair
(01/07/2011 – 25/11/2019)
Mr Bruce Myers – Vice Chair / Chair
(25/11/2019 - present)
Mrs Freule Jones
Mrs Yvonne Brown
Mr Glen Stewart
Miss Kady Moore
Mrs Abby White
(01/07/2018 – 28/04/2020)
Mr Trung (Jack) Dang

Finance And Audit Committee

Mr Bruce Ginn – Chair (Independent Member)
Mr Quentin Norton (Board Member)
(01/07/2019 – 25/11/2019)
Mr Bruce Myers (Board Member)
(25/11/2019 - present)
Mrs Yvonne Brown (Board Member)
Mrs Lisa Murray (Independent Member)
(01/07/2019 - 11/11/2019)
Mrs Ginette Chirchiglia (Independent Member)
Mr John Bond (Independent Member)

Executive Committee (Including Capital Works and Projects)

Mr Bruce Myers
Mrs Freule Jones
Mr Glenn Stewart

Senior Management Team

Mrs Mara Richards
Chief Executive Officer

The Chief Executive Officer responsible to the Board of Management for the efficient and effective management of Robinvale District Health Services. Major responsibilities include the development and implementation of operational and strategic planning, maximising service efficiency and quality improvement and minimising risk.

Mrs Leanne Adcock
Director of Clinical Services

The Director of Clinical Services manages the clinical operations of RDHS including; Sub-Acute Nursing, Visiting Nurse Services, Midwifery, Clinical Education, Renal Dialysis and VCC.

Mrs Vicki Shawcross
Director Corporate Services

The Director Corporate Services has operational responsibility for the majority of corporate support services provided to support the organisation. Financial Services, People and Culture, Health Information Systems, Information Communication Technology, Capital Projects, Hospitality Services, Hotel Services, Procurement, Maintenance, Fleet, Administration \ Customer Services, Corporate Reporting & Publications, Robinvale/Euston Tourist Information Centre.

Mr Emmanuel Geri
Director of Aged Care Services – Manangatang, Riverside and Main Campuses

The Director of Aged Care Services is directly responsible for all aspects of residential aged care across Main, Riverside and Manangatang campuses, continuous quality improvement and ensuring that best practice standards are maintained for this cohort of the community. This role also encompasses the role of the Director of Nursing at the Manangatang campus.

Departmental Managers

Manager Primary Care
Mrs Anita Erlandsen

Manager Supply & Maintenance
Mr Peter Rickard

Director People & Culture
Mr Ray Gentle 20 October 2019

Nurse Unit Manager
(Riverside Campus)
Ms Mandy Mackenzie

Nurse Unit Manager
(Main Campus)
Mrs Binu Joy

Manager Quality & Safety
Connie Chirchiglia

Manager Hotel Services
Sue Mattschoss

Manager People & Culture
Jessica Brigante

Visiting Medical Officers

Dr Jane Neyland
MBBS
Monash University (Australia) 2009

Dr Sean White
MBBS
University of Newcastle/University of New England (Australia) 2010

Director of Medical Services

Dr Peter Sloan
MBBS
University of Melbourne (Australia) 1984

Organisational Structure



Disclosure Index

The Annual Report of Robinvale District Health Services is prepared in accordance with all relevant Victorian legislation. This index has been prepared to facilitate identification of Robinvale District Health Services compliance with statutory disclosure requirements.

Legislation	Requirement	Page Reference
Charter and Purpose		
FRD 22H	Manner of Establishment and the relevant Ministers	IFC, 2
FRD 22H	Purpose, Functions, Powers and Duties	2
FRD 22H	Nature and range of services provided	2
FRD 22H	Activities, programs and achievements for the reporting period	6 – 31
FRD 22H	Significant changes in key initiatives and expectations for the future	4 – 9
Management and Structure		
FRD 22H	Organisational structure	34
FRD 22H	Workforce data / employment and conduct principles	17
FRD 22H	Occupational Health and Safety	30
Financial Information		
FRD 22H	Summary of the financial results for the year	FS
FRD 22H	Significant changes in financial position during the year	13 – 17
FRD 22H	Operational and budgetary objectives and performance against objectives	FS
FRD 22H	Subsequent events	30
FRD 22H	Details of consultancies under \$10,000	31
FRD 22H	Details of consultancies over \$10,000	31
FRD 22H	Disclosure of ICT expenditure	16
Legislation		
FRD 22H	Application and operation of <i>Freedom of Information Act 1982</i>	30
FRD 22H	Compliance with building and maintenance provisions of <i>Building Act 1993</i>	30
FRD 22H	Application and operation of <i>Protected Disclosure 2012</i>	30
FRD 22H	Statement on National Competition Policy	31
FRD 22H	Application and operation of <i>Carers Recognition Act 2012</i>	31
FRD 22H	Summary of the entity's environmental performance	16
FRD 22H	Additional information available upon request	31
Other relevant reporting directives		
FRD 25D	Local Jobs First Act disclosures	30
SD 5.1.4	Financial Management Compliance attestation	32
SD 5.2.3	Declaration in report of operations	IFC
Attestations		
	Attestation on Data Integrity	32
	Attestation on managing Conflicts of Interest	32
	Attestation on Integrity, fraud, corruption	32
Other reporting requirements		
	- Occupational Violence reporting	29
	- Reporting obligations under the <i>Safe Patient Care Act 2015</i>	30

FS - Refers to Financial Statements

IFC - Refers to Inside Front Cover

Finance Report 2019–2020



Independent Auditor's Report

To the Board of Robinvale District Health Services

Opinion	<p>I have audited the financial report of Robinvale District Health Services (the health service) which comprises the:</p> <ul style="list-style-type: none">• balance sheet as at 30 June 2020• comprehensive operating statement for the year then ended• statement of changes in equity for the year then ended• cash flow statement for the year then ended• notes to the financial statements, including significant accounting policies• board member's, accountable officer's and chief finance & accounting officer's declaration. <p>In my opinion the financial report presents fairly, in all material respects, the financial position of the health service as at 30 June 2020 and their financial performance and cash flows for the year then ended in accordance with the financial reporting requirements of Part 7 of the <i>Financial Management Act 1994</i> and applicable Australian Accounting Standards.</p>
Basis for Opinion	<p>I have conducted my audit in accordance with the <i>Audit Act 1994</i> which incorporates the Australian Auditing Standards. I further describe my responsibilities under that Act and those standards in the <i>Auditor's Responsibilities for the Audit of the Financial Report</i> section of my report.</p> <p>My independence is established by the <i>Constitution Act 1975</i>. My staff and I are independent of the health service in accordance with the ethical requirements of the Accounting Professional and Ethical Standards Board's <i>APES 110 Code of Ethics for Professional Accountants</i> (the Code) that are relevant to my audit of the financial report in Victoria. My staff and I have also fulfilled our other ethical responsibilities in accordance with the Code.</p> <p>I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.</p>
Board's responsibilities for the financial report	<p>The Board of the health service is responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards and the <i>Financial Management Act 1994</i>, and for such internal control as the Board determines is necessary to enable the preparation and fair presentation of a financial report that is free from material misstatement, whether due to fraud or error.</p> <p>In preparing the financial report, the Board is responsible for assessing the health service's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless it is inappropriate to do so.</p>

Auditor's responsibilities for the audit of the financial report

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
26 October 2020



Travis Derricott
as delegate for the Auditor-General of Victoria

**Robinvale District Health Services
Financial Statements
Financial Year ended 30 June 2020**

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

The attached financial statements for Robinvale District Health Services 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 2020 and the financial position of Robinvale District Health Services at 30 June 2020.

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 19th October 2020.

Member of Responsible Body



Bruce Myers
Chair
Robinvale
19th October 2020

Accountable Officer



Mara Richards
Chief Executive Officer
Robinvale
19th October 2020

Chief Finance and Accountable Officer



Andrew Arundell
Chief Finance and Accounting Officer
(Contract)
Robinvale
19th October 2020

**Robinvale District Health Services
Comprehensive Operating Statement
For the year ended 30 June 2020**

		Total	Total
	Note	2020	2019
		\$000	\$000
Income from Transactions			
Operating activities	2.1	14,597	13,440
Non-operating activities	2.1	144	220
Total Income from Transactions		14,741	13,660
Expenses from Transactions			
Employee expenses	3.1	(11,359)	(10,637)
Supplies and consumables	3.1	(669)	(537)
Finance costs	3.1	(5)	(20)
Depreciation	4.3	(1,681)	(1,094)
Other administrative expenses	3.1	(1,668)	(1,614)
Other operating expenses	3.1	(679)	(782)
Other non-operating expenses	3.1	(3)	(2)
Total Expenses from Transactions		(16,065)	(14,686)
Net Result from Transactions - Net Operating Balance		(1,324)	(1,026)
Other Economic Flows included in Net Result			
Other Gain/(Loss) from other economic flows	3.2	4	(113)
Total Other Economic Flows included in Net Result		4	(113)
Net Result for the year		(1,320)	(1,139)
Other Comprehensive Income			
Items that will not be reclassified to Net Result			
Changes in property, plant and equipment revaluation surplus	4.2(b)	-	4,930
Total Other Comprehensive Income		-	4,930
Comprehensive Result for the Year		(1,320)	3,791

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

Robinvale District Health Services Balance Sheet as at 30 June 2020

	Note	Total 2020 \$000	Total 2019 \$000
Current Assets			
Cash and cash equivalents	6.2	10,597	9,904
Receivables	5.1	616	186
Inventories	4.4	130	58
Other financial assets	4.1	-	1,000
Other assets		167	178
Total Current Assets		11,510	11,326
Non-Current Assets			
Receivables	5.1	300	348
Property, plant and equipment	4.2 (a)	18,425	19,714
Total Non-Current Assets		18,725	20,062
TOTAL ASSETS		30,235	31,388
Current Liabilities			
Payables	5.2	1,238	934
Provisions	3.4	2,343	2,039
Other liabilities	5.3	3,171	3,541
Total Current Liabilities		6,752	6,514
Non-Current Liabilities			
Borrowings	6.1	27	-
Provisions	3.4	292	390
Total Non-Current Liabilities		319	390
TOTAL LIABILITIES		7,071	6,904
NET ASSETS		23,164	24,484
EQUITY			
Property, plant and equipment revaluation surplus	4.2(f)	4,956	4,956
Contributed capital	SCE	22,352	22,352
Accumulated deficits	SCE	(4,144)	(2,824)
TOTAL EQUITY		23,164	24,484

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

**Robinvale District Health Services
Statement of Changes in Equity
For the Financial Year Ended 30 June 2020**

		Property, Plant and Equipment Revaluation Surplus	Contributed Capital	Accumulated Deficits	Total
	Note	\$000	\$000	\$000	\$000
Balance at 1 July 2018	4.2 (f)	26	22,352	(1,685)	20,693
Net result for the year		-	-	(1,139)	(1,139)
Other comprehensive income for the year		4,930	-	-	4,930
Balance at 30 June 2019		4,956	22,352	(2,824)	24,484
Net result for the year		-	-	(1,320)	(1,320)
Balance at 30 June 2020		4,956	22,352	(4,144)	23,164

