



Euroa Health

Euroa Health ANNUAL REPORT 2019-2020



Our Values

Respect
Compassion
Professionalism
Team Work
Trust



This year was certainly “the year like no other” especially for Euroa Health’s Community & Allied Health Services team who ceased on-site service provision due to COVID-19.

As you will read in the Report written by Heather on page 19, the closure saw a major shift towards finding new ways to connect with clients or a new way to connect. Heather and the team worked week in and week out to put together nearly 500 care packages which were dropped off to 16 clients a week containing an array of puzzles, art projects, word games and the odd lolly or two.

This year’s inside cover simplifies the message that our whole community needed to hear that “we are connected” and this gorgeous puzzle project undertaken by 10 clients who each decorated their own piece separately and was returned and then physically connected and framed. To Shelia, Leanne, Shirley, Donna, Anne, Ruth, Bev and Sandra and all our Community Services clients, we look forward to seeing you all on site again soon.

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Chair Report



With little time to settle into the role, our newly appointed CEO, Cherree Hunter, faced her first hurdle with a major bushfire threatening the evacuation of our facilities in early January. Then followed a wonderful fundraising night in early February at The Euroa Butter Factory hosted by the Hayes family.

The COVID-19 pandemic in March closed the world and Euroa Health was absorbed into the systemic approach taken by governments and health services to limit the transfer of the virus. Our residents, patients, staff and respective families felt safe implementing the measures imposed in a consensus manner to protect them.

Cherree and her staff are to be commended upon their dedication, thoughtfulness and courage as it takes special qualities to front up to work when there exists some risk to oneself, family members and friends and our community really appreciates the endeavour and resolve of all staff to tend to their daily duties.

Ask the opinion of any person in Euroa and their admiration of Cherree and her team is front and centre.

Thank you also to the leadership team – Diane Frankel, Trish Grant, Heather Houston, Peter Kumar, Rob Liney, David McKay, Paula McPherson and Janet Shankland.

Thank you to the Board – Paul Halliday, Caroline Keenan, Catriona King, Pip Murray, Jim Perry, Sarah Treloar and Georgia Ward who are a dedicated team of volunteers committed to the governance of Euroa Health Inc. Following the resignation of Paul in March, Catriona was appointed to fill the casual vacancy.

Jim and Sarah will complete their roles at this AGM. Jim was chair of the Board for the past three years and he has been a most influential member throughout the past nine years. Thank you to Stan Gibney, Rob Liney, David McKay, Janet Shankland, Di Frankel, Paula McPherson and the wonderful Catie Hill. The Board appreciates the expertise and commitment that they invest in subcommittee business. The Board also acknowledges and values the wisdom of the community and independent representatives who sit on subcommittees – Kathy Grigg, Nola Dudley and Erica Mercer.

Thank you to the many volunteers who provide a variety of services supporting the work and wellbeing of Euroa Health at GraniteHill, Gilburn Day Centre, The Bowerbird Boutique, The Hub and with special fundraising activities.

The Board has implemented measures consistent with the Standards initiated by the Aged Care Quality and Safety Commission paying particular attention to organisational governance. Euroa Health Inc. Governance policies were documented and agreed to earlier in the year. The implementation of some steps has been curtailed through the closure of GraniteHill to visitors.

Throughout the past two months, Euroa Health Inc. invested in the development of the 2021-2025 Strategic Plan with multiple hundreds of stakeholders providing input and this plan is soon to be finalised.

Although the organisation is in a solid financial position, pressure remains on the provision of hospital services and the aftermath of the pandemic may well adversely affect occupancy in residential aged care.

Our organisation owes a great deal to Cherree. She is an outstanding leader, and her skills were certainly called upon in successfully building partnerships locally and regionally meeting the challenges in this unprecedented year.

MICHAEL BELL
Board Chair

Chief Executive Officers Report



It has been a milestone year for me stepping into the role of Chief Executive Officer (CEO) at Euroa Health Inc commencing in December 2019. Whilst there may never be a right time to step into the role of CEO, the year we have had was certainly more difficult than most. My previous roles in major metropolitan health services certainly placed me in good stead to cope with the pressures of leading Euroa Health and working alongside some exceptional leaders throughout my career certainly assisted me in stepping into the role.

January saw the local Balmattum Hill bushfire threatening to impact Euroa providing me the opportunity to test the fire and evacuation plans in real time. March 2020 saw the realisation that COVID-19 was about to have a far-reaching impact than few of us could have predicted and we were quick to find that the Strathbogie Shire was not immune to the requirement to develop and have ready for implementation a comprehensive COVID Management Plan. We proudly have maintained our COVID free status over the journey and for that I am very proud of the commitment of the staff, families, residents, and patients to be in the position we are in currently.

Whilst the journey of the past year resulted in a lot of hardship it also saw some significant benefits such as the development and implementation of a Comprehensive Funding Agreement between Euroa Health and the Department of Health and Human Services in which a number of private hospitals across Victoria were earmarked for utilisation if needed to support larger health services which in our case is Goulburn Valley Health in the event of widespread COVID outbreaks in the region. This arrangement has seen the formation of the HUME Regional Cluster in which healthcare providers across the region worked in unison to meet the needs of our communities. It was inspiring to be part of the regional approach to the pandemic with weekly teleconferences and working parties preparing us to support each other in the event of an outbreak. The relationships formed in these meetings with executives across the region will assist us in developing a role for Euroa Health as we progress into the future.

Over the past 12 months we have focused on building our leadership capacity and improving the quality of our services to provide the highest possible quality care and support to more people when and where they need it -whether in hospital, GraniteHill or in the community.

I am proud to say that in 2019/20 we continued to endeavour to deliver outstanding care to our patients and residents as we have done since 1929. During this year we have taken up a significant challenge in adapting to change. Internally we have used the philosophy "You Said We Did" making numerous changes and improvements in response to feedback. As you will see within this report a lot of time and energy has been put into change this past year and whilst we have commenced the journey we have a long way to go before we reach the required destination. The outcome I strive to deliver is for Euroa Health to once again be central to providing the healthcare needs to those in our community.

One of the most significant changes was the transition from a cook-chill menu model to a fully on-site in-house menu based upon feedback provided to us from patients and residents. Whilst undertaking these improvements we have consistently sought feedback resulting in the development of a resident food committee with several residents being appointed onto the committee to provide feedback and direction on the soon to be introduced summer menu. This committee provided the perspective of the most important group of stakeholders, our residents, and by the time you have read this report we will have had a new season menu tasting event in which residents will be given the opportunity to taste and provide an insight into the dishes to our kitchen team.

It was an extremely busy year with the additional burden of COVID on top of the turnover of several key staff members who held leadership roles in the areas of Finance, Lifestyle and Quality. In addition, for the first time in several years Euroa Health saw the recruitment of a dedicated Human Resources lead. Whilst we were sad to see these team members move on, we have had the opportunity to recruit and develop new leaders. We coupled this recruitment with some intensive work with the leadership team developing their individual leadership capability.

In the 2019/20 financial year we completed a technological infrastructure system review in which it was identified Euroa Health was using 11 individual software applications in addition to an aging fleet of hardware. This information has assisted us with the identification of a way forward for digital systems at Euroa Health.

Importantly, we have started work on a full transition to an Electronic Resident Record (ERR) called MANAD and whilst we did have this system in place, we were not using the system to its fullest capacity. This change to technology will be one of the biggest enablers for change as Euroa Health moves into the future. Innovations such as the provision of clinical care through telehealth programs are already demonstrating the benefits technology can have for our patients and residents with care being able to be provided at the bedside limiting the need for interhospital transfers whilst Zoom visiting has enabled visiting from across the globe.

Measuring our success has been a significant step for Euroa Health with extensive work to measure the prevalence of a broad range of indicators and benchmarking the quality of our service against peer organisations. These processes have now been in place for the past two quarters with the capacity to implement many improvements in response to the identification of the drivers for incidents, accidents and near misses.

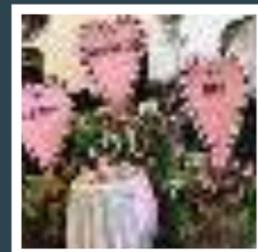
In addition to being a great place to receive care, we also strive to be a great place for our staff to work, Euroa Health Inc revitalised its training programs for staff and promoted opportunities for ongoing learning and professional development. Staff feedback was a significant area needing focus and I am pleased to say we are bridging the gap with mandatory performance reviews now underway for all our staff. We have implemented a staff wellness program, an employee assistance program, and in 2021 will see the implementation of a rewards and recognition program for staff.

Of course, none of our achievements would be possible without the dedication of our highly skilled staff and volunteers, who work tirelessly to ensure the best possible outcomes for our patients, residents, and consumers. I thank all our staff for their commitment to living the Euroa Health values and the professionalism and compassion with which they carry out their work. Thank you also to all our volunteers who selflessly gave their time throughout the year from working at the Bowerbird Opportunity Shop, Gilburn programs, working within GraniteHill assisting with the lifestyle program, the Community Hub, assisting with our beautiful gardens and providing books and magazines to pass the time for hospital patients, your kindness and generosity transforms the experience of our patients residents and visitors.

Most excitingly we commenced the 2020-2025 Strategic Plan for Euroa Health, earlier this year and the feedback from stakeholders was fantastic with excellent response rates from the community, Euroa Health members, residents, volunteers, and staff. I am excited by the opportunity to be part of the journey taking the plan from conception to implementation over the next five years.

The 2019/20 Annual Report is an opportunity to reflect on the year we have had, but also to look to what the future will hold as we continue to progress towards our mission to support the people of Euroa to receive individualised care within our community.

CHERREE HUNTER
Chief Executive Officer



Our Executive Team



David McKay is the Maintenance Manager and has vast experience in the automotive and engineering industries with formal qualifications in Engineering. David has led various teams as Maintenance Manager and, in turn, Capital Projects Manager in large projects. He

owned and operated a small engineering business working in all facets of general engineering and fabrication prior to his employment at EHI.

