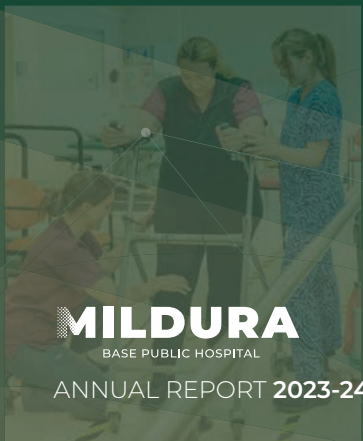
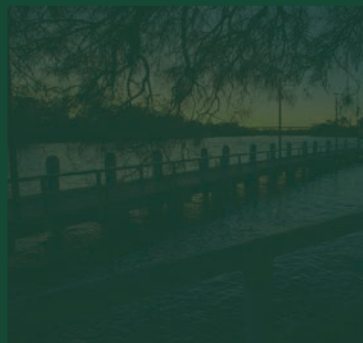


Creating a happier, healthier Northern Mallee



MILDURA
BASE PUBLIC HOSPITAL

ANNUAL REPORT 2023-24

VISION

Outstanding and integrated healthcare for the Sunraysia region.

MISSION

To improve the wellbeing of Sunraysia by providing quality health services with care, compassion and skill, in partnership with the community.

VALUES

Happy

We are positive

As an organisation

We aspire to be happy in all our dealings with people. Every day we strive to be the best version of ourselves, and we seek to continuously improve our organisation, ourselves and each other through personal and professional growth. We believe that happy people do their best work. We know that joy in our journey is invaluable to a sustainable and lasting success.

Empathetic

We are caring

As an organisation

We put our patients first, and we listen and deal with their needs. We are compassionate people who make MBPH a place for healing, growth and success for patients, their families and our staff.

Accountable

We are committed

As an organisation

We take ownership of the actions and decisions made. We do the right thing in all our interactions. We reward based on great outcomes, and we are transparent in both our successes and failures. We use good judgement and every day we make our patients' journey better.

Respectful

We are open to others

As an organisation

We build effective relationships and emphasise the importance of diversity and inclusion in our workplace. We recognise and value the views and the experiences our staff and patients bring to our organisation.

Team-based

We are one team

As an organisation

We do our best work when we collaborate within and across teams. Every day we strive to be our best selves. We know that individual differences can strengthen teams and we trust and respect each other's contribution. We make sure we have the right people in the right jobs with the right tools, resources and equipment. And we know, no single person is bigger than the team.



The Mildura Base Public Hospital would like to acknowledge the traditional custodians of this land, the people of the Millewa-Mallee Nations, and pay respect to their elders and ancestors past, present and emerging and honour their culture and traditions.

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About this Report

MANNER OF ESTABLISHMENT AND THE RELEVANT MINISTER

This Annual Report is prepared in accordance with Ministerial Directions issued by the Minister for Finance under the Financial Management Act 1994. The following disclosures are made regarding responsible persons for the reporting period.

RESPONSIBLE MINISTERS

From 1 July 2023 to 30 June 2024

The Hon. Mary-Anne Thomas MP, Minister for Health, Minister for Ambulance Services.

Mildura Base Public Hospital is charged with delivering public healthcare to the Northern Mallee in accordance with the principles established as guidelines for the delivery of public health services in Victoria under section 17AA of the Health Services Act 1988 (the Act)

REPORT FROM THE BOARD CHAIR AND CHIEF EXECUTIVE

The 2023-2024 financial year marked a period of substantial progress for Mildura Base Public Hospital (MBPH) as we continued our commitment to delivering high-quality healthcare for the Northern Mallee communities.

Our collaboration through the Northern Mallee Integrated Partnership (NMIP), involving Robinvale District Health Services, Mallee Track Health and Community Service (MTH&CS), and MBPH, has produced outstanding results. Notably, the Northern Mallee Health Connect project, launched in early 2024, has played a crucial role in enabling patients to access health services closer to home, easing the travel burden and reducing isolation for both patients and their families.

In 2023/24, MBPH implemented the Timely Emergency Care Collaborative (TECC) project, resulting in significant improvements in patient care. These achievements were recognised by the Institute for Healthcare Improvement, which awarded MBPH for its sustained advancements.

The launch of the MBPH Clinical Trials and Research Unit in 2023 marked another

milestone. This initiative commenced clinical trials and research projects that will directly benefit our region. Additionally, the completion of the Regional Community Platform (RCP) rollout across our Allied Health and Community Services programs has improved care coordination by providing real-time access to patient information for regional health partners.

In the area of mental health, we expanded our Suicide Prevention team to include wellbeing and lived experience staff. We also introduced the Lived Experience Workforce Framework to further enhance community support. Our focus on community care continued with the appointment of a Clinical Director of Community Services and the expansion of the MBPH@Home service, which has led to more patients receiving care at home, fewer hospital stays, and increased discharges to home-based care.

We successfully introduced the GEM@Home program and created an Aboriginal Health Practitioner role in our Emergency Department. This role has been pivotal in providing culturally safe clinical assessments and treatments to Aboriginal patients, as well as reconnecting those who leave before care is provided with necessary services.

MBPH has been an active participant in Safer Care Victoria initiatives, including the Postpartum Haemorrhage Collaborative, Creating Age-Friendly Health Systems in Victoria, and the Check Again and Safety for All projects. These efforts have contributed to better health outcomes across our inpatient, medical, and mental health services.

Our commitment to staff engagement remains strong. The 2023 People Matter Survey saw a 69% completion rate, significantly above the public sector average. Improvements in personal safety, well-being, and reductions in stress levels were reported by staff. We proudly display these results across the hospital as a testament to our focus on continuous improvement for both staff and patient care.

Our MBPH Foundation continues to deliver exceptional events, supporting various initiatives such as scholarships for students pursuing health-related university courses and funding for families who need to travel for specialised care for their children.

While the year presented challenges, particularly in the ever-evolving healthcare landscape, our focus remains unwavering, finding innovative ways to improve services and deliver positive health outcomes for our communities.

None of these achievements would have been possible without the dedication and commitment of our 1,250 staff members, to whom we extend our sincere thanks. We are also grateful to the Board of Directors for their ongoing support.



Frank Piscioneri

Frank Piscioneri
Board Chair



A handwritten signature in black ink, appearing to read 'Terry Welch'.

Terry Welch
Chief Executive Officer

MBPH FOUNDATION

The Mildura Base Public Hospital (MBPH) Foundation, continues to go from strength to strength, raising more than \$2.8million since its establishment in 2022.

Last year, a major fundraising campaign was launched to raise funds to build Foundation House. This much-needed, 150 room accommodation facility will offer respite and comfort to the hospital's staff, patients and their families. Foundation House is poised to become a pivotal asset in the healthcare landscape of the Northern Mallee region.

The Foundation was also excited to announce that a mobile skin cancer screening vehicle will be on the road in 2025. An Australian first, the ultramodern mobile health care facility, will be fitted with a WB360 Vectra scanner, one of the most advanced 3D skin imaging machines in the world.

The Foundation continues to hold major fundraising events including the KC Society 'Alfresco' luncheon, a cocktail party and fashion parade, gala ball and a golf day.

The KC Society luncheon, established in honour of Mildura surgeon, Mr Kevin Chambers, attracts a large number of people and this year extensive funds were raised on the day. Proceeds from the event are directed toward the scholarship program established to support tertiary students studying a health-related course. In 2023-24 four scholarships were awarded.

The Foundation partnered with Mildura City Heart to stage a fabulous cocktail party and fashion parade which was a wonderful success.

Funds raised went to the Lucas Foundation, which the MBPH Foundation is continuing to promote and administer after the trustees of the Lucas Foundation decided to wind up and donate all remaining funds to the MBPH Foundation. Local families, who have been forced to travel away from the region for treatment of a sick child, have been supported by the Foundation.

The Foundation's gala ball attracted more than 400 people and significant funds were raised through auction items and a raffle. The golf day was also well attended and has become a very popular annual event.

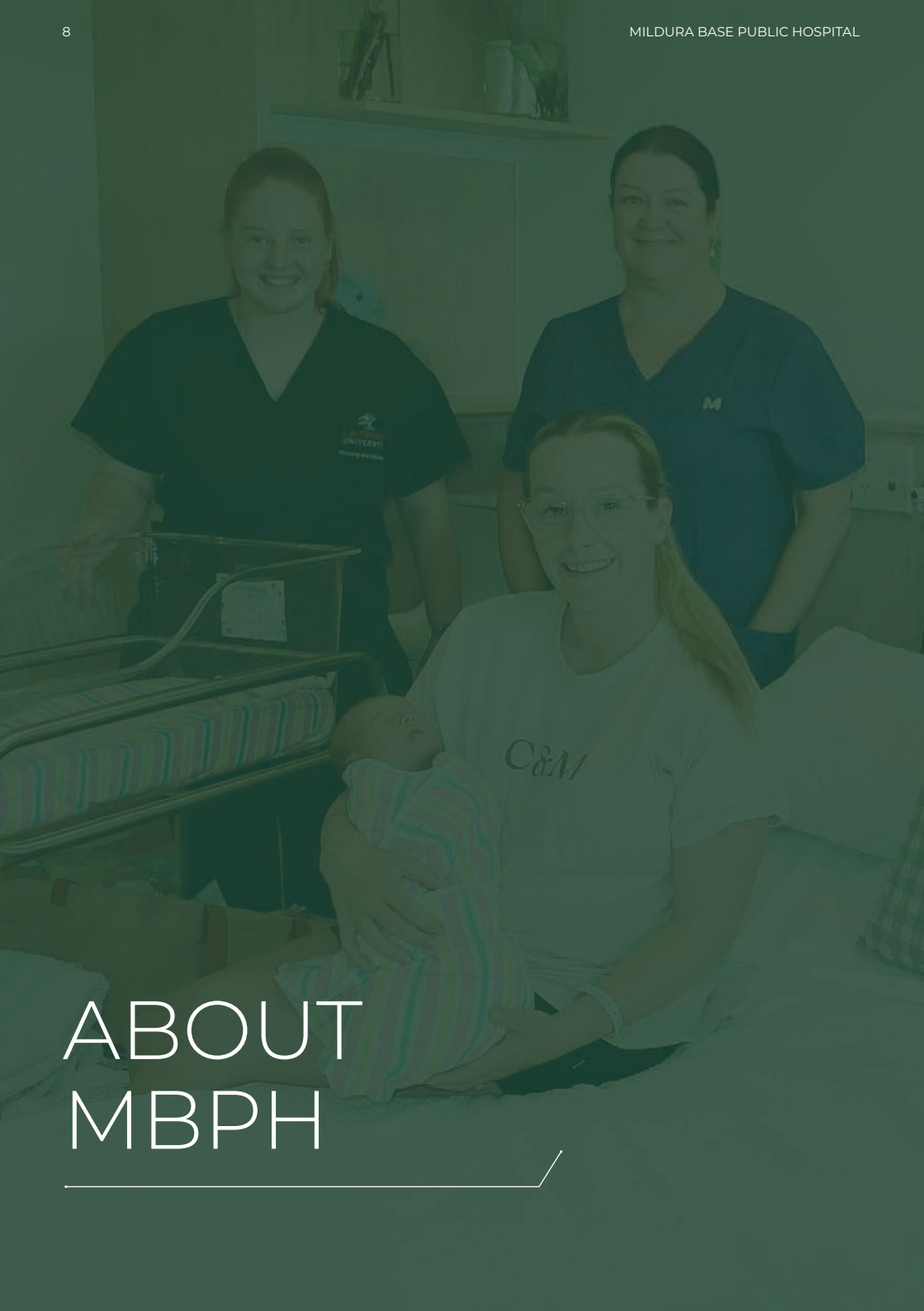
The Foundation continues its commitment to creating a happier healthier Northern Mallee through the creation of new projects to ensure health outcomes for this region continue to improve.

MBPH AT A GLANCE

Mildura Base Public Hospital (MBPH) serves as a major healthcare hub and offers the greatest scope of available services within the Northern Mallee region.

MBPH offers a range of in-patient and out-patient services, such as:

- Maternity & Newborn services
- General Medical services
- General Surgical services
- Paediatric services
- Rehabilitation, Palliative Care & Geriatric services
- Mental Health Services
- Emergency Department
- Intensive Care Unit
- Perioperative Services (including Operating Theatres, Pre-admission Clinics, Recovery Unit and CSSD unit)
- Allied Health Department
- MBPH@Home and other community-based programs (including but not limited too Residential-In-Reach, Rehabilitation-In-The-Home, Hospital-Admission-Risk-Program, Post-Acute-Care, Diabetes Education Services, Pulmonary Cardiac Rehab, Hospital-In-The-Home, GEM@Home and the Transitional-Care-Program)
- Oncology & Day Services
- Renal Dialysis Services
- Specialists Out-patient Clinics



ABOUT MBPH

OPERATIONAL HIGHLIGHTS

MBPH remains committed to working with our patients and consumers to provide innovative and better healthcare experiences for our community.

This year we have:

- Commenced junior doctor rotations into rural primary care posts in Ouyen and Wentworth under the John Flynn Prevocational Doctor Program
- Launched 'Connecting The Docs' recruitment and resource program, in conjunction with Loddon Mallee partners.
- Graduation of the first cohort of doctors from the MBPH Workplace Based Assessment Program, enabling them to remain in Mildura and commence specialist training pathways in psychiatry and general practice.
- Recruited a second oncologist and second nephrologist, maximizing clinical capacity in both areas.
- As part of a partnership with Mallee District Aboriginal Services (MDAS), Sunraysia Community Health Services (SCHS) and Wellways, established the Adult and Older Adult Mental Health and Wellbeing 'Local' which commenced operation in December 2023.
- Developed the Integrated Alcohol and other Drug Treatment (AOD) Service in Mental Health including an AOD specialist and our first AOD Nurse Practitioner.
- Commencement of Mildura's first fully locally trained specialist psychiatrist.
- Continued participation in the Timely Emergency Care Collaborative (TECC) saw significant improvements in flow across MBPH, providing a better healthcare experience for our patients by improving the timeliness of emergency care. MBPH has been recognised by the Department of Health during the project for achieving significant and sustained improvement and outstanding overall improvement.
- Participated in the Safer Care Victoria (SCV) Maternity Learning Health Network Improvement Program – Safer Baby; this project aims to reduce stillbirths and perineal tears.
- Completed the MBPH endoscopy suite upgrade which will allow greater efficiencies in patient flow and care, and also improvements within the theatre space and back of house allowing equipment decontamination and preparation to occur in an easier and more timely manner.
- Launched the Northern Mallee Integrated Partnership (NMIP) innovation "Northern Mallee Health Connect"; this has seen multiple locals return home to Mallee Track Health & Community Service (MTHCS) as a result of earlier discharge from MBPH inpatient services and into the NMHC teams care.
- Opened a dedicated Paediatric Specialist Clinic providing appropriate and safe space for our paediatric patients and their families.
- Introduced Prehabilitation Clinics November 2023 aiming to optimise patients for orthopaedic surgery and possibly reduce length of stay.
- Participated in the Loddon Mallee Health Network (LMHN) Planned Surgery and Recovery and Reform Theatre Efficiency Improvement Program.
- Commenced green light laser cases for urology which provides a quicker recovery time for patients.
- Established outpatient clinics for maternity care at MTHCS. This was implemented as a result of the Northern Mallee Clinical Services Plan highlighting the number of women and families travelling to MBPH for all antenatal visits.
- Implemented an Emergency Department (ED) Care Co-ordinator position which has resulted in early diversion of patients away from the MBPH ED waiting room to alternative appropriate services, and a large increase in referrals to MBPH@HOME services.
- Introduced the ICU Liaison Nurse role at MBPH which has resulted in a number of diversions away from ICU with greater support for clinical staff in their respective areas, and improved outcomes for patients.

FAST FACTS:



44,082

SPECIALIST
OUTPATIENT
APPOINTMENTS

32,779

PEOPLE WHO CAME
TO OUR EMERGENCY
DEPARTMENT FOR
TREATMENT

24,719

PEOPLE WHO WERE
ADMITTED TO OUR
HOSPITAL

5901

ELECTIVE ---
EMERGENCY ---

SURGICAL
OPERATIONS
PERFORMED

6711

AMBULANCE
ARRIVALS HANDLED
BY OUR EMERGENCY
DEPARTMENT

798

BABIES BORN

5042

RENAL DIALYSIS
TREATMENTS

3423

ONCOLOGY/
DAY SERVICES
TREATMENTS

3248

RESIDENTIAL-
IN-REACH
CONSULTS

345

HOSPITAL-
IN-THE-HOME
ADMISSIONS

1213

REHABILITATION
IN THE HOME
(RITH)

687

HOSPITAL ADMISSION
RISK PROGRAM
(HARP) CONSULTS

2870

TRANSITIONAL CARE
PROGRAM (TCP)
CONSULTS

4452

POST-ACUTE CARE
(PAC) CONSULTS

2280

DIABETES
EDUCATION
CONSULTS

000

PULMONARY
CARDIAC
REHABILITATION
CONSULTS



STRATEGIC PLANNING

The 2021-2024 Mildura Base Public Hospital strategic plan was approved by the Department of Health on 24 February 2022 and is available online at <https://www.mbpsh.org.au/Publications>

The plan aligns with our MBPH HEART values and has four strategic pillars;

- **Caring for our community**
- **Aspiration through our culture**
- **Trusted in our relationships**
- **Sustainable in our services**

For each of the four strategic pillars, MBPH have defined the goals, what we will do, what does it mean and how we will know if we are successful.

Stakeholder engagement was part of the preparation of the plan and it is aligned to key Victorian Government strategies, Regional priorities and local service planning and reviews, staff and community feedback and input.

The MBPH Strategic Plan aligns with our Department of Health Statement of Priorities Part A.

OUR RANGE OF SERVICE

Mildura Base Public Hospital is a sub-regional public hospital servicing a population of approximately 80,000 in the Sunraysia area.

The hospital is the major public referral health service for the Northern Mallee sub-region of the Loddon Mallee region which encompasses other hospitals at Ouyen, Robinvale and Manangatang. It is also a referral health service for the far west region of New South Wales including Wentworth and Balranald, and the Riverland of South Australia.

Acute service provision includes emergency, obstetrics and gynaecology, intensive care, general medicine and surgery, medical imaging, pathology, dialysis, chemotherapy, mental health (inpatient and community), rehabilitation, palliative care and a range of ambulatory care services.

In conjunction with the Victorian Department of Health, the Mildura and Northern Mallee Service plan has been progressed in 2023-2024 to ensure Mildura Base Public Hospital is best placed to respond to changing community health demands.