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

Robinvale District Health Services
Cash Flow Statement
For the Financial Year Ended 30 June 2020

	Note	Total 2020 \$000	Total 2019 \$000
Cash Flows from Operating Activities			
Operating grants from government		11,699	10,880
Capital grants from government - State		24	41
Patient fees received		1,122	1,041
Donations and bequests received		43	9
GST received from ATO		2	56
Interest and investment income received		144	220
Commercial income received		139	147
Other Receipts		1,192	1,330
Total Receipts		14,365	13,724
Employee expenses paid		(11,094)	(10,531)
Payments for supplies and consumables		(447)	(524)
Payments for medical indemnity insurance		(56)	(51)
Payments for repairs and maintenance		(273)	(281)
Finance costs		(5)	(20)
Other payments		(2,077)	(2,300)
Total Payments		(13,952)	(13,707)
Net Cash Flows from Operating Activities	8.1	413	17
Cash Flows from Investing Activities			
Purchase of non-financial assets		(376)	(698)
Proceeds from disposal of non-financial assets		-	100
Proceeds from disposal of investments		1,000	7,620
Net Cash Flows from Investing Activities		624	7,022
Cash Flows from Financing Activities			
Proceeds from borrowings		27	-
Net Receipt / (Repayment) of Monies Held in Trust		(371)	525
Net Cash Flows from / (used in) Financing Activities		(344)	525
Net Increase in Cash and Cash Equivalents Held		693	7,564
Cash and cash equivalents at beginning of year		9,904	2,340
Cash and Cash Equivalents at End of Year	6.2	10,597	9,904

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

Robinvale District Health Services

Notes to the Financial Statements

For the Financial Year Ended 30 June 2020

Basis of preparation

These financial statements are in Australian dollars and the historical cost convention is used unless a different measurement basis is specifically disclosed in the note associated with the item measured on a different basis.

The accrual basis of accounting has been applied in preparing these financial statements, whereby assets, liabilities, equity, income and expenses are recognised in the reporting period to which they relate, regardless of when cash is received or paid.

Note 1 – Summary of Significant Accounting Policies

These annual financial statements represent the audited general purpose financial statements for Robinvale District Health Services (ABN 58 413 230 512) for the year ended 30 June 2020. The report provides users with information about Robinvale District Health Services' stewardship of resources entrusted to it.

(a) Statement of Compliance

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

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

Robinvale District Health Services is a not-for-profit entity and therefore applies the additional AUS paragraphs applicable to "not-for-profit" Health Service under the AAS's.

(b) Reporting Entity

The financial statements include all the controlled activities of Robinvale District Health Services.

Its principal address is:

128-132 Latje Road

Robinvale VIC 3549

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

(c) Basis of Accounting Preparation and Measurement

Accounting policies are selected and applied in a manner which ensures that the resulting financial information satisfies the concepts of relevance and reliability, thereby ensuring that the substance of the underlying transactions or other events is reported.

The accounting policies have been applied in preparing the financial statements for the year ended 30 June 2020, and the comparative information presented in these financial statements for the year ended 30 June 2019.

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

These financial statements are presented in Australian dollars, the functional and presentation currency of Robinvale District Health Services.

All amounts shown in the financial statements have been rounded to the nearest thousand dollars, unless otherwise stated. Minor discrepancies in tables between totals and sum of components are due to rounding.

Robinvale District Health Services operates on a fund accounting basis and maintains three funds: Operating, Specific Purpose and Capital Funds.

The financial statements, except for cash flow information, have been prepared using the accrual basis of accounting. Under the accrual basis, items are recognised as assets, liabilities, equity, income or expenses when they satisfy the definitions and recognition criteria for those items, that is, they are recognised in the reporting period to which they relate, regardless of when cash is received or paid.

Robinvale District Health Services

Notes to the Financial Statements

For the Financial Year Ended 30 June 2020

Note 1 – Summary of Significant Accounting Policies (Continued)

(c) Basis of Accounting Preparation and Measurement (Continued)

Judgements, estimates and assumptions are required to be made about the carrying values of assets and liabilities that are not readily apparent from other sources. The estimates and underlying assumptions are reviewed on an ongoing basis. The estimates and associated assumptions are based on professional judgements derived from historical experience and various other factors that are believed to be reasonable under the circumstances. Actual results may differ from these estimates.

Revisions to accounting estimates are recognised in the period in which the estimate is revised and in future periods that are affected by the revision. Judgements and assumptions made by management in the application of AAS's that have significant effects on the financial statements and estimates relate to:

- The fair value of land, buildings and plant and equipment (refer to Note 4.2 Property, Plant and Equipment), and
- Employee benefit provisions are based on likely tenure of existing staff, patterns of leave claims, future salary movements and future discount rates (refer to Note 3.4 Employee Benefits in the Balance Sheet).

COVID-19

A state of emergency was declared in Victoria on 16 March 2020 due to the global coronavirus pandemic, known as COVID-19. A state of disaster was subsequently declared on 2 August 2020.

To contain the spread of the virus and to prioritise the health and safety of our communities various restrictions have been announced and implemented by the state government, which in turn has impacted the manner in which businesses operate, including Robinvale District Health Services.

In response, Robinvale District Health Services placed restrictions on non-essential visitors, implemented reduced visitor hours and reduced activity, performed COVID-19 testing and implemented work from home arrangements where appropriate.

For further details refer to Note 2.1 Funding delivery of our services and Note 4.2 Property, Plant and Equipment.

Regional areas have generally been less impacted by the pandemic, however the changed conditions continue to provide uncertainty and a reluctance from the community to engage as regularly with the Health Sector. The State Government have recognised the importance of a strong public health system and are providing ongoing support to ensure we remain financially viable and we can continue to support our staff who are at the front line of defence should the pandemic impact our community even more directly going forward.

From a financial perspective, the Health Service expects there will be a negative impact in the following areas:

- Private Patient Revenue.
- Recoveries from clinicians for use of hospital facilities as they have not been able to provide them.
- Recoveries from clients for services normally provided directly, but are no longer able to be provided.
- Activity based funding areas where there is no dispensation or reduced dispensation made available by the provider.
- Specific costs incurred in the prevention and/or treatment of COVID-19.

The following account balances have been considered by Management but we remain satisfied that COVID-19 has not required a change to the judgement and/or assumptions in the disclosure of any balances.

- Fair value of receivable balances,
- Fair value of non-financial assets,
- Impairment of non-financial assets,
- Going concern.

Robinvale District Health Services

Notes to the Financial Statements

For the Financial Year Ended 30 June 2020

Note 1 – Summary of Significant Accounting Policies (Continued)

Goods and Services Tax (GST)

Income, expenses and assets are recognised net of the amount of associated GST, unless the GST incurred is not recoverable from the Australian Taxation Office (ATO). In this case the GST payable is recognised as part of the cost of acquisition of the asset or as part of the expense.

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

Cash flows are presented on a gross basis. The GST components of cash flows arising from investing or financing activities which are recoverable from, or payable to the ATO, are presented separately in the operating cash flow.

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

(d) Jointly Controlled Operation

Joint control is the contractually agreed sharing of control of an arrangement, which exists only when decisions about the relevant activities require the unanimous consent of the parties sharing control.

In respect of any interest in joint operations, Robinvale District Health Services recognises in the financial statements:

- its assets, including its share of any assets held jointly;
- any liabilities including its share of liabilities that it had incurred;
- its revenue from the sale of its share of the output from the joint operation;
- its share of the revenue from the sale of the output by the operation; and
- its expenses, including its share of any expenses incurred jointly.

Robinvale District Health Services is a member of the Loddon Mallee Rural Health Alliance Joint Venture and retains joint control over the arrangement, which it has classified as a joint operation (refer to Note 8.7 Jointly Controlled Operations)

(e) Equity Contributed Capital

Consistent with the requirements of AASB 1004 Contributions, 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 Robinvale District Health Services.

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.

Note: 2 Funding delivery of our services

The Health Service's overall objective is to provide quality health service that support and enhance the wellbeing of all Victorians. Robinvale District Health Services is predominantly funded by accrual based grant funding for the provision of outputs. Robinvale District Health Services also receives income from the supply of services.

Structure

2.1 Income from Transactions

Note 2.1: Income from Transactions

	Total 2020 \$000	Total 2019 \$000
Government grants (State) - Operating ¹	7,920	7,557
Government grants (Commonwealth) - Operating ²	3,818	3,358
Government grants (State) - Capital	24	41
Other capital purpose income	101	9
Patient and resident fees	1,134	1,042
Commercial activities ³	139	147
Assets received free of charge or for nominal consideration	33	-
Other revenue from operating activities (including non-capital donations)	1,428	1,286
Total Income from Operating Activities	14,597	13,440
Other interest	144	220
Total Income from Non-Operating Activities	144	220
Total Income from Transactions	14,741	13,660

¹ Government Grants (State) - Operating includes funding of \$45,420 which was spent due to the impacts of COVID-19.

² Government Grants (Commonwealth) - Operating includes \$88,253 of funding to assist with the impacts of COVID-19.

³ Commercial activities represent business activities which Robinvale District Health Services enter into to support their operations.

Impact of COVID-19 on revenue and income

As indicated at Note 1, Robinvale District Health Services' response to the pandemic included the deferral of programs/projects and reduced activity. This resulted in Robinvale and District Health Service incurring lost revenue as well as direct and indirect COVID-19 costs. The Department of Health provided funding to which was spent due to COVID-19 impacts on Robinvale District Health Services. Robinvale District Health Services also received essential personal protective equipment free of charge under the state supply arrangement.

Accounting Policies

Government Grants

Income from grants to construct major infrastructure is recognised when (or as) Robinvale District Health Services satisfies its obligations under the transfer. This aligns with Robinvale District Health Services' obligation to construct the asset. The progressive percentage costs incurred is used to recognise income because this most closely reflects the construction's progress as costs are incurred as the works are done.

Income from grants that are enforceable and with sufficiently specific performance obligations are accounted for under AASB 15 as revenue from contracts with customers, with revenue recognised as these performance obligations are met.

Income from grants without any sufficiently specific performance obligations, or that are not enforceable, is recognised when Robinvale District Health Services has an unconditional right to receive the cash which usually coincides with receipt of cash. On initial recognition of the asset, Robinvale District Health Services recognises any related contributions by owners, increases in liabilities, decreases in assets, and revenue ('related amounts') in accordance with other Australian Accounting Standards. Related amounts may take the form of:

- (a) contributions by owners, in accordance with AASB 1004;
- (b) revenue or a contract liability arising from a contract with a customer, in accordance with AASB 15;
- (c) a lease liability in accordance with AASB 16;
- (d) a financial instrument, in accordance with AASB 9; or
- (e) a provision, in accordance with AASB 137 *Provisions, Contingent Liabilities and Contingent Assets*.