Heather Houston is the Community and Allied Health Services Manager and has been with Euroa Health for nearly 18 years. She is a Division 2 (EEN) and has Graduate Diploma Health Science, - Gerontology, Associate Degree Social Science - Dementia specific and Grade 1 Diversional Therapist. Heather supports our Allied Health Staff and coordinates the Commonwealth Home Support Service Programs (CHSP), Social Support Group, Home Care and National Disability Insurance Scheme (NDIS) services for clients.



Heather also oversees the hydrotherapy and exercise programs in the community, Men's group, Gym management and our wonderful volunteers.

Diane Frankel is the Quality Manager at Euroa Health for the last 6 months. Commencing her career as an enrolled nurse at Mount Royal Hospital in Parkville, she then completed her Registered Nurse qualifications at James Cook University in Townsville and went on to complete her Critical Care Certificate.



Diane assisted the set up and running of Australia's first Nurse Refresher Program educated classes through the Australian Medical Association for personal care workers and was an assessor for AHPRA for a number of years. Diane has spent the last 20 years working predominantly in Aged Care taking on a variety of roles from CEO to Quality Manager.

Janet (Netta) Shankland is the Aged Care Manager who has been with Euroa Health for nearly 4 years. Janet and her husband moved to Australia 11 years ago to take up a position as Aged Care Manager in Cobram.



She has been a Registered Nurse for over 40 years initially starting her career working in a Children's Hospital in Scotland. She has worked in many different areas of nursing including District Nursing, Theatre and General Medicine before settling into Aged Care some 25 years ago.

Our Executive Team



Patricia Grant is the People Services Officer and brings a unique perspective having started her working life as a Nurse. Trish has worked in a variety of industries ranging from hospitality to manufacturing, transitioning into training and development then

into Human Resources and Organisational Talent Development.

Trish recognises the importance of learning which has been a lifelong journey for her. She completed her Certificate IV in Training and Assessment before completing her Masters in Strategic Human Resources Management in the UK in more recent times.

Peter Kumar is the Executive Chef at Euroa Health commencing in 2018 and has an Advanced Diploma in Business & Hospitality Management. Having worked in Hospitality industry from 2008, Peter has found it a different experience leading a team in the Healthcare industry. As a Chef, Peter really enjoys working in a team environment. "Having a great team makes all the difference and really takes the pressure off and makes the whole day more enjoyable with everyone pitching in to help each other every day".



Rob Liney is the Accountant and Finance Manager having joined Euroa Health in June 2020. He is responsible for finance and administration functions across the service.



Rob brings significant financial and commercial experience, having worked with blue chip construction, manufacturing and resources organisations across Europe, Asia and Australia. Most recently, Rob was the Commercial Manager at Murray Irrigation in Regional NSW and Rob holds a Bachelor of Science (Accounting) and is a member of the Institute of Chartered Accountants in England and Wales.

Paula McPherson is the Nurse Unit Manager of Euroa Hospital and has been with Euroa Health Inc since February 2020. She is a registered nurse with a Post graduate Certificate in Emergency Nursing and has a passion for the care of older members of our community, palliative care, and nursing education. Prior to joining the EHI team Paula worked for large Metropolitan health services for more than 17 years, spending the last 5 years as a Nurse Unit Manager of a Geriatric Evaluation and Management Unit and, prior to this, a decade in one of Melbourne's busiest emergency departments.



Board of Management



Michael Bell, Chairman

Michael's employment comprised 42 years as a teacher including 20 years in leadership roles within the Victorian Education Department.

Michael's commitment to the community is evidenced through 45 years as a member of Apex, Lions International and Rotary International; he is currently a member of the Euroa Rotary Club.

Georgia Ward, Board Member



Georgia is a retired Registered Nurse who has over 30 years' experience in Aged Care Management, with particular strength in quality and risk management and contemporary practice to promote resident independence and wellbeing.

She also has many years' experience as a consultant to Aged Care Homes to instigate and facilitate programs to ensure successful accreditation status is achieved and maintained and is a strong advocate on matters relating to workforce development, education and safety.

Sarah Treloar, Deputy Chairman



Sarah is a Chartered Accountant, beginning her career in external financial audit for Ernst & Young in Melbourne then moving on to the non-profit sector in Melbourne and regional Victoria. She is an active community member, holding various formal volunteer roles.

Caroline Keenan, Board Member

Caroline joined the Board of Euroa Health in 2017. She is a former television journalist (ABC Melbourne) and now works in Communications with a government authority.

Having been raised on a farm in north east Victoria, Caroline has a valuable understanding of the challenges faced by



rural communities. Caroline is a graduate of the Australian Institute of Company Directors Course and she is looking forward to contributing to Euroa Health's vital future.

Board of Management

Dr Philippa Murray, Board Member

Pip has a vested interest in hospital and healthcare in Euroa and surrounding districts as a GP Registrar at Benalla Church Street Surgery and Obstetric LMO at Benalla Health. Pip has a strong understanding of the Euroa Community after completing all her education in Longwood and Euroa. Pip then went on to finish her studies at Monash University and is very happy to be back in Euroa. Pip's experience will add to the role as a Board Member with her experience in healthcare policy, provision and working and training in many of Victoria's leading hospitals.



Catriona King, Board Member

Catriona joined the Board of Management in April 2020. She has been working for the State Government Agriculture Department since moving to the Euroa District in 2005. She has significant experience and knowledge to bring to Euroa Health Inc from positions previously held in healthcare services of IVF, biotechnology and at the Alfred and Maroondah hospitals. Catriona is a graduate of the Australian Institute of Company Directors course.



Jim Perry, Board Member

Jim Perry established his own business in the meat industry in 1975 which he managed for 30 years before purchasing a farm in Gooram in 2001 with his wife Sally. Jim is passionate about the wellbeing and future of Euroa and its health services and has been on the Board of Euroa Health since 2011. Jim is the immediate past chair having held that role over the past three years.



CREDENTIALLED VISITING MEDICAL OFFICERS

Euroa Medical Practice undertook the Visiting Medical Officer Credentialing process which is a requirement for doctors to work at the Health Service.

By undertaking this process in conjunction with GV Health, Euroa Medical can admit patients to our Acute Hospital and provide to them 24/7 on call care.

The current credentialled practitioners for the 2019/20 year are

- Dr Malcolm Altson
- Dr David Kelly
- Dr Hogan Chen
- Dr Ching-Chih Jimmy Huang
- Dr Zhi Su

The credentialing process is not applicable to GraniteHill Aged Care as residents are able to choose their general practitioner to support them in their health care journey.

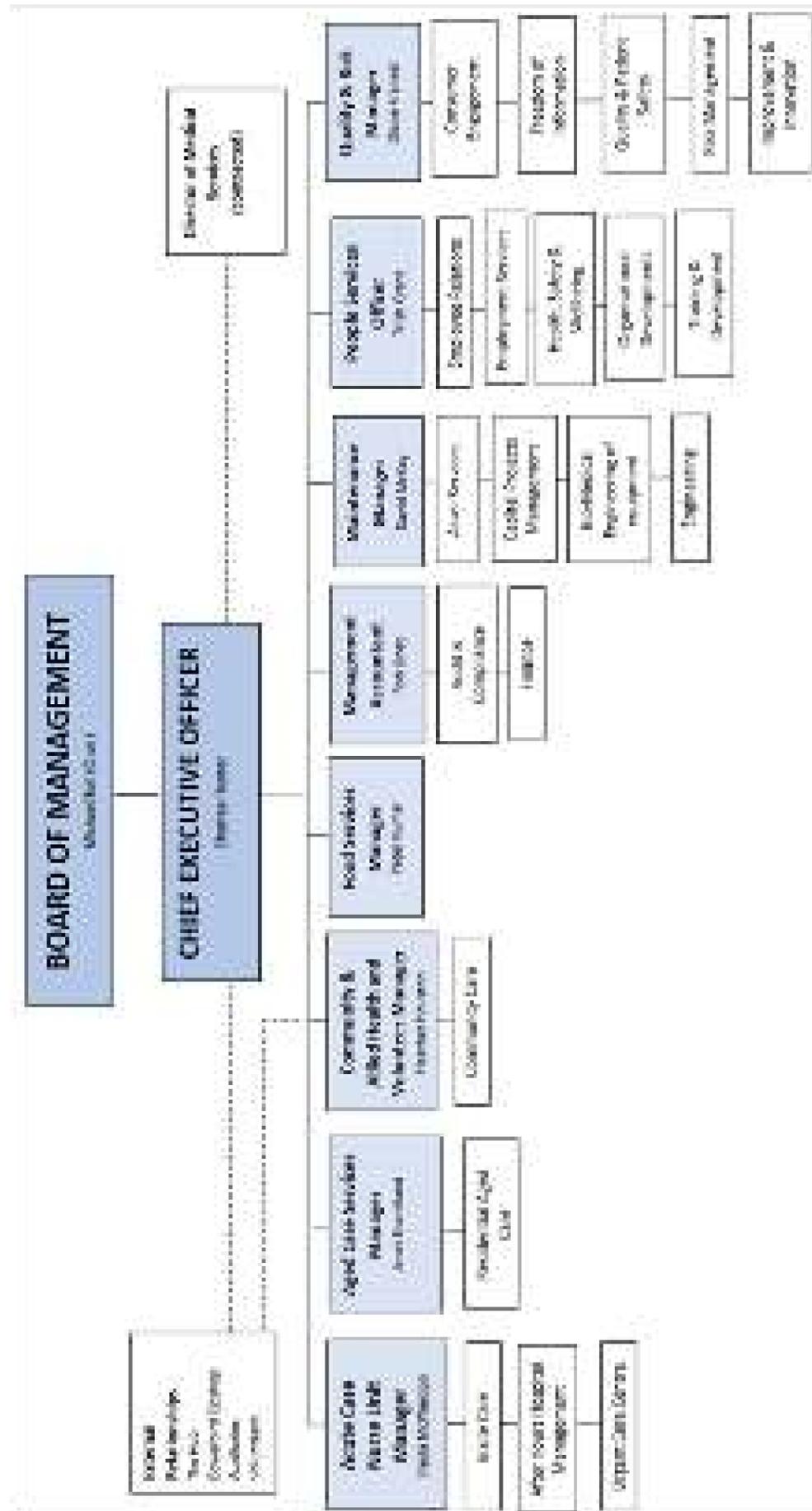
EXTERNAL CORPORATE SUPPORT SERVICES

Auditors: AASB Accounting & Audit Solutions Bendigo

Solicitors: Tehan George & Co
35 Binney Street Euroa

EMPLOYEE SERVICE RECOGNITION 2019-2020 FINANCIAL YEAR

- Marilyn Page celebrated 35 years.
- Heather Houston celebrated 15 years
- Susan Chester celebrated 20 years