ADMINISTRATIVE STRUCTURE OF MBPH

BOARD OF DIRECTORS

Frank Piscioneri - Chair
Kashif Hayat – Deputy Chair
Tara Williams – Deputy Chair
Mary Rydberg
Quentin Norton
Paul O'Neill
Maria Mahony
Karen Woolfe
Ian Campbell

COMMITTEE STRUCTURES

Finance and Audit Committee

Kashif Hayat (Chair)
Mary Rydberg (Deputy Chair)
Maria Mahony
Tara Williams

Quality, Safety and Risk Committee

Tara Williams
Kashif Hayat
Karen Woolfe
Ian Campbell
Paul O'Neill

EXECUTIVE TEAM

Chief Executive Officer

Terry Welch

Executive Director Finance, Infrastructure & Partnerships

Deputy CEO

Matthew Jukes

Chief Medical Officer

Louise Litten

Executive Director Patient Compliance & Experience

Elise Elder

Executive Director Clinical Operations & Chief Nursing and Midwifery Officer

Katrina Allen

Executive Director Mental Health

David Kirby

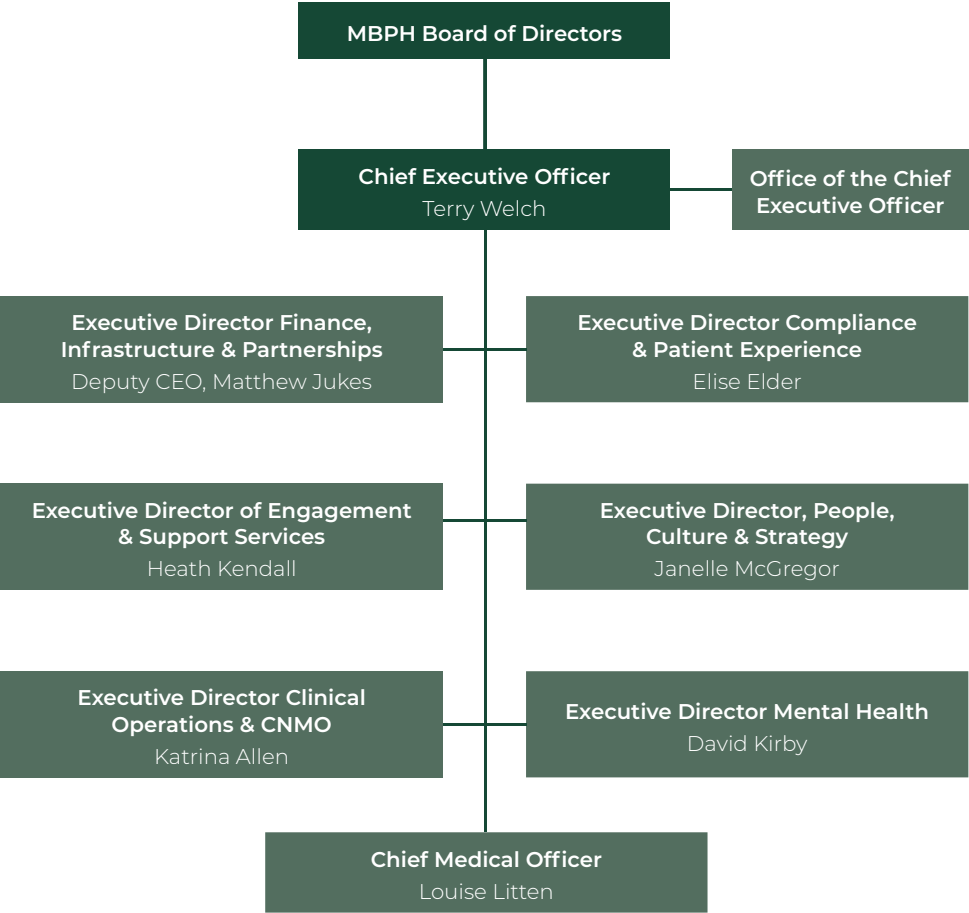
Executive Director People, Culture & Strategy

Janelle McGregor

Executive Director of Engagement & Support Services

Heath Kendall

ORGANISATIONAL STRUCTURE OF MBPH



OUR PEOPLE

WORKFORCE INFORMATION



WORKFORCE OVERVIEW

Over the past year, Mildura Base Public Hospital (MBPH) has made significant strides in advancing its strategic people initiatives, fully aligned with the MBPH Strategic Plan and Department of Health's Statement of Priorities. At the core of MBPH's vision is a commitment to providing exceptional patient care, with our dedicated workforce being integral to this vision. Ensuring that our staff are engaged and feel a strong sense of belonging remains critical to our ongoing success.

Our strategic approach, anchored in the HEART Values and a robust learning culture, is designed to nurture and support our teams. In 2023, we implemented a number of key actions from the People Strategy to enhance our workplace culture and operational effectiveness.

This included the beginning of critical IT system implementations, the commencement of a comprehensive mental health and wellbeing strategy, and the establishment of a new safety management system including the finalisation and testing drills of the Business Continuity Plan and Emergency Response Plan.

These initiatives are designed to consolidate and enhance actions and programs from prior years, ensuring they are sustained into the future. We also introduced Gender Impact Assessments (GIA) as part of our compliance with the Gender Equality Action Plan (GEAP) and submitted our second GEAP progress report. Additionally, we finalised a targeted recruitment strategy and campaign aimed at attracting top talent across all disciplines, and to address bullying and harassment within our workforce, we rolled out the Know Better, Be Better awareness campaign.

To promote continued flexibility and mitigate the impacts of fatigue on our workforce, we have developed policies that support work-life balance, including options for working from home and adaptable scheduling as part of the roster project.

Our commitment to career development and agility is evident through our professional development programs and career progression pathways, which empower our staff to grow and excel in their roles.

Additionally, we introduced a new Integrated Practical Placement program, allowing students undertaking the General education for adults' certificate to gain practical work experience with the aim of securing employment in our support services teams upon completion. These efforts collectively contribute to a positive employee experience and reinforce our dedication to delivering safe, high-quality care across every aspect of our health service.

Over the past six months, we have been preparing for the implementation of the Kronos time and attendance system. This initiative represents a significant advancement for MBPH, aligning us with our peer health services across Victoria.

The system will streamline current manual time and attendance processes, reducing administrative overhead and creating financial and workforce efficiencies, and allowing our clinical staff to focus more attention on providing patient care.

Additionally, the last 12 months saw the negotiation of our enterprise agreements at the state level for nursing and midwifery, administration and managers, and allied health. Our nursing and midwifery workforce is our largest, encompassing 591 staff.

MBPH maintained a supportive and empowering approach through facilitated meetings with our Chief Nursing and Midwifery Officer and the Australian Nursing and Midwifery Federation (ANMF) ensuring our staff felt supported during protected industrial action while remaining committed to patient care.

In the area of occupational health and safety, we initiated a review of our Occupational Violence Plan and completed the development of the Corrective Actions Register, which enhances transparency and accountability in addressing corrective actions across the health service.

We also established Department Team Accountability Meetings to strengthen safety culture and leadership accountability. Additionally, we developed People Matter policies and procedures to ensure accountability and ownership of results, established operational plans for the People Matter survey, and created an Engagement Strategy roadmap to guide our efforts in improving staff engagement.

Our staff engagement index score increased to 69, surpassing our target of 65, and we achieved a commendable survey response rate of 55%, well above our target of 40%. These results affirm the People Matter survey as a reliable benchmark for assessing workplace culture.

We also launched Family Violence awareness training for the Executive team, with plans to cascade this training to all staff. The new position of a Return to Work (RTW) Coordinator was implemented, and all associated policies and practices were reviewed to better support our employees. Hospital Incident Management training was updated and rolled out to staff to enhance our response capabilities. The Allies Network was established to promote inclusivity and support within our workforce.

In addition to these achievements, we introduced the inaugural Heart Heroes Awards program in August 2023. A new initiative to recognise and celebrate the outstanding contributions of our staff. Nominations for these awards are captured throughout the year, and are based on a number of criteria, including exemplifying our HEART Values, demonstrating exceptional commitment to patient care, and making significant contributions to our organisational goals.

The Heart Heroes Awards aim to highlight and reward the dedication and excellence of our team members, reinforcing our values driven culture and vision of providing exceptional patient care. Our 2023 winners were:

Heart Star Commitment to Excellence in Patient Care – Emma Gallagher, Nurse Unit Manager, Emergency Department

Heart Values 'Aspire' Award – Dennis Vilaneuva – Registered Nurse, Emergency Department

Heart Ambassador Board Award for Non-Clinical Staff – Derek Clark, Project Manager, and Mick Fena, Gardener, Infrastructure and Building Services

Heart Ambassador Board Award for Clinical Staff – Emma Bath, Registered Nurse, Community Programs

Team Award – Rehabilitation and Palliative Care Ward

The Coolamon Patient Care Awards – Pauline Bird, Registered Nurse, Rehabilitation and Palliative Care

Improvement and Innovation Award – David Tanner, Cook, Food Services, and Jill Nihill, Nurse Unit Manager, Medical Ward

Graduate Nurse Program Awards – James Herbert, Registered Nurse, Intensive Care Unit

Supervisor Award – Assoc. Prof Tom Callaly, Psychiatrist, Mental Health Unit

Medical Staff Award – Dr Satya Hallewas, Registrar, General Medicine

Diversity and Inclusion – Brianna Peters, Social Worker, Headspace

Champion Workplace Safety – Steve Matulic, Patient Services Supervisor, Hotel Services

Volunteer Award – Jim Witon, Volunteer

MBPH's quest to build a skilled and empowered workforce continues enhancing employee capabilities and creating new career progression opportunities and pipelines. This commitment is evident through the initiation of a comprehensive workforce plan and capability framework designed to fortify employees' skills and competencies, facilitating continuous improvement and growth within our workforce. These strategic efforts demonstrate MBPH's continued dedication to investing in our employees, solidifying the health service's long-term sustainability and equipping us to tackle future challenges with confidence.

The learning and organisational development team remains committed to continuing these major projects in 2024 -2025, building on the foundations laid to further enhance our workforce's potential capabilities. This ongoing dedication to our employees' growth and development is instrumental in shaping MBPH as a thriving healthcare service, prepared to meet the needs of our community and deliver exceptional patient care.

The achievements in People, Culture, and Wellbeing at MBPH in 2024 reflect the organisation's commitment to fostering a positive work environment and promoting employee wellbeing and culture that sets us apart from other competing health services now more than ever. These accomplishments align seamlessly with MBPH's Strategic Plan, laying a solid foundation for continued growth and success. As MBPH moves forward, it will continue to prioritise its employees, fostering a culture that values diversity, wellbeing, and high performance to achieve its strategic objectives and deliver exceptional healthcare services to the community it serves.



FTE PROFILE

Hospital Labour Category	Current Month June FTE		Average Monthly FTE	
	2023	2024	2023	2024
Nursing	439	434	415	436
Administration and Clerical	135	148	132	143
Medical Support	88	108	87	102
Hotel and Allied Services	54	57	50	52
Medical Officers	34	46	33	40
Hospital Medical Officers	84	96	73	88
Sessional Clinicians	10	12	7	12
Ancillary Support (Allied Health)	80	88	73	81
TOTAL	926	988	871	952

The FTE Figures required in the table are those excluding overtime. These do not include contracted staff (e.g., Agency nurses, Fee for Service and Visiting Medical Officers) who are not regarded as employees for this purpose.

APPLICATION OF EMPLOYMENT AND CONDUCT PRINCIPLES

Mildura Base Public Hospital ensures that the Public Sector Values and Employment Principles related to the employment relationship are included in policies and practices to ensure merit and equity is achieved in all employment related decisions. MBPH is an equal opportunity employer and confirms employees have been correctly classified

OCCUPATION HEALTH AND SAFETY STATISTICS

Occupational Health and Safety Statistics	2023-24	2022-23	2021-22	2020-21
The number of reported hazards/ incidents for the year per 100 FTE	124	41	53	87
The number of 'lost time' standard WorkCover claims for the year per 100 FTE	1.2	0.98	2.83	0.43
The average cost per WorkCover claim for the year ('000)	8,244.35	4,417.14	19,816	24,608

OCCUPATIONAL VIOLENCE

Occupational Violence Statistics	2023-24	2022-23	2021-22
WorkCover accepted claims with occupational violence cause per 100 FTE	1.7	0.16	0.35
Number of accepted Workcover claims with lost time injury with an occupational violence cause per 1,000,000 hours worked	3.27	1.45	27.45
Number of occupational violence incidents reported	394	483	427
Number of occupational violence incidents reported per 100 FTE	41.39	39.56	50.47
Percentage of occupational violence incidents resulting in a staff injury, illness or condition	1.52	0.4	0.7



DEFINITIONS OF OCCUPATIONAL VIOLENCE

Occupational violence	any incident where an employee is abused, threatened or assaulted in circumstances arising out of, or in the course of their employment.
Incident	an event or circumstance that could have resulted in, or did result in, harm to an employee. Incidents of all severity rating must be included. Code Grey reporting is not included, however, if an incident occurs during the course of a planned or unplanned Code Grey, the incident must be included.
Accepted Workcover claims	Accepted Workcover claims that were lodged in 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

GENDER EQUALITY POLICY

Significant work has commenced in diversity, equality and inclusion, and our MBPH Gender Equality Action Plan (GEAP) was successfully approved by the Commission for Gender Equality in the Public Sector in June 2022, marking a major milestone under the new legislative requirements of the Gender Equality Act 2020. The plan identifies a number of actions that MBPH will address during the GEAP 2021-2025 period.

MBPH has also implemented a gender equality workgroup that continues to evolve and expand and provides reporting on activities through to the People, Culture and Governance Committee.

To date MBPH has completed or are underway with the following initiatives:

Gender Equality Data Audit submitted to Gender Equality Commission, December 2021 and updated data submitted February 2024 within the GEAP Progress Report.;

Gender Equality Action Plan (GEAP) including overarching Gender Equality Strategy submitted to Gender Equality Commission, March 2022 (approved by Commission, published on MBPH website) with a Progress Report update submitted to the Gender Equality Commission in February 2024; and

Gender Impact Assessments new process introduced and communicated to Executive Team and Board, with; ongoing education and training to embed Gender Impact Assessments occurs across MBPH.

Work has commenced to introduce activities to support diversity and inclusion awareness, including the use of pronouns, LGBTQ Awareness and Inclusion Training and Allies Training.

Significant progress is being made towards other actions proposed in the GEAP, and are on track to meet the original timeframes proposed, as shown in the table below (as at September 2024). Updates on GEAP actions are reported to the Executive Team and Board every year and various committees on a monthly/ quarterly basis.

	Actions		
	In progress	Completed	Total
1 Gender composition at all levels	1	4	5
2 Gender composition of governing bodies	1	3	4
3 Pay equity	3	0	3
4 Sexual harassment	2	5	7
5 Recruitment and promotion	2	6	8
6 Leave and flexibility	6	6	12
7 Gendered segregation	2	2	4
TOTAL	17*	26	43

FINANCIAL INFORMATION

	2024 (\$000)	2023 (\$000)	2022 (\$000)	2021 (\$000)
OPERATING RESULT*	(45,746)	188	250	0
Total Revenue	203,640	235,307	189,976	132,622
Total Expenses	(248,439)	(235,838)	(192,313)	(134,592)
Net Result from transactions	(44,799)	(531)	(2,337)	(1,849)
Total other economic flows	(297)	(521)	(1,406)	3,349
Net Result	(45,096)	(1,052)	(3,743)	1,500
Total assets	131,365	171,262	153,209	136,378
Total liabilities	(80,593)	(75,198)	(56,093)	(43,635)
Net assets/Total equity	50,772	96,064	97,116	92,743

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

RECONCILIATION OF NET RESULT FROM TRANSACTIONS TO OPERATING RESULT

	2024 (\$000)	2023 (\$000)	2022 (\$000)	2021 (\$000)
Operating Result	(45,746)	188	250	0
Capital purpose income	6,809	5,140	1,943	1,386
Specific income	1,033	146	126	524
COVID 19 state supply arrangements – Assets received free of charge or for nil consideration under the State Supply	274	1,390	1883	NA
Assets received free of charge	NA	NA	41	NA
Expenditure for capital purpose	(67)	(948)	(940)	NA
Depreciation and amortisation	(5,847)	(5,958)	(4,915)	(3,638)
Impairment of non-financial assets	(958)	(272)	(597)	(121)
Finance Costs (other)	(296)	(217)	(128)	NA
Net Result from transactions	(44,798)	(531)	(2,337)	1,849

Hospital Labour Category	June Current Month FTE		Average Monthly FTE	
	2023	2024	2023	2024
Nursing	439	433	415	435
Administration and Clerical	135	148	132	143
Medical Support	88	108	87	102
Hotel and Allied Support	54	57	50	51
Medical Officers	34	45	33	39
Hospital Medical Officers	84	95	73	87
Sessional Clinicians	10	12	7	12
Ancillary Staff (Allied Health)	80	88	73	81
Total	926	986	871	950

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INFORMATION AND COMMUNICATION TECHNOLOGY (ICT)
EXPENDITURE

Business as Usual (BAU) ICT expenditure	Non-Business as Usual (non-BAU) ICT expenditure		
Total (excluding GST)	Total=Operational expenditure and Capital Expenditure (excluding GST) (a) + (b)	Operational expenditure (excluding GST) (a)	Capital expenditure (excluding GST) (b)
\$4,270,193	\$229,800	\$0	\$229,800

CONSULTANCIES

Significant Events

There are no significant events to balance date which may have significant effect on the operation of MBPH in subsequent years.

Details of consultancies (under \$10,000)

In 2023-24, there were 5 consultancies when the total fees payable to the consultants were less than \$10,000.

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

In 2023-24, there were 6 consultants where the total fees payable to the consultants were \$10,000 or greater.

Consultant	Purpose of consultancy	Start date	End date	Total approved project fee (excluding GST)	Expenditure 2023-2024 (excluding GST)	Future expenditure (excluding GST)
HICMR Pty Ltd	Review of Infection Prevention	9th May 2023	9th May 2023	\$16,000	\$15,528	\$0
Disruptive Media	Northern Mallee Health Services Collaboration	16th June 2023	14th May 2024	\$66,000	\$59,000	\$0
KPMG	Northern Mallee Partnership Service Plan	3rd August 2023	2nd September 2023	\$64,000	\$63,863	\$0
	MBPH Organisational Structure	15th December 2023	20th May 2024	\$92,700	\$56,334	\$35,700
	MBPH Pay Rules Review	24th May 2024	17th October 2024	\$100,000	\$81,763	\$18,237
Hovenga Helen Michele	People and Culture Workforce Plan	31st August 2023	8th March 2024	\$9,000	\$9,000	\$0
Mercer Consulting	Remuneration Benchmarking	15th March 2023	16th November 2023	\$15,000	\$12,000	\$0
Stefano's Consulting	Food Services Plan	1st March 2024	Ongoing	\$40,000	\$6,550	\$33,450
Transpire Organisational Development	Building a healthy and safe workplace	24th January 2024	24th June 2024	\$25,000	\$15,000	\$10,000
Engaging People	Executive Support Program	1st July 2023	Ongoing	\$200,000	\$45,900	\$150,000
The Australian Council on Healthcare Standards	Clinical Trials Governance Framework	7th June 2024	17th June 2024	\$7,600	\$7,600	\$0
David Singe	Radiology Review	25th May 2024	27th June 2024	\$8,000	\$8,000	\$0
IMEDX Australia	Health Information Services Review	1st April 2024	31st May 2024	\$34,000	\$34,000	\$0

SOCIAL PROCUREMENT

Social procurement creates an opportunity for MBPH to deliver social and sustainable outcomes that help to build a fair, inclusive sustainable Victoria through all procurement activities undertaken by, or on behalf of the Health Service.

MBPH's Social Procurement Strategy is committed to advancing social and sustainable procurement objectives through procurement in accordance with the Social Procurement Framework. The strategy builds on social policies including Response to Family Violence in the Workplace and Diversity Acceptance Policy.

All procurement activities undertaken by, or on behalf of MBPH aim to support regional small medium enterprises that play a critical role in the sustainability of the region's economy and its community.

MBPH continues to implement the Government's objectives as part of normal market procurement activities and engage with a number of social benefits suppliers. MBPH will continue to identify and engage in opportunities to improve our spend with social benefit suppliers.

Social Procurement Activity	2023-2024
Social Enterprises engaged	3
Direct spend with Social Benefit Suppliers	\$77,926
Number of contracts that contain Social Procurement benefits through indirect spend	62

GENERAL INFORMATION, DISCLOSURES AND ATTESTATIONS

DISCLOSURES REQUIRED UNDER LEGISLATION

Freedom of Information Act 1982

Access to documents and records held by MBPH may be requested under the Freedom of Information Act 1982. Members of the public wishing to access documents can apply in writing to the PO Box 620, Mildura, VIC 3502 at MBPH or via e-mail to mbph-privacy@mbph.org.au.