Note 2.1: Income from Transactions

As a result of the transitional impacts of adopting AASB 15 and AASB 1058, a portion of the grant revenue has been deferred. If the grant income is accounted for in accordance with AASB 15, the deferred grant revenue has been recognised in contract liabilities whereas grant revenue in relation to the construction of capital assets which the health service controls has been recognised in accordance with AASB 1058 and recognised as deferred grant revenue (refer note 5.2).

If the grant revenue was accounted for under the previous accounting standard AASB 1004 in 2019-20, the total grant revenue received would have been recognised in full.

Performance obligations

The types of government grants recognised under AASB 15 *Revenue from Contracts with Customers* includes:

- Activity Based Funding (ABF) with identifiable targets.
- Other one-off grants if funding conditions contain enforceable and sufficiently specific performance obligations.

For ABF, revenue is recognised as target levels are met. These performance obligations have been selected as they align with the terms and conditions of the funding provided. For this type of funding, there is minimal judgement required, as performance is measured in accordance with DHHS Policy and Funding Guidelines.

For other grants with performance obligations Robinvale District Health Services exercises judgement over whether the performance obligations have been met, on a grant by grant basis.

Previous accounting policy for 30 June 2019

Grant income arises from transactions in which a party provides goods or assets (or extinguishes a liability) to Robinvale District Health Services without receiving approximately equal value in return. While grants may result in the provision of some goods or services to the transferring party, they do not provide a claim to receive benefits directly of approximately equal value (and are termed 'non-reciprocal' transfers). Receipt and sacrifice of approximately equal value may occur, but only by coincidence.

Some grants are reciprocal in nature (i.e. equal value is given back by the recipient of the grant to the provider). Robinvale District Health Services recognises income when it has satisfied its performance obligations under the terms of the grant.

For non-reciprocal grants, Robinvale District Health Services recognises revenue when the grant is received.

Grants can be received as general purpose grants, which refers to grants which are not subject to conditions regarding their use. Alternatively, they may be received as specific purpose grants, which are paid for a particular purpose and/or have conditions attached regarding their use.

The following are transactions that Robinvale District Health Services has determined to be classified as revenue from contracts with customers in accordance with AASB 15. Due to the modified retrospective transition method chosen in applying AASB 15, comparative information has not been restated to reflect the new requirements.

Patient and Resident Fees

The performance obligations related to patient fees are based on the delivery of services. These performance obligations have been selected as they align with the terms and conditions of providing the services. Revenue is recognised as these performance obligations are met.

Resident fees are recognised as revenue over time as Robinvale District Health Services provides accommodation. This is calculated on a daily basis and invoiced monthly.

Private Practice Fees / Primary Health Network Programs

The performance obligations related to private practice fees and primary health network programs are based on the delivery of services. These performance obligations have been selected as they align with the terms and conditions agreed with the private provider or primary health network. Revenue is recognised as these performance obligations are met. Private practice fees include recoupments from the private practice for the use of hospital facilities whilst various primary health networks commission Robinvale District Health Services to provide allied health services tackling national objectives and local priorities to improve health outcomes.

Performance obligations related to commercial activities are based on the delivery of services. These performance obligations have been selected as they align with the terms and conditions per the contract with the provider of the commercial activities.

Commercial activities

Revenue from commercial activities includes items such as provision of meals, property rental and fundraising activities and is recognised on an accruals basis.

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

	2020 \$000	2019 \$000
Cash donations and gifts	1	-
Plant and equipment	17	-
Assets received free of charge under State supply arrangements	15	-
Total fair value of assets and services received free of charge or for nominal consideration	33	-

Contributions of resources provided free of charge or for nominal consideration are recognised at their fair value when the recipient obtains control over the resources, irrespective of whether restrictions or conditions are imposed over the use of the contributions.

In order to meet the State of Victoria's health network supply needs during the COVID-19 pandemic, arrangements were put in place to centralise the purchasing of essential personal protective equipment and essential capital items such as ventilators.

The general principles of the State Supply Arrangement were that Health Purchasing Victoria sourced, secured and agreed terms for the purchase of the products, funded by the department, while Monash Health and the department took delivery and distributed the products to health services as resources provided free of charge.

The exception to this would be when the resource is received from another government department (or agency) as a consequence of a restructuring of administrative arrangements, in which case such a transfer will be recognised at its carrying value in the transferring department or agency as a capital contribution transfer.

Voluntary Services: Contributions in the form of services are only recognised when a fair value can be reliably determined, and the services would have been purchased if not donated. Robinvale District Health Services operates with substantial volunteer services and does not consider a reliable fair value can be determined.

Non-cash contributions from the Department of Health and Human Services

The Department of Health and Human Services makes some payments on behalf of health services as follows:

- The Victorian Managed Insurance Authority non-medical indemnity insurance payments are recognised as revenue following advice from the Department of Health and Human Services
- 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 and Human Services Hospital Circular
- Fair value of assets and services received free of charge or for nominal consideration

Resources received free of charge or for nominal consideration are recognised at their fair value when the transferee obtains control over them, irrespective of whether restrictions or conditions are imposed over the use of the contributions, unless received from another Health Service or agency as a consequence of a restructuring of administrative arrangements. In the latter case, such transfer will be recognised at carrying amount. Contributions in the form of services are only recognised when a fair value can be reliably determined and the service would have been purchased if not received as a donation.

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

Performance obligations and revenue recognition policies

Revenue is measured based on the consideration specified in the contract with the customer. Robinvale District Health Services recognises revenue when it transfers control of a good or service to the customer i.e. revenue is recognised when, or as, the performance obligations for the sale of goods and services to the customer are satisfied.

- Customers obtain control of the supplies and consumables at a point in time when the goods are delivered to and have been accepted at their premises.
- Income from the sale of goods are recognised when the goods are delivered and have been accepted by the customer at their premises.
- Revenue from the rendering of services is recognised at a point in time when the performance obligation is satisfied when the service is completed; and over time when the customer simultaneously receives and consumes the services as it is provided.

2.1 (b) Other income

	2020	2019
	\$000	\$000
Other interest	144	220
Total other income	144	220

Interest Income

Interest revenue is recognised on a time proportionate basis that takes into account the effective yield of the financial asset, which allocates interest over the relevant period.

Note 3: The cost of delivering our services

This section provides an account of the expenses incurred by the hospital 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 Analysis of expenses and revenue by internally managed and restricted specific purpose funds
- 3.4 Employee benefits in the Balance Sheet
- 3.5 Superannuation

Note 3.1: Expenses from Transactions

	Total 2020 \$000	Total 2019 \$000
Salaries and wages	9,836	9,075
On-costs	899	846
Agency expenses	506	571
Fee for service medical officer expenses	44	80
Workcover premium	74	65
Total Employee Expenses	11,359	10,637
Drug supplies	28	23
Medical and surgical supplies	325	227
Diagnostic and radiology supplies	8	17
Other supplies and consumables	308	270
Total Supplies and Consumables	669	537
Finance costs	5	20
Total Finance Costs	5	20
Other administrative expenses	1,668	1,614
Total Other Administrative Expenses	1,668	1,614
Fuel, light, power and water	308	333
Repairs and maintenance	186	161
Maintenance contracts	86	90
Medical indemnity insurance	56	64
Expenditure for capital purposes	42	134
Total Other Operating Expenses	679	782
Total Operating Expense	14,381	13,590
Depreciation (refer Note 4.3)	1,681	1,094
Total Depreciation	1,681	1,094
Specific expense	-	1
Bad and doubtful debt expense	3	1
Total Other Non-Operating Expenses	3	2
Total Non-Operating Expense	1,684	1,096
Total Expenses from Transactions	16,065	14,686

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

Note 3.1: Expenses from Transactions

Employee Expenses

Employee expenses include:

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

Supplies and consumables

Supplies and 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:

- interest on bank overdrafts and short-term and long-term borrowings (Interest expense is recognised in the period in which it is incurred);
- amortisation of discounts or premiums relating to borrowings;
- amortisation of ancillary costs incurred in connection with the arrangement of borrowings; and
- 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 and Human Services also makes certain payments on behalf of Robinvale District Health Services. 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.

Operating lease payments

Operating lease payments up until 30 June 2019 (including contingent rentals) were recognised on a straight line basis over the lease term, except where another systematic basis is more representative of the time pattern of the benefits derived from the use of the leased asset.

From 1 July 2019, the following lease payments are recognised on a straight-line basis:

- Short-term leases – leases with a term less than 12 months; and
- Low value leases – leases with the underlying asset's fair value (when new, regardless of the age of the asset being leased) is no more than \$10,000.

Variable lease payments not included in the measurement of the lease liability (i.e. variable lease payments that do not depend on an index or a rate, initially measured using the index or rate as at the commencement date). These payments are recognised in the period in which the event or condition that triggers those payments occur.

Note 3.2: Other economic flows included in net result

Other gains/(losses) from other economic flows

Net gain/(loss) arising from revaluation of long service liability

Total other Gains/(Losses) from Other Economic Flows

Total Gains/(Losses) From Other Economic Flows

Total 2020 \$000	Total 2019 \$000
4	(113)
4	(113)
4	(113)

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:

- Revaluation gains/ (losses) of non-financial physical assets (Refer to Note 4.2 Property plant and equipment.)
- Net gain/ (loss) on disposal of non-financial assets

Any gain or loss on the disposal of non-financial assets is recognised at the date of disposal.

Net gain/ (loss) on financial instruments

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

- impairment and reversal of impairment for financial instruments at amortised cost refer to Note 7.1 Financial Instruments and other financial assets; and
- disposals of financial assets and derecognition of financial liabilities.

Other gains/ (losses) from other economic flows

Other gains/ (losses) include:

- the revaluation of the present value of the long service leave liability due to changes in the bond rate movements, inflation rate movements and the impact of changes in probability factors; and
- transfer of amounts from the reserves to accumulated surplus or net result due to disposal or derecognition or reclassification.