BOARD OF MANAGEMENT SUBCOMMITTEE STRUCTURE



BOARD OF MANAGEMENT MEETING ATTENDANCE

Board of Management Meetings	Aug	Oct	Dec	Feb	Mar (Special Meeting)	Apr	Jun
Jim Perry (Chair)							
Michael Bell (Deputy Chair)							
Paul Harty					Apologies		Excused
Caroline Keenan							
Cathrina King	n/a	n/a	n/a	Not attended	Attended	Apologies	
Donna McKinley		Excused					
Pia Murray	n/a	n/a					
James Shovelton	Apologies	Apologies	Excused				
Sarah Theodor							Apologies
Georgia Ward							

The functions of the Board as determined by the Health Services Act 1988 are to:

- Oversee and manage the Organisation;
- Ensure the services provided by the Organisation comply with the requirements for the Action and the aims of the Organisation.

Governance by the Board is achieved through:

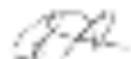
- Strategic Planning – to ensure the visionary direction of the Organisation is focused and aligned to the Mission Statement;
- Effective management by the Chief Executive Officer – the Board performs an annual performance appraisal and sets realistic goals; the Chief Executive Officer is responsible for managing the Organisation at an operational level;
- Funding of service agreements – the Board endorses plans, strategies and budgets and ensures annual agreements reflect accurate, achievable and desirable outcomes. The Board monitors the performances of the Organisation through appropriate budgetary processes;
- Local policy setting;
- By-law and Operational Practices – these are reviewed regularly by the Board.

COMPLIANCE

There are a number of specific compliance requirements that health services must meet and declare during the course of operations. Accordingly, the following attestations are made:

DATA INTEGRITY

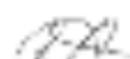
I, Cherree Hunter, certify that Euroa Health Inc has put in place appropriate internal controls and processes to ensure that reported data accurately reflects actual performance. Euroa Health Inc has critically reviewed these controls and processes during the year.



Cherree Hunter, Chief Executive Officer
August 2020

INTEGRITY, FRAUD AND CORRUPTION

I, Cherree Hunter, certify that Euroa Health Inc has put in place appropriate internal controls and processes to ensure that Integrity, fraud and corruption risks have been reviewed and addressed at Euroa Health Inc during the year.



Cherree Hunter, Chief Executive Officer
Accountable Officer Euroa Health Inc

PROGRAM STATUS	DETAILS	ACTIONS
NATIONAL SAFETY AND QUALITY HEALTH SERVICES STANDARD Fully accredited until September 2022 (Inpatient ward, Urgent Care Centre) 	The Euroa Hospital has continued to be accredited under the ACHS standards which will expire in September 2022. The next round of accreditation will require the health service to transition to the National Safety and Quality Health Service Standards and we are working diligently to ensure we are ready to meet that challenge.	In 2020 we have been working hard to ensure that our hospital services meet the requirements. Actions include <ul style="list-style-type: none"> • Nurse Unit Manager completing the NSQHS accreditors course to ensure she can lead the accreditation process with the clinical team. • Refining and embedding bedside handover processes. • Supporting the patient journey by providing post discharge support services to the patient such as post discharge hospital in the home services to reduce unnecessary length of stay.
AGED CARE QUALITY STANDARDS GraniteHill Aged Care facilities fully accredited until October 2021 	A review of GraniteHill in April 2018 identified that the service met all the 44 Standards and would be accredited for a full 3 years expiring in July 2021. Due to COVID restrictions on-site, unannounced visits were undertaken remotely with a review of COVID readiness undertaken in August 2020. Under the Direction of the Commonwealth a review of the site's infection control standards was undertaken by the Australian Defence Force in September 2020 with an extremely positive summary of the review provided at the completion of the visit.	From 1 st July 2019, GraniteHill is required to comply with the new Aged Care Quality Standards. A review of the new standards has been undertaken and some actions identified to ensure GraniteHill maintains compliance. A new suite of auditing tools was commenced in Quarter 3 2020 this electronic data set called Quality Performance Solutions (QPS) enables GraniteHill to benchmark against peer organisations.
LICENSED FOOD PREMISES 	EHI successfully complied with requirements in an external review of the Food Safety Plan in September 2020. Strathbogie Shire Council licencing as a food premises was maintained.	Monitoring of compliance with the Food Safety Plan is ongoing. Food premises: Class 1 classification achieved. Next Review: December 2021.
AGED CARE QUALITY STANDARDS Aged Care Standards fully accredited until October 2021 	A review of the Community programs in 2017 identified that the service met all required standards and would be accredited expiring in 2020. However, due to the inability to deliver the same level of CHSP service brought about by the COVID-19 the on-site audit is yet to be scheduled. A self-assessment has been undertaken to identify preparedness and showcase the achievements of the program early in 2020. This self-assessment would be used to showcase the work of the team and identify consumer satisfaction.	From 1 st July 2019, the Euroa Health Community Health Programs funded under the Community Home Support Program (CHSP) is required to comply with the new Aged Care Quality Standards. A new suite of auditing tools is scheduled to be implemented commenced in Quarter 1 2021. This electronic data set called Quality Performance Solutions (QPS) enables our CHSP services to benchmark against peer organisations.

Euroa Health's biggest asset is our people especially when we reflect on the careers of our two Nurses, Suzanne Martin and Marg Mills. Patients often comment on the familiar faces in our Hospital during their stay with us.

Both Suzanne and Marg have been with Euroa Health since they graduated from nursing in the 70s with a combined total of 87 years of Clinical Practice and still today walk the hallways caring for patients and mentoring fellow staff.

Discussions of the years of parties, fun and one particular swimming carnival event held in Euroa where the clinical staff (and Doctors) competed together against other community groups for a charity are very fond memories and friendships that have stood the test of time.

Their careers have taken separate journeys with Suzanne holding Senior Management roles with EHI such as Amaroo Manager and Acting Director of Nursing. That was a pathway Marg did not want to take on in her career instead preferring bedside care.

On reflections both ladies have seen many, many happy occasions, as well as challenging and sad occasions both of which can be complex while living and working in our small country community.

The mention of babies being born at Euroa Health makes them smile - with remarkable memory of four babies all on one day and Marg herself having three of her own boys here at the hospital.

Any talk of theatre nursing, has them both talking of the days when theatre lists were held in the afternoon and sometimes into the night with visiting surgeons from Melbourne and Shepparton for both Gynaecology and General Surgery.

Both reflected on Euroa Health's changes over the years: new buildings built, renovations, name and service changes, a whole new generation of staff, staffing models and a greater focus on Aged Care as the facilities on-site grew from the original initial 15 beds to the 75 beds we have today.

Renovations saw the loss of open fires from each of the hospital patient rooms, which has had the younger generation shaking their head.

The combined years of experience at Euroa Health Inc is incredible and there are many other staff who have been with us through their career. What makes this place special is certainly the people that have been part of the journey, who have held the community's hands, cuddled new babies or just been that familiar face for patients and their families on their healthcare journey.

We would like to take this opportunity to thank both Sue and Marg for all their hard work.



2020 has been a challenging year in health care. The hospital has met these challenges head on, and the staff have been very resilient while ensuring that patient centred care was their focus.

The team welcomed a New Unit Manager in February and several other new staff in the ensuing months; this brought some new ideas and experience to a well-established team. As a result, the team has purchased some new equipment including a bladder scanner, new Defibrillator and Electrocardiograph (ECG) machine and an I-Stat blood pathology unit, all of which was made possible with support from the Euroa community. This has increased the capacity for staff to care for acute patients who are admitted to Euroa Hospital.

COVID, while it has been a significant challenge and set the tone for the past 7 months, it has also given the team opportunities in education and training. All staff are now Personal Protective Equipment (PPE) experienced, nursing staff are well versed in the readiness in the care of potential COVID patients including infection prevention, and senior staff attended a study day on the deteriorating patient all in the pursuit of being COVID ready. Once again, the community of Euroa rallied around the health service – sewing fabric gowns and caps for the staff to wear.

With all this preparedness, introduction of masks, shields and visiting restrictions, it has been business as usual. Patients were admitted, cared for and discharged. The feedback from these patients and their families in regard to the care that they received has been extremely positive; words such as excellent care, helpful and happy, professional, well looked after having been articulated.

The month of May gave all Euroa health staff the occasion to celebrate (COVID Style) all Euroa Health staff with International Nurses week, a week of special treats including donuts, thank you biscuits and a social distancing BBQ. Whilst 2020 is the year of the Nurse, we took the view that all EHI staff are special and needed to be acknowledged for their contribution.

The hospital was given the opportunity to identify an item that our membership funds would be utilised for and the decision was made to attribute the funds to a palliative care cuddle bed, with donations also coming in from both local and others hearing about the cause. We felt that our vision of delivering the highest quality personal centred inpatient palliative care would be further enabled by the addition of the bed. At the time of writing, we have eleven thousand of the required eighteen thousand dollars to make the purchase and will continue to fundraise until we hit our target.