During 2023/24, Mildura Base Public Hospital received 357 applications. Of these requests, 0 were from Members of Parliament, 0 from the media, and the remainder from the general public. Mildura Base Public Hospital made 324 FOI decisions during the 12 months ended 30 June 2024. There were 319 decisions made within the statutory time periods. Of the decisions made outside time, 4 were made within a further 45 days and 1 decision was made in greater than 45 days. A total of 324 FOI access decisions were made where access to documents was granted in full, granted in part or denied in full. 5 decisions were made after mandatory extensions had been applied or extensions were agreed upon by the applicant. Of requests finalised, the average number of days over / under the statutory time (including extended timeframes) to decide the request was TBC days. During 2023/24, 0 requests were subject to a complaint/internal review by Office of the Victorian Information Commissioner. 0 requests progressed to the Victorian Civil and Administrative Tribunal (VCAT).

Building Act 1993

All building works have been designed in accordance with the Department of Health's Capital Development Guidelines and comply with the Building Act 1993 (Vic), Building Regulations 2006 (Vic) and Building Code of Australia, relevant at the time of works. All contractors are appropriately qualified. The following building permits were issued by Regional Building Consultants during the financial year to Mildura Base Public Hospital:

- Building permit received from Regional Building Consultants
- Construction - 3x Portable buildings (Transcool)
- Building Permit CBS-U 57014 / 1746260904421/0
- Planning Permit Number 005.2021.00000107.001 Construction - 8 Bed Paediatrics Unit (ward 6).
- Building Permit Number CBS- U 57014 /4734797134064/0
- Version of BCA application to Building Permit - 2016

Public Interest Disclosure Act 2012

The Public Interest Disclosure Act 2012 (Vic) enables people to make disclosures about improper conduct within the public sector without fear of reprisal. The Public Interest Act aims to ensure openness and accountability by encouraging people to make disclosures and protecting them when they do. MBPH complies with the requirements of the Public Interest Disclosure Act 2012 and did not receive any disclosures. Members of the public wishing to access documents can apply in writing to the PO Box 620, Mildura, VIC 3502 at MBPH or via e-mail to mbph-privacy@mbph.org.au.

Statement of National Competition Policy

All competitive neutrality requirements were implemented and met in accordance with National Competition Policy, including compliance with the requirements of the policy statement 'Competitive Neutrality Policy Victoria' and any subsequent reforms.

Carers Recognition Act 2012

MBPH recognises and values the unique relationship between clients and their carers and operates in an environment responsive to all parties and applies the overarching principles of the Carers Recognition Act 2012 (Vic)

Environmental Performance

MBPH remains committed to improving our environmental impact and strives to provide health care in an environmentally sound and sustainable manner.

National Competition Policy

MBPH complied with all government policies regarding competitive neutrality relating to tender applications.

Local Jobs First Act 2003

In 2019-2020 there were no contracts requiring disclosure under the Local Jobs First Policy.

Financial Management Act 1994 (Vic)

In accordance with the Direction of the Minister for Finance part 9.13 (iv), information requirements have been prepared and are available to the relevant Minister, Members of Parliament and the public on request.

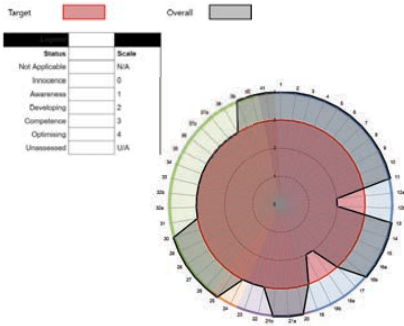
Safe Patient Care Act 2015 (Vic)

The hospital has no matters to report in relation to its obligations under the section 40 of the Safe Patient Care Act 2015 (Vic). 15

ASSET MANAGEMENT ACCOUNTABILITY FRAMEWORK

Leadership and Accountability (requirements 1-19)

The Mildura Base Public Hospital did not comply with some requirements in the areas. There is no material non-compliance in this category. Areas of non-compliance are in monitoring asset performance and evaluation of asset performance. MBPH have secured an Asset Management system which is currently in implementation stage. This system will improve reporting for all assets management and assist in future asset management planning and evaluation of assets.



Planning (requirements 20-23)

The Mildura Base Public Hospital did not comply in some requirements in this area. There is no material non-compliance in this category. Risk management and contingency planning are areas of non-compliance as implementation of the asset management system is completed. The new system will assist the Mildura Base Public Hospital is improving risk management and contingency planning.

Acquisition (requirements 24 and 25)

The Mildura Base Public Hospital has met or exceeded its target maturity level under the requirements in this category.

Operation (requirements 26-40)

The Mildura Base Public Hospital has met or exceeded its target maturity level under most requirements within this category.

Disposal (requirement 41)

The Mildura Base Public Hospital has met its target maturity level in this category.

Feedback

MBPH is committed to providing the best quality health care in the region. We value and encourage feedback from patients, clients and their families, as well as visitors, to our service. In this way we understand how and where we need to improve the way in which we deliver our programs.

This year we received 195 compliments and 232 formal concerns. MBPH has worked closely with consumers to resolve concerns raised and welcome all feedback that improve our health service.

Privacy

MBPH recognizes, and is committed to, the protection of the privacy of patient, resident, client and staff information. MBPH has in place policies to ensure compliance with the *Health Records Act 2001 (Vic)*, *Privacy Act 2000* and the *Information Privacy Act 2000 (Vic)*. Patients, residents and clients are informed of their rights on first contact with MBPH that all health information collected and medical records held in relation to their treatment is respected and confidentially is maintained.

ENVIRONMENTAL PERFORMANCE

	UOM	2023-24	2022-23	2021-22
Petrol	MJ	867,654.00	792,995.40	658,151.70
Diesel	MJ	111,446.00	29,123.70	157,160.00
Energy				
Natural Gas	MJ	13,035,271.20	14,013,195.00	13,888,478.80
Solar	MWh	414.20	228.37	N/A
Water				
Potable Water	KL	48,663.34	39,636.30	47,487.68
Waste				
General	KG	320,505.70	245,343.67	219,106.00
Clinical Waste - incinerated	KG	3,394.20	3,751.58	3,211.07
Clinical Waste - sharps	KG	7,901.59	1,964.08	7,570.19
Clinical Waste - treated	KG	25,650.75	23,475.65	49,073.15
Total Units of Recycling/Recovery	KG	75,957.50	54,707.50	54,500.50
EL1 Total electricity consumption segmented by source				
Purchased		3,352.80	3,541.53	3,773.24
Self-generated		414.20	228.37	
Total	MWh	3,767	3,769.90	3,773.24
EL4 Total electricity offsets segmented by offset type				
RPP (Renewable Power Percentage in the grid)				
Total	MWh	630.33	663.90	704.35
T2 Number and proportion of vehicles in the organisational boundary segmented by engine/fuel type and vehicle category				
		NA	NA	NA
B3 NABERS Energy (National Australian Built Environment Rating system) ratings of newly completed/occupied Entity-owned office buildings and substantial tenancy fit-outs				
Not required for our tier		NA	NA	NA

ADDITIONAL INFORMATION AVAILABLE ON REQUEST

Details in respect of the items listed below have been retained by MBPH and are available to the relevant Ministers, Members of Parliament and the public on request (subject to freedom of information requirements if applicable):

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

ATTESTATIONS AND DECLARATIONS

Responsible Body’s declaration

In accordance with the *Financial Management Act 1994*, I am pleased to present Mildura Base Public Hospital’s Annual Report for the year ending 30 June 2022.

Frank Piscioneri
Frank Piscioneri
Board Chair
01 October 2024

Attestation for financial management compliance

I, Frank Piscioneri, on behalf of the Responsible Body, certify that the Mildura Base Public Hospital has complied with the applicable Standing Directions of the Minister of Finance under the Financial Management Act 1994 and Instructions.

Signed

Frank Piscioneri
Frank Piscioneri
Board Chair
Mildura Base Public Hospital

Data Integrity Declaration

I, Terry Welch, certify that Mildura Base Public Hospital has put in place appropriate internal controls and processes to ensure that reported data accurately reflects actual performance. Mildura Base Public Hospital has critically reviewed these controls and processes during the year.

Terry Welch
Terry Welch
Chief Executive Officer
01 October 2024

Conflict of Interest Declaration

I, Terry Welch, certify that Mildura Base Public Hospital 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 Mildura Base Public Hospital 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.



Terry Welch
Chief Executive Officer
01 October 2024

Integrity, Fraud and Corruption Declaration

I, Terry Welch, certify that Mildura Base Public Hospital has put in place appropriate internal controls and processes to ensure that Integrity, fraud and corruption risks have been reviewed and addressed at Mildura Base Public Hospital during the year.



Terry Welch
Chief Executive Officer
01 October 2024

Declaration in the financial statements

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

We further state that, in our opinion, the information set out in the comprehensive operating statement, balance sheet, statement of changes in equity, cash flow statement and accompanying notes, presents fairly the financial transactions during the year ended 30 June 2023 and financial position of the Department at 30 June 2024.

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

We authorise the attached financial statements for issue on 01/10/2024

Frank Piscioneri

Frank Piscioneri
Board Chair
01/10/2024



Terry Welch
Chief Executive Officer
01/10/2024



Matthew Jukes
Executive Director - Finance
01/10/2024

Compliance with Health Share Victoria (HSV) Purchasing Policies**No compliance issues**

I, Terry Welch, of Mildura Base Public Hospital, certify that Mildura Base Public Hospital has put in place appropriate internal controls and processes to ensure that it has materially complied with all requirements set out in the HSV Purchasing Policies including mandatory HSV collective agreements as required by the Health Services Act 1988 (Vic) and has critically reviewed these controls and processes during the year.

**Terry Welch**

Chief Executive Officer
01/10/2024

DISCLOSURE INDEX

The annual report of the Mildura Public Base Hospital is prepared in accordance with all relevant Victorian legislation. This index has been prepared to facilitate identification of the departments' compliance with statutory disclosure requirement.

Legislation	Requirement	Page Reference
Ministerial Direction		
Report of Operations		
Charter and Purpose		
FRD 22	Manner of which establishment and the relevant Ministers	3
FRD 22	Purpose, functions, powers and duties	3
FRD 22	Nature and range of services provided	14
FRD 22	Activities, programs and achievements for the reporting period	9
FRD 22	Significant changes in key initiatives and expectations for the future	12
Management and structure		
FRD 22	Organisational structure	18
FRD 22	Workforce data/employment and conduct principles	24
FRD 22	Occupational Health and Safety	25
Financial information		
FRD 22	Summary of the financial results for the year	28
FRD 22	Significant changes in financial position during the year	28
FRD 22	Operational and budgetary objectives and performance against objectives	28
FRD 22	Significant events	30
FRD 22	Details of consultancies under \$10,000	30
FRD 22	Details of consultancies over \$10,000	30
FRD 22	Disclosure of ICT expenditure	29

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The annual report of the Mildura Public Base Hospital is prepared in accordance with all relevant Victorian legislation. This index has been prepared to facilitate identification of the departments’ compliance with statutory disclosure requirement.

Legislation	Requirement	Page Reference
Management and structure		
FRD 22	Application and operation of Freedom of Information Act 1982	32
FRD 22	Compliance with building and maintenance provisions of Building Act 1993	32
FRD 22	Application and operation of Protected Disclosure 2012	32
Management and structure		
FRD 22	Statement on National Competition Policy	32
FRD 22	Application and operation of Carers Recognition Act 2012	32
FRD 22	Summary of the entity’s environmental performance	32
FRD 22	Additional information available on request	33
Other relevant reporting directives		
FRD 25D	Local Jobs First Act disclosures	32
SD 5.1.4	Financial Management Compliance attestation	32
SD 5.2.3	Declaration in report of operations	32
Attestations		
	Attestation on Data Integrity	35
	Attestation on managing Conflicts of Interest	36
	Attestation on Integrity, fraud and corruption	36
Other reporting requirements		
	Reporting of outcomes from Statement of Priorities 2023-24	44
	Occupational Violence reporting	25
	Reporting obligations under the Safe Patient Care Act 2015	25
	Reporting of compliance regarding Car Parking Fees (if applicable)	N/A

KEY FINANCIAL AND SERVICE PERFORMANCE REPORTING

STATEMENT OF PRIORITIES REPORTING

The Service Act 1988 allows that post 1 October of each financial year the Minister for Health makes a Statement of Priorities which is provided to the health services.

STATEMENT OF PRIORITIES PART A

Excellence in Clinical Governance		
Strategic Plan Pillar: Caring for our Community		
Goal	Key Deliverables	Actions
Identify and develop clinical service models where face to face consultations can be substituted by virtual care wherever possible whilst ensuring strong clinical governance, safety surveillance and patient choice.	Identify appropriate clinical cohorts that would benefit from virtual care. At all times ensuring consumers are made aware of the available options and the range of modalities available to support their care requirements.	It was identified that smaller services located close to MBPH and part of the Northern Mallee Integrated Partnership (NMIP) would greatly benefit from the implementation of virtual care as an available option for patients. The Northern Mallee Health Connect (NMHC) project provides the option of virtual care to outlying services and is in Stage 1 and now available in Mallee Track Community and Health Services (MTHCS). Stage 2 of the NMHC project is in progress which will look to align with Robinvale District Health Services (RDHS) and Far West Local Health District.
	Develop virtual care within the Northern Mallee Integrated Partnership for best patient outcomes in a regional area.	Northern Mallee Health Connect (NMHC) is an innovative initiative developed by the Mildura Base Public Hospital (MBPH) to enhance patient care delivery within the region. Commencing 9th April with a Proof of Concept project in partnership with Mallee Track Health and Community Service (MTHCS), stable patients were identified and transferred from MBPH to MTHCS to complete the remainder of their inpatient admission closer to their homes and carer's support networks. The project, run by MBPH's hospital-based General Practitioners (GPs) extends the scope of the health organisations involved and improves access to hospital-level healthcare in a remote area. It includes GP-lead virtual ward rounds and ad-hoc specialist bedside consultations and employs user-friendly technology, to bridge large distances and deliver comprehensive personalised patient care (including out of hours support) beyond the confines of traditional hospital settings. The NMHC innovation represents a significant leap towards integrating more flexible and responsive healthcare delivery models, centred around the needs and convenience of patients and their families. The project enhances social connection, reduces carer burden, and is also greener and more financially sustainable (reducing travel for medical/allied health staff and visitors). The project also cultivates relationships between central and outlying health services, successfully leverages medical resources from the larger health service to ease chronic regional medical workforce shortages, broadens the scope of practice for rural health practitioners and has the additional benefit of relieving bed pressures at MBPH.

Develop Strong and effective systems to support early and accurate recognition and management of deterioration of paediatric patients.	Partner with Safer Care Victoria (SCV) and relevant multidisciplinary groups to establish protocols and auditing processes to manage effective monitoring and escalation of deterioration in paediatric patients via VICTOR charts.	<p>The VICTOR Charts for paediatric and neonatal observations, along with the Paediatric 24-Hour Fluid Balance Chart have been implemented at the Mildura Base Public Hospital (MBPH) inclusive of the Emergency Department, Special Care Nursery and Paediatric Unit. The use of these tools is governed by the relevant policies guiding admission and acute deterioration.</p> <p>MBPH acknowledge the recent progress of phase two of the Safer Care for Kids project, noting that there has been further refinement of the charts which will emphasise the assessment of family and carer concern when recording vital sign observations.</p> <p>Once these have been tested (as indicated by Safer Care Victoria) MBPH will ensure implementation in full, noting that Safer Care Victoria will provide future progress updates as they become available (as of 20 August 2024).</p> <p>MBPH currently publish an annual Audit Schedule which includes the surveillance / monitoring of recognising and responding to acute deterioration.</p> <p>In 2025, the audits in relation to acute deterioration will include both adult and paediatric streams. This will ensure any opportunities for improvement are identified and actioned.</p> <p>In accordance with the hospital's Committee Governance Structure, the Acute Deterioration Committee will have oversight of this process and the audit outcomes will be reported at department level and at the Clinical Governance Committee.</p>
	Improve paediatric patient outcomes through implementation of the VICTOR track and trigger observation chart and escalation system, whenever children have observations taken	MBPH acknowledge that the VICTOR charts are to be used by all clinicians whenever children and young people have vital signs recorded. MBPH will ensure that this mandated requirement is implemented within all relevant clinical areas of the hospital inclusive of the peri-operative services department and outpatient clinics (in addition to the above acute clinical areas where they are currently used).
	Implement staff training on the VICTOR track and trigger tool to enhance identification and prompt response to deteriorating paediatric patient conditions.	<p>MBPH continue to utilise training resources provided by Safer Care Victoria for the use of the VICTOR charts within the organisation supplemented by internal education/ training sessions through:</p> <ol style="list-style-type: none">1. Staff Orientation Process2. Neonatal Resuscitation Clinical Practice Standards3. PACES (Paediatric Acute Care Education Sessions) delivered by the Clinical Learning and Development Team4. Self-Development Learning Package for Recognition and Escalation of Clinical Deterioration (paediatric patients).