Note 3.3: Analysis of Expenses and Revenue by Internally Managed and Restricted Specific Purpose Funds

	Expense		Revenue	
	Total 2020 \$000	Total 2019 \$000	Total 2020 \$000	Total 2019 \$000
Commercial Activities				
Property	101	120	139	144
Other (include any activity not stated above)	-	-	-	3
Total Commercial Activities	101	120	139	147
TOTAL	101	120	139	147

Note 3.4: Employee Benefits in the Balance Sheet

	Total 2020 \$000	Total 2019 \$000
CURRENT PROVISIONS		
Employee Benefits ⁱ		
<i>Accrued days off</i>		
- unconditional and expected to be settled wholly within 12 months ⁱⁱ	64	54
<i>Annual leave</i>		
- unconditional and expected to be settled wholly within 12 months ⁱⁱ	908	751
- unconditional and expected to be settled wholly after 12 months ⁱⁱⁱ	-	-
<i>Long service leave</i>		
- unconditional and expected to be settled wholly within 12 months ⁱⁱ	107	162
- unconditional and expected to be settled wholly after 12 months ⁱⁱⁱ	998	839
	2,077	1,806
Provisions related to Employee Benefit On-Costs		
Unconditional and expected to be settled within 12 months ⁱⁱ	138	125
Unconditional and expected to be settled after 12 months ⁱⁱⁱ	128	108
	266	233
TOTAL CURRENT PROVISIONS	2,343	2,039
NON-CURRENT PROVISIONS		
Conditional long service leave ⁱⁱⁱ	259	346
Provisions related to employee benefit on-costs ⁱⁱⁱ	33	44
TOTAL NON-CURRENT PROVISIONS	292	390
TOTAL PROVISIONS	2,635	2,429

ⁱ Employee benefits consist of amounts for accrued days off, annual leave and long service leave accrued by employees, not including on-costs.

ⁱⁱ The amounts disclosed are nominal amounts.

ⁱⁱⁱ The amounts disclosed are discounted to present values.

Note 3.4: Employee Benefits in the Balance Sheet (Continued)

(a) Employee Benefits and Related On-Costs

	Total 2020 \$000	Total 2019 \$000
Current Employee Benefits and Related On-Costs		
Unconditional long service leave entitlements	1,247	1,130
Annual leave entitlements	1,024	847
Accrued days off	72	62
Total Current Employee Benefits and Related On-Costs	2,343	2,039
Non-Current Employee Benefits and Related On-Costs		
Conditional long service leave entitlements	292	390
Total Non-Current Employee Benefits and Related On-Costs	292	390
TOTAL EMPLOYEE BENEFITS AND RELATED ON-COSTS	2,635	2,429

(b) Movement in On-Costs Provision

	Total 2020 \$000	Total 2019 \$000
Balance at start of year	277	300
Additional provisions recognised	604	734
Unwinding of discount and effect of changes in the discount rate	4	(113)
Reduction due to transfer out	(586)	(644)
Balance at end of year	299	277

Employee Benefit Recognition

Provision is made for benefits accruing to employees in respect of accrued days off, annual leave and long service leave for services rendered to the reporting date as an expense during the period the services are delivered.

Provisions

Provisions are recognised when Robinvale District Health Services has a present obligation, the future sacrifice of economic benefits is probable, and the amount of the provision can be measured reliably.

The amount recognised as a liability is the best estimate of the consideration required to settle the present obligation at reporting date, taking into account the risks and uncertainties surrounding the obligation.

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

Note 3.4: Employee Benefits in the Balance Sheet (Continued)

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

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

Termination Benefits

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

On-Costs Related to Employee Benefits

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

Note 3.5: Superannuation

Defined Benefit Plans:ⁱ

First State Super

Defined Contribution Plans:

First State Super

Hesta / Other

Total

Paid Contribution for the Year		Contribution Outstanding at Year End	
Total 2020 \$000	Total 2019 \$000	Total 2020 \$000	Total 2019 \$000
22	25	1	-
569	613	20	-
299	202	17	-
890	840	38	-

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

Employees of Robinvale District Health Services are entitled to receive superannuation benefits and it contributes to both defined benefit and defined contribution plans. The defined benefit plan provides benefits based on years of service and final average salary.

Note 3.5: Superannuation (Continued)

Defined Benefit Superannuation Plans

The amount charged to the Comprehensive Operating Statement in respect of defined benefit superannuation plans represents the contributions made by Robinvale District Health Services to the superannuation plans in respect of the services of current Robinvale District Health Services' 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.

Robinvale District Health Services does not recognise any unfunded defined benefit liability in respect of the plans because the health service has no legal or constructive obligation to pay future benefits relating to its employees; its only obligation is to pay superannuation contributions as they fall due. The Department of Treasury and Finance discloses the State's defined benefits liabilities in its disclosure for administered items.

However superannuation contributions paid or payable for the reporting period are included as part of employee benefits in the Comprehensive Operating Statement of Robinvale District Health Services.

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

Defined Contribution Superannuation Plans

In relation to defined contribution (i.e. accumulation) superannuation plans, the associated expense 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.

Note 4: Key Assets to support service delivery

Robinvale District Health Services 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 Robinvale District Health Services to be utilised for delivery of those outputs.

Structure

- 4.1 Investments and other financial assets
- 4.2 Property, plant & equipment
- 4.3 Depreciation
- 4.4 Inventories

Note 4.1: Other Financial Assets

	Operating Fund		Total	
	2020 \$000	2019 \$000	2020 \$000	2019 \$000
CURRENT				
Term deposits > 3 months	-	1,000	-	1,000
TOTAL CURRENT	-	1,000	-	1,000
TOTAL INVESTMENTS AND OTHER FINANCIAL ASSETS	-	1,000	-	1,000
Represented by:				
Monies Held in Trust	-	1,000	-	1,000
TOTAL INVESTMENTS AND OTHER FINANCIAL ASSETS	-	1,000	-	1,000

Investment Recognition

Investments are recognised and derecognised on trade date where purchase or sale of an investment is under a contract whose terms require delivery of the investment within the timeframe established by the market concerned, and are initially measured at fair value, net of transaction costs.

Robinvale District Health Services classifies its other financial assets between current and non-current assets based on the Board's intention at balance date with respect to the timing of disposal of each asset. Robinvale District Health Services assesses at each balance sheet date whether a financial asset or group of financial assets is impaired.

Robinvale District Health Services' investments must comply with Standing Direction 3.7.2 - Treasury Management, including Central Banking System.

All financial assets, except for those measured at fair value through the Comprehensive Operating Statement are subject to annual review for impairment.

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

Impairment of Financial Assets

At the end of each reporting period, Robinvale District Health Services assesses whether there is objective evidence that a financial asset or group of financial assets is impaired. All financial instrument assets, except those measured at fair value through the Comprehensive Income Statement, are subject to annual review for impairment.

In order to determine an appropriate fair value as at 30 June 2020 for its portfolio of financial assets, Robinvale District Health Services and its controlled entities used the market value of investments held provided by the portfolio managers.

The above valuation process was used to quantify the level of impairment (if any) on the portfolio of financial assets as at year end.

Note 4.2: Property, plant and equipment

Initial Recognition

Items of property, plant and equipment are measured initially at cost and subsequently revalued at fair value less accumulated depreciation and impairment loss. Where an asset is acquired for no or nominal cost, the cost is its fair value at the date of acquisition. Assets transferred as part of a merger/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. The cost of a leasehold improvement is capitalised as an asset and depreciated over the shorter of the remaining term of the lease or the estimated useful life of the improvements.

The initial cost for non-financial physical assets under a lease (refer to Note 6.1) is measured at amounts equal to the fair value of the leased asset or, if lower, the present value of the minimum lease payments, each determined at the inception of the lease.

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.

Land and buildings are recognised initially at cost and subsequently measured at fair value less accumulated depreciation and accumulated impairment loss.

Right-of-use asset acquired by lessees (Under AASB 16 – Leases from 1 July 2019) – Initial measurement

Robinvale District Health Services recognises a right-of-use asset and a lease liability at the lease commencement date. The right-of-use asset is initially measured at cost which comprises the initial amount of the lease liability adjusted for:

- any lease payments made at or before the commencement date; plus
- 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: Property, plant and equipment (PPE) as well as right-of-use assets under leases and service concession assets are subsequently measured at fair value less accumulated depreciation and impairment. Fair value is determined with regard 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) and is summarised on the following page by asset category.

Right-of-use asset – Subsequent measurement

Robinvale District Health Services depreciates the right-of-use assets on a straight line basis from the lease commencement date to the earlier of the end of the useful life of the right-of-use asset or the end of the lease term. The estimated useful life of the right-of-use assets are determined on the same basis as property, plant and equipment, other than where the lease term is lower than the otherwise assigned useful life. The right-of-use assets are also subject to revaluation as required by FRD 103H however as at 30 June 2020 right-of-use assets have not been revalued.

In addition, the right-of-use asset is periodically reduced by impairment losses, if any and adjusted for certain remeasurements of the lease liability.

Note 4.2: Property, plant and equipment (Continued) **Revaluations of Non-Current Physical Assets**

Non-current physical assets are measured at fair value and are revalued in accordance with FRD 103H *Non-financial Physical Assets*. This revaluation process normally occurs every five years, based upon the asset's Government Purpose Classification, but may occur more frequently if fair value assessments indicate material changes in values. Independent valuers are used to conduct these scheduled revaluations and any interim revaluations are determined in accordance with the requirements of the FRDs. Revaluation increments or decrements arise from differences between an asset's carrying value and fair value.

Revaluation increments are recognised in 'Other Comprehensive Income' and are credited directly to the asset revaluation surplus, 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, 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 surplus in respect of the same class of property, plant and equipment.

Revaluation increases and revaluation decreases 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 surplus is not transferred to accumulated funds on de-recognition of the relevant asset, except where an asset is transferred via contributed capital.

In accordance with FRD 103H Non-financial physical assets, Robinvale District Health Services' non-current physical assets were assessed to determine whether revaluation of the non-current physical assets was required.

Fair value measurement

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.

For the purpose of fair value disclosures, Robinvale District Health Services has determined classes of assets on the basis of the nature, characteristics and risks of the asset and the level of the fair value hierarchy as explained above.

In addition, Robinvale District Health Services 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.

The Valuer-General Victoria (VGV) is Robinvale District Health Services' independent valuation agency.

The estimates and underlying assumptions are reviewed on an ongoing basis.

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.

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 4.2: Property, plant and equipment (Continued)

Consideration of highest and best use (HBU) for non-financial physical assets

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.

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

Non-Specialised Land, Non-Specialised Buildings

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

For non-specialised land and non-specialised buildings, an independent valuation was performed by the Valuer-General Victoria to determine the fair value using the market approach. Valuation of the assets was determined by analysing comparable sales and allowing for share, size, topography, location and other relevant factors specific to the asset being valued. An appropriate rate per square metre has been applied to the subject asset. The effective date of the valuation is 30 June 2019.

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

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

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 Robinvale District Health Services, 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 Robinvale District Health Services' specialised land and specialised buildings was performed by the Valuer-General Victoria. The valuation was performed using the market approach adjusted for CSO. The effective date of the valuation is 30 June 2019.

Motor Vehicles

Robinvale District Health Services 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).

Plant and Equipment

Plant and equipment (including medical equipment, computers and communication equipment and furniture and fittings) 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 2020.

For all assets measured at fair value, the current use is considered the highest and best use.