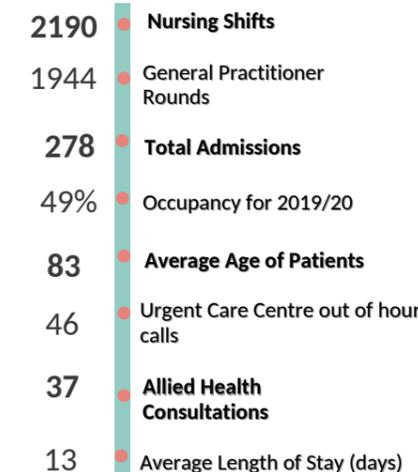
In June we welcomed 6 enrolled nursing students for their final nursing placement to EHI for 3 weeks; all students were from a Nepalese background. This gave EHI staff the opportunity to share their nursing skills and knowledge and a chance to work with nurses from a different culture. We were rewarded with a feast of Nepalese cuisine and some fascinating stories. The plan in 2021 is to continue to provide a learning environment for more students to come to EHI and experience nursing in a rural setting.

The acute services team are now turning their focus on the next 12 months. Many exciting ideas have been shared by staff in their annual performance and development reviews and we look forward to creating many educational and developmental opportunities for the EHI staff in 2021.

Paula McPherson
Aged Services Manager



OUR HOSPITAL AT A GLANCE



During my 9 week stay in Hospital at Euroa Health, I was very grateful for the care and patience shown to me by the nursing staff. They were professional, attentive and I was well cared for.

Geoff Davidson Euroa



GraniteHill has been exceptionally busy this year even during COVID-19. We have been extremely fortunate to experience higher than industry levels of occupancy for the first half of the year achieving nearly 100%.

EHI staff have all worked extremely hard and long to ensure everyone's safety during the pandemic. Staff, residents and family members have all been very supportive and responsive to the many changes we have had to implement often at very short notice. Despite a few hiccups, residents have been able to continue to have visits from family and friends, often in new and innovative ways.

The Department of Health and Human Services set up programs to give aged care facilities some advice and assistance in preparing for an outbreak. We had two different organisations visiting GraniteHill - Goulburn Valley Health and Australian Defence Force. Both parties praised GraniteHill for the preparations put in place to deal with COVID and the staff training that has taken place (and continues to be practised and reinforced) to keep COVID out!

GraniteHill Aged Care

2210 GP visits 56 GP visits out of hours	97.71% occupancy
2.8 years average length of stay	Average age 87 years 57 admission 58 departures
153,300 cups of tea and coffees made	49 Dietician reviews 5664 prescriptions filled from Euroa Pharmacy
1095 cleaning shifts	8760 Nursing and PCA shifts 23 Occupational Therapist referrals
1664 hours of Physiotherapy	28 Church Services

"Its a good motel and I thank all the staff for all that they do for me everyday".
 June Tweddle, Resident GraniteHill

We have been extremely fortunate to increase the number of Registered Nurses who will work in the aged care facility. This will ensure the continuing high level of care provision by consistently looking at the staff skill mix to ensure we can deliver the level of technical nursing care needed.

In early April, our main kitchen staff began working extremely hard to change from blast frozen heat on-site meals to freshly cooked meals prepared on-site. This change came as a response to feedback received from residents that they would prefer to have home cooked meals. Now the residents report that the standard of the meals has improved quite significantly since we made this transition. Residents are now involved in the development of menus and taste test new recipes. Special events have required the catering team present the menu to the panel a week prior to ensure that any fine tuning is undertaken.

Before COVID hit, lifestyle staff were busily preparing an area for residents as an outdoors garden/propagation area. We now have some residents who like to spend time propagating cuttings of plants to use in the gardens throughout the organisation. David and Troy are busily replanting many of the cuttings, and staff and residents are looking forward to having a great show of flowers and colour in the gardens. The inability to operate the exercise group program in the community was a bonus for GraniteHill residents, with Claudia, the services Exercise Psychologist, stepping into GraniteHill 5 days per week to deliver an exercise program. This is one of the best attended sessions with many residents keen to get out of bed and be dressed and ready to attend each day.

Janet Shankland
Aged Care Manager

The Allied Health team consisting of our Exercise Physiologists Claudia Callagher and Hernan Pavez, Occupational Therapist Kelly Hill and Physiotherapist Liz Bickerton all continued to provide sessions to a wide range of clients. Sessions can be individual or group, in the home or in the community such as the Hydrotherapy pool in Benalla, exercise programmes at the Third Age Club, Currie Park, and the hospital gym. Our social support groups led by Enid Mawson started the year with lots of fun and laughter. Weekly exercise sessions held at Gilburn directed by Claudia were very successful, clients encouraged each other to stay active. Many enjoyable bus outings, special theme days, and creative art sessions received high attendances. Armchair travel sessions, especially the trip to India was a great success, trying delicious foods and costumes.

The biggest challenge I have faced this year is finding ways to support our clients in these difficult COVID times. Working within regulations has been extremely challenging for everyone. Our staff have been exceptionally creative with IT, creating zoom meetings with clients, telehealth reviews for exercise physiology clients and providing social support through health and wellbeing phone calls. We have delivered care packages each week of the entire COVID period, developing creative ways to keep lonely, isolated people connected. We look forward to recommencing our social support and programs and expanding the Exercise Physiology sessions as soon as government regulations allow.

Sadly, the gym which is a significant component of the services Euroa Health offer to the community was forced to close as part of COVID restrictions. We are pleased to hear in recent days that the service will be able to operate, albeit with some new processes in place to incorporate social distancing and machine sanitising. I look forward to showcasing the refurbished and larger gym we have established over the COVID period with the community in coming months.

Heather Houston
Community and Allied Health Services Manager

COMMUNITY AND ALLIED HEALTH SERVICES

Exercise Physiologist Individual clients 165 474 Sessions
Occupational Therapy Individual clients 91 Sessions 184
Physiotherapy Individual clients 44 Sessions 37
Hydrotherapy Individual clients 15 Sessions 40
Social Support Clients Individual clients 28 Sessions 163 774 Home visits
Private Clients across all Services Individual Clients Approx. 375
Due to COVID-19 restrictions Community Services were reduced from April 2020

USING DATA TO DRIVE QUALITY OF CARE.

Euroa Health cares for older people and those living with chronic and complex health care needs in a number of settings, including residential aged care, acute services (hospital) and in the community.

People living in residential aged care have their health care needs monitored closely in a number of ways so that care and support can be provided to maximise their independence and quality of life. There are a number of care measures we analyse; these include falls, especially those that result in broken bones (fractures), pressure injuries and unplanned weight loss. Restraint and the correct use of medications also play a big part in quality of life.

Our staff work closely with residents and clients to minimise the chance of harm and benchmark our rates against peer organisations. This was facilitated by the completion of an audit data suite called Quality Performance Solutions (QPS) which was new to Euroa Health in 2020. These quality measures are also presented to the Board at the Quality and Risk Sub Committee bi-monthly. At Euroa Health, we use this data to identify how we compare and to indicate areas where we need to focus attention and make improvements.

FALLS

To prevent falls in 2020 we have undertaken equipment trials, physiotherapy and occupational therapy reviews, purchased and installed new equipment, reviewed all falls' incidents, making recommendations for individual residents especially those with recurrent falls. Fractures have a big impact on people's lives and our aim is to prevent them occurring.

The majority of our falls have occurred in the memory support unit (Shovelton) where the impulsive nature of residents makes it difficult for them to remember to use their prescribed gait aids. We have had some success with the purchase of new floor movement sensor devices and wearable movement sensor devices which have assisted with specific resident issues. Falls are reported as number of falls per 1000 bed days. In 2018/19 the falls rate per 1000 bed days was 10.08 whilst in 2019/20 the result was 10.02 per 1000 bed days in GraniteHill and 11.9 per 1000 bed days in the hospital.

We have challenged ourselves to reduce this even further with a reduction in falls' rates to below industry target for 2020/21. To raise the profile of falls' risk, we commenced the use of the daily recording and alert system for the site in which staff were able to see falls trends on a daily basis rather than at the end of month. We also reconvened the EH falls' committee with nursing, allied health, and care staff coming together to prevent falls' prevalence.

PRESSURE INJURIES

A pressure injury (PI) can result when people sit or lie for long periods without moving or changing position often enough. A Stage 1 pressure injury is a reddened area with unbroken skin. A Stage 2 injury has partial skin loss, whilst Stages 3 and 4 indicate a much more serious wound with full thickness skin and tissue loss. EH's aim is to prevent all pressure injuries but if a Stage 1 injury does develop, it is managed with the aim of not becoming a Stage 2 injury or progressing to much more serious Stage 3 or 4 pressure area.

Our results indicate that our pressure area prevalence is predominantly in the lower level in stages 1 or 2, there was one pressure area that did not respond to treatment and went on to be classified as a Stage 3 pressure area. In 2019 /20 there were 1.7 pressure areas per 1000 bed days in the Acute hospital and 0.67 per 1000 bed days in GraniteHill.

USE OF NINE OR MORE MEDICATIONS (POLYPHARMACY)

EH rates continued to be higher than peer average for nine or more medications this year. We recommenced a specialist pharmacy review program called Residential Medication Management Review (RMMR), with an independent specialist pharmacist reviewing medication management throughout the year to confirm that this number of medications were required. This pharmacist works in partnership with our medical and nursing team to ensure we have comprehensive multidisciplinary focus on safe delivery of medications. Euroa Health are currently investigating the implementation of an electronic medication management system to further limit administration risk. A working group has been established to bring together key members currently involved in prescribing, dispensing and administering medications to ensure any future direction is fit for purpose and meets all stakeholder requirements.

UNPLANNED AND SIGNIFICANT WEIGHT LOSS

Resident weights are regularly monitored and any unplanned changes lead to a review by appropriate clinicians, such as the dietitian or speech pathologist. Sometimes unplanned weight loss can be a positive change if the person is not at their healthy weight, but checks are always made to determine the reason for the loss in case there is an undetected, underlying cause such as dental issues, loss of appetite or disease. Weight loss of greater than 3 kilograms in GraniteHill was 1.0 per 1000 bed days whilst in 2019/2020 was 0.91.