Working to ensure long term financial sustainability		
Strategic Plan Pillar: Sustainable in our services / Caring for our Community		
Cooperate with and support Department-led reforms that look towards reducing waste and improving efficiency to address financial sustainability, operational and safety performance and system management.	Operational efficiency improvements: Develop and implement strategies to improve operational efficiency, such as reducing waiting times, improving patient flow and optimising resource allocation.	<p>Mildura Base Public Hospital has been actively involved in a program run by the Department of Health called 'Timely Emergency Care Collaborative (TECC) Project which has assisted in improving efficiency to address financial sustainability, operational and safety performance and system management including patient flow.</p> <p>The TECC project tested and implemented change ideas to improve patient flow and has achieved sustained and significant improvement across a number of Emergency Department and inpatient measures including Length of Stay and weekend discharges even while the hospital was experiencing a high increase in admitted patients. The Mildura Base Public Hospital TECC team have been recognised for outstanding overall improvement and awards for achieving exceptional progress towards the project aims.</p> <p>Other areas within the hospital that have developed and implemented strategies to improve operational efficiency are MBPH@home services, the newly formed Northern Mallee Aboriginal Service MOU with proposed partners, local relationship with the PPCC and the inclusion of the Emergency Department Clinical Coordinator which have all shown increasing connections and referrals to local services.</p> <p>Mental Health Services</p> <p>Implementation of the Zero Suicide Framework (ZSF) in partnership with Safer Care Victoria. ZSF provides a systemic framework for improvement across all hospital touchpoints with those experiencing suicidality. MBPH's Area Mental Health & Wellbeing Service is currently working with the Emergency Department to implement this framework. Implementation within other Victorian hospitals has resulted in a number of system improvements – including reducing readmissions and representations. MBPH's implementation of ZSF builds on prior partnership work with Murray PHN to improve aspects of care for those experiencing suicidality in north-west Victoria (including 'improving emergency and follow up care for suicidal crisis' and implementation of evidence-based treatments').</p> <p>Partnership with Spectrum (Victoria's specialist service for Personality Disorders and Complex Trauma) to build capability and confidence of MBPH mental health clinicians to deliver Dialectical Behaviour Therapy (DBT) group programs. Group programs allow more consumers to receive therapeutic interventions, and reduce the burden of illness for participants.</p> <p>Operation of the new Mental Health and Wellbeing Local in Mildura (as a partnership between Wellways Australia, MBPH, Sunraysia Community Health Services and Mallee District Aboriginal Services). Locals are a new service layer in the Victorian mental health system, addressing a longstanding service gap – described as the 'missing middle'. The Mildura 'Local' commenced operation in December 2023, and is currently scaling towards full staffing. MBPH will employ a quarter of the staff within the Local, with processes to streamline consumer care and service interactions between the Local and the Area Mental Health and Wellbeing Service in development.</p> <p>Enhancing future mental health workforce (both in number and skillsets) is underway in a partnership between MBPH AMHWS and several local community mental health providers. Via these arrangements, graduates and students are rotated through a number of work settings.</p>

	<p>Collaborative partnerships: Collaborate with other health service providers, community organisations, the department, and stakeholders to explore opportunities for shared services, joint procurement, and resource sharing to reduce costs and improve efficiency.</p>	<p>Mildura Base Public Hospital continues to review opportunities for collaborative partnerships with other health services to assist in reducing costs and improve efficiencies. The Northern Mallee Integrated Partnership (NMIP) have reviewed opportunities to share corporate and back of house resources. The model has started with a Financial Services Agreement, health information service agreement and CMO and JMO support and virtual care with MTHCS currently in place.</p>
<p>Improving equitable access to healthcare and wellbeing</p> <p>Strategic Plan Pillar: Caring for our Community / Trusted in our relationships</p>		
<p>Address service access issues and equity of health outcomes for rural and regional people including more support for primary, community, home-based and virtual care and addiction services.</p>	<p>Partner with Aboriginal community controlled health organisations, respected Aboriginal leaders and Elders, and aboriginal communities to deliver healthcare improvements.</p>	<p>The MBPH Director of the Aboriginal Health Unit has worked with all local Aboriginal Services in the Northern Mallee to coordinate the Northern Mallee Aboriginal Health Network which have not formalised their Network with a Memorandum of Understanding. The group of agencies and services making up the Northern Mallee Aboriginal Health Network will meet quarterly to assist the communities to deliver healthcare improvements.</p> <p>MBPH is participating in the development of the Murray Primary Health Network's (PHN) First Nations Health Needs Assessment. The Assessment is intended to capture the specific health service needs of the First Nations communities across the Murray PHN region.</p> <p>Mental Health Services</p> <p>MBPH AMHWS supports Mallee District Aboriginal Services (MDAS) via a Service Level Agreement (SLA) through which psychiatry services are provided for Aboriginal and Torres Strait Islander people. MBPH psychiatrists attend MDAS and see consumers on site, and also support clinical staff at MDAS. AMHWS supports for MDAS have recently been extended via a separate MOU with MBPH's perinatal emotional health program staff.</p>
	<p>Plans to identify and prioritise the health, wellbeing and service needs of the Aboriginal catchment population and service users - including improved patient identification, discharge planning and outpatient care.</p>	<p>Aboriginal Liaison Officers (ALO) to increase in every setting of the service. ALO's will begin to be involved in multidisciplinary team meetings.</p> <p>Staffing of ALO roles and other health roles like AHP's is continuing. Noting that identifying and then prioritising the health needs of our First Nation peoples is an ongoing activity, and is determined by the current needs at any time.</p> <p>Final planning is underway to advertise for Expressions of Interest for the Aboriginal Health Practitioner course to be delivered by Victorian Aboriginal Community Controlled Health Organisation (VACCHO) in Mildura at Monash University; the course will commence in July/August 2024 with an intake of 15 students.</p> <p>Procurement is underway to commence development of the Reconciliation Action Plan (RAP).</p>
<p>A Stronger Workforce</p> <p>Strategic Plan Pillar: Aspiration through our Culture</p>		
<p>Improve employee experience across four initial focus areas to assure safe, high-quality care: leadership, health and safety, flexibility, and carer development and agility.</p>	<p>MBPH has implemented various programs to enhance the employee experience across leadership, safety and wellbeing, flexibility, and career development and agility. Initiatives include the Occupational Violence and Aggression Strategy, updated emergency response planning, and the development of a CAR register for safety investigations. Leadership training, flexible work practices policies, and the Gender Equality Action Plan have been established. Mental health and wellbeing strategies, such as the Be Better, Know Better campaign and the recruitment of a Director of Psychology, have been prioritised. Additionally, MBPH has launched a Family Violence awareness training, created engagement strategies, and introduced the Kronos system for better rostering oversight. A recruitment strategy has also been developed to attract and retain top talent, ensuring the hospital is well-staffed and capable of delivering high-quality care.</p>	
<p>Implement and/or evaluate a new/expanded wellbeing and safety program its improvement on workforce wellbeing.</p>	<p>To address the key deliverable of implementing and/or evaluating a new/expanded wellbeing and safety program and its improvement on workforce wellbeing, MBPH has taken significant steps. Actions from the People Matter Survey have been disseminated to all departments, contributing to the formation of an overarching engagement roadmap and employee wellbeing strategy. Consultations with staff, Health Safety and Wellbeing (HSW) representatives, and relevant stakeholders have been initiated to develop the Mental Health and Wellbeing (MHWB) strategy. Additionally, a comprehensive MHWB Strategic Framework has been built, laying the foundation for ongoing improvements in workforce wellbeing. These efforts demonstrate our commitment to enhancing the safety and wellbeing of our employees through structured and collaborative approaches.</p>	

Moving from competition to collaboration Strategic Plan Pillar: Trusted in our relationships		
Engage in integrated planning and service design approaches, whilst assuring consistent and strong clinical governance, with partners to join up the system to deliver seamless and sustainable care pathways and build sector collaboration.	Undertake joint clinical service plans that agree a joint approach to coordinating the delivery of health services at a regional level as opposed to individual health service planning.	The Northern Mallee Integrated Partnership (NMIP) comprises of three health services within the Northern Mallee region: Mallee Track Health and Community Service (MTHCS), Mildura Base Public Hospital (MBPH), and Robinvale District Health Services (RDHS). The NMIP developed a Clinical Services Plan which was approved in October 2023 and was created with the aim to grow and strengthen services provided to the local communities. The Plan aligns with NMIP's core values of respect, integrity, collaboration, and equity. This practical, place-based Plan sets a blueprint to provide diverse, high quality services on country. It encourages partnership and resource sharing to accelerate community impact, overseen by shared governance and collective ownership of problems. The plan prioritised a set of short, medium and long term goals which are actioned and reviewed/reported on at quarterly NMIP meetings.
	Reviewing specialist workforce requirements at a regional or sub-regional level and developing a shared workforce model, including coordinating efforts to attract and retain workforce at a regional or sub-regional level	MBPH Medical Workforce Plan 2021-2024 Foundation member of 'Connecting the Docs' Loddon Mallee Regional Medical Recruitment Platform Successful application for the Victorian Single Employer Model pilot project for rural generalist training, commencing 2025 Successful AMC accreditation of expanded MBPH Workforce Based Assessment (WBA) Program for International Medical Graduates to include Swan Hill based program.
A health system that takes climate action Strategic Plan Pillar: Sustainable in our services		
Build a better understanding of the health services carbon footprint, including Scope 3 (indirect emissions), to inform effective action.	Plan for and initiate a project to improve the health services understanding of its full carbon footprint.	In recognising the link between the health and wellbeing of the community and the health and wellbeing of the environment, Mildura Base Public Hospital (MBPH) is committed to minimising the environmental impacts associated within our operations to the greatest extent possible. To build better processes and understanding around the health services full carbon footprint an Environmental Sustainability Business Partner was employed in January 2024 and by May 2024 the Environmental Sustainability Plan was completed and provided to hospital leadership with a reporting schedule on Key Performance Indicators developed. The Plan outlines the policy and working group created to ensure the Plan is actioned and continues to develop meaningful recommendations to ensure that legislative and government recommendations are met and exceeded where possible, while continually striving to improve against benchmarks.
	Consider climate impact on infrastructure design planning and project management.	The Victorian Health Building Authority (VHBA) and the Department of Health (DH) engaged Aurecon to assess the climate risk to the infrastructure of Mildura Base Public Hospital (MBPH) which focused on the risks posed to the asset from extreme heat and flooding. The Infrastructure Development Plan has been completed which considers the Victorian Government Guidelines for sustainability in health care capital works, integration of universal design principals in all projects and commitment to seek funding to invest in sustainability initiatives.
Care Close to Home Strategic Plan Pillar: Caring for our Community		
Improve health and wellbeing outcomes for people living in rural and regional areas by increasing access to care delivered remotely, closer to, or in their homes.	The Northern Mallee Clinical Service Plan was completed in October 2023 and from this time an action plan with listed priorities was developed at the annual NMIP planning day in November 2023. To achieve the priority actions working groups and reviews have been implemented. The priorities identified included: <ol style="list-style-type: none">1. Safe and consistent care through regional clinical governance, learning and development;2. A world class maternity service model for care as close to home as possible;3. Streamlined consumer flow between NMIP health services to deliver quality care closer to home. Achievements to date include: Clinical Governance Committee to oversee the NMIP projects created Established Learning and Development Working Group established to enable the education calendars of each health service are shared with staff who can undertake professional development offered at each service Review undertaken of Maternity Services provided with a new Outpatient Antenatal Clinic established at the Ouyen campus of MTHCS Improve patient flow between the three health services with all hospitals now participating in the daily DOS meetings to discuss potential transfers of patients. NMIP have trialled the virtual care model known as the Northern Mallee Health Connect Medical credentialing is established and embedded the Northern Mallee Medical Credentialing Committee to credential all medical staff including GP's for the Northern Mallee GP training program established which enables junior doctors to commence rotations as part of their General Practice Training starting with a 12-week rotation in Ouyen.	

STATEMENT OF PRIORITIES PART B

DOMAIN KPI

CURRENT YEAR

Strong governance, leadership and culture

Target

Result

Organisational culture

SoP	Safety culture among healthcare workers	62%	68%
-----	---	-----	-----

Timely access to care

Target

Result

Emergency care

SoP	Percentage of patients transferred from ambulance to emergency department (ED) within 40 minutes	90%	82%
SoP	Percentage of triage category 1 emergency patients seen immediately	100%	100%
SoP	Percentage of triage category 1 to 5 emergency patients seen within clinically recommended time	80%	60%
SoP	Percentage of emergency patients with a length of stay in the ED of less than four hours	81%	54%
SoP	Number of patients with a length of stay in the ED greater than 24 hours	0	928

Mental health care

SoP	Percentage of 'urgent' (Category 'C') triage episodes with a face to face contact received within 8 hours	80%	55%
SoP	Percentage of mental health related ED presentations with a length of stay of less than 4 hours	81%	51%

Specialist clinics

SoP	Percentage of urgent patients referred by a GP or external specialist who attended a first appointment within 30 days	74.9%	100%
SoP	Percentage of routine patients referred by a GP or external specialist who attended a first appointment within 365 days	100%	90%

DOMAIN KPI

CURRENT YEAR

Home-based care

Target

Result

SoP	Percentage of admitted bed days delivered at home	6.3%	4.8%
SoP	Percentage of admitted episodes delivered at least partly at home	1.6%	1.1%

Effective financial management

Target

Result

Budget management

SoP	Operating result (\$M)	0.00	(45,746)
SoP	Net result from transaction variance	90.0%	44.58%

Cash management

SoP	Average number of days to pay trade creditors	60	103
SoP	Average number of days to receive patient fee debtors	60	115
SoP	Adjusted current asset ratio (ACAR)	0.70	0.18

High quality and safe care

Target

Result

Infection prevention and control

SoP	Compliance with the Hand Hygiene Australia program	85.0%	91.3%
SoP	Percentage of healthcare workers immunised for influenza	94%	99%

Patient experience

SoP	Patients who reported positive experienced of their hospital stay	95.0%	86.9%
SoP	Percentage of families/carers reporting a 'very good' or 'excellent' overall experience of service	53.3%	80.0%
SoP	Percentage of families/carers reporting they 'usually' or 'always' felt their opinions as a carer were respected	73.3%	90.0%

Potentially preventable infections

SoP	Rate of central-line associated blood stream infections (CLABSI) in intensive care units, per 1,000 central-line days	0.0	0.0
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DOMAIN KPI		CURRENT YEAR	
High quality and safe care		Target	Result
Mental health care			
SoP	Rate of seclusion episodes peer 1,000 occupied bed days - Inpatient (CAMHS)	5	0
SoP	Rate of seclusion episodes peer 1,000 occupied bed days - Inpatient (adult)	8	8
SoP	Rate of seclusion episodes peer 1,000 occupied bed days - Inpatient (older persons)	5	0
SoP	Percentage of consumers followed up within 7 days of separation - Inpatient (CAMHS)	88%	88%
SoP	Percentage of consumers followed up within 7 days of separation - Inpatient (adult)	88%	81%
SoP	Percentage of consumers followed up within 7 days of separation - Inpatient (older persons)	88%	75%
SoP	Percentage of consumers re-admitted within 28 days of separation - Inpatient (CAMHS)	14%	0%
SoP	Percentage of consumers re-admitted within 28 days of separation - Inpatient (adult)	14%	19%
SoP	Percentage of consumers re-admitted within 28 days of separation - Inpatient (older persons)	7%	22%
Maternity and newborn			
SoP	Percentage of full-term babies (without congenital anomalies) who are considered in poor condition shortly after birth (Apgar)	1.4%	1.1%
SoP	Percentage of singleton babies with severe fetal growth restriction (FGR) delivered at 40 or more weeks gestation	28.6%	21.1%
Continuing care			
SoP	Average change in the functional independence measure (FIM) score per day of care for rehabilitation separations	0.645	0.639
Aboriginal health - cultural safety			
SoP	Percentage of Aboriginal admitted patients who left against medical advice	1.9%	2.5%
SoP	Percentage of Aboriginal emergency department presentations who did not wait to be seen	9.5%	10.8%
Organisational culture			
SoP	Percentage of staff with an overall positive response to safety culture questions in People Matter Survey	62%	68%

STATEMENT OF PRIORITIES PART C

The performance and financial framework within which state government-funded organisations operate is described in *The Policy and Funding Guidelines - Funding Rules*. The Funding Rules details funding and pricing arrangements and provides modelled budgets and targets for a range of programs. The Policy and Funding Guidelines webpage <<https://www.health.vic.gov.au/policy-and-funding-guidelines-for-health-services>>.

Period 1 July 2023 - 30 June 2024

Funding Type	2023-2024 Activity achievement
Consolidated Activity Funding	
Acute admitted, Sub Acute Admitted, Emergency Services, non-admitted NWAU	23,126
Acute Admitted	
National Bowel Cancer Screening Program NWAU	33
Acute admitted DVA	142
Acute admitted TAC	73
Other Admitted	
Acute Non-Admitted	
Emergency Services	
Home Enteral Nutrition NWAU	25
Subacute/Non-Acute, Admitted & Non-admitted	
Subacute - DVA	91
Transition Care - Bed days	2,276
Transition Care - Home days	3,570
Health Independence Program - DVA	
Subacute & Non-Acute Other	
Other specified funding	
Mental Health and Drug Services	
Mental Health Ambulatory	31,114
Mental Health Inpatient - Available bed days	5,658
Mental Health Service System Capacity	
Mental Health Subacute	3,652
Mental Health Other	
Drug Services	308
Primary Health	

Refer to individual Statement of Priorities for required activity reporting.
(No Activity): Community Health / Primary Care Programs, Health Workforce, Supplementation Funding.

GRADUATION EVENT

29 June 2023

MILDUR

BASE PUBLIC HOSPITAL



Mildura Base Public Hospital

ABN: 73 543 496 421

Financial Statements

For the year ended 30 June 2024

Mildura Base Public Hospital

Contents Page

30 June 2024

Mildura Base Public Hospital presents its audited general purpose financial statements for the year ended 30 June 2024 in the following structure to provide users with the information about Mildura Base Public Hospital’s stewardship of the resources entrusted to it.

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Mildura Base Public Hospital Board Member’s, Accountable Officer’s, and Chief Finance & Accounting Officer’s Declaration

The attached financial statements for Mildura Base Public Hospital 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 period 1 July 2023 to 30 June 2024 and the financial position of Mildura Base Public Hospital at 30 June 2024.

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

We authorise the attached financial statements for issue on 26 September 2024.

Board member



Frank Piscioneri
Chair
Mildura
26 September 2024

Accountable Officer



Terry Welch
Chief Executive Officer
Mildura
26 September 2024

Chief Financial & Accounting Officer



Matthew Jukes
Chief Financial & Accounting Officer
Mildura
26 September 2024



Independent Auditor’s Report

To the Board of Mildura Base Public Hospital

Opinion	<p>I have audited the financial report of Mildura Base Public Hospital (the health service) which comprises the:</p> <ul style="list-style-type: none">• balance sheet as at 30 June 2024• comprehensive operating statement for the year then ended• statement of changes in equity for the year then ended• cash flow statement for the year then ended• notes to the financial statements, including material accounting policy information• board member’s, accountable officer’s and chief finance & accounting officer’s declaration. <p>In my opinion the financial report presents fairly, in all material respects, the financial position of the health service as at 30 June 2024 and its 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>
Other information	<p>The Board of the health service is responsible for the Other Information, which comprises the information in the health service’s annual report for the year ended 30 June 2024, but does not include the financial report and my auditor’s report thereon.</p> <p>My opinion on the financial report does not cover the Other Information and accordingly, I do not express any form of assurance conclusion on the Other Information. However, in connection with my audit of the financial report, my responsibility is to read the Other Information and in doing so, consider whether it is materially inconsistent with the financial report or the knowledge I obtained during the audit, or otherwise appears to be materially misstated. If, based on the work I have performed, I conclude there is a material misstatement of the Other Information, I am required to report that fact. I have nothing to report in this regard.</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 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.