Note 4.2: Property, Plant and Equipment (Continued)

(a) Gross carrying amount and accumulated depreciation

	Total 2020 \$'000	Total 2019 \$'000
Land - Freehold	1,010	1,010
TOTAL LAND AT FAIR VALUE	1,010	1,010
Buildings at fair value	17,847	17,806
Less accumulated depreciation	(1,418)	-
Sub-totals Buildings at Fair Value	16,429	17,806
Building work in progress at cost	63	14
TOTAL BUILDINGS	16,492	17,820
Plant and equipment at fair value	915	886
Less accumulated depreciation	(720)	(652)
TOTAL PLANT AND EQUIPMENT	195	234
Motor vehicles at fair value	633	633
Less accumulated depreciation	(465)	(383)
TOTAL MOTOR VEHICLES	168	250
Medical equipment at fair value	1,140	1,045
Less Accumulated Depreciation	(773)	(702)
TOTAL MEDICAL EQUIPMENT	367	342
Computers and communication equipment at fair value	763	638
Less accumulated depreciation	(622)	(580)
TOTAL COMPUTERS AND COMMUNICATION EQUIPMENT	141	58
PLANT AND EQUIPMENT UNDER CONSTRUCTION AT COST	52	-
TOTAL PROPERTY, PLANT AND EQUIPMENT	18,425	19,714

Note 4.2: Property, Plant and Equipment (Continued)

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

Total	Note	Land \$000	Buildings \$000	Plant & equipment \$000	Motor vehicles \$000	Medical Equipment \$000	Computers & Communication Equipment \$000	Assets under construction	Total \$000
Balance at 1 July 2018		721	13,479	279	271	395	75	60	15,280
Additions		-	466	22	168	18	24	-	698
Disposals		-	-	-	(100)	-	-	-	(100)
Revaluation increments/(decrements)		289	4,641	-	-	-	-	-	4,930
Net Transfers between classes		-	46	-	-	-	-	(46)	-
Depreciation	4.3	-	(826)	(67)	(99)	(71)	(41)	-	(1,094)
Balance at 30 June 2019	4.2 (a)	1,010	17,806	234	250	342	58	14	19,714
Additions		-	41	28	-	95	127	101	392
Depreciation	4.3	-	(1,418)	(68)	(81)	(70)	(44)	-	(1,681)
Balance at 30 June 2020	4.2(a)	1,010	16,429	195	168	367	141	115	18,425

Land and Buildings and Leased Assets Carried at Valuation

The Valuer-General Victoria undertook to re-value all of Robinvale District Health Services owned and leased 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.

In compliance with FRD 103H, in the year ended 30 June 2020, Robinvale District Health Services' management conducted an annual assessment of the fair value of land and buildings. To facilitate this, management obtained from the Department of Treasury and Finance the Valuer General Victoria indices for the financial year ended 30 June 2020.

The fair value of the land and buildings had been adjusted by an independent assessment in 2019. The latest indices did not identify that a further managerial revaluation was required in 2020. The indexed value was then compared to individual assets written down book value as at 30 June 2019 to determine the change in their fair values. The latest indices did not identify that a further revaluation was required in 2020.

In undertaking this assessment, management considered whether the impact of COVID-19 on the fair value of property may not have been reflected in the indices for the financial year and concluded the effect cannot yet be fully understood. In the absence of evidence to undermine the reliability of the indices, management have not altered their estimates of fair value as determined using the indices.

Note 4.2: Property, Plant and Equipment (Continued)

(c) Fair value measurement hierarchy for assets

	Fair value measurement at end of reporting period using:			
	Total Carrying Amount	Level 1 ⁱ	Level 2 ⁱ	Level 3 ⁱ
	\$000	\$000	\$000	\$000
Balance at 30 June 2020				
- Non-specialised land	343	-	343	-
- Specialised land	667	-	-	667
Total Land at Fair Value	1,010	-	343	667
- Non-specialised buildings	1,520	-	1,520	-
- Specialised buildings	14,909	-	-	14,909
Total Building at Fair Value	16,429	-	1,520	14,909
Plant and equipment at fair value	195	-	-	195
Motor vehicles at fair value	168	-	168	-
Medical equipment at Fair Value	367	-	-	367
Computers and communication equipment at fair value	141	-	-	141
Total Other Plant and Equipment at Fair Value	871	-	168	703
Total Property, Plant and Equipment	18,310	-	2,031	16,279

Note

4.2 (a)

4.2 (a)

4.2 (a)

4.2 (a)

4.2 (a)

4.2 (a)

ⁱ Classified in accordance with the fair value hierarchy.

Note 4.2: Property, Plant and Equipment (Continued)

	Fair value measurement at end of reporting period using:			
	Total Carrying Amount	Level 1 ⁱ	Level 2 ⁱ	Level 3 ⁱ
Balance at 30 June 2019	\$000	\$000	\$000	\$000
- Non-specialised land	343	-	343	-
- Specialised land	667	-	-	667
Total Land at Fair Value	1,010	-	343	667
- Non-specialised buildings	1,558	-	1,558	-
- Specialised buildings	16,248	-	-	16,248
Total Building at Fair Value	17,806	-	1,558	16,248
Plant and equipment at fair value	234	-	-	234
Motor vehicles at fair value	250	-	250	-
Medical equipment at Fair Value	342	-	-	342
Computers and communication equipment at fair value	58	-	-	58
Total other plant and equipment at fair value	884	-	250	634
Total Property, Plant and Equipment	19,700	-	2,151	17,549

ⁱ Classified in accordance with the fair value hierarchy.

ii There have been no transfers between levels during the period. In the prior year, there is a transfer between non-specialised land and specialised land to reflect the correct fair value as per the managerial revaluation in 2019.

Note 4.2: Property, Plant and Equipment (Continued)

(d) Reconciliation of Level 3 Fair Value ⁱ

	Land \$'000	Buildings \$'000	Plant & Equipment \$'000	Medical Equipment \$'000	Computers & Communication \$'000
Total	476	12,366	279	395	75
Balance at 1 July 2018	-	466	22	18	24
Additions/(Disposals)	-	46	(67)	(71)	(41)
Net Transfers between classes	-	(769)	-	-	-
- Depreciation and amortisation	-	-	-	-	-
Items recognised in other comprehensive income	191	4,139	-	-	-
Balance at 30 June 2019	667	16,248	234	342	58
Additions/(Disposals)	-	-	28	95	127
Gains/(Losses) recognised in net result	-	(1,339)	(68)	(70)	(44)
- Depreciation and Amortisation	-	-	-	-	-
Balance at 30 June 2020	667	14,909	195	367	141

Note 4.2: Property, Plant and Equipment (Continued)

Note 4.2 (e): Property, Plant and Equipment (Fair value determination)

Asset class	Likely valuation approach	Significant inputs (Level 3 only) ^(c)
Specialised land (Crown / Freehold)	Market approach	Community Service Obligations Adjustments ^(a)
Specialised buildings	Depreciated replacement cost approach	- Cost per square metre - Useful life
Dwellings	Market approach	n.a.
Plant and equipment	Depreciated replacement cost approach	- Cost per square metre - Useful life
	Depreciated replacement cost approach	- Cost per unit - Useful life

^a A community Service Obligation (CSO) of 20% was applied to Robinvale District Health Services' services specialised land classified in accordance with the fair value hierarchy.

Note 4.2: Property, Plant and Equipment (Continued)

Note 4.2 (f): Property, Plant and Equipment Revaluation Surplus

Property, Plant and Equipment Revaluation Surplus

Balance at the beginning of the reporting period

Revaluation Increment

- Land

- Buildings

Balance at the end of the Reporting Period*

*** Represented by:**

- Land

- Buildings

Total Property, Plant and Equipment Revaluation Surplus

	Total 2020 \$000	Total 2019 \$000
	4,956	26
Note	-	289
4.2 (b)	-	4,641
4.2 (b)	4,956	4,956
	289	289
	4,667	4,667
	4,956	4,956

Note 4.3: Depreciation

	Total 2020 \$'000	Total 2019 \$'000
Depreciation		
Buildings	1,418	826
Plant and equipment	68	67
Motor vehicles	81	89
Medical equipment	70	71
Computers and communication equipment	44	41
Total Depreciation	1,681	1,094

Depreciation

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

Right-of use assets are depreciated over the shorter of the asset's useful life and the lease term. Where Robinvale District Health Services obtains ownership of the underlying leased asset or if the cost of the right-of-use asset reflects that the entity will exercise a purchase option, the entity depreciates the right-of-use asset over its useful life.

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

	2020	2019
Buildings		
- Structure shell building fabric	25 to 60 years	25 to 60 years
- Site engineering services and central plant	20 to 30 years	20 to 30 years
Central Plant		
- Fit out	7 to 13 years	7 to 13 years
- Trunk reticulated building system	7 to 15 years	7 to 15 years
Plant and equipment	3 to 7 years	3 to 7 years
Medical equipment	7 to 10 years	7 to 10 years
Furniture and fitting	13 years	13 years
Motor vehicles	2 to 10 years	2 to 10 years

Note 4.4: Inventories

General stores at cost
Total Inventories

	Total 2020 \$000	Total 2019 \$000
	130	58
	130	58

Inventories

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

Note 5: Other assets and liabilities

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

Structure

5.1 Receivables and contract assets

5.2 Payables

5.3 Other liabilities

Note 5.1: Receivables

	Notes	Total 2020 \$000	Total 2019 \$000
CURRENT			
Contractual			
Trade Debtors		425	133
Patient / Resident Fees		17	9
Inter Hospital Debtors		5	-
<i>Allowance for Impairment (Note 5.1(a))</i>			
Trade Debtors	7.1(c)	(3)	(2)
Accrued Revenue - Department of Health (Commonwealth)		(8)	6
Accrued Revenue - Department of Health and Human Services		163	22
Sub-Total Contractual Receivables		599	168
Statutory			
GST Receivable		17	18
Sub-Total Statutory Receivables		17	18
TOTAL CURRENT RECEIVABLES		616	186
Statutory			
Long service leave - Department of Health and Human Services		300	348
Sub-Total Statutory Receivables		300	348
TOTAL NON-CURRENT RECEIVABLES		300	348
TOTAL RECEIVABLES		916	534

Note 5.1: Receivables (Continued)

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

	Total 2020 \$000	Total 2019 \$000
Balance at beginning of year	2	-
Amounts written off during the year	(3)	-
Increase / (Decrease) in allowance recognised in the net result	4	2
Balance at end of year	3	2

Contractual 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. Robinvale District Health Services holds the contractual receivables with the objective to collect the contractual cash flows and therefore subsequently measured at amortised cost using the effective interest method, less any impairment.

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. Robinvale District Health Services 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*.