PHYSICAL RESTRAINT

Restraint is a practice, device or action that restricts a resident's free movement. EH is a restraint-free environment, which is a recommended standard of care; however, we have 2 residents who actively request a bed rail to be in place overnight to assist them in repositioning themselves in bed. As part of a resident's right to independent choice and decision making, we support the residents to have the rail in place and manage as per standard restraint requirements despite the rail being used at the resident request exclusively for repositioning.

INFECTION RATES

Euroa Health is very proud that we have had no serious infections acquired on site this year and, never before, has this been so important with the impact of COVID being experienced across the globe. These results can be linked to the excellent hand hygiene being practised by our staff when caring for patients and residents, including wearing gloves, using hand sanitiser and washing hands.

To further protect residents and patients we had 100% staff compliance having the flu vaccine. This is the first time that every individual (including staff, contractors and visiting health professionals) was required to have the vaccine and full compliance was a great achievement by all.

Additionally, all staff and visitors were required to have symptom assessment and temperature testing undertaken prior to entry as part of our COVID management strategy, resulting in the identification of any potentially unwell individuals and asking them not to enter the facility and to seek medical advice.

CLEANLINESS AND PREVENTATIVE MAINTENANCE

Management is currently working with Infection Prevention Australia (IPA) to implement a Department of Health and Human Services accredited audit program for the EH site. This software package supports trained infection prevention auditors to review the entire site on a cyclic basis to measure the cleanliness of the site. The software also allows for preventative maintenance actions to be taken at the time of any audit to enable repairs to be actioned from a single report. This model is scheduled for implementation early in 2021.

FEEDBACK "YOU SAID, WE DID"

People who receive care at Euroa Health are invited to provide feedback and make comments on their experience. Judging from the large numbers of thank you cards, flowers and chocolates we receive, the team is delivering a high standard of care; however, we know there are always things we can improve upon. We learn a great deal about how we can improve from complaints and opportunities for improvement feedback forms. We have been working on a philosophy of "You Said, We Did" which will become a greater focus for EH in 2021. We currently get great ideas from stakeholders and, whilst we provide the individual with a written response, we are looking at innovative ways to celebrate improvements with a wider group in 2021.

It is vital that you do tell us how we are doing, and you can do this in many ways, including

- Speaking to a member of staff
- Completing a feedback form and dropping it back to the hospital
- Providing feedback in post discharge feedback forms
- Completing surveys
- Writing a letter to the CEO
- Writing an email to the CEO

All correspondence can be directed to
 Chief Executive Officer Euroa Health
 PO Box 126 Euroa 3666
 Phone (03) 5795 0200 Email ceo@euroahealth.com.au

CONSUMER ENGAGEMENT

Euroa Health is extremely lucky to have three community members on committees with a vision for these numbers to increase significantly in 2021. The relationships with the community are important as they provide a unique perspective and ensure we strip back the medical jargon when discussing issues. We currently have consumers on the Quality and Risk, and Finance and Audit Board Subcommittees.

In 2021 we plan to explore the inclusion of consumers on monthly facilities' walks, looking at how our buildings are meeting the needs of the consumer, how we can actively improve environmental sustainability and how we can better integrate the community into our facilities to ensure consumer engagement. We will also look for consumers to review published material to ensure our messaging is clear and concise.

We have worked hard to develop other strategies in 2020, including the resident consumer group working with the catering team to decide on menu content and taste test new items for inclusion, as well as providing invaluable feedback. Whilst this may sound like an exciting role it bears a high level of responsibility making decisions that will impact the food choices of over 100 people per day.

We have also just commenced the Consumer Advisory group to support our fantastic Lifestyle team to ensure the program it delivers is the program that best meets the needs of all individuals. I look forward to hearing some of their suggestions on what a contemporary program developed by residents, with delivery supported by staff, will actually look like.

This year we have been extremely fortunate to have worked with the CUBE group in developing the Euroa Health Strategic Plan. Outstanding engagement and feedback from the community has provided us with an insight into the direction the community wants the health service to take over the next five years. We look forward to releasing the draft plan for consultation to the community in late 2020 and progressing with the implementation of the final document early in 2021.

STAFF EDUCATION AND TRAINING

Staff education and training has required considerable focus on infection prevention, personal protective equipment usage and COVID management throughout this year. Considering the timeframes to deliver these sessions were extremely tight with the pending COVID situation worsening, sessions were set up for all staff to attend over a number of weeks. Developing expertise in these areas took some practice and I would like to congratulate our staff on their commitment to challenging themselves and learning a wide range of new skills.

With the implementation of the separation of the regional and metropolitan areas of Victoria we have been severely delayed in undertaking our annual fire and evacuation training, which is due for delivery in mid-November. The Balmattum fires last January highlighted the need for the site to be ready for any event.

You said	We did
 <p>Our Residents requested a facility pet</p>	 <p>Phoenix now comes to visit and play with us at Euroa Health until we can secure our own dog when the COVID restrictions ease.</p>
 <p>There were not enough disability parking in the carpark</p>	 <p>Additional car parks were allocated and the existing disability parks were re-painted and new signs installed.</p>
 <p>Euroa Health has too many ICT programs creating a clunky ICT system.</p>	 <p>We have connected to the NBN and have undertaken a full digital review of ICT systems.</p>
 <p>Euroa Health has a number of black spots for telephones</p>	 <p>We have connected to the NBN to help with the connection</p>
 <p>There was no clinical benchmarking data system in place for Euroa Health to compare against like facilities</p>	 <p>We now enter data through a program called QPS so that we can benchmark and analysis the results</p>
 <p>Residents, Patients and their families requested we return to onsite cooking away from the cooked chill meals</p>	 <p>We have returned to full onsite cooking with our wonderful catering team</p>

OUR SUPPORT SERVICES WERE BUSY

14000 litres of milk which is the average water use for a family for 58 days

1040 meals prepared for the community

90792 slices of bread which is 45396 school lunches

Our Maintenance Team replaced 1020 batteries

468 hours mowing a year - that is 9 commercial flights around the world

Walked a distance from Euroa to Melbourne twice emptying bins

65,700 Resident/Patient meals prepared by the kitchen

7 Board Meetings, 18 Subcommittee Meetings and 110 COVID-19 Meetings

HEALTH AND THE COVID-19 PANDEMIC

Euroa Health Inc has felt the impact of the COVID- 19 pandemic, which presented challenges and numerous changes under the directions provided by the Chief Medical Officer, impacting visiting, staffing profiles and provision of services.

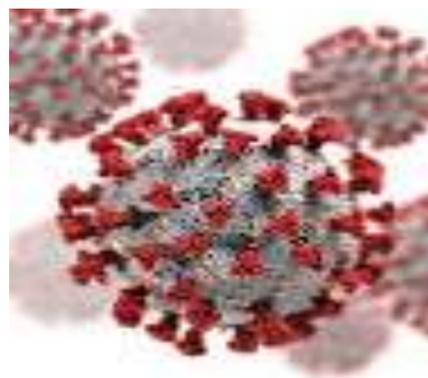
On 17th March 2020, the decision was made to close the entire Euroa Health facility to visitors, community service clients, tenants, and our volunteers.

We appreciated the significance of this decision on our patients, residents and their families and friends, whilst taking this unprecedented step to manage a virus that we knew so little about.

We were then faced with the direction indicating that staff working in the residential aged care sector were only able to work at a single location.

This meant working with individuals to ensure they were aware of the need to make the difficult decision between providers. Our staff should be commended for their commitment to both Euroa Health and, in turn, our patients and residents, with many of them choosing to remain working at GraniteHill. The dedication of the clinical staff to cover shifts internally was also significant, as it was identified agency staff working at varying locations may pose a risk to patients and residents. Staff stepped up to the mark and have been working hard to cover vacant shifts since that time.

We realised in these unknown times that covering a roster should we see an outbreak was going to be difficult, so we called on the people of Euroa and families of residents. The support received was fantastic with many people putting forward their skills to assist us should the need arise. Who knew we had family members with extensive experience in management, catering and cleaning, all ready to pitch in if necessary.



A COVID-19 Clinical Incident Commander Team, comprising our Senior Clinical Managers, was developed and the “COVID phone” on a roster basis was also implemented. The Incident Commander Team established the health assessment process which was required to be undertaken by Euroa Health staff, visitors, residents, patients, and on-site contractors on arrival at the site. A commitment was made to employ casual “COVID arrival checkers” to be on-site daily from 6am to 9.30am and from 2.00pm to 4.30pm, undertaking the assessment of individuals on arrival. Should issues be identified at the initial assessment, the Incident Commander on call would attend the entry assessment area and undertake a more comprehensive assessment. We have undertaken more than 17990 entry assessments since the commencement of the process.

Clients being supported by our Community Service programs have been significantly impacted with the requirement to cease operations of the Social Support programs, on-site Allied Health appointments and with the closure of the Benalla pool, the cessation of the warm water exercises program. We appreciate the significant role the programs play for both clients from both a physical and psychosocial health perspective and, it was with this in mind, that the community team started dropping off care packages with craft, puzzles, and activities to keep people busy whilst isolated at home. We loved seeing the fantastic pictures of those craft items created in isolation and shared amongst the group.

Euroa Hospital created our “isolation unit” where any Patient or Resident was cared for whilst they awaited swab results, having displayed any COVID-19 symptoms. The Hospital staff then worked under COVID-19 full PPE conditions until negative test results were received. I recall the trepidation with the first individual presenting for COVID testing. The team is now ‘old hands’ at the process and know exactly how to manage the situation when it arises. Our staff were not immune to COVID testing and at least 131 staff also underwent assessment. This in some instances created shift coverage stressors with staff needing to be furloughed at home until a negative test result was obtained. With the vast increases in the number of people being tested, the delays in obtaining results became problematic with delays of up to 5 days being experienced. As always, the team pitched in and stepped into vacant shifts and got the job done.