Mildura Base Public Hospital

Comprehensive Operating Statement

For the Financial Year Ended 30 June 2024

	Note	2024 \$ '000	2023 \$ '000
Revenue and income from transactions			
Operating activities	2.1	202,322	234,400
Non-operating activities	2.1	1,318	907
Total revenue and income from transactions		203,640	235,307
Expenses from transactions			
Employee expenses	3.1	(177,735)	(163,979)
Supplies and consumables	3.1	(46,841)	(42,489)
Finance costs	3.1	(296)	(217)
Depreciation and amortisation	3.1	(5,847)	(5,958)
Other administrative expenses	3.1	(10,180)	(12,624)
Other operating expenses	3.1	(7,540)	(10,571)
Total expenses from transactions		(248,439)	(235,838)
Net result from transactions - net operating balance		(44,799)	(531)
Other economic flows included in net result			
Total net gain/(loss) on financial assets	3.2	(958)	(272)
Share of net profits of joint entities, excluding dividends	3.2	(8)	88
Net gain/(loss) on disposal of property plant and equipment	3.2	(159)	(25)
Net gain/(loss) arising from revaluation of long service leave liability	3.2	828	(312)
Total other economic flows included in the net result		(297)	(521)
Net result for the period		(45,096)	(1,052)
Other comprehensive income			
Items that will not be reclassified to net result			
Changes in revaluation reserve	4.3	(196)	-
Comprehensive results for the period		(45,292)	(1,052)

Mildura Base Public Hospital

Balance Sheet

As at 30 June 2024

	Note	2024 \$ '000	2023 \$ '000
Current assets			
Cash and cash equivalents	6.2	6,850	50,700
Receivables	5.1	1,884	2,660
Contract Assets	5.2	572	320
Inventories		670	631
Prepaid expenses		937	410
Total current assets		10,913	54,721
Non-current assets			
Receivables	5.1	14,156	13,467
Property, plant and equipment	4.1	97,709	95,298
Right-of-use assets	4.2	7,203	6,084
Intangible assets	4.4	1,384	1,692
Total non-current assets		120,452	116,541
Total assets		131,365	171,262
Current liabilities			
Payables	5.3	35,188	34,692
Contract Liabilities	5.4	5,051	5,689
Other Liabilities	5.5	855	855
Lease liabilities	6.1	1,310	1,139
Employee benefits	3.3	25,659	22,173
Total current liabilities		68,063	64,548
Non-current liabilities			
Lease liabilities	6.1	6,733	5,312
Employee benefits	3.3	5,797	5,338
Total non-current liabilities		12,530	10,650
Total liabilities		80,593	75,198
Net assets		50,772	96,064
Equity			
Accumulated surplus/(deficit)		(50,692)	(5,323)
Contributed capital		90,992	90,992
Restricted reserves		2,301	2,028
Asset revaluation reserve	4.3	8,171	8,367
Total equity		50,772	96,064

Mildura Base Public Hospital

Statement of Changes in Equity

For the Financial Year Ended 30 June 2024

	Accumulated Deficit \$ '000	Contributed Capital \$ '000	Restricted Reserves \$ '000	Asset Revaluation Reserve \$ '000	Total Equity \$ '000
Balance at 1 July 2022	(2,649)	90,992	406	8,367	97,116
Net result for the period	(1,052)	-	-	-	(1,052)
Other comprehensive income	-	-	-	-	-
Transfer to/(from) reserves	(1,622)	-	1,622	-	-
Balance at 30 June 2023	(5,323)	90,992	2,028	8,367	96,064
Net result for the period	(45,096)	-	-	-	(45,096)
Other comprehensive income	-	-	-	(196)	(196)
Transfer to/(from) reserves	(273)	-	273	-	-
Balance at 30 June 2024	(50,692)	90,992	2,301	8,171	50,772

Mildura Base Public Hospital

Cash Flow Statement

For the Financial Year Ended 30 June 2024

	Note	2024 \$ '000	2023 \$ '000
Cash flows from operating activities			
Operating grants from government		190,529	220,499
Capital grants from government		6,809	7,281
Patient fees received		2,836	1,676
Private practice fees received		536	1,051
GST received from the Australian Taxation Office		10,645	7,824
Interest income received		1,318	907
Other receipts		7,057	7,498
Total receipts		219,730	246,736
Employee expenses paid		(173,888)	(160,083)
Payments for supplies and consumables		(81,263)	(61,450)
Finance costs		(296)	(217)
GST payable to the Australian Taxation Office		(494)	(507)
Total payments		(255,941)	(222,257)
Net cash provided by / (used in) operating activities	8.1	(36,211)	24,479
Cash flows from investing activities			
Proceeds from sale of non-financial assets		34	-
Payments of non-financial assets		-	(24)
Purchase of property, plant and equipment		(6,629)	(6,067)
Net cash used in investing activities		(6,595)	(6,091)
Cash flows from financing activities			
Principle lease repayments		(1,044)	(938)
Receipt of Monies in Trust		-	363
Net cash used in financing activities		(1,044)	(575)
Net increase / (decrease) in cash held		(43,850)	17,813
Cash and cash equivalents at the beginning of the period		50,700	32,887
Cash and cash equivalents at the end of the period	6.2	6,850	50,700

Mildura Base Public Hospital

Notes to the Financial Statements

For the Financial Year Ended 30 June 2024

Note 1. Basis of Preparation

These financial statements represent the audited general purpose financial statements for Mildura Base Public Hospital for the year ended 30 June 2024. The report provides users with information about Mildura Base Public Hospital's stewardship of the resources entrusted to it.

This section explains the basis of preparing the financial statements and identifies the material accounting estimates and judgements.

This section is structured as follows:

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

1.1 Basis of preparation of the financial statements

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

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

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

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

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

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

The annual financial statements were authorised for issue by the Board of Mildura Base Public Hospital on 1st October 2024.

Mildura Base Public Hospital

Notes to the Financial Statements

For the Financial Year Ended 30 June 2024

Note 1. Basis of Preparation (continued)

1.2 Abbreviations and terminology used in the financial statements

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

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

1.3 Joint arrangements

Interests in joint arrangements are accounted for by recognising in Mildura Base Public Hospital's financial statements, its share of assets and liabilities and any revenue and expenses of such joint arrangements.

Mildura Base Public Hospital has a joint arrangement in the Loddon Mallee Rural Health Alliance. Details of this joint arrangement are set out in Note 8.7.

1.4 Material accounting estimates and judgements

Management make estimates and judgements when preparing the financial statements.

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

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

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

- Note 2.1: Revenue and income from transactions
- Note 3.3: Employee benefits and related on-costs
- Note 4.1: Property, plant and equipment
- Note 4.2: Right-of-use Assets
- Note 4.4: Intangible Assets
- Note 4.5: Depreciation and Amortisation
- Note 4.6: Impairment of Assets
- Note 5.1: Receivables
- Note 5.2: Contract Assets
- Note 5.3: Payables
- Note 5.4: Contract Liabilities
- Note 6.1: Lease Liabilities

Mildura Base Public Hospital

Notes to the Financial Statements

For the Financial Year Ended 30 June 2024

Note 1. Basis of Preparation (continued)

1.5 Accounting standards issued but not yet effective

An assessment of accounting standards and interpretations issued by the AASB that are not yet mandatorily applicable to Mildura Base Public Hospital and their potential impact when adopted in future periods is outlined below.

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

There are no other accounting standards and interpretations issued by the AASB that are not yet mandatorily applicable to the Mildura Base Public Hospital in future periods.

1.6 Goods and Services Tax (GST)

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

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

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

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

1.7 Reporting entity

Mildura Bases Public Hospital's principal address is:

Ontario Avenue

Mildura Base Public Hospital

Notes to the Financial Statements

For the Financial Year Ended 30 June 2024

Note 2. Funding Delivery of our Services

Mildura Base Public Hospital's overall objective is to provide quality health services that improve health outcomes for the health services tri-state communities, by creating partnerships, leading a culture and building a team to deliver sustainable services. Mildura Base Public Hospital is predominantly funded by grant funding for the provision of outputs. Mildura Base Public Hospital also receives income from the supply of services.

This section is then structured as follows:

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

Material judgements and estimates

This section contains the following Material judgements and estimates:

Identifying performance obligations

Mildura Base Public Hospital applies maerial judgement when reviewing the terms and conditions of funding agreements and contracts to determine whether they contain sufficiently specific and enforceable performance obligations.

If this criterion is met, the contract/funding agreement is treated as a contract with a customer, requiring Mildura Base Public Hospital to recognise revenue or when the health service transfers promised goods and services to customers.

If this criterion is not met, funding is recognised immediately in the net result from operations.

Determining timing of revenue recognition

Mildura Base Public Hosptial applies material judgement to determine when a performance obligation has been satisfied and the transaction price that is to be allocated to each performance obligation. A performance obligation is either satisfied at a point in time or over time.

Determining timing of capital grant income recognition

Mildura Base Public Hosptial applies material judgement to determine when its obligation to construct an asset us satisfied. Costs incurred is used to measure the health service's progress as this is deemed to be the most accurate reflection of the stage of completion.

2.1 Revenue and income from transactions

	Note	2024 \$ '000	2023 \$ '000
Operating activities			
Revenue from contracts with customers			
Government grants (State) - operating		161,592	192,967
Government grants (Commonwealth) - operating		12,095	9,844
Patient fees		2,472	1,936
Private practice fees		536	1,051
Commercial Activities ¹		1,029	855
Total revenue from contracts with customers		177,724	206,653
Other sources of income			
Government grants (State) - operating		10,986	15,054
Government grants (State) - capital		6,809	5,140
Assets received free charge or for nominal consideration	2.2	274	1,390

Mildura Base Public Hospital

Notes to the Financial Statements

For the Financial Year Ended 30 June 2024

Note 2. Funding Delivery of our Services (continued)

2.1 Revenue and income from transactions (continued)

	2024 \$ '000	2023 \$ '000
Non-operating activities		
Income from other sources		
Interest	1,318	907
Total income from other sources	1,318	907
Total income from non-operating activities	1,318	907
Total revenue and income from transactions	203,640	235,307

³Commerical activities represent business activities which Mildura Base Public Hospital enters into to support its operations.

2.1(a) Timing of revenue from contracts with customers

Goods and services transferred to customers:

Mildura Base Public Hospital disaggregates revenue by the timing of revenue recognition.

At a point in time	176,695	205,798
Over time	1,029	855
Total revenue from contracts with customers	177,724	206,653

How we recognise revenue and income from operating activities

Government operating grants

To recognise revenue, Mildura Base Public Hospital assesses each grant to determine whether there is a contract that is enforceable and has sufficiently specific performance obligations in accordance with AASB 15 *Revenue from Contracts with Customers*.

When both these conditions are satisfied, the health service:

- identifies each performance obligation relating to the revenue
- recognises a contract liability for its obligations under the agreement
- recognises revenue as it satisfied its performance obligations, at a point in time or over time as and when services are rendered.

If a contract liability is recognised, Mildura Base Public Hospital recognises revenue in profit or loss as and when it satisfies its obligations under the contract.

Where the contract is not enforceable and/or does not have sufficiently specific performance obligations, in accordance with AASB 1058 *Income for Not-for-Profit Entities*, the health service:

- recognises the asset received in accordance with the recognition requirements of other applicable Accounting Standards (for example, AASB 9, AASB 16, AASB 116 and AASB 138)
- recognises related amounts (being contributions by owners, lease liabilities, financial instruments, provisions, revenue or contract liability arising from a contract with a customer), and
- recognises income immediately in profit or loss as the difference between the initial carrying amount of the asset and the related amount in accordance with AASB 1058.

Mildura Base Public Hospital

Notes to the Financial Statements

For the Financial Year Ended 30 June 2024

Note 2. Funding Delivery of our Services (continued)

2.1 Revenue and income from transactions (continued)

How we recognise revenue and income from operating activities (continued)

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

This policy applies to each of Mildura Base Public Hospital’s revenue streams, with information detailed below relating to Mildura Base Public Hospital’s material revenue streams:

Government Grants	Performance obligation
Activity Based Funding (ABF) paid as National Weighted Activity Unit (NWAU)	NWAU is a measure of health service activity expressed as a common unit against which the national efficient price (NEP) is paid. The performance obligations for NWAU are the number and mix of admissions, emergency department presentations and outpatient episodes, and is weighted for clinical complexity. Revenue is recognised at point in time, which is when a patient is discharged.
Mental Health Funding	The performance obligation for mental health funding is to deliver mental health services and consultations to inpatients and members of the community. Revenue is recognised at a point in time when consultations are delivered.

Capital grants

Where Mildura Base Public Hospital receives a capital grant, it recognises a liability for the excess of the initial carrying amount of the financial asset received over any related amounts (being contributions by owners, lease liabilities, financial instruments, provisions, revenue or contract liabilities arising from a contract with a customer) recognised under other Australian Accounting Standards.

Income is recognised progressively as the asset is constructed which aligns with Mildura Base Public Hospital’s obligation to construct the asset. The progressive percentage of costs incurred is used to recognise income, as this most accurately reflects the stage of completion.

Patient Fees

Patient fees are charges that can be levied on patients for some services they receive. Patient fees are recognised at a point in time when the performance obligation, the provision of services, is satisfied.

Private practice fees

Private practice fees include recoupments from various private practice organisations for the use of hospital facilities. Private practice fees are recognised over time as the performance obligation, the provision of facilities, is provided to customers.

Pharmaceutical Benefits Scheme (PBS)

A subsidy is received under the Australian Government’s National Medicines Policy for costs incurred on prescription medication. PBS subsidy grants are recognised at a point in time when costs are incurred on prescription medication.

Mildura Base Public Hospital

Notes to the Financial Statements

For the Financial Year Ended 30 June 2024

Note 2. Funding Delivery of our Services (continued)

2.1 Revenue and income from transactions (continued)

How we recognise revenue and income from operating activities (continued)

Commercial Activities

Revenue from commercial activities relate to Cafe and Pharmacy Revenue. Commercial activity revenue is recognised overtime, upon provision of the goods and service to the customer.

How we recognise revenue and income from non-operating activities

Interest income

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

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

	2024 \$ '000	2023 \$ '000
Personal protective equipment and other consumables	274	1,390
Total fair value of assets and services received free of charge or for nominal consideration	274	1,390

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

Personal protective equipment

Under the State Supply Arrangement, Health Share Victoria supplies personal protective equipment to Mildura Base Public Hospital for nil consideration.

Non-cash contributions from the Department of Health

The Department of Health makes some payments on behalf of the Mildura Base Public Hospital:

Supplier	Description
Victorian Managed Insurance Authority	The Department of Health purchases non-medical indemnity insurance for Mildura Base Public Hospital which is paid directly to the Victorian Managed Insurance Authority. To record this contribution, such payments are recognised as income with a matching expense in the net result from transactions.
Victorian Health Building Authority	The Department of Health made payments to the Victorian Health Building Authority to fund capital works projects during the year ended 30 June 2024, on behalf of Mildura Base Public Hospital.
Department of Health	Long Service Leave (LSL) revenue is recognised upon finalisation of movements in LSL liability in line with the long service leave funding arrangements with the Department of Health.

Contributions of resources

Mildura Base Public Hospital may receive resources for nil or nominal consideration to further its objectives. The resources are recognised at their fair value when Mildura Base Public Hospital obtains control over the resources, irrespective of whether restrictions or conditions are imposed over the use of the contributions.

The exception to this policy is when an asset is received from another government agency or department as a consequence of a restricting of administrative arrangements, in which case the asset will be recognised at its carrying value in the financial statements of

Mildura Base Public Hospital

Notes to the Financial Statements

For the Financial Year Ended 30 June 2024

Note 3. The Cost of Delivering our Services

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

This section is then structured as follows:

- 3.1 Expenses from transactions
- 3.2 Other economic flows
- 3.3 Employee benefits and related on-costs
- 3.4 Superannuation

Material judgements and estimates

This section contains the following Material judgements and estimates:

Classifying employee benefit liabilities

Mildura Base Public Hospital applies material judgment when measuring and classifying its employee benefit liabilities. Employee benefit liabilities are classified as a current liability if Mildura Base Public Hospital does not have an unconditional right to defer payment beyond 12 months. Annual leave, accrued days off and long service leave entitlements (for staff who have exceeded the minimum vesting period) fall into this category.

Employee benefit liabilities are classified as a non-current liability if Mildura Base Public Hospital has a conditional right to defer payment beyond 12 months. Long service leave entitlements (for staff who have not yet exceeded the minimum vesting period) fall into this category.

Measuring employee benefits liabilities

Mildura Base Public Hospital applies material judgement when measuring its employee liabilities. Mildura Base Public Hospital applies judgement to determine when it expects its employee entitlements to be paid.

With reference to historical data, if Mildura Base Public Hospital does not expect entitlements to be paid within 12 months, the entitlement is measured at its present value, being the expected future payments to employees.

Expected future payments incorporate:

- an inflation rate of 4.45%, reflecting the future wage and salary levels
- durations of service and employee departures, which are used to determine the estimated value of long service leave that will be taken in the future, for employees who have not yet reached the vesting period. The estimated rates are between 56% and 94%
- discounting at the rate of 4.35%, as determined with reference to market yields on government bonds at the end of the reporting period.

All other entitlements are measured at their nominal value.

Mildura Base Public Hospital

Notes to the Financial Statements

For the Financial Year Ended 30 June 2024

Note 3. The Cost of Delivering our Services (continued)

3.1 Expenses from transactions

	2024 \$ '000	2023 \$ '000
Employee expenses		
Salaries and wages	127,124	113,017
On-costs	12,265	12,603
Agency expenses	16,763	12,326
Fee for service medical officer expenses	20,301	24,796
WorkCover premium	1,282	1,237
Total employee expenses	177,735	163,979
Supplies and consumables		
Drug supplies	12,661	11,048
Medical and surgical supplies (including Prostheses)	7,635	9,182
Diagnostic and radiology supplies	12,614	10,545
Other supplies and consumables	13,931	11,714
Total supplies and consumables	46,841	42,489
Finance costs		
Finance costs	296	217
Total finance costs	296	217
Other administration expenses		
Other administration expenses	10,179	12,624
Total other administration expenses	10,179	12,624
Other operating expenses		
Fuel, light, power and water	1,348	1,172
Repairs and maintenance	1,173	3,922
Maintenance contracts	834	1,877
Medical indemnity insurance	4,185	3,600
Total other operating expenses	7,540	10,571
Total operating expenses	242,591	229,880
Depreciation and amortisation		
Depreciation and amortisation	5,847	5,958
Total depreciation and amortisation	5,847	5,958
Total expenses from transactions	248,438	235,838

How we recognise expenses from transactions

Expense recognition

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

For the Financial Year Ended 30 June 2024

3.1 Expenses from transactions (continued)

Supplies and consumables

Finance costs

Other operating expenses

- 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 (\$1k)).

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.

Mildura Base Public Hospital

Notes to the Financial Statements

For the Financial Year Ended 30 June 2024

Note 3. The Cost of Delivering our Services (continued)

3.2 Other economic flows

	Note	2024 \$ '000	2023 \$ '000
Net loss on disposal of property plant and equipment		(159)	(25)
Total net loss on non-financial assets		(159)	(25)
Allowance for impairment losses of contractual receivables		(958)	(272)
Total net loss on financial assets		(958)	(272)
Share of net profits of joint entities, excluding dividends	8.7	(8)	88
Total share of other economic flows from joint arrangements		(8)	88
Net gain/(loss) arising from revaluation of long service leave liability		828	(312)
Total other gain/(losses) from other economic flows		828	(312)
Total losses from other economic flows		(297)	(521)

How we recognise other economic flows

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

- the revaluation of the present value of the long service leave liability due to changes in the bond interest rates and
- the unrealised gains in the Loddon Mallee Rural Health Alliance joint arrangement.

Net gain/(loss) on non-financial assets

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

- net gain/(loss) on disposal of non-financial assets
- impairment losses of contractual receivables.

Mildura Base Public Hospital

Notes to the Financial Statements

For the Financial Year Ended 30 June 2024

Note 3. The Cost of Delivering our Services (continued)

3.3 Employee benefits in the balance sheet

	2024 \$ '000	2023 \$ '000
Current employee benefits and related on-costs		
<i>Accrued days off</i>		
Unconditional and expected to be settled wholly within 12 months ¹	820	761
	820	761
<i>Annual leave</i>		
Unconditional and expected to be settled wholly within 12 months ¹	10,802	9,268
Unconditional and expected to be settled wholly after 12 months ²	1,692	1,467
	12,494	10,735
<i>Long service leave</i>		
Unconditional and expected to be settled wholly within 12 months ¹	856	631
Unconditional and expected to be settled wholly after 12 months ²	8,644	7,918
	9,500	8,549
<i>Provisions related to employee benefit on-costs</i>		
Unconditional and expected to be settled wholly within 12 months ¹	1,491	1,263
Unconditional and expected to be settled wholly after 12 months ²	1,354	865
	2,845	2,128
Total current employee benefits and related on-costs	25,659	22,173
Non-current employee benefits and related on-costs		
Conditional long service leave	5,123	4,901
Provisions related to employee benefit on-costs	674	437
Total non-current employee benefits and related on-costs	5,797	5,338
Total employee benefits and related on-costs	31,456	27,511

¹ The amounts disclosed are nominal amounts.

² The amounts disclosed are discounted to present value.