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

Note 5.2: Payables and Contract Liabilities

		Total 2020 \$000	Total 2019 \$000
CURRENT			
Contractual	Notes		
Trade creditors		174	287
Accrued salaries and wages		454	399
Accrued expenses		383	110
Contract Liabilities - income received in advance	5.2(a)	180	4
Inter- hospital creditors		1	-
Amounts payable to governments and agencies		46	-
		1,238	800
Statutory			
Department of Health and Human Services		-	134
		-	134
TOTAL CURRENT PAYABLES		1,238	934
TOTAL PAYABLES		1,238	934

Payables consist of:

- contractual payables, classified as financial instruments and measured at amortised cost. Accounts payable and salaries and wages payable represent liabilities for goods and services provided to Robinvale District Health Services prior to the end of the financial year that are unpaid; and
- statutory payables, that are recognised and measured similarly to contractual payables, but are not classified as financial instruments and not included in the category of financial liabilities at amortised cost, because they do not arise from contracts.

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

As part of the stimulus measures relating COVID-19 the Victorian Government and agencies pay all supplier invoices within 5 business days.

Note 5.2 (a) Contract liabilities

	2020 \$000
Opening balance brought forward from 30 June 2019	4
Add: Payments received for performance obligations yet to be completed during the period	180
Add: Grant consideration for sufficiently specific performance obligations received during the year	-
Less: Revenue recognised in the reporting period for the completion of a performance obligation	(4)
Less: Grant revenue for sufficiently specific performance obligations works recognised consistent with the performance obligations met during the year	-
Total contract liabilities	180
Represented by	
Current contract liabilities	180
Non-current contract liabilities	-

Contract liabilities include consideration received in advance from customers in respect of specified targets and outcomes. Invoices are raised once the goods and services are delivered/provided.

Note 5.3: Other liabilities

	Total 2020 \$000	Total 2019 \$000
CURRENT		
Monies held in trust*: Patient monies held in trust	14	14
Monies held in trust*: Refundable accommodation deposits	3,153	3,524
Other	4	3
Total Current	3,171	3,541
Total Other Liabilities	3,171	3,541

*** Total Monies Held in Trust Represented by the Following Assets:**

Cash assets (refer note 6.2)

3,171	3,541
3,171	3,541

TOTAL

Refundable Accommodation Deposit (“RAD”) / Accommodation Bond liabilities

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

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

Note 6: How we finance our operations

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

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

Note 6.1: Borrowings

NON CURRENT

Advances from government ⁽ⁱ⁾

Total Non Current Borrowings

Total Borrowings

Total 2020 \$000	Total 2019 \$000
27	-
27	-
27	-

(i) These are unsecured loans which bear no interest.

(a) Maturity Analysis of Borrowings

Please refer to Note 7.1 for the ageing analysis of borrowings.

(b) Defaults and Breaches

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

Note 6.1: Borrowings (Continued)

Leases

A lease is a right to use an asset for an agreed period of time in exchange for payment. All leases are recognised on the balance sheet, with the exception of low value leases (less than \$10,000 AUD) and short term leases of less than 12 months.

Robinvale District Health Services' leasing activities

Robinvale District Health Services has entered into lease related to information technology equipment.

For any new contracts entered into on or after 1 July 2019, Robinvale District Health Services considers whether a contract is, or contains a lease. A lease is defined as 'a contract, or part of a contract, that conveys the right to use an asset (the underlying asset) for a period of time in exchange for consideration'. To apply this definition Robinvale District Health Services assesses whether the contract meets three key evaluations which are whether:

- 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 Robinvale District Health Services and for which the supplier does not have substantive substitution rights;
- Robinvale District Health Services 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 Robinvale District Health Services has the right to direct the use of the identified asset throughout the period of use; and
- Robinvale District Health Services has the right to take decisions in respect of 'how and for what purpose' the asset is used throughout the period of use.

This policy is applied to contracts entered into, or changed, on or after 1 July 2019.

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.

Recognition and measurement of leases as a lessee (under AASB 16 from 1 July 2019)

Lease Liability – 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 Robinvale District Health Services incremental borrowing rate.

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

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

Lease Liability – 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-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.

Short-term leases and leases of low value assets

Robinvale District Health Services has elected to account for short-term leases and leases of low value assets using the practical expedients. Instead of recognising a right of use asset and lease liability, the payments in relation to these are recognised as an expense in profit or loss on a straight line basis over the lease term.

Below market/Peppercorn lease

Robinvale District Health Services has no material below market/peppercorn leases.

Right-of-use assets under leases at significantly below-market terms and conditions that are entered into principally to enable Robinvale District Health Services to further its objectives, are initially and subsequently measured at cost.

These right-of-use assets are depreciated on a straight line basis over the shorter of the lease term and the estimated useful lives of the assets.

Presentation of right-of-use assets and lease liabilities

Robinvale District Health Services presents right-of-use assets as 'property plant equipment' unless they meet the definition of investment property, in which case they are disclosed as 'investment property' in the balance sheet. Lease liabilities are presented as 'borrowings' in the balance sheet.

Note 6.1: Borrowings (Continued)

Recognition and measurement of leases (under AASB 117 until 30 June 2019)

In the comparative period, leases of property, plant and equipment were classified as either finance lease or operating leases.

Robinvale District Health Services determined whether an arrangement was or contained a lease based on the substance of the arrangement and required an assessment of whether fulfilment of the arrangement is dependent on the use of the specific asset(s); and the arrangement conveyed a right to use the asset(s).

Leases of property, plant and equipment where Robinvale District Health Services as a lessee had substantially all of the risks and rewards of ownership were classified as finance leases. Finance leases were initially recognised as assets and liabilities at amounts equal to the fair value of the leased property or, if lower, the present value of the minimum lease payment, each determined at the inception of the lease. The leased asset is accounted for as a non-financial physical asset and depreciated over the shorter of the estimated useful life of the asset or the term of the lease. Minimum finance lease payments were apportioned between the reduction of the outstanding lease liability and the periodic finance expense, which is calculated using the interest rate implicit in the lease and charged directly to the consolidated comprehensive operating statement.

Contingent rentals associated with finance leases were recognised as an expense in the period in which they are incurred.

Assets held under other leases were classified as operating leases and were not recognised in Robinvale District Health Services balance sheet. Operating lease payments were recognised as an operating expense in the Statement of Comprehensive Income on a straight-line basis over the lease term.

The impact of initialising applying AASB15 Revenue from Contracts with Customers and AASB 1058 Income of not-for-profit entities to Robinvale District Health Services' grant revenue is described in Note 8.9. Under application of the modified retrospective transition method chosen in applying AASB 15 and AASB 1058 for the first time, comparative information has not been restated to reflect the new requirements. The adoption of AASB and AASB 1058 (did/did not) have an impact on Other Comprehensive Income and the Statement of Cash flows for the financial year.

Operating lease payments up until 30 June 2019 (including contingent rentals) are recognised on a straight line basis over the lease term, except where another systematic basis is more representative of the time pattern of the benefits derived from the use of the leased asset.

From 1 July 2019, the following lease payments are recognised on a straight-line basis:

- Short-term leases – leases with a term less than 12 months; and
- Low value leases – leases with the underlying asset's fair value (when new, regardless of the age of the asset being leased) is no more than \$10,000.

Variable lease payments not included in the measurement of the lease liability (i.e. variable lease payments that do not depend on an index or a rate, initially measured using the index or rate as at the commencement date). These payments are recognised in the period in which the event or condition that triggers those payments occur.

Other leasing arrangements in 2019: The other leases relate to equipment with lease terms of varying years. Robinvale District Health Services has options to purchase the equipment at the conclusion of the lease agreements. Some leases provide for additional rent payments based on changes in a local price index.

Entity as lessee

Leases are recognised as assets and liabilities at amounts equal to the fair value of the lease property or, if lower, the present value of the minimum lease payment, each determined at the inception of the lease. The lease assets under the PPP arrangement are accounted for as a non-financial physical asset and is depreciated over the term of the lease plus five years. Minimum lease payments are apportioned between reduction of the outstanding lease liability, and the periodic finance expense which is calculated using the interest rate implicit in the lease, and charged directly to the Comprehensive Operating Statement. Contingent rentals associated with leases are recognised as an expense in the period in which they are incurred.

Borrowings

All borrowings are initially recognised at fair value of the consideration received, less directly attributable transaction costs. The measurement basis subsequent to initial recognition depends on whether Robinvale District Health Services has categorised its liability as either 'financial liabilities designated at fair value through profit or loss', or financial liabilities at 'amortised cost'.

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'.

Note 6.2: Cash and Cash Equivalents

	Total 2020 \$000	Total 2019 \$000
Cash on hand (excluding monies held in trust)	1	1
Cash at Bank (excluding monies held in trust)	153	316
Cash at Bank (monies held in trust)	3,171	3,541
Cash at Bank - CBS (excluding monies held in trust)	7,272	6,046
TOTAL CASH AND CASH EQUIVALENTS	10,597	9,904

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

	2020 \$000	2019 \$000
Non-cancellable Short Term and low value lease commitments		
Less than 1 year	10	4
Longer than 1 year but not longer than 5 years	31	-
Total Non-cancellable Lease Commitments	42	4
Total Commitments for Expenditure (inclusive of GST)	42	4
Less GST recoverable from the Australian Tax Office	(4)	-
TOTAL COMMITMENTS FOR EXPENDITURE (exclusive of GST)	38	4

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

Commitments

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

Note 7: Risks, contingencies and valuation uncertainties

Robinvale District Health Services 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 Contingent Assets and Contingent Liabilities

Note 7.1 (a): 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 Robinvale District Health Services' activities, certain financial assets and financial liabilities arise under statute rather than a contract. Such financial assets and financial liabilities do not meet the definition of financial instruments in AASB 132 Financial Instruments: Presentation

(a) Categorisation of financial instruments

	Note	Financial Assets at Amortised Cost \$000	Financial Liabilities at Amortised Cost \$000	Total \$000
Total 2020				
Contractual Financial Assets				
Cash and Cash Equivalents	6.2	10,597	-	10,597
Receivables - Trade Debtors	5.1	422	-	422
Other Receivables	5.1	177	-	177
Total Financial Assets¹		11,196	-	11,196
Financial Liabilities				
Payables	5.2	-	1,058	1,058
Borrowings	6.1	-	27	27
Other Financial Liabilities - Refundable Accommodation Deposits	5.3	-	3,153	3,153
Other Financial Liabilities - Patient monies held in trust	5.3	-	14	14
Other Financial Liabilities	5.3	-	4	4
Total Financial Liabilities¹		-	4,256	4,256

Note 7.1 (a): Financial Instruments (Continued)

(a) Categorisation of financial instruments

	Note	Financial Assets at Amortised Cost \$'000	Financial Liabilities at Amortised Cost \$'000	Total \$'000
Total 2019				
Contractual Financial Assets				
Cash and Cash Equivalents	6.2	9,904	-	9,904
Receivables - Trade Debtors	5.1	131	-	131
Other Receivables	5.1	37	-	37
Investments and Other Financial Assets - Term Deposits	4.1	1,000	-	1,000
Total Financial Assets¹		11,072	-	11,072
Financial Liabilities				
Payables	5.2	-	796	796
Other Financial Liabilities - Refundable Accommodation Deposits	5.3	-	3,524	3,524
Other Financial Liabilities - Patient monies held in trust	5.3	-	14	14
Other Financial Liabilities	5.3	-	3	3
Total Financial Liabilities¹		-	4,337	4,337

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

Financial assets at amortised cost

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

- the assets are held by Robinvale District Health Services to collect the contractual cash flows, and
- the assets' contractual terms give rise to cash flows that are solely payments of principal and interests.