Over the COVID journey GraniteHill has been subjected to numerous external assessments to assess preparedness, with assessments undertaken by Worksafe, Goulburn Valley Health, The Aged Care Standards Agency, and the Australian Defence Force. Whilst stressful as any non-essential staff on-site brought with it COVID risk, these reviews brought with them the opportunity to benchmark our services against peer organisations. During one of these reviews Euroa Health were commended on the development of our very own procedure for the first 24 hours in the event of a COVID-19 incident. This document addressed the reporting requirements and staff responsibilities in the first 24 hours of an outbreak. Special mention was also made of the resident pictorial care plans that would enable any member of a surge workforce to step in and deliver the level of care expected by our residents. These plans have been so successful they will become part of the standard plans of care for residents, to be hung on the back of their doors to ensure individualised care at a glance can be delivered. Several of our staff undertook the online COVID contact tracing course, through John Hopkins University in the United States, which in itself is a huge task, but ensured we were prepared for contact tracing should the need arise.

Our Acute Nurse Unit Manager spent time at Goulburn Valley Health in their COVID clinics and undertook specific COVID swab testing training. This has proven to be invaluable as we utilised these skills repeatedly over the COVID journey.

Staff training in the use of Protective Personal Equipment (PPE) was needed to be undertaken with our Hospital and Aged Care Managers stepping in to the deliver group and 1-1 training for us all. When PPE was in short supply, they did an amazing job in leading the charge for our local sewing angels to make up a highly fashionable range of washable gowns, allowing us to train our staff in preference to using our sterile supply.



As the months progressed Euroa Health saw four changes to the visiting model as COVID-19 across the State ebbed and flowed. We appreciate that each visiting model had its own advantages and disadvantages. We acknowledge each family's patience and understanding throughout this journey and, whilst it was not perfect, we did our very best to prevent the tragic outbreak scenes being experienced by our peers in metropolitan Melbourne.

Initially we developed outside meeting spots, inside visiting stations, in resident room and then back to window visiting. When GraniteHill and Euroa Hospital returned to window visiting we made a significant investment in a telephone system which was a better fit for the visiting model and importantly addressed the feedback from visitors regarding ease of use and capacity to hear each other more effectively. Our Maintenance Team was pivotal in making changes quickly to existing infrastructure in response to feedback and the reception team, who took the bookings and enquiries from residents, their families and friends, were fantastic in always trying to fit in that extra special request.

We have been fortunate to be a part of the Hume Region Response Cluster and continue to work closely with CEO Matt Sharp and his team at Goulburn Valley Health along with all other CEOs in the region, to develop a regional response to outbreak and, importantly, continued preparedness.

We have had many silver lining moments from the COVID-19 pandemic for our Residents and Patients, which is hard to believe, but the heart-warming moments of families reuniting using Zoom and FaceTime attests to this. Families and the local community donated iPads to Euroa Health to assist us with providing the opportunity for these memories to be made.

We had one resident virtually visit her daughter (who resides in the USA) for the first-time face to face for several years and has since been on many tours throughout her daughter's home and garden from the comfort of GraniteHill. Another resident now has a weekly Zoom call to her son, also in the USA, and both residents are in awe of the benefits of technology. One resident had the joy of meeting her great-granddaughter via FaceTime which was a very special moment for them both.

As our staff has largely grown up with this technology and use it daily, it has been a wonderful connector for staff with resident/patients to learn together. Birthdays also required additional thought and, like the rest of our country, Zoom and Facetime birthday events in our private dining room became an exciting experience with residents always commenting how loud and busy the calls were and that they could barely get a word in. How amazing was this technology allowing residents to see family from different corners of the state or country, all on one screen at the same time.



Meetings with staff and families transitioned to ZOOM sessions and, although it did take us a while to become used to this new way of functioning, it was not long before we all spoke the language of this new virtual world.

Sadly, during the journey we lost several long-time residents and the ability of staff and residents to celebrate their lives at their funerals, was severely restricted. Once again, technology was the conduit to attendance and the cinema room was used by many to attend the services.

The impact of COVID restrictions was also felt by our service providers with both our hairdresser and café proprietor being required to cease on-site operations as only essential services were able to be on-site. It has been a long journey without them but we really appreciate those who stepped in to support us, whilst these services were unable to be delivered.

Financially the COVID journey has been tough for healthcare providers with the cost of increased staffing, for COVID arrival assessors, PPE purchasing, and the need to purchase new technology to manage visiting or meeting arrangements.

Occupancy in GraniteHill has been severely impacted because of the pandemic, with benchmarking data highlighting that most Victorian Aged Care providers are struggling with a downturn in people seeking entry into care. The Hospital has also noted a downturn in business with less people presenting for admission, which is once again consistent with the industry trends with less people presenting for non COVID related care than in previous years. With the closure of the Bowerbird Opportunity Shop for several months we have seen a dramatic decrease in the income being generated, which we rely on to purchase capital items for the health service.

However, all things considered we have made it through the 2019/2020 year being wiser on the impact of a pandemic, celebrating the small things like being able to visit family members or going out to eat, with a much wider vocabulary than we had in February. Terms like Directions, COVID, contact, exposure, isolation, furloughed, and the "ring of steel" are all spoken about daily. We wait for daily infection rates to be posted as a collective measure of success of isolation.

The team at Euroa Health would like to thank you for your support on the COVID journey as we progress to a new way of living, until a have an effective vaccine.



This year Euroa Health continued to receive generous support from donors, auxiliaries, local community organisations and individuals and we acknowledge the many tasks we would not be able to undertake without their support and generosity. We were unable to hold our annual volunteer thank you event due to COVID restrictions, and a thank you note was sent to volunteers instead.

Whilst 2019/2020 was impacted by COVID-19, requiring many of our volunteer groups and the op-shop to pause operations, Euroa Health saw the importance of the health and safety of our volunteers as a priority. We look forward to seeing everyone on and off site at Euroa Health as we progress to the new COVID normal phase.



The Rotary Club of Euroa, as always, has supported us throughout the year with initial agreement to purchase bench chairs for the Bowerbird walkway and, with PPE in very short supply, Rotary funded the purchase of face shields to ensure we have stock in place for all staff. This generous donation ensured that all persons on the Euroa Health site had their own face shield, which became mandatory for all staff in October 2020.

OUR TALENTED SEWING COMMUNITY.

Euroa Health asked for assistance for items that Euroa Health needed in preparation for COVID-19, in light of the shortage seen across the industry and for the comfort of our staff while using PPE equipment. Many telephone calls and Facebook messages were received from willing local sewers happy to assist us with these projects.

This saw our "sewing angels" use their time in lockdown to sew 25 surgical gowns for our staff, which we could launder on-site and could be worn over staff uniform. These items were fantastic for staff training and allowed disposable gowns to be saved for clinical care. The surgical gown project was organised under the leadership of Kerry Newnham and we extend our thanks to Kerry and the team for their wonderful work.

We then asked the community to sew some surgical caps for the staff with the aim for at least one per staff member. Staff saw the benefit of wearing a cap underneath their face shields and masks, stopping tangled hair and pressure on their foreheads. We were inundated, caps being dropped off and arriving by mail daily, with bright patterns and colours lovingly made by community members.

The last project was replacement of our laundry bags used by each of our Residents at GraniteHill. Mrs Ruth Cummins of Euroa spent her lockdown sewing a huge 78 laundry bags. This project, to the non-sewing individual, was enormous and as the weeks progressed Ruth delivered laundry bags that were just perfect and are now colour coded per wing (2 sets of 35 and 1 set of 15), much to the delight of the laundry staff.



STAFF EDUCATIONAL SUPPORT FUND

Euroa Health Staff continued to benefit from the generous donation from the late Ian Williams of Euroa. He bequeathed funds to Euroa Health in the 2018/19 financial year, which is now set aside for the benefit and education of Euroa Health staff over the next decade.

Several staff have already seen the benefit of being able to attend training opportunities undertaking clinical upskilling, leadership and food texture modification training for those with swallowing impairment. There is no doubt that attendance at these programs would have been financially out of the question for them to fund, without Ian's generous support.

We continue to look for opportunities for staff to upskill and further their education with the assistance of these funds. In 2021 there is scheduled to be a formal process in place for all staff working at Euroa Health to apply for funding through a formal application process.

BOWERBIRD OP SHOP

Let me begin by commenting on what an incredible year this has been because of the effects of COVID-19. The amount of work this had created for all concerned within the op shop, for most outside of shop hours, has been extraordinary, and may I add, willingly undertaken.

We had been permitted earlier to open the shop for three days per week which was then revoked to having to close the shop again for a combined total of nearly seven months in the interest of safety for both our willing workers and our clientele.

I will not attempt to mention any names as I will surely forget one or two and this would be unfair to those I forget. I thank specifically all of these workers for their dedication and labour on all those days. Despite losing 4 months of trading in the latter part of 2019-2020, our trading, and thus our profits, were magnificent reaching some \$151,000 for this year and certainly were on target to reach over \$200,000 for the financial year.

The closure over the July – October months will affect our sales figures for the coming year but, as we have opened up from late October for a five days trading week, our total sales should be comparable to previous years.

It was decided that for the moment our shop would not be open for week-end trading, but that we would look at the situation on an ongoing basis and make relevant assessments as they arise.

Lastly, let me express my most sincere thanks to all those who help, in both the running and the operations of the Bowerbird Op Shop; your co-operation is most appreciated.

Corrie Dingemans
Bowerbird Op Shop Coordinator

OUR NEW BUS

Outgrowing bus capacity at Euroa Health is excellent news as it means our residents and patients are out and about in the community. However, it poses a sizeable financial outlay for the Euroa Health to purchase a larger bus. Ian Dickson stepped in to generously donate the value of a new bus, despite not having been a patient at Euroa Health, even though he moved to live in the district in 1972. "We cannot take our money with us," says Ian. Supporting health services is nothing new to Mr Dickson, having made many donations to Epworth Hospital in Richmond in the past.