Mildura Base Public Hospital

Notes to the Financial Statements

For the Financial Year Ended 30 June 2024

Note 3. The Cost of Delivering our Services (continued)

3.3 Employee benefits in the balance sheet (continued)

3.3(a) Employee benefits and related on-costs

	2024 \$ '000	2023 \$ '000
Current employee benefits and related on-costs		
Unconditional accrued days off	820	761
Unconditional annual leave entitlements	14,093	12,109
Unconditional long service leave entitlements	10,746	9,303
Total current employee benefits and related on-costs	25,659	22,173
Non-current employee benefits and related on-costs		
Conditional long service leave entitlements	5,797	5,338
Total non-current employee benefits and related on-costs	5,797	5,338
Total employee benefits and related on-costs	31,456	27,511
Attributable to:		
Employee Benefits	27,936	24,946
Provision for related on-costs	3,520	2,565
Total employee benefits and related on-costs	31,456	27,511

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

Carrying amount at start of period	2,565	2,056
Additional provisions recognised	2,344	1,511
Amounts incurred during the year	(561)	(690)
Net loss arising from revaluation of long service leave liability	(828)	(312)
Carrying amount at end of period	3,520	2,565

How we recognise employee benefits

Employee benefits recognition

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

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

Annual leave and accrued days off

Liabilities for annual leave and accrued days off are recognised in the provision for employee benefits as 'current liabilities' because Mildura Base Public Hospital does not have 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 Mildura Base Public Hospital expects to wholly settle within 12 months or

Mildura Base Public Hospital

Notes to the Financial Statements

For the Financial Year Ended 30 June 2024

Note 3. The Cost of Delivering our Services (continued)

3.3 Employee benefits in the balance sheet (continued)

How we recognise employee benefits (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 the Mildura Base Public Hospital 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 Mildura Base Public Hospital expects to wholly settle within 12 months or
- Present value - if Mildura Base Public Hospital does not expect to wholly settle within 12 months.

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

Termination benefits

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

Provision for on-costs related to employee benefits

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

3.4 Superannuation

	Paid contribution for the year		Contribution outstanding at year end	
	2024	2023	2024	2023
	\$ '000	\$ '000	\$ '000	\$ '000
Defined contribution plans				
Aware Super	5,882	5,849	213	169
HESTA Super Fund	2,797	2,636	109	82
Other	3,391	2,896	137	91
Total superannuation	12,070	11,381	459	342

How we recognise superannuation

Employees of Mildura Base Public Hospital are entitled to receive superannuation benefits and it contributes to both defined benefit and defined contribution plans.

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.

Mildura Base Public Hospital

Notes to the Financial Statements

For the Financial Year Ended 30 June 2024

Note 4. Key Assets to Support Service Delivery

Mildura Base Public Hospital controls infrastructure and other investments that are utilised in fulfilling its objectives and conducting its activities. They represent the material resources that have been entrusted to Mildura Base Public Hospital to be utilised for delivery of those outputs.

This section is then structured as follows:

- 4.1 Property, plant and equipment
- 4.2 Right-of-use assets
- 4.3 Revaluation Surplus
- 4.4 Intangible assets
- 4.5 Depreciation and amortisation
- 4.6 Impairment of Assets

Material judgements and estimates

This section contains the following Material judgements and estimates.

Estimating the useful life of property, plant and equipment

Mildura Base Public Hospital assigns an estimated useful life to each item of property, plant and equipment. This is used to calculate depreciation of the asset.

Mildura Base Public Hospital reviews the useful life, and depreciation rates of all assets at the end of each reporting period and where necessary, records a change in accounting estimate.

Estimating the useful life of right-of-use assets

The useful life of each right-of-use asset is typically the respective lease term, except where the health service is reasonable certain to exercise a purchase option contained within the lease, in which case the useful life reverts to the estimated useful life of the underlying asset.

Mildura Base Public Hospital applies material judgement to determine whether or not it is reasonably certain to exercise such purchase options.

Estimating restoration costs at the end of a lease

Where a lease agreement requires Mildura Base Public Hospital to restore a right-of-use asset to its original condition at the end of a lease, the health service estimates the present value of such restoration costs. This cost is included in the measurement of the right-of-use asset, which is depreciated over the relevant lease term.

Estimating the useful life of intangible assets

Mildura Base Public Hospital assigns an estimated useful life to each intangible asset with a finite useful life, which is used to calculate amortisation of the asset.

Identifying indicators of impairment

At the end of each year, Mildura Base Public Hospital assesses impairment by evaluating the conditions and events specific to the health service that may be indicative of impairment triggers. Where an indication exists, the health service tests for impairment. The health service considers a range of information when performing its assessment, including considering:

Mildura Base Public Hospital

Notes to the Financial Statements

For the Financial Year Ended 30 June 2024

Note 4. Key Assets to Support Service Delivery (continued)

4.1 Property, plant and equipment

4.1(a) Gross carrying amount and accumulated depreciation

	2024 \$ '000	2023 \$ '000
Land		
At fair value	2,515	2,154
Total land at fair value	2,515	2,154
Buildings		
At fair value	80,903	86,106
Less accumulated depreciation	-	(2,325)
Total buildings at fair value	80,903	83,781
Works in progress		
At cost	9,996	4,571
Total works in progress at cost	9,996	4,571
Plant and equipment		
At fair value	3,081	2,355
Less accumulated depreciation	(1,208)	(869)
Total plant and equipment at fair value	1,873	1,486
Medical equipment		
At fair value	10,484	10,340
Less accumulated depreciation	(8,754)	(8,171)
Total medical equipment at fair value	1,730	2,169
Motor Vehicles		
At fair value	580	731
Less accumulated depreciation	(501)	(572)
Total motor vehicles at fair value	79	159
Computer equipment		
At fair value	3,925	4,004
Less accumulated depreciation	(3,524)	(3,214)
Total computer equipment at fair value	401	790
Furniture and fittings		
At fair value	250	217
Less accumulated depreciation	(38)	(29)
Total furniture and fittings at fair value	212	188
Total property, plant and equipment at fair value	97,709	95,298

Mildura Base Public Hospital

Notes to the Financial Statements

For the Financial Year Ended 30 June 2024

Note 4. Key Assets to Support Service Delivery (continued)

4.1 Property, plant and equipment (continued)

4.1(b) Reconciliations of carrying amount by each class of asset

		Land	Buildings	Buildings works in progress	Plant & Equipment	Motor Vehicles
	Notes	\$'000	\$'000	\$'000	\$'000	\$'000
Balance at 1 July 2022		2,154	85,941	1,493	214	233
Additions		-	165	3,078	1,492	-
Disposals		-	-	-	-	(4)
Net transfers between classes		-	-	-	(57)	-
Depreciation	4.5	-	(2,325)	-	(163)	(70)
Balance at 30 June 2023		2,154	83,781	4,571	1,486	159
Additions		-	-	5,425	759	-
Disposals		-	-	-	(7)	(26)
Revaluation increments/(decrements)		361	(558)	-	-	-
Net transfers between classes		-	-	-	-	-
Depreciation	4.5	-	(2,320)	-	(365)	(54)
Balance at 30 June 2024		2,515	80,903	9,996	1,873	79

		Medical Equipment	Computer Equipment	Furniture & Fittings	Total
		\$'000	\$'000	\$'000	\$'000
Balance at 1 July 2022		2,061	1,504	161	93,761
Additions		840	322	88	5,985
Disposals		(20)	-	(14)	(38)
Net transfers between classes		57	24	(24)	-
Depreciation	4.5	(769)	(1,060)	(23)	(4,410)
Balance at 30 June 2023		2,169	790	188	95,298
Additions		437	115	51	6,787
Disposals		(111)	-	(14)	(158)
Revaluation increments/(decrements)		-	-	-	(197)
Net transfers between classes		-	-	-	-
Depreciation	4.5	(765)	(504)	(13)	(4,021)
Balance at 30 June 2024		1,730	401	212	97,709

Land and Buildings Carried at Valuation

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

Mildura Base Public Hospital

Notes to the Financial Statements

For the Financial Year Ended 30 June 2024

Note 4. Key assets to support service delivery (continued)

4.1 Property, plant and equipment (continued)

How we recognise property, plant and equipment

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

Initial recognition

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

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

Subsequent measurement

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

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

Further information regarding fair value measurement is disclosed below.

Revaluation

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

Where an independent valuation has not been undertaken at balance date, Mildura Base Public Hospital perform a managerial assessment to estimate possible changes in fair value of land and buildings since the date of the last independent valuation with reference to Valuer-General of Victoria (VGV) indices.

An adjustment is recognised if the assessment concludes that the fair value of land and buildings has changed by 10% or more since the last revaluation (whether that be the most recent independent valuation or managerial valuation). Any estimated change in fair value of less than 10% is deemed immaterial to the financial statements and no adjustment is recorded. Where the assessment indicates there has been an exceptionally material movement in the fair value of land and buildings since the last independent valuation, being equal to or in excess of 40%, Mildura Base Public Hospital would obtain an interim independent valuation prior to the next scheduled independent valuation.

An independent valuation of Mildura Base Public Hospitals' land and buildings was performed by the Valuer General Victoria on 30 June 2024.

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

Revaluation increments are recognised in 'Other Comprehensive Income' are credited directly to the property, plant and equipment revaluation surplus, except that, to the extent that an increment reverses a revaluation decrement in respect of that same class of

Mildura Base Public Hospital

Notes to the Financial Statements

For the Financial Year Ended 30 June 2024

Note 4. Key assets to support service delivery (continued)

4.1 Property, plant and equipment (continued)

How we recognise property, plant and equipment (continued)

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

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

4.2 Right-of-use assets

4.2(a) Gross carrying amount and accumulated depreciation

	2024 \$ '000	2023 \$ '000
Right of Use Buildings		
At fair value	9,981	7,915
Less accumulated depreciation	(3,472)	(2,082)
Total right of use buildings at fair value	6,510	5,833
Right of Use vehicles and equipment		
At fair value	910	340
Less accumulated depreciation	(217)	(89)
Total right of use vehicles and equipment at fair value	693	251
Total right-of-use assets at fair value	7,203	6,084

4.2(b) Reconciliation of carrying amounts by class of asset

	Notes	Right of Use Buildings \$'000	Right of Use Vehicles and Equipment \$'000	Total \$'000
Balance at 1 July 2022		5,374	-	5,374
Additions		1,608	340	1,948
Depreciation	4.5	(1,149)	(89)	(1,238)
Closing balance at 30 June 2023	4.2(a)	5,833	251	6,084
Additions		2,067	570	2,637
Depreciation	4.5	(1,390)	(128)	(1,518)
Closing balance at 30 June 2024	4.2(a)	6,510	693	7,203

Mildura Base Public Hospital

Notes to the Financial Statements

For the Financial Year Ended 30 June 2024

Note 4. Key assets to support service delivery (continued)

4.2 Right-of-use assets (continued)

How we recognise right-of-use assets

Mildura Base Public Hospital recorded no changes in fair value of right-of-use assets during the period ended 30 June 2024.

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

Class if right-of-use asset	Lease Term
Leased Land	10 years
Leased Buildings	5 to 20 years
Leased Vehicle and Equipment	1 to 4 years

Initial recognition

When a contract is entered into, Mildura Public Hospital assesses if the contract contains or is a lease. Unless the lease is considered a short-term lease or a lease of a low-value asset (refer to Note 6.1 for further information) the contract gives rise to a right-of-use asset and corresponding lease liability.

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

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

Mildura Base Public Hospital presents its right-of-use assets as part of property, plant and equipment as if the asset was owned by the health service.

Subsequent measurement

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

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

Further information regarding fair value measurement is disclosed at Note 7.4(a).

4.3 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

Notes	2024 \$ '000	2023 \$ '000
	8,367	8,367
4.1(b)	361	-
4.1(b)	(557)	-
	8,171	8,367
	1,248	886
	6,923	7,481
	8 171	8 367

Mildura Base Public Hospital

Notes to the Financial Statements

For the Financial Year Ended 30 June 2024

Note 4. Key assets to support service delivery (continued)

4.4 Intangible Assets

4.4(a) Gross carrying amount and accumulated amortisation

Software

At cost	2,856	2,856
Less accumulated amortisation	(1,472)	(1,164)
Total software	1,384	1,692
Total intangible assets at cost	1,384	1,692

4.4(b) Reconciliation of carrying amounts by class of asset

	Notes	Software \$ '000
Balance at 1 July 2022		1,881
Additions		37
Net transfers between classes		81
Amortisation	4.5	(307)
Closing Balance at 30 June 2023	4.4(a)	1,692
Amortisation	4.5	(308)
Closing balance at 30 June 2024	4.4(a)	1,384

How we recognise intangible assets

Intangible assets represent identifiable non-monetary assets without physical substance such as computer software.

Initial recognition

Purchased intangible assets are initially recognised at cost.

Subsequent measurement

Intangible assets with finite useful lives are carried at cost less accumulated amortisation and accumulated impairment losses.

Mildura Base Public Hospital

Notes to the Financial Statements

For the Financial Year Ended 30 June 2024

Note 4. Key assets to support service delivery (continued)

4.5 Depreciation and amortisation		2024	2023
	Note	\$ '000	\$ '000
Depreciation of property, plant and equipment:			
- Buildings		2,320	2,325
- Plant and equipment		365	163
- Medical equipment		765	769
- Motor Vehicle		54	70
- Computer equipment		504	1,060
- Furniture and fittings		13	30
Total depreciation of property, plant and equipment		4,021	4,417
Depreciation of right-of-use assets:			
- Right-of-use buildings		1,390	1,149
- Right-of-use motor vehicles		128	89
Total depreciation of right-of-use assets		1,518	1,238
Amortisation of intangible assets:			
- Software	4.4 (b)	308	307
Total amortisation of intangible assets		308	307
Total depreciation and amortisation		5,847	5,962

How we recognise depreciation

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

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

How we recognise amortisation

Amortisation is the systematic allocation of the depreciable amount of an asset over its useful life.

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

Class of asset	2024	2023
Buildings	30 years	40 years
Plant and equipment	4-10 years	4-10 years
Medical equipment	3-10 years	3-10 years
Motor Vehicles	10 years	10 years

Mildura Base Public Hospital

Notes to the Financial Statements

For the Financial Year Ended 30 June 2024

Note 4. Key assets to support service delivery (continued)

4.6 Impairment of assets

How we recognise impairment

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

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

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

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

When performing an impairment test, Mildura Base Public Hospital compares the recoverable amount of the asset, being the higher of the asset's fair value less costs to sell and value in use, to the asset's carrying amount. Any excess of the asset's carrying amount over its recoverable amount is recognised immediately in net result, unless the asset is carried at a revalued amount.

Where an impairment loss on a revalued asset is identified, this is recognised against the asset revaluation surplus in respect of the same class of asset to the extent that the impairment loss does not exceed the cumulative balance recorded in the asset revaluation surplus for that class of asset.

Where it is not possible to estimate the recoverable amount of an individual asset, Mildura Base Public Hospital estimates the recoverable amount of the cash-generating unit to which the asset belongs.

Mildura Base Public Hospital did not record any impairment losses regarding property, plant and equipment for the year ended 30 June 2024 (30 June 2023: Nil).

Mildura Base Public Hospital

Notes to the Financial Statements

For the Financial Year Ended 30 June 2024

Note 5. Other assets and liabilities

This section sets out those assets and liabilities that arose from Mildura Base Public Hospital's operations.

This section is then structured as follows:

- 5.1 Receivables
- 5.2 Contract Assets
- 5.3 Payables
- 5.4 Contract Liabilities
- 5.5 Other Liabilities

Material judgements and estimates

This section contains the following Material judgements and estimates.

Estimating the provision for expected credit losses

Mildura Base Public Hospital uses a simplified approach to account for the expected credit loss provision. A provision matrix is used, which considers historical experience, external indicators and forward-looking information to determine expected credit loss rates.

Classifying a sub-lease arrangement as either an operating lease or finance lease

Mildura Base Public Hospital applies material judgement to determine if a sub-lease arrangement, where the health service is a lessor, meets the definition of an operating lease or finance lease. The health service considers a range of scenarios when classifying a sub-lease. A sub-lease typically meets the definition of a finance lease if:

- the lease transfers ownership of the asset to the lessee at the end of the term
- the lessee has an option to purchase the asset for a price that is materially below fair value at the end of the lease term
- the lease term is for the majority of the asset's useful life
- the present value of lease payments amount to the approximate fair value of the leased asset and
- the leased asset is of a specialised nature that only the lessee can use without material modification.

All other sub-lease arrangements are classified as an operating lease.

Measuring deferred capital grant income

Where Mildura Base Public Hospital has received funding to construct an identifiable non-financial asset, such funding is recognised as deferred capital grant income until the underlying asset is constructed. Mildura Base Public Hospital applies material judgement when measuring the deferred capital grant income balance, which references the estimated the stage of completion at the end of each financial year.

Measuring contract liabilities

Mildura Base Public Hospital applies material judgement to measure its progress towards satisfying a performance obligation as detailed in Note 2. Where a performance obligation is yet to be satisfied, the health service assigns funds to the outstanding obligation and records this as a contract liability until the promised good or service is transferred to the customer.

Mildura Base Public Hospital

Notes to the Financial Statements

For the Financial Year Ended 30 June 2024

Note 5. Other assets and liabilities (continued)

5.1 Receivables

	Note	2024 \$ '000	2023 \$ '000
Current receivables			
Contractual			
Trade debtors		575	579
Patient fees		765	1,130
Allowance for impairment losses		(494)	(494)
Trade debtors - Inter Hospital		115	36
Accrued revenue		51	19
Total current contractual receivables		1,012	1,270
Statutory			
GST receivable		874	1,390
Total statutory receivables		874	1,390
Total current receivables		1,885	2,660
Non-current receivables			
Contractual			
Long service leave - Department of Health		14,156	13,467
Total non-current contractual receivables		14,156	13,467
Total non-current receivables		14,156	13,467
Total receivables		16,042	16,127
<i>(i) Financial assets classified as receivables (Note 7.1(a))</i>			
Total receivables		16,042	16,127
GST Receivable		(874)	(1,390)
Total financial asset classified as receivables	7.1(a)	15,168	14,737
5.1(a) Movement in the allowance for impairment losses			
		2024 \$ '000	2023 \$ '000
Opening balance		494	494
Increase in allowance		958	272
Amounts written off during the period		(958)	(272)
Closing balance at 30 June		494	494

Mildura Base Public Hospital

Notes to the Financial Statements

For the Financial Year Ended 30 June 2024

Note 5. Other assets and liabilities (continued)

5.1 Receivables (continued)

How we recognise receivables

Receivables

Receivables consist of:

- Contractual receivables, including debtors that relate to goods and services. These receivables are classified as financial instruments and are categorised as ‘financial assets at amortised costs’. They are initially recognised at fair value plus any directly attributable transaction costs. The health service holds the contractual receivables with the objective to collect the contractual cash flows and therefore they are subsequently measured at amortised cost using the effective interest method, less any impairment.
- Statutory receivables, including Goods and Services Tax (GST) input tax credits that are recoverable. Statutory receivables do not arise from contracts and are recognised and measured similarly to contractual receivables (except for impairment), but are not classified as financial instruments for disclosure purposes. The health service applies AASB 9 for initial measurement of the statutory receivables and as a result statutory receivables are initially recognised at fair value plus any directly attributable transaction cost.

Trade debtors are carried at the nominal amounts due 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*.

Mildura Base Public Hospital is not exposed to any material 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.