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

Robinvale District Health Services recognises the following assets in this category:

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

Note 7.1 (a): Financial Instruments (Continued)

Financial assets and liabilities at fair value through net result are categorised as such at trade date, or if they are classified as held for trading or designated as such upon initial recognition. Financial instrument assets are designated at fair value through net result on the basis that the financial assets form part of a group of financial assets that are managed based on their fair values and have their performance evaluated in accordance with documented risk management and investment strategies. Financial instruments at fair value through net result are initially measured at fair value; attributable transaction costs are expensed as incurred. Subsequently, any changes in fair value are recognised in the net result as other economic flows unless the changes in fair value relate to changes in the Robinvale District Health Services' own credit risk. In this case, the portion of the change attributable to changes in Robinvale District Health Services' own credit risk is recognised in other comprehensive income with no subsequent recycling to net result when the financial liability is derecognised. Robinvale District Health Services recognises some debt securities that are held for trading in this category and designated certain debt securities as fair value through net result in this category.

Financial liabilities at amortised cost are initially recognised on the date they are originated. They are initially measured at fair value plus any directly attributable transaction costs. Subsequent to initial recognition, these financial instruments are measured at amortised cost with any difference between the initial recognised amount and the redemption value being recognised in profit and loss over the period of the interest-bearing liability, using the effective interest rate method. Robinvale District Health Services recognises the following liabilities in this category:

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

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
- Robinvale District Health Services 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
- Robinvale District Health Services 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 Robinvale District Health Services has neither transferred nor retained substantially all the risks and rewards or transferred control, the asset is recognised to the extent of Robinvale District Health Services' 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: Subsequent to initial recognition reclassification of financial liabilities is not permitted. Financial assets are required to reclassified between fair value through net result, fair value through other comprehensive income and amortised cost when and only when Robinvale District Health Services' business model for managing its financial assets has changes such that its previous model would no longer apply.

Note 7.1 (b): Payables and Borrowings Maturity Analysis

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

Maturity analysis of Financial Liabilities as at 30 June

2020	Note	Carrying Amount \$'000	Nominal Amount \$'000	Maturity Dates				
				Less than 1 Month \$'000	1-3 Months \$'000	3 months - 1 Year \$'000	1-5 Years \$'000	Over 5 years \$'000
Financial Liabilities at amortised cost								
	5.2	1,058	1,058	-	-	-	-	-
	6.1	27	27	-	-	-	27	-
	5.3	3,153	3,153	-	-	1,558	1,595	-
	5.3	14	14	-	-	14	-	-
	5.3	4	4	-	-	4	-	-
	Total Financial Liabilities	4,256	4,256	1,058	-	1,576	1,622	-
2019								
Financial Liabilities at amortised cost								
	5.2	796	796	-	-	-	-	-
	5.3	3,524	3,524	-	-	1,397	2,127	-
	5.3	14	14	-	-	14	-	-
	5.3	3	3	-	-	3	-	-
	Total Financial Liabilities	4,337	4,337	796	-	1,414	2,127	-

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

Note 7.1 (c)
Contractual receivables at amortised cost (Continued)

Reconciliation of the movement in the loss allowance for contractual receivables

	Note	\$000	2020	2019
Balance at beginning of the year			2	-
Opening retained earnings adjustment on adoption of AASB 9			-	-
Opening Loss Allowance	5.1		2	-
Increase in provision recognised in the net result			4	2
Reversal of provision of receivables written off during the year as uncollectible			(3)	-
Balance at end of the year	5.1		3	2

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.

In prior years, a provision for doubtful debts is recognised when there is objective evidence that the debts may not be collected and bad debts are written off when identified. A provision is made for estimated irrecoverable amounts from the sale of goods when there is objective evidence that an individual receivable is impaired. Bad debts considered as written off by mutual consent.

Note 7.2: Contingent assets and contingent liabilities

Contingent assets and contingent liabilities are not recognised in the Balance Sheet, but are disclosed by way of note and, if quantifiable, are measured at nominal value. Contingent assets and contingent liabilities are presented inclusive of GST receivable or payable respectively.

Robinvale District Health Services had no contingent assets or liabilities as at 30 June 2020. (2019 \$Nil)

Note 8: Other disclosures

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

Structure

- 8.1 Reconciliation of Net Result for the Year to Net Cash Flow from Operating Activities
- 8.2 Responsible persons disclosure
- 8.3 Remuneration of Executive Officers
- 8.4 Related Parties
- 8.5 Remuneration of Auditors
- 8.6 Events Occurring after the Balance Sheet Date
- 8.7 Jointly Controlled Operations
- 8.8 Economic Dependency
- 8.9 Changes in accounting policy, revision and corrections of prior period errors
- 8.10 AASBs Issued that are not yet Effective

Note 8.1: Reconciliation of Net Result for the Year to Net Cash Flow from Operating Activities

Note	Total 2020 \$000	Total 2019 \$000
Net Result for the Year	(1,320)	(1,139)
Non-Cash Movements:		
Depreciation	1,681	1,094
Provision for Doubtful Debts	1	2
Assets Received Free of Charge	(17)	-
Revaluation of Long Service Leave	4	(113)
Movements in Assets and Liabilities:		
<i>Change in Operating Assets and Liabilities</i>		
(Increase)/Decrease in Receivables	(383)	112
(Increase)/Decrease in Prepayments	12	(33)
Increase/(Decrease) in Payables	304	(251)
(Increase)/Decrease in Inventories	(72)	13
(Increase)/Decrease in Employee Benefits	203	332
NET CASH INFLOW FROM OPERATING ACTIVITIES	413	17

Note 8.2: Responsible Persons

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

Responsible Ministers:

The Honourable Jenny Mikakos, Minister for Health and Minister for Ambulance Services

The Honourable Luke Donnellan, Minister for Child Protection, Minister for Disability, Ageing and Carers

Period

01/07/2019 - 30/06/2020

01/07/2019 - 30/06/2020

Governing Boards

Bruce Myers

01/07/2019 - 30/06/2020

Quentin Norton

01/07/2019 - 30/06/2020

Glenn Stewart

01/07/2019 - 30/06/2020

Freule Jones

01/07/2019 - 30/06/2020

Kady Moore

01/07/2019 - 30/06/2020

Yvonne Brown

01/07/2019 - 30/06/2020

Abby White

01/07/2019 - 28/04/2020

Trung (Jack) Dang

01/07/2019 - 30/06/2020

Accountable Officers

Mara Richards (Chief Executive Officer)

01/07/2019 - 30/06/2020

Remuneration of Responsible Persons

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

Income Band

\$0 - \$9,999

\$210,000 - \$219,000

Total Numbers

Total 2020 No.	Total 2019 No.
8	8
1	1
9	9

Total remuneration received or due and receivable by Responsible Persons from the reporting entity amounted to:

2020 \$000	2019 \$000
\$232	\$230

Amounts relating to the Governing Board Members and Accountable Officer are disclosed in Robinvale District Health Services' financial statements.

Amounts relating to Responsible Ministers are reported within the Department of Parliamentary Services' Financial Report.

Note 8.3: Remuneration of Executives

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

Remuneration of Executive Officers (including Key Management Personnel Disclosed in Note 8.4)

Short-term Benefits
Post-employment Benefits
Other Long-term Benefits
Total Remunerationⁱ

Total Number of Executives

Total Annualised Employee Equivalentⁱⁱ

Total Remuneration	
2020 \$000	2019 \$000
321	373
29	33
7	9
357	415
3	3
2.3	3.0

ⁱ The executive officers are not considered to meet the definition of Key Management Personnel (KMP) of Robinvale District Health Services under AASB 124 Related Party Disclosures and are therefore not reported within Note 8.4 Related Parties.

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

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

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

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

- All key management personnel (KMP) and their close family members;
- Cabinet ministers (where applicable) and their close family members;
- Jointly Controlled Operation - A member of Loddon Mallee Rural Health Alliance (LMRHA) regional Information Technology Joint Venture;
- All hospitals 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 Robinvale District Health Services, directly or indirectly.

The Board of Directors and Chief Executive Officer of Robinvale District Health Services are deemed to be KMPs.

Entity	KMPs	Position Title
Robinvale District Health Services	Bruce Myers	Board Member
Robinvale District Health Services	Quentin Norton	Board Member
Robinvale District Health Services	Glenn Stewart	Board Member
Robinvale District Health Services	Freule Jones	Board Member
Robinvale District Health Services	Kady Moore	Board Member
Robinvale District Health Services	Yvonne Brown	Board Member
Robinvale District Health Services	Abby White	Board Member
Robinvale District Health Services	Trung (Jack) Dang	Board Member
Robinvale District Health Services	Mara Richards	Chief Executive Officer

Note 8.4: Related Parties (Continued)

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

Compensation - KMPs

Short-term Employee Benefits ⁱ	
Post-employment Benefits	
Other Long-term Benefits	
Termination Benefits	
Totalⁱⁱ	

Total 2020 \$000	Total 2019 \$000
210	208
17	17
5	4
-	-
232	230

ⁱ KMPs are also reported in Note 8.2 Responsible Persons.

Significant Transactions with Government Related Entities

Robinvale District Health Services received funding from the Department of Health and Human Services of \$7.62M (2019: \$7.14M) and indirect contributions of (\$0.04M) (2019: (\$0.01M)).

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

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

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

Robinvale District Health Services at balance date held borrowings from the Department of Health and Human Services to the amount of \$0.027M (refer note 6.1) for the purpose of a solar array. There is no interest payable on the borrowings with the repayment terms being five annual instalments beginning in June 2022.

Transactions with KMPs and Other Related Parties

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

Outside of normal citizen type transactions with Robinvale District Health Services, there were no related party transactions that involved key management personnel, their close family members and their personal business interests. No provision has been required, nor any expense recognised, for impairment of receivables from related parties. There were no related party transactions with Cabinet Ministers required to be disclosed in 2020.

Note 8.5: Remuneration of Auditors

Victorian Auditor-General's Office
Audit of the Financial Statements

TOTAL REMUNERATION OF AUDITORS

Total 2020 \$000	Total 2019 \$000
25	24
25	24

Note 8.6: Events Occurring after the Balance Sheet Date

Assets, liabilities, income or expenses arise from past transactions or other past events. Where the transactions result from an agreement between Robinvale District Health Services and other parties, the transactions are only recognised when the agreement is irrevocable at or before the end of the reporting period.