A bus driving in and around town marked with his name is not only our way of Euroa Health thanking Ian, but also a tribute to Euroa Health being such a worthy cause. Mr Dickson describes many people in conversation as being good people - but those at Euroa Health think he is the generous person himself this time around.

The bus seats 15 people and has wheelchair access for two. When you see the bus out and about, please give all on board a wave as they head off on another journey made possible by the generous support of Ian. He deserves a 'high five' if you see him.



“MUSIC UNDER THE STARS”

Euroa Health Inc held a fundraiser event “Music under the Stars” on Friday 7th February 2020 at the Euroa Butter Factory. Guests were entertained by the wonderfully talented mezzo soprano, Sally-Anne Russell, and renowned guitarist, Massimo Scattolin, both having arrived in Euroa fresh from their performances in Melbourne and Sydney.

Bernard and Jill Hayes, from The Euroa Butter Factory, hosted the event, catering for the 140 attendees who thoroughly enjoyed the night outside under the stars, defying weather predictions with only a couple of drops of rain and rumble of thunder passing over the guests on the night. Euroa Health Inc continues to support the community through the Urgent Care Centre, Euroa Hospital, GraniteHill, Community and Allied Health Services and had set out to fundraise for three specific pieces of equipment.

Cherree Hunter, CEO at Euroa Health, was delighted to receive two up front donations of the full purchase price for two of those pieces of equipment by Ian and Joan Ball, of The Falls Pastoral Company, and Ray and Eleanor Cronin, of Kestrel Aviation of Mangalore.

Cherree says that those two donations and the proceeds of each ticket sold for the evening makes a big difference to the organisation and the flow on effect to patients and our local GPs to diagnose and treat patients on-site, thus allowing patients to stay locally and receive the care they need.

Cherree Hunter would also like to thank Mal and Jill Altson, Tahbilk Winery, Mitchelton Wines, Jim and Sally Perry, Temple Kitchen, Deb Lacey Interior Designs, Euroa Music Festival Committee, Box Grove Winery, McPherson Wines and Bernard and Jill Hayes, at Euroa Butter Factory, for their donations of items auctioned on the night. Also, thanks for the dedication of the Fundraising Committee who committed many hours of their time to bring an evening like this together, an event epitomising the wonderful and caring community we live in.



Gentleman *noun*

1. PIMLOTT George Leonard Ashton -
25th February 1926 to 6th October 2020
2. “a chivalrous, courteous, or honourable”

George Pimlott moved into GraniteHill in February 2020 as he and his wife Margaret had relocated from Shepparton to Currie Park; he was a very private man. George would take daily walks with Claudia, our Exercise Physiologist, and he would grin ear to ear and comment how she was keeping him fit. On his “bad days” George still managed a small walk and would comment “I am as useless as trout stuck on its back”.

I first met George in the days leading up to Anzac Day 2020 and the day prior Claudia quietly mentioned that George was a WW2 Veteran. At the GraniteHill Anzac Day Service, George arrived at the courtyard

quietly and, by chance, I happened to be standing next to him. He was proudly asked by our CEO, Cherree, to lay the wreath for all those in-service past and present.

As the service commenced, George sat straight in his chair and, as we moved through to the Ode of Remembrance and the Last Post played by Charlie Cameron, I realised that George was crying. As he stood to the minute silence, George stumbled in his chair yet he was still determined to stand and, as he sat back down, the tears of sadness overtook George and tears flowed openly and quietly.

Once the service ended George asked politely to be taken back to his room where we sat. George spoke quietly as tears continued to well in his eyes that “today of all days he just remembers his dear friends and the moment he sat with his friends and a bullet flew past and only by chance it missed him and instantly killed his friend”. We talked about how special Anzac Day was and how this year, Anzac Day was being commemorated like no other, as we stood at the end of our driveways at dawn, which just astounded him. As I left the room, I remember taking his hand and shaking it. I simply said thank you for all he had done for us, he nodded and said “I am just an old man”.

Whilst behind the scenes that day it had been a disaster, we had a complete IT meltdown with no telephones, Wi-Fi and the speaker had cut in and out during our service, George had made us realise what was really important and a reflection to those lost in war.

In the weeks following and as the COVID restrictions increased, we spoke to George and he told Cherree he thought COVID restrictions were tough. He said, “I would rather have time with my wife”. Due to both his wife Margaret and George’s failing eyesight and hearing, the visiting arrangements did not suit them and visiting became difficult. A comprehensive risk assessment had to be undertaken and exceptional circumstance visiting authorised.

A flyer arrived for applications of a Commemorative Medal for survivors of the Second World War as 2020 was the 75th anniversary of the Second World War ending. Many times, we discussed whether George would allow us to apply and Kylie, from our Lifestyle Team, took the chance, applied and we patiently waited for the medal to arrive.

On the actual day of the anniversary. George opted to watch the service in his room with his wife Margaret by his side.

In the weeks following, the medal arrived and we saw the continuing decline in George’s health. We arranged for a small presentation of his medal, by Cherree, with his wife Margaret, Kylie and Claudia attending in his room. Outside, through the window a small gathering of residents and staff stood by and clapped on signal once the presentation was made. At the time, David McKay, Maintenance Manager, profoundly said “he is last of the real men”.



A RESIDENT STORY OF A LIFE WELL LIVED

When providing the 75th anniversary Medal to George, Cherree commented about how much we all appreciated his service and bravery. George, with his beaming smile, said to Cherree, "it was an adventure, there were hard times, but I got to see the world and there certainly were fun times". I asked his wife, Margaret, about life after the war and she indicated that while her own father would never speak of the war, George was always willing to speak to her and share his thinking helping her to better understand his journey. Cherree says that she felt so insignificant standing there giving him this medal but the cheering crowd outside lifted the mood considerably.



Kylie asked George if we could publish his story about the medal in the Gazette to which he said no, "I am tired of talking about it and I do not want a fuss" but when the option of Facebook was presented, he was a willing participant. Shania from reception then printed the Facebook post with all the comments for he and Margaret to see and keep.

George's wife, Margaret, continued to see Claudia in the gym over the following weeks and Margaret mentioned one day in passing, that it was her birthday the following week. Claudia went ahead and arranged a small cake, a bunch of flowers and a card from George and arranged for Margaret to come by on her birthday to visit. George was up and out of bed with a beaming smile and, for once, we had surprised Margaret.

On another day, Margaret knew George wasn't being completely truthful on the phone about how he was feeling and, after a gym session, we had the nursing staff see if George was "visitor ready" and surprised him with Margaret appearing at his door, he smiled so brightly from under a rug, still in his pyjamas.

George gave us a small lesson in life and what is important in life, and these moments showed us that the small things do matter and how, as a team regardless of our job descriptions, we can make a difference. Claudia and Kylie each were instrumental in the adventures of the Pimlotts, while George was with us. Unbeknown to George, when we felt our world go mad, our complaints became nonsense because we heard George's story.

George will be missed at GraniteHill but he will be remembered especially on Anzac Day, Rest easy, George.



**Minutes of the Annual General Meeting of Members
held at GraniteHill, 36 Kennedy Street Euroa
on Friday 29th November 2019**

The meeting was declared open at 2:35pm

MEETING CHAIRMAN: Jim Perry

PRESENT: J.Perry, M.Bell, P.Halliday, S.Treloar, G.Ward, P Murray, C Hunter, J.Shankland, H. Houston, S.Perry, J.Sullivan, B.Harrison, E.Harrison, J.Stringer, N.Williams, L Byrne, E Cameron, H Donaldson, D Nicel, R O'Connor, J Pearson, Y Ramsay, J South, M Tehan, J Lomer, J Sargood, S Williams, J Tweddle, C Dingemans, P Powell, N.Dudley, R & R Williamson, J Garrett, C Jackson, J Townsend, A Townsend, L Bennett, S Gibney, M Nunn

APOLOGIES: K & R.Newnham, J Shovelton, C Keenan, B Beadle (CEO/DON of Nagambie Healthcare, M & M Cavanagh, D McKinlay, T & K Grigg, G Wheaton, J Simpson, M Hayes, K Black, E Mercer, O Hill, M & J Brook, D, R & A Preston, E Doyle-Roberts, K Hill, V Boyd, L Kubeil, M Dean, D & P Lacey, B Hobbs (CEO Violet Town Bush Nursing), S Ryan MP, J Symes MP, D Drum MP, Helen Haines MP, Cr John Mason, Cr Kate Sothers, G Grant,

WELCOME Jim Perry welcomed everyone to the Euroa Health AGM; members of the public, Euroa Health staff and residents and a special welcome to Ewen Cameron (former Parliamentarian) and Michael Tehan from the board of Goulburn Valley Health.

BUSINESS

MOTION: To approve the Minutes of the Annual Meeting held on 9th November 2018:

Moved: M Bell Seconded: S Treloar Carried

ANNUAL REPORT PRESENTATION

MESSAGE FROM THE CHAIRMAN

Jim Perry presented the 2018/19 Annual Report and on behalf of the Board, extended thanks to all Euroa Health staff who continue to ensure that our residents feel like home. Jim Perry also acknowledged the former CEO - Wayne Sullivan, Interim CEO – Peter McGregor and Janet Shankland (Aged Care Manager) for their contribution to Euroa Health Inc.

Jim thanked all the volunteers and acknowledged that without their help we couldn't exist whether in the garden, on the Board, at the Op Shop, within the Acute or Granite Hill.

The Chair also thanked retiring Board Member Jim Shovelton after 9 years of service. He also thanked Diane McKinlay who retired, after a short time on the Board of Management, due to family reasons.

Dr Philippa Murray was introduced as a new member of the Board of Management. Phillipa is a Longwood local, is a GP in Benalla and her experience will be a good balance to continue to take the organisation forward to grow and consolidate.

Jim then reiterated that Euroa Health is community owned and would continue to service the community.