5.2 Contract assets

	2024 \$ '000	2023 \$ '000
Current		
Contract Assets	572	320
Total Contract Assets	572	320

5.2(a) Movement in contract assets

	2024 \$ '000	2023 \$ '000
Balance at the beginning of the year	320	-
Add: Additional costs incurred that are recoverable from the customer	572	320
Less: Transfer to revenue recognition	(320)	-
Total contract assets	572	320

How we recognise contract assets

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

Mildura Base Public Hospital

Notes to the Financial Statements

For the Financial Year Ended 30 June 2024

Note 5. Other assets and liabilities (continued)

5.3 Payables

	Note	2024 \$ '000	2023 \$ '000
Current payables			
Contractual			
Trade creditors		3,954	1,253
Accrued salaries and wages		4,420	3,829
Accrued expenses		11,435	21,523
Deferred capital grant income	5.3(a)	10,729	3,326
Other payables		3,666	4,201
Amounts payable to governments and agencies		937	518
Total contractual payables		35,141	34,650
Statutory			
GST Payable		47	42
Total receivables		47	42
Total contractual payables		35,188	34,692
<i>(i) Financial liabilities classified as payables (Note 7.1(a))</i>			
Total Payables		35,188	34,692
Deferred grant income		(10,729)	(3,326)
GST Payable		(47)	(42)
Total financial liabilities classified as payables	7.1 (a)	24,412	31,324

How we recognise payables and contract liabilities

Payables consist of:

- Contractual payables, including payables that relate to the purchase of goods and services. These payables are classified as financial instruments and measured at amortised cost. Accounts payable and salaries and wages payable represent liabilities for goods and services provided to the Mildura Base Public Hospital prior to the end of the financial year that are unpaid.
- Statutory payables, including Goods and Services Tax (GST) that are payable. Statutory payables do not arise from contracts and are recognised and measured similarly to contractual payables, but are not classified as financial instruments for disclosure purposes.

Maturity analysis of payables

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

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

5.3(a) Movemnet in Deferred capital grant income

Opening balance	3,326	4,417
Capital grants received from funding bodies	12,655	4,049
Spent capital grants recognised as income due to completion of capital works	(5,252)	(5,140)
Closing balance at 30 June	10,729	3,326

Mildura Base Public Hospital

Notes to the Financial Statements

For the Financial Year Ended 30 June 2024

Note 5. Other assets and liabilities (continued)

	2024 \$ '000	2023 \$ '000
5.4 Contract liabilities		
Current		
Contract liabilities	5,051	5,689
Total contract liabilities	5,051	5,689

	2024 \$ '000	2023 \$ '000
5.4(a) Movement in Contract liabilities		
Opening balance	5,689	6,404
Funding received under contracts with funding bodies	173,724	209,149
Contract liabilities recognised as revenue due to fulfilment of performance obligations	(174,362)	(209,864)
Closing balance at 30 June	5,051	5,689

How we recognise contract liabilities

Contract liabilities include consideration received in advance from the Department of Health and other funding bodies for sufficiently specific and enforceable performance obligations.

Contractor liabilities are derecognised and recorded as revenue when promised goods and services are transferred to the customer. Refer to note 2.1.

	Note	2024 \$ '000	2023 \$ '000
5.5 Other Liabilities			
Current monies held in trust			
Other monies:			
Oncology Research Funds		855	855
Total current monies held in trust		855	855
Total other liabilities		855	855
* Represented by:			
- Cash assets	6.2	855	855

Mildura Base Public Hospital

Notes to the Financial Statements

For the Financial Year Ended 30 June 2024

Note 6. How we Finance our Operations

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

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

This section is then structured as follows:

- 6.1 Lease liabilities
- 6.2 Cash and cash equivalents
- 6.3 Commitments for expenditure

Material judgements and estimates

This section contains the following Material judgements and estimates:

Determining if a contract is or contains a lease

Mildura Base Public Hospital applies material judgement to determine if a contract is or contains a lease by considering if the health service:

- has the right-to-use an identified asset
- has the right to obtain substantially all economic benefits from the use of the leased asset and
- can decide how and for what purpose the asset is used throughout the lease.

Determining if a lease meets the short-term or low value asset lease exemption

Mildura Base Public Hospital applies material judgement when determining if a lease meets the short-term or low value lease exemption criteria. The health service estimates the fair value of leased assets when new. Where the estimated fair value is less than \$10,000, the health service applies the low-value lease exemption. The health service also estimates the lease term with reference to remaining lease term and period that the lease remains enforceable. Where the enforceable lease period is less than 12 months the health service applies the short-term lease exemption.

Discount rate applied to future lease payments

Mildura Base Public Hospital discounts its lease payments using the interest rate implicit in the lease. If this rate cannot be readily determined, which is generally the case for the health service's lease arrangements, Mildura Base Public Hospital uses its incremental borrowing rate, which is the amount the health service would have to pay to borrow funds necessary to obtain an asset of similar value to the right-of-use asset in a similar economic environment with similar terms, security and conditions.

For leased buildings, Mildura Base Public Hospital estimates the incremental borrowing rate to be between 1.36% to 4.59%.

For leased equipment and vehicles the implicit interest rate is 3.41%.

Assessing the lease term

The lease term represents the non-cancellable period of a lease, combined with periods covered by an option to extend or terminate the lease if Mildura Base Public Hospital is reasonably certain to exercise such options. Mildura Base Public Hospital determines the likelihood of exercising such options on a lease-by-lease basis through consideration of various factors including:

if there are material penalties to terminate (or not extend). the health service is typically reasonably certain to extend (or

Mildura Base Public Hospital

Notes to the Financial Statements

For the Financial Year Ended 30 June 2024

Note 6. How we Finance our Operations (continued)

6.1 Lease liabilities

	2024 \$ '000	2023 \$ '000
<i>CURRENT</i>		
Lease liability ¹	1,310	1,139
Total current lease liability	1,310	1,139
<i>NON-CURRENT</i>		
Lease liability ¹	6,733	5,312
Total non-current lease liability	6,733	5,312
Total lease liabilities	8,043	6,451

¹Secured by the asset leased.

(a) Maturity analysis of future lease payments

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

- Not longer than one year	1,533	1,324
- Longer than one year but not longer than five years	4,200	3,860
- Longer than five years	3,742	2,228
Minimum future lease payments	9,475	7,412
Less unexpired interest	(1,432)	(961)
Present value of lease liability	8,043	6,451

How we recognise lease liabilities

A lease is defined as a contract, or part of a contract, that conveys the right for Mildura Base Public Hospital to use an asset for a period of time in exchange for payment.

To apply this definition, Mildura Base Public Hospital ensures the contract meets the following criteria:

- the contract contains an identified asset, which is either explicitly identified in the contract or implicitly specified by being identified at the time the asset is made available to Mildura Base Public Hospital and for which the supplier does not have substantive substitution rights
- Mildura Base Public Hospital 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 Mildura Base Public Hospital has the right to direct the use of the identified asset throughout the period of use and;
- Mildura Base Public Hospital has the right to take decisions in respect of ‘how and for what purpose’ the asset is used throughout the period of use.

Class if right-of-use asset	Lease Term
Leased Land	10 years
Leased Buildings	5 to 20 years

For the Financial Year Ended 30 June 2024

6.1 Lease liabilities (continued)

How we recognise lease liabilities (continued)

Peppercorn/concessionary leases

For leases that have materially below-market terms and conditions principally to enable the health service to further its objectives (commonly known as peppercorn/concessionary leases), the health service has adopted the temporary relief under FRD 103 *Non-financial physical assets* and measures the right-of-use assets at cost on initial recognition. Mildura Base Public Hospital leases properties at 107 Boyden Street, Mildura, and 143 Thirteenth Street, Mildura, from the Department of Health, formerly referred to as the Department of Health and Human Services, each of which meet the definition of a peppercorn/concessionary lease.

Both lease agreements commenced on 15 September 2020, with respective lease terms of 10 and 20 years, expiring on 15 September 2030 and 15 September 2040 respectively. Under the lease agreements, Mildura Base Public Hospital is required to pay any lease per annum for each peppercorn/concessionary lease and is only permitted to use the properties to deliver services under its service agreements with the Department of Health. The right-of-use asset and lease liability relating to such peppercorn/concessionary leases is deemed trivial to the health services' financial statements at \$1 and has therefore not been recognised on the Balance Sheet.

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

Types of payments recognised in profit or loss	Description of lease agreement
Low value lease payments	Photocopier lease

Separation of lease and non-lease components

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

Initial measurement

The lease liability is initially measured at the present value of the lease payments unpaid at the commencement date, discounted using the interest rate implicit in the lease if that rate is readily determinable or Mildura Base Public Hospital's incremental borrowing rate. The lease liability has been discounted by rates of between 1.36% to 4.59%.

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.

The following types of arrangements contain extension options:

The health services building leases contract extension options ranging from 2 to 10 years.

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

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

Mildura Base Public Hospital

Notes to the Financial Statements

For the Financial Year Ended 30 June 2024

Note 6. How we Finance our Operations (continued)

6.1 Lease liabilities (continued)

Leases with materially below market terms and conditions

Mildura Base Public Hospital holds lease arrangements which contain materially below-market terms and conditions, which are principally to enable the health service to further its objectives. These ae commonly referred to as concessionary lease arrangements.

The nature and terms of such lease arrangements, including Mildura Base Public Hospital's dependancy on such lease arrangements is described below.

Description of leased Asset	Our dependance on lease	Nature and terms of lease
Boyden Street, Mildura - Mental Health Patient Services	This lease is used for Patient Mental Health Services. Mildura Base Public Hospital's dependance on this lease is considered high. The asset is of specialised nature and there are limited readily available substitutes.	No lease payment is required on an annual basis. The lease commenced in 2020 and has no lease end date. Restrictions placed on the use of the asset includes continued use to accommodate patient services.
Thirteenth Street, Mildura - Accommodation Services	The lease is used for Doctor Accommodation. Mildura Base Public Hospital's dependance on the lease is considered high. The asset is of non-specialised nature, however there are limited readily available substitutes.	No lease payment is required on an annual basis. The lease commenced in 2020 and has no lease end date. Restrictions placed on the use of the asset includes continued use to accommodate patient services.

6.2 Cash and cash equivalents

	Notes	2024 \$ '000	2023 \$ '000
<i>CURRENT</i>			
Cash on hand		4	7
Cash at Bank - CBS Operating		2,298	46,742
Cash at Bank - CBS Foundation		1,769	1,549
Cash at bank - joint arrangement		1,924	1,547
Total cash and cash equivalents		5,995	49,845
Cash at bank - CBS (monies held in trust)	5.5	855	855
Total cash held as monies in trust		855	855
Total cash and cash equivalents		6,850	50,700

How we recognise cash and cash equivalents

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

For the Financial Year Ended 30 June 2024

6.3 Commitments for expenditure

Capital expenditure commitments payable, inclusive of GST:

-	Not longer than one year	6,705	3,326
-	Longer than one year but not longer than five years	4,024	-

Total capital expenditure commitments	10,729	3,326
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Low value lease commitments payable, inclusive of GST:

-	Not longer than one year	61	57
-	Longer than one year but not longer than five years	-	61

Total non-cancellable low value lease commitments	61	118
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Total commitments for expenditure	10,790	3,444
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Mildura Base Public Hospital's expenditure commitments relate to capital expenditure, short-term and low value leases.

Commitments for expenditure

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 material projects are stated. These future expenditures cease to be disclosed as commitments once the related liabilities are recognised on the Balance Sheet.

Short-term and low value leases

Mildura Base Public Hospital discloses short term and low value lease commitments which are excluded from the measurement of right-of-use assets and lease liabilities. Refer to Note 6.1 for further information.

Mildura Base Public Hospital

Notes to the Financial Statements

For the Financial Year Ended 30 June 2024

Note 7. Risks, Contingencies and Valuation Uncertainties

Mildura Base Public Hospital 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.

This section is structured as follows:

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

Material judgements and estimates

This section contains the following material judgements and estimates:

Measuring fair value of non-financial assets

Fair value is measured with reference to highest and best use, that is, the use of the asset by a market participant that is physically possible, legally permissible, financially feasible, and which results in the highest value, or to sell it to another market participant that would use the same asset in its highest and best use.

In determining the highest and best use, Mildura Base Public Hospital has assumed the current use is its highest and best use. Accordingly, characteristics of the health service’s assets are considered, including condition, location and any restrictions on the use and disposal of such assets.

Mildura Base Public Hospital uses a range of valuation techniques to estimate fair value, which include the following:

- Market approach, which uses prices and other relevant information generated by market transactions involving identical or comparable assets and liabilities. The fair value of Mildura Base Public Hospital’s specialised land are measured using this approach.
- Cost approach, which reflects the amount that would be required to replace the service capacity of the asset (referred to as current replacement cost). The fair value of Mildura Base Public Hospital’s specialised buildings, furniture, fittings, plant, equipment and vehicles are measured using this approach.
- Income approach, which converts future cash flows or income and expenses to a single undiscounted amount. Mildura Base Public Hospital does not this use approach to measure fair value.

The health service selects a valuation technique which is considered most appropriate, and for which there is sufficient data available to measure fair value, maximising the use of relevant observable inputs and minimising the use of unobservable inputs.

Subsequently, the health service applies material judgement to categorise and disclose such assets within a fair value hierarchy, which includes:

- Level 1, using quoted prices (unadjusted) in active markets for identical assets that the health service can access at measurement date. Mildura Base Public Hospital does not categorise any fair values within this level.
- Level 2, inputs other than quoted prices included within Level 1 that are observable for the asset, either directly or indirectly.
- Level 3, where inputs are unobservable. Mildura Base Public Hospital categorises specialised land, non specialised buildings,

Mildura Base Public Hospital

Notes to the Financial Statements

For the Financial Year Ended 30 June 2024

Note 7. Risks, Contingencies and Valuation Uncertainties (continued)

7.1 Financial instruments

Financial instruments arise out of contractual agreements that give rise to a financial asset of one entity and a financial liability or equity instrument of another entity. Due to the nature of Mildura Base Public Hospital's activities, certain financial assets and financial liabilities arise under statute rather than a contract (for example, taxes, fines and penalties). Such financial assets and financial liabilities do not meet the definition of financial instruments in AASB 132 *Financial Instruments: Presentation*.

(a) Categorisation of financial instruments

		Financial assets at amortised cost	Financial liabilities at amortised cost	Total
	Notes	\$ '000	\$ '000	\$ '000
30 June 2024				
Contractual financial assets				
Cash and cash equivalents	6.2	6,850	-	6,850
Receivables	5.1(a)	15,168	-	15,168
Total financial assets		22,018	-	22,018
Financial liabilities				
Payables	5.3(a)	-	24,412	24,412
Lease liabilities	6.1	-	8,043	8,043
Other Liabilities	5.5	-	855	855
Total financial liabilities		-	33,310	33,310

(a) Categorisation of financial instruments

		Financial assets at amortised cost	Financial liabilities at amortised cost	Total
	Notes	\$ '000	\$ '000	\$ '000
30 June 2023				
Contractual financial assets				
Cash and cash equivalents	6.2	50,700	-	50,700
Receivables	5.1(a)	14,737	-	14,737
Total financial assets¹		65,437	-	65,437
Financial liabilities				
Payables	5.3(a)	-	31,324	31,324
Lease liabilities	6.1	-	6,451	6,451
Other Liabilities	5.5	-	855	855
Total financial liabilities¹		-	38,630	38,630

¹ The carrying amount excludes statutory receivables (i.e. GST receivable) and statutory payables (i.e. GST payable and revenue in advance).

Mildura Base Public Hospital

Notes to the Financial Statements

For the Financial Year Ended 30 June 2024

Note 7. Risks, Contingencies and Valuation Uncertainties (continued)

7.1 Financial Instruments (continued)

How we categorise financial instruments

Categories of financial assets

Financial assets are recognised when Mildura Base Public Hospital becomes party to the contractual provisions to the instrument. For financial assets, this is at the date Mildura Base Public Hospital commits itself to either the purchase or sale of the asset (i.e. trade date accounting is adopted).

Financial instruments (except for trade receivables) are initially measured at fair value plus transaction costs. Where available, quoted prices in an active market are used to determine the fair value. In other circumstances, valuation techniques are adopted.

Trade receivables are initially measured at the transaction price if the trade receivables do not contain a material financing component or if the practical expedient was applied as specified in AASB 15 para 63.

Financial assets at amortised cost

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

- the assets are held by Mildura Base Public Hospital solely to collect the contractual cash flows and
- the assets contractual terms give rise to cash flows that are solely payments of principal and interest on the principal amount outstanding on specific dates.

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

Mildura Base Public Hospital recognises the following assets in this category:

- cash and cash equivalents and
- receivables.

Categories of financial liabilities

Financial liabilities are recognised when Mildura Base Public Hospital becomes a party to the contractual provisions to the instrument. Financial instruments are initially measured at fair value plus transaction costs.

Financial liabilities at amortised cost

Financial liabilities are measured at amortised cost using the effective interest method, where they are not held at fair value through net result.

The effective interest method is a method of calculating the amortised cost of a debt instrument and of allocating interest expense in net result over the relevant period. The effective interest is the internal rate of return of the financial asset or liability. That is, it is the rate that exactly discounts the estimated future cash flows through the expected life of the instrument to the net carrying amount at initial recognition.

Mildura Base Public Hospital recognises the following liabilities in this category:

- payables (excluding statutory payables and contract liabilities)
- lease liabilities and
- other liabilities.

Mildura Base Public Hospital

Notes to the Financial Statements

For the Financial Year Ended 30 June 2024

Note 7. Risks, Contingencies and Valuation Uncertainties (continued)

7.1 Financial instruments (continued)

(a) Categorisation of financial instruments (continued)

Derecognition of financial assets

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

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

Derecognition of financial liabilities

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

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

Reclassification of financial instruments

A financial asset is required to be reclassified between amortised cost, fair value through net result and fair value through other comprehensive income when, and only when, Mildura Base Public Hospital's business model for managing its financial assets has changed such that its previous model would no longer apply.

A financial liability reclassification is not permitted.

7.2 Financial risk management objectives and policies

As a whole, Mildura Base Public Hospital's financial risk management program seeks to manage the risks and the associated volatility of its financial performance.

Details of the material accounting policies and methods adopted, included the criteria for recognition, the basis of measurement, and the basis on which income and expenses are recognised, with respect to each class of financial asset, financial liability and equity instrument above are disclosed throughout the financial statements.

Mildura Base Public Hospital's main financial risks include credit risk, liquidity risk, interest rate risk, foreign currency risk and equity price risk. Mildura Base Public Hospital manages these financial risks in accordance with its financial risk management policy.

Primary responsibility for the identification and management of financial risks rests with the Accountable Officer.

For the Financial Year Ended 30 June 2024

7.2 Financial risk management objectives and policies (continued)

Mildura Base Public Hospital applies AASB 9's simplified approach for all contractual receivables to measure expected credit losses using a lifetime expected loss allowance based on the assumptions about risk of default and expected loss rates. Mildura Base Public Hospital has grouped contractual receivables on shared credit risk characteristics and days past due and select the expected credit loss rate based on Mildura Base Public Hospital's existing market conditions, as well as forward looking estimates at the end of the reporting period.

Mildura Base Public Hospital

Notes to the Financial Statements

For the Financial Year Ended 30 June 2024

Note 7. Risks, Contingencies and Valuation Uncertainties (continued)

7.2 Financial risk management objectives and policies (continued)

(a) Credit risk (continued)

On this basis, Mildura Base Public Hospital determines the closing loss allowance at the end of the financial year as follows:

30 June 2024	Current	30 days	60 days	90 days	120+ days	Total
Expected loss rate	12%	55%	29%	66%	61%	
Gross carrying amount of contractual receivables	701	184	114	64	392	1,455
Loss allowance	81	101	33	42	237	494

30 June 2023						
Expected loss rate	0%	1%	3%	3%	65%	
Gross carrying amount of contractual receivables	294	283	133	77	746	1,533
Loss allowance	-	3	4	2	485	494

Statutory Receivables

Mildura Base Public Hospital's non-contractual receivables arising from statutory requirements are not financial instruments. However, they are nevertheless recognised and measured in accordance with AASB 9 requirements as if those receivables are financial instruments.

(b) Liquidity risk

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

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

- careful maturity planning of its financial obligations based on forecasts of future cash flows.