Adjustments are made to amounts recognised in the financial statements for events which occur between the end of the reporting period and the date when the financial statements are authorised for issue, where those events provide information about conditions which existed at the reporting date. Note disclosure is made about events between the end of the reporting period and

The COVID-19 pandemic has created unprecedented economic uncertainty. Actual economic events and conditions in the future may be materially different from those estimated by the Robinvale District Health Services at the reporting date. As responses by government continue to evolve, management recognises that it is difficult to reliably estimate with any degree of certainty the potential impact of the pandemic after the reporting date on Robinvale District Health Services, its operations, its future results and financial position. The state of emergency in Victoria was extended on 11 October 2020 until 8 November 2020 and the state of disaster is still in place.

No other matters or circumstances have arisen since the end of the financial year which significantly affected or may affect the operations of the Robinvale District Health Services, the results of the operations or the state of affairs of the Robinvale District Health Services in the future financial years.

Note 8.7: Jointly Controlled Operations

Name of Entity	Principal Activity	Ownership Interest	
		2020 %	2019 %
Loddon Mallee Rural Health Alliance	Information Technology Services	4.45	4.43

Robinvale District Health Services interest in the above jointly controlled operations are detailed below. The amounts are included in the consolidated financial statements under their respective categories:

	2020 \$000	2019 \$000
CURRENT ASSETS		
Cash and Cash Equivalents	269	196
Receivables	20	25
Inventory	49	-
Prepayments	58	55
TOTAL CURRENT ASSETS	396	276
NON-CURRENT ASSETS		
Property, Plant and Equipment	39	25
TOTAL NON-CURRENT ASSETS	39	25
TOTAL ASSETS	435	301
CURRENT LIABILITIES		
Payables	169	62
Accrued Expenses	25	6
Income in Advance	18	-
TOTAL CURRENT LIABILITIES	212	68
TOTAL LIABILITIES	212	68
NET ASSETS	223	233
EQUITY		
Accumulated Surpluses	223	233
TOTAL EQUITY	223	233

Note 8.7: Jointly Controlled Operations (Continued)

Robinvale District Health Services interest in revenues and expenses resulting from jointly controlled operations are detailed below:

	2020 \$000	2019 \$000
REVENUE		
Revenue from Operating Activities	454	343
Non Operating Activities	26	9
TOTAL REVENUE	480	352
EXPENSES		
Operating Expenses	485	340
Depreciation	5	5
Expenditure Using Capital Purpose Income	-	-
TOTAL EXPENSES	490	345
NET RESULT	(10)	7

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

Contingent Liabilities and Capital Commitments

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

Note 8.8: Economic Dependency

Robinvale District Health Services is dependent on the Department of Health and Human Services for the majority of its revenue used to operate the entity. At the date of this report, the Board of Directors has no reason to believe the Department will not continue to support Robinvale District Health Services.

Note 8.9: Changes in accounting policy and revision of estimates

Changes in accounting policy

Leases

This note explains the impact of the adoption of AASB 16 Leases on Robinvale District Health Services' financial statements.

Robinvale District Health Services has applied AASB 16 with a date of initial application of 1 July 2019. Robinvale District Health Services has elected to apply AASB 16 using the modified retrospective approach, as per the transitional provisions of AASB 16 for all leases for which it is a lessee. The cumulative effect of initial application is recognised in retained earnings as at 1 July 2019. Accordingly, the comparative information presented is not restated and is reported under AASB 117 and related interpretations.

Previously, Robinvale District Health Services determined at contract inception whether an arrangement is or contains a lease under AASB 117 and Interpretation 4 – 'Determining whether an arrangement contains a Lease'. Under AASB 16, Robinvale District Health Services assesses whether a contract is or contains a lease based on the definition of a lease as explained in note 6.1.

On transition to AASB 16, Robinvale District Health Services has elected to apply the practical expedient to grandfather the assessment of which transactions are leases. It applied AASB 16 only to contracts that were previously identified as leases. Contracts that were not identified as leases under AASB 117 and Interpretation 4 were not reassessed for whether there is a lease. Therefore, the definition of a lease under AASB 16 was applied to contracts entered into or changed on or after 1 July 2019.

Leases classified as operating leases under AASB 117

As a lessee, Robinvale District Health Services previously classified leases as operating or finance leases based on its assessment of whether the lease transferred significantly all of the risks and rewards incidental to ownership of the underlying asset to Robinvale District Health Services. Under AASB 16, Robinvale District Health Services recognises right-of-use assets and lease liabilities for all leases except where exemption is availed in respect of short-term and low value leases.

On adoption of AASB 16, Robinvale District Health Services recognised lease liabilities in relation to leases which had previously been classified as operating leases under the principles of AASB 117 Leases. These liabilities were measured at the present value of the remaining lease payments, discounted using Robinvale District Health Services' incremental borrowing rate as of 1 July 2019. On transition, right-of-use assets are measured at the amount equal to the lease liability, adjusted by the amount of any prepaid or accrued lease payments relating to that lease recognised in the balance sheet as at 30 June 2019.

Note 8.9: Changes in accounting policy and revision of estimates (Continued)

Leases classified as operating leases under AASB 117 (Continued)

Robinvale District Health Services has elected to apply the following practical expedients when applying AASB 16 to leases previously classified as operating leases under AASB 117:

- Applied a single discount rate to a portfolio of leases with similar characteristics;
- Adjusted the right-of-use assets by the amount of AASB 137 onerous contracts provision immediately before the date of initial application, as an alternative to an impairment review;
- Applied the exemption not to recognise right-of-use assets and liabilities for leases with less than 12 months of lease term;
- Excluded initial direct costs from measuring the right-of-use asset at the date of initial application; and
- Used hindsight when determining the lease term if the contract contains options to extend or terminate the lease.

For leases that were classified as finance leases under AASB 117, the carrying amount of the right-of-use asset and lease liability at 1 July 2019 are determined as the carrying amount of the lease asset and lease liability under AASB 117 immediately before that date.

Leases as a Lessor

Robinvale District Health Services is not required to make any adjustments on transition to AASB 16 for leases in which it acts as a lessor. Robinvale District Health Services accounted for its leases in accordance with AASB 16 from the date of initial application.

Revenue from Contracts with Customers

In accordance with FRD 121 requirements, the Robinvale District Health Services has applied the transitional provision of AASB 15, under modified retrospective method with the cumulative effect of initially applying this standard against the opening retained earnings at 1 July 2019. Under this transition method, Robinvale District Health Services applied this standard retrospectively only to contracts that are not 'completed contracts' at the date of initial application. Robinvale District Health Services has not applied the fair value measurement requirements for right-of-use assets arising from leases with significantly below-market terms and conditions principally to enable the entity to further its objectives as allowed under temporary option under AASB 16 and as mandated by FRD 122.

Comparative information has not been restated.

Note 2.1.1 – Sales of goods and services includes details about the transitional application of AASB 15 and how the standard has been applied to revenue transactions.

Income of Not-for-Profit Entities

In accordance with FRD 122 requirements, Robinvale District Health Services has applied the transitional provision of AASB 1058, under modified retrospective method with the cumulative effect of initially applying this standard against the opening retained earnings at 1 July 2019. Under this transition method, Robinvale District Health Services applied this standard retrospectively only to contracts and transactions that are not completed contracts at the date of initial application.

Comparative information has not been restated.

Note 2.1.2 – Grants includes details about the transitional application of AASB 1058 and how the standard has been applied to revenue transactions.

The adoption of AASB 1058 did not have an impact on Other comprehensive income and the Statement of Cash flows for the financial year.

Impacts on financial statements

There was no impact from changes in accounting policy relating to leases and recognition of revenue for Robinvale District Health Services.

Note 8.10: AASBs Issued that are not yet Effective

Certain new Australian accounting standards have been published that are not mandatory for the 30 June 2020 reporting period. Department of Treasury and Finance assesses the impact of all these new standards and advises Robinvale District Health Services of their applicability and early adoption where applicable.

As at 30 June 2020, the following standards and interpretations had been issued by the AASB but were not yet effective. They become effective for the first financial statements for reporting periods commencing after the stated operative dates as detailed in the table below. Robinvale District Health Services has not and does not intend to adopt these standards early.

<i>Standard/Interpretation</i>	<i>Summary</i>	<i>Applicable for annual reporting periods beginning on</i>	<i>Impact on public sector entity financial statements</i>
<i>AASB 2018-7 Amendments to Australian Accounting Standards – Definition of Material</i>	This Standard principally amends AASB 101 <i>Presentation of Financial Statements</i> and AASB 108 <i>Accounting Policies, Changes in Accounting Estimates and Errors</i> . The amendments refine and clarify the definition of material in AASB 101 and its application by improving the wording and aligning the definition across AASB Standards and other publications. The amendments also include some supporting requirements in AASB 101 in the definition to give it more prominence and clarify the explanation accompanying the definition of material.	1 January 2020	The standard is not expected to have a significant impact on the public sector.
<i>AASB 2020-1 Amendments to Australian Accounting Standards – Classification of Liabilities as Current or Non-Current</i>	This Standard amends AASB 101 to clarify requirements for the presentation of liabilities in the statement of financial position as current or non-current. A liability is classified as non-current if an entity has the right at the end of the reporting period to defer settlement of the liability for at least 12 months after the reporting period. The meaning of settlement of a liability is also clarified.	1 January 2022. However, ED 301 has been issued with the intention to defer application to 1 January 2023.	The standard is not expected to have a significant impact on the public sector.

In addition to the new standards and amendments above, the AASB has issued a list of other amending standards that are not effective for the 2019-20 reporting period (as listed below). In general, these amending standards include editorial and reference changes that are expected to have insignificant impacts on public sector reporting.

- *AASB 2018-6 Amendments to Australian Accounting Standards – Definition of a Business.*
- *AASB 2019-1 Amendments to Australian Accounting Standards – References to the Conceptual Framework.*
- *AASB 2019-3 Amendments to Australian Accounting Standards – Interest Rate Benchmark Reform.*
- *AASB 2019-5 Amendments to Australian Accounting Standards – Disclosure of the Effect of New IFRS Standards Not Yet Issued in Australia.*
- *AASB 2019-4 Amendments to Australian Accounting Standards – Disclosure in Special Purpose Financial Statements of Not-for-Profit Private Sector Entities on Compliance with Recognition and Measurement Requirements.*
- *AASB 2020-2 Amendments to Australian Accounting Standards – Removal of Special Purpose Financial Statements for Certain For-Profit Private Sector Entities.*
- *AASB 1060 General Purpose Financial Statements – Simplified Disclosures for For-Profit and Not-for-Profit Tier 2 Entities (Appendix C).*

Robinvale District Health Services
E info@rdhs.com.au
PO Box 376, Robinvale Victoria 3549
ABN 58 413 230 512

Robinvale Campus T 03 5051 8111
Manangatang Campus T 03 5035 1500
Primary Care Services T 03 5051 8160
Riverside Campus T 03 5026 1071

www.rdhs.com.au 