Mildura Base Public Hospital's exposure to liquidity risk is deemed insignificant based on prior period data and the current assessment of risk. Cash for unexpected events is generally sourced from liquidation of other financial assets.

Mildura Base Public Hospital

Notes to the Financial Statements

For the Financial Year Ended 30 June 2024

Note 7. Risks, Contingencies and Valuation Uncertainties (continued)

7.2 Financial risk management objectives and policies (continued)

(a) Liquidity risk (continued)

The following table discloses the contractual maturity analysis for Mildura Base Public Hospital’s financial liabilities. For interest rates applicable to each class of liability refer to individual notes to the financial statements.

Total 30 June 2024	Maturity Dates						
	Carrying amount	Nominal amount	Less than 1 month	1-3 months	3 months to 1 year	1-5 years	Over 5 years
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
Financial liabilities at amortised cost							
Payables	24,412	24,412	24,365	-	-	-	-
Lease liabilities	8,043	9,475	130	380	1,111	4,112	3,742
Other Liabilities	855	855	15	45	135	660	-
Total financial liabilities	33,310	34,742	24,510	425	1,246	4,772	3,742

Total 30 June 2023	Maturity Dates						
	Carrying amount	Nominal amount	Less than 1 month	1-3 months	3 months to 1 year	1-5 years	Over 5 years
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
Financial liabilities at amortised cost							
Payables	31,324	31,282	31,282	-	-	-	-
Lease liabilities	6,451	7,412	331	331	662	3,860	2,228
Other Liabilities	855	855	15	45	135	660	-
Total financial liabilities	38,630	39,549	31,628	376	797	4,520	2,228

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

7.3 Contingent assets and contingent liabilities

At balance date, the Board are not aware of any contingent assets or liabilities (Nil for 2023).

How we measure and disclose contingent assets and contingent liabilities

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

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

Contingent assets

Contingent assets are possible assets that arise from past events, whose existence will be confirmed only by the occurrence or non-

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

Contingent liabilities

Contingent liabilities are:

- possible obligations that arise from past events, whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the health service or
- present obligations that arise from past events but are not recognised because:
 - (i) it is not probable that an outflow of resources embodying economic benefits will be required to settle the obligation

Mildura Base Public Hospital

Notes to the Financial Statements

For the Financial Year Ended 30 June 2024

Note 7. Risks, Contingencies and Valuation Uncertainties (continued)

7.4 Fair value determination

How we measure fair value

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

The following assets and liabilities are carried at fair value:

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

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

Valuation hierarchy

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

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

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

Mildura Base Public Hospital monitors changes in the fair value of each asset and liability through relevant data sources to determine whether revaluation is required. The Valuer-General Victoria (VGV) is Mildura Base Public Hospital's independent valuation agency for property, plant and equipment.

Identifying unobservable inputs (level 3) fair value measurements

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

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

Mildura Base Public Hospital

Notes to the Financial Statements

For the Financial Year Ended 30 June 2024

Note 7. Risks, Contingencies and Valuation Uncertainties (continued)

7.4 Fair value determination (continued)

Note 7.4(a) Fair value determination of other financial assets

		2024 Carrying amount \$ '000	Fair value measurement at end of reporting period using:		
	Note		Level 1 ¹ \$ '000	Level 2 ¹ \$ '000	Level 3 ¹ \$ '000
Property, plant and equipment					
<i>Land</i>					
Specialised land at fair value	4.1(a)	2,515	-	-	2,515
Total land at fair value		2,515	-	-	2,515
<i>Buildings</i>					
Specialised buildings at fair value	4.1(a)	80,903	-	-	80,903
Total buildings at fair value		80,903	-	-	80,903
<i>Plant and equipment</i>					
Plant and equipment at fair value	4.1(a)	1,873	-	-	1,873
Medical equipment at fair value	4.1(a)	1,730	-	-	1,730
Motor Vehicle at fair value	4.1(a)	79	-	-	79
Computer equipment at fair value	4.1(a)	401	-	-	401
Furniture and fittings at fair value	4.1(a)	212	-	-	212
Total plant, equipment, furniture, fittings and computers at fair value		4,295	-	-	4,295
Total property, plant and equipment at fair value		87,713	-	-	87,713
Right-of-use assets					
<i>Leased property</i>					
Leased property at fair value	4.2(a)	6,509	-	-	6,509
Leased vehicles and equipment at fair value	4.2(a)	694	-	-	694
Total leased property at fair value		7,203	-	-	7,203
Total right-of-use assets at fair value		7,203	-	-	7,203
Total assets at fair value		94,916	-	-	94,916

¹Classified in accordance with fair value hierarchy

Mildura Base Public Hospital

Notes to the Financial Statements

For the Financial Year Ended 30 June 2024

Note 7. Risks, Contingencies and Valuation Uncertainties (continued)

7.4 Fair value determination (continued)

Note 7.4(a) Fair value determination of other financial assets (continued)

		2023 Carrying amount \$ '000	Fair value measurement at end of reporting period using:		
	Note		Level 1 ¹ \$ '000	Level 2 ¹ \$ '000	Level 3 ¹ \$ '000
Property, plant and equipment					
<i>Land</i>					
Specialised land at fair value	4.1(a)	2,154	-	-	2,154
Total land at fair value		2,154	-	-	2,154
<i>Buildings</i>					
Specialised buildings at fair value	4.1(a)	83,781	-	-	83,781
Total buildings at fair value		83,781	-	-	83,781
<i>Plant and equipment</i>					
Plant and equipment at fair value	4.1(a)	1,486	-	-	1,486
Medical equipment at fair value	4.1(a)	2,169	-	-	2,169
Motor Vehicle at fair value	4.1(a)	159	-	-	159
Computer equipment at fair value	4.1(a)	790	-	-	790
Furniture and fittings at fair value	4.1(a)	188	-	-	188
Total plant, equipment, furniture, fittings and computers at fair value		4,792	-	-	4,792
Total property, plant and equipment at fair value		90,727	-	-	90,727
Right-of-use assets					
<i>Leased property</i>					
Leased property at fair value	4.2(a)	5,833			5,833
Leased vehicles and equipment at fair value	4.2(a)	251	-	-	251
Total leased property at fair value		6,084	-	-	6,084
Total right-of-use assets at fair value		6,084	-	-	6,084
Total assets at fair value		96,811	-	-	96,811

¹Classified in accordance with fair value hierarchy

Mildura Base Public Hospital

Notes to the Financial Statements

For the Financial Year Ended 30 June 2024

Note 7. Risks, Contingencies and Valuation Uncertainties (continued)

7.4 Fair value determination (continued)

Note 7.4(a) Fair value determination of other financial assets (continued)

How we measure fair value of non-financial physical assets

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

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

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

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

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.

During the reporting period, Mildura Base Public Hospital held Crown Land. The nature of this asset means that there are certain limitations and restrictions imposed on its use and/or disposal that may impact their fair value.

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

The CSO adjustment reflects 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 considers the use of the asset that is physically possible, legally permissible and financially feasible. As adjustments of CSO are considered as material unobservable inputs, specialised land would be classified as Level 3 assets.

For Mildura Base Public Hospital, the current replacement cost method is used for the majority of specialised buildings, adjusting for the associated depreciation. As depreciation adjustments are considered as material and unobservable inputs in nature, specialised buildings are classified as Level 3 for fair value measurements.

An independent valuation of Mildura Base Public Hospital’s specialised land and buildings was performed by the Valuer-General Victoria, the effective date of valuation is 30 June 2024.

Vehicles

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

Furniture, fittings, plant and equipment

For Mildura Base Public Hospital, the current replacement cost method is used for the majority of specialised buildings, adjusting for the associated depreciation. As depreciation adjustments are considered as material and unobservable inputs in nature, specialised buildings are classified as Level 3 for fair value measurements.

Mildura Base Public Hospital

Notes to the Financial Statements

For the Financial Year Ended 30 June 2024

Note 7. Risks, Contingencies and Valuation Uncertainties (continued)

7.4 Fair value determination (continued)

Reconciliation of level 3 fair value measurement

		Land ¹	Buildings ¹	Plant, Equipment, Furniture, Fittings and vehicles ¹	Right-of-Use Assets ¹
	Note	\$ '000	\$ '000	\$ '000	\$ '000
Balance at 1 July 2022		2,154	85,941	4,173	5,374
Additions/(Disposals)		-	165	1,701	1,948
Gains/(Losses) recognised in net result					
- Depreciation and amortisation		-	(2,325)	(1,082)	(1,238)
Balance at June 2023	7.4(a)	2,154	83,781	4,792	6,084
Additions/(Disposals)		-	-	1,206	2,637
Gains/(Losses) recognised in net result					
- Depreciation and amortisation		-	(2,328)	(1,701)	(1,518)
Items recognised in other comprehensive					
- Revaluation		361	(558)	-	-
Balance at 30 June 2024	7.4(a)	2,515	80,895	4,297	7,203

¹Assets have been classified in accordance with the fair value hierarchy.

Fair value determination of level 3 fair value measurement

Asset class	Likely valuation approach	Significant inputs (level 3 only)
Specialised land	Market approach	Community Service Obligations Allowance 25%
Specialised buildings	Current replacement cost approach	Cost per square metre, useful life
Plant and equipment	Current replacement cost approach	Cost per unit, useful life

Mildura Base Public Hospital

Notes to the Financial Statements

For the Financial Year Ended 30 June 2024

Note 8. Other Disclosures

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

This section is structured as follows:

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

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

	2024 \$ '000	2023 \$ '000
Net result for the period	(45,096)	(1,052)
Non-cash movements		
Depreciation and amortisation of non-current assets	5,847	5,958
Bad and doubtful debts expense	958	272
Assets and services received free of charge	(274)	(1,390)
Share of Joint Venture	(49)	441
Loss on disposal of property plant and equipment	159	25
(Gain)/loss on revaluation of long service leave liability	(828)	312
Movements in assets and liabilities		
(Increase)/decrease in receivables and contract assets	(166)	1,751
Increase in inventories	(39)	(42)
(Increase)/decrease in prepaid expenses	(527)	109
Increase/(decrease) in payables and contract liabilities	(142)	14,131
Increase in monies in trust	-	332
Increase in employee benefits	3,945	3,632
Net cash provided by / (used in) operating activities	(36,212)	24,479

Mildura Base Public Hospital

Notes to the Financial Statements

For the Financial Year Ended 30 June 2024

Note 8.

Other Disclosures (continued)

8.2 Responsible persons disclosure

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

	Period
The Honourable Mary-Anne Thomas MP:	
Minister for Health	01 Jul 2023 - 30 June 2024
Minister for Health Infrastructure	01 Jul 2023 - 30 June 2024
Minister for Ambulance Services	02 Oct 2023 - 30 June 2024
The Honourable Ingrid Stitt MP:	
Minister for Mental Health	02 Oct 2023 - 30 June 2024
Minister for Aging	02 Oct 2023 - 30 June 2024
Minister for Multicultural Affairs	02 Oct 2023 - 30 June 2024
The Honourable Gabrielle Williams MP:	
Minister for Mental Health	01 Jul 2023 - 02 Oct 2023
Minister for Ambulance Services	01 Jul 2023 - 02 Oct 2023
The Honourable Lizzy Blandthorn MP:	
Minister for Children	02 Oct 2023 - 30 June 2024
Minister for Disability	02 Oct 2023 - 30 June 2024

Governing board

	Period
Frank Piscioneri (Chair of Board)	1 July 2023 to 30 June 2024
Mary Rydberg	1 July 2023 to 30 June 2024
Glenis Beaumont	1 July 2023 to 29 February 2024
Ross Dallimore	1 July 2023 to 30 June 2024
Kashif Hayat	1 July 2023 to 30 June 2024
Maria Mahony	1 July 2023 to 30 June 2024
Quentin Norton	1 July 2023 to 30 June 2024
Tara Williams	1 July 2023 to 30 June 2024
Paul O'Neill	1 July 2023 to 30 June 2024

Accountable officers

Terry Welch (Chief Executive Officer)	1 July 2023 to 30 June 2024
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Mildura Base Public Hospital

Notes to the Financial Statements

For the Financial Year Ended 30 June 2024

Note 8. Other Disclosures (continued)

8.2 Responsible persons disclosure (continued)

Remuneration of responsible persons

The number of responsible persons is shown in their relevant income bands:

Income band	2024	2023
\$0 - \$9,999	-	1
\$10,000 - \$19,999	8	8
\$20,000 - \$29,999	1	-
\$300,000 - \$399,999	-	1
\$400,000 - \$499,999	1	-
Total	10	10
Total remuneration received or due and receivable by Responsible Persons from the reporting entity amounted to (\$'000):	637	489

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

8.3 Remuneration of executives

The number of executive officers, other than Ministers, Board Members and the Accountable Officer, 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.

	2024 \$ '000	2023 \$ '000
Short-term benefits	1,862	1,485
Post-employment benefits	180	165
Termination benefits	89	-
Total remuneration ¹	2,131	1,650
Total number of executives	8	7
Total annualised employee equivalent ²	7	7

¹ The total number of executive officers include persons who meet the definition of material Management Personnel (KMP) of Mildura Base Public Hospital under AASB 124 *Related Party Disclosures* and are also reported within Note 8.4 Related Parties.

² Annualised employee equivalent is based on working 38 ordinary hours per week over the reporting period.

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

Short-term employee benefits

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

Mildura Base Public Hospital

Notes to the Financial Statements

For the Financial Year Ended 30 June 2024

Note 8. Other Disclosures (continued)

8.3 Remuneration of executives (continued)

Post-employment benefits

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

Other long-term benefits

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

Termination benefits

Termination of employment payments, such as severance packages.

8.4 Related parties

The Mildura Base Public Hospital is a wholly owned and controlled entity of the State of Victoria. Related parties of the health service

- all KMP and their close family members and personal business interests
- cabinet ministers and their close family members
- jointly controlled operations - a member of the Loddon Mallee Rural Health Alliance
- all health services and public sector entities that are controlled and consolidated into the State of Victoria Financial Statements.

KMPs are those people with the authority and responsibility for planning, directing and controlling the activities of Mildura Base Public Hospital, directly or indirectly.

Key management personnel

The Board of Directors, the Chief Executive and the Executive Directors of the Mildura Base Public Hospital are deemed to be KMPs. This includes the following:

KMPs	Title
Frank Piscioneri	Chair of the Board
Mary Rydberg	Board Director
Glenis Beaumont	Board Director
Ross Dallimore	Board Director
Kashif Hayat	Board Director
Maria Mahony	Board Director
Quentin Norton	Board Director
Tara Williams	Board Director
Paul O'Neill	Board Director
Terry Welch	Chief Executive Officer
Louise Litten	Chief Medical Officer
Heath Kendall	Executive Director Support Services and Engagement
David Kirby	Executive Director Mental Health
Matthew Jukes	Executive Director Finance, Infrastructure and Partnerships
Janelle McGregor	Executive Director People and Culture
Andrea Floyd (departed 18/02/2024)	Executive Director Patient Experience

Mildura Base Public Hospital

Notes to the Financial Statements

For the Financial Year Ended 30 June 2024

Note 8. Other Disclosures (continued)

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 State’s Annual Financial Report.

	2024 \$ '000	2023 \$ '000
Short-term benefits ¹	2,445	1,937
Post-employment benefits	234	202
Termination benefits	89	-
Total remuneration ²	2,768	2,139

¹ Total remuneration paid to KMPs has been reported under short-term employee benefits.

² KMPs are also reported in Note 8.2 Responsible Persons and Note 8.3 Remuneration of Executives.

Significant transactions with government related entities.

The Mildura Base Public Hospital recognised funding from the Department of Health of approximately \$179m (\$182m 2023).

Expenses incurred by the Mildura Base Public Hospital in delivering services and outputs are in accordance with Healthshare Victoria requirements. Goods and services including procurement, diagnostics, patient meals and multi-site operational support are provided by other Victorian Health Service Providers on commercial terms.

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

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

Transactions with KMP 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 Health Share Victoria and Victorian Government Procurement Board requirements.

Outside of normal citizen type transactions with the Mildura Base Public Hospital, there were no related party transactions that involved material management personnel, their close family members or their personal business interests. No provision has been required, nor any expense recognised, for impairment of receivables from related parties. There were no related party transactions with Cabinet Ministers required to be disclosed in 2024 (2023: Nil).

There was one (1) related party transaction required to be disclosed for the Mildura Base Public Hospital Board of Directors in 2024 \$29k. (2023: Nil). This transaction relates to carpet replaced at Mildura Base Pubic Hospital by a company with close family members to a board director.

Mildura Base Public Hospital

Notes to the Financial Statements

For the Financial Year Ended 30 June 2024

Note 8. Other Disclosures (continued)

8.5 Remuneration of auditors

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

Total remuneration of the auditors

8.6 Events occurring after the balance sheet date
There are no events occurring after the Balance Sheet date.

2024 \$ '000	2023 \$ '000
67	67
67	67

Mildura Base Public Hospital

Notes to the Financial Statements

For the Financial Year Ended 30 June 2024

Note 8. Other Disclosures (continued)

8.7 Joint arrangements		2024	2023
	Principal Activity	%	%
Loddon Mallee Rural Health Alliance	The Loddon Mallee Rural Health Alliance was established to improve the operations' joint capability and capacity to use and acquire information and communication technology products and services.	10.15%	10.98%

Mildura Base Public Hospital's interest in assets and liabilities of the above joint arrangements are detailed below. The amounts are included in the financial statements under their respective categories.

	2024	2023
	\$ '000	\$ '000
Current assets		
Cash and cash equivalents	1,924	1,547
Receivables	235	226
Prepaid expenses	117	317
Total current assets	2,276	2,090
Non-current assets		
Property, plant and equipment	79	91
Total non-current assets	79	91
Total assets	2,355	2,181
Current liabilities		
Payables	1,391	1,195
Total current liabilities	1,391	1,195
Total liabilities	1,391	1,195
Net assets	964	986
Equity		
Accumulated surplus	964	986
Total equity	964	986

Mildura Base Public Hospital

Notes to the Financial Statements

For the Financial Year Ended 30 June 2024

Note 8. Other Disclosures (continued)

8.7 Joint arrangements (continued)

Mildura Base Public Hospital interest in revenues and expenses resulting from joint arrangements are detailed below. The amounts included in the financial statements under their respective categories.

Revenue and income from transactions		
Operating activities	1,864	1,769
Non operating activities	132	29
Total revenue and income from transactions	1,996	1,798
Expenses from transactions		
Operating expenses	1,919	1,605
Depreciation and amortisation	25	25
Total expenses from transactions	1,944	1,630
Net result for the period	52	168

Contingent liabilities and capital commitment

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

8.8 Equity

Contributed capital

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

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.

Asset revaluation surplus

The asset revaluation surplus arises on the revaluation of infrastructure, land and buildings. The revaluation surpluses is not normally transferred to the accumulated surpluses/(deficits) on derecognise of the relevant asset

Specific restricted purpose reserves

The specific restricted purpose reserve is established where Mildura Base Public Hospital has possession or title to the funds but has no discretion to amend or vary the restriction and/or condition underlying the funds received.

8.9 Economic dependency

The hospital is a public health service governed and managed in accordance with the Health Services Act 1988 and its results form part of the Victorian General Government consolidated financial position. The HS provides essential services and is predominately dependent on the continued financial support of the State Government, particularly the Department of Health, and the Commonwealth funding via the National Health Reform Agreement (NHRA). The State of Victoria plans to continue HS operations and on that basis, the financial statements have been prepared on a going concern basis.

Entity	Mildura Base Public Hospital
Current year	2024
Previous year	2023
Opening year	2022



MILDURA

BASE PUBLIC HOSPITAL

THE **HEART** OF THE COMMUNITY