MESSAGE FROM THE CHIEF EXECUTIVE OFFICER BY THE INTERIM CHIEF EXECUTIVE OFFICER PETER MCGREGOR

Peter acknowledged that he was pleased to present the Message from the previous CEO, Wayne Sullivan, as written in the Annual Report. Peter also thanked the Board of Management and Staff who had made him feel welcome in the seven weeks he had been with Euroa Health.

Peter overviewed the Private Hospitals Accreditation, changes to Aged Care Standards and the Quality Report contained in the Annual Report.

Peter also highlighted the Mission and Values which were developed through the year and the significance of all the staff and volunteers working towards the same goal.

Lastly, Peter acknowledged the Royal Commission and that Euroa Health look forward to the outcome and recommendations and the commitment of the Board in the 2019/20 financial year to develop a new strategic plan.

PRESENTATION OF FINANCIAL STATEMENTS

Sarah Treloar presented the financial statements for Euroa Health for the year 2018/19

MOTION: That the Financial Statements and Chairman and CEO report be accepted.

Moved: J Perry Seconded: G Ward Carried

APPOINTMENT OF AUDITORS

It was the recommendation of the Board to this meeting that the current auditors Accounting and Audit Solutions Bendigo be reappointed as Auditors of Euroa Health Inc.

MOTION: That Accounting and Audit Solutions Bendigo be reappointed as the external auditors for Euroa Health for the 2019/2020 year.

Moved; S Treloar Seconded: P Halliday Carried

MODEL RULES

Paul Halliday on behalf of the Board of Management provided an overview of Model Rules of Euroa Health Inc which had been amended to comply with legislation. There are 16 rules and 13 remain unchanged.

MOTION: Recommendation of the Board to accept the amended Model Rules

Moved: P Halliday Seconded: M Bell Carried

REAPPOINTMENT OF BOARD MEMBERS

The Chair announced that:

Two positions were declared vacant— J Shovelton and D McKinlay

Two nominations were received - G Ward and M Bell

MOTION: Being that there were no other nominations and no objections G. Ward and M Bell should be re-elected

Moved: J Perry Seconded: S Treloar Carried

INTRODUCTION OF OUR NEW CHIEF EXECUTIVE OFFICER – MS CHERREE HUNTER

The Chair introduced Cherree Hunter as our new CEO to commence on 11th December 2019. Cherree is a rural resident has held many leadership positions in Health Service and previously oversaw 500 staff with a budget of \$20 million.

PRESENTATION OF STAFF SERVICE CERTIFICATES

Peter McGregor (Interim CEO) and Janet Shankland (Aged Care Manager/Acting DON) presented service certificates to Thelma Goodwin (20 years), Leanne Zuydam (10 years), Lee Blakeman (5 years), Troy Follett (5 years), Hayley Gunther (5 years) and David McKay (5 years) in recognition of their loyal service to Euroa Health Inc.

The following staff who were not present at the Annual General Meeting received the following service certificates: Vicki Boyd (10 years), Nicole McNair (10 years), Marree Pritchard (10 years), Kristine Byrnes (5 years), Tracy Kent (5 years) in recognition of their loyal service to Euroa Health Inc.

MEETING CLOSE

Jim Perry thanked everyone for their attendance and closed the meeting.

Meeting declared closed at 3.10pm



Dated 6/12/2019

JAMES PERRY - CHAIRMAN



Financial Statements for the year ending 30th June 2020

EUROA HEALTH INC.
BOARD OF DIRECTORS REPORT

Your Board of Management present the financial report of Euroa Health Inc. for the financial year ending 30 June 2020.

BOARD OF DIRECTORS

The names of Board Members throughout the year and at the date of the report are:

Michael Bell - Chairperson	Sarah Treloar - Deputy Chairperson
Caroline Keenan	Georgia Ward
James Perry	Catriona King (commenced April 2020)
Pip Murray (commenced November 2019)	James Shovelton (ceased November 2019)
Paul Halliday (resigned April 2020)	Dianne McKinlay (resigned October 2019)

PRINCIPAL ACTIVITIES

The principal activities of the Association during the financial year were:

“Provision of professional high quality care to residents of our Accredited Residential Aged Care Facility and to patients in our Acute Facility.”

SIGNIFICANT CHANGE IN OPERATIONS

On 11 March 2020, the World Health Organisation (WHO) declared the Coronavirus Disease (COVID-19) a pandemic. Following the declaration, the Australian Government enforced bans on all non-essential travel and various levels of community lockdowns and forced closures throughout specific economic sectors, with the heaviest of these restrictions commencing on 25 March 2020. The financial market reactions and community lockdowns are expected to have significant economic and social consequences which will directly affect both the current and future operations as well as current and future financial results of the Association.

At the date of this report, the Board are aware of the financial impact the COVID-19 Pandemic has had on the reported financial position and performance of the Association for the year ended 30 June 2020. The Board is wholly of the opinion that the Association will continue as a going concern. The rapid and ongoing nature of the changing economic and social conditions due to the COVID-19 pandemic makes the measurement of their impact impossible to determine and report.

No other significant change in the nature of these activities occurred during the year.

OPERATING RESULT

	2020	2019
	\$	\$
Total Comprehensive Income for the year.	493,475	774,827

COMMITTEE OF MANAGEMENT BENEFITS

Since the end of the previous financial year, no Board Member has received or become entitled to receive a benefit other than :

- (a) a benefit, if any, included in the aggregate amount of emoluments received or due and receivable by board Members shown in the accounts; or
- (b) the fixed salary of a full time employee of the entity of a related corporation

by reason of a contract by the entity or a related corporation with the Board Member or with a firm that has a substantial financial interest.

Signed on behalf of the Board of Directors


.....
BOARD MEMBER


.....
BOARD MEMBER

EUROA HEALTH INC.
STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME
FOR THE YEAR ENDED 30 JUNE 2020

	Note	2020	2019
		\$	\$
Revenue from Operating Activities	(2)	9,093,868	8,356,665
Revenue from Non-Operating Activities	(2)	412,754	531,575
Employee Expenses	(3)	(6,350,279)	(5,872,462)
Depreciation & Amortisation	(4)	(685,112)	(668,737)
Impairment losses on Financial Assets	(5)	(233,609)	-
Other Expenses	(5)	(1,744,147)	(1,572,214)
Net Result for the Year		493,475	774,827
Other Comprehensive Income		-	-
Total Other Comprehensive Income		-	-
Total Comprehensive Income for the year		493,475	774,827
Total Comprehensive Income attributable to Members of the Entity		493,475	774,827

The above Statement should be read in conjunction with the Notes to the Accounts.

EUROA HEALTH INC.
STATEMENT OF FINANCIAL POSITION
AS AT 30 JUNE 2020

	Note	2020 \$	2019 \$
CURRENT ASSETS			
Cash & Cash Equivalents	(6)	9,030,049	9,243,598
Trade & Other Receivables	(7)	580,268	405,871
Inventories		29,118	35,083
Other Financial Assets	(8)	7,702,095	5,163,717
Prepayments		43,194	36,469
TOTAL CURRENT ASSETS		17,384,724	14,884,738
NON-CURRENT ASSETS			
Right of Use Assets	(9)	44,886	-
Property, Plant and Equipment	(10)	18,283,788	18,827,977
TOTAL NON-CURRENT ASSETS		18,328,674	18,827,977
TOTAL ASSETS		35,713,398	33,712,715
CURRENT LIABILITIES			
Trade & Other Payables	(11)	1,092,610	647,407
Employee Benefits	(12)	666,764	606,042
Other Liabilities	(13)	11,275,697	10,356,898
Interest Bearing Liabilities	(14)	10,943	-
TOTAL CURRENT LIABILITIES		13,046,014	11,610,347
NON CURRENT LIABILITIES			
Employee Benefits	(12)	205,351	169,056
Interest Bearing Liabilities	(14)	35,246	-
TOTAL NON CURRENT LIABILITIES		240,597	169,056
TOTAL LIABILITIES		13,286,611	11,779,403
NET ASSETS		22,426,787	21,933,312
EQUITY			
Asset Revaluation Reserve		574,003	574,003
Government Funding Reserve		39,271	36,846
Op Shop Surplus Reserve		268,223	268,223
Accommodation Bond Reserve		3,162,157	3,162,157
Retained Earnings		18,383,133	17,892,083
TOTAL EQUITY		22,426,787	21,933,312
Contingent Liabilities & Contingent Assets	(15)		
Commitments for Expenditure	(16)		

The above Statement should be read in conjunction with the Notes to the Accounts.

EUROA HEALTH INC.
STATEMENT OF CHANGES IN EQUITY
FOR THE YEAR ENDED 30 JUNE 2020

	Retained Earnings \$	Asset Revaluation Reserve \$	Government Funding Reserve \$	Op Shop Surplus Reserve \$	Accommodation Bond Reserve \$	Total \$
Balance at 1 July 2018	17,264,858	574,003	29,202	128,265	3,162,157	21,158,485
Net Result for the Year	774,827	-	-	-	-	774,827
Total Other Comprehensive Income	-	-	-	-	-	-
Transfer to/(from) Reserves	(147,602)	-	7,644	139,958	-	-
Balance at 30 June 2019	17,892,083	574,003	36,846	268,223	3,162,157	21,933,312
Net Result for the Year	493,475	-	-	-	-	493,475
Total Other Comprehensive Income	-	-	-	-	-	-
Transfer to/(from) Reserves	(2,425)	-	2,425	-	-	-
Balance at 30 June 2020	18,383,133	574,003	39,271	268,223	3,162,157	22,426,787

The above Statement should be read in conjunction with the Notes to the Accounts.

**EUROA HEALTH INC.
STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED 30 JUNE 2020**

	Note	2020 \$	2019 \$
CASH FLOWS FROM OPERATING ACTIVITIES			
Operating Grants and Funding from Government		4,332,472	4,403,262
Receipts from Government - COVID-19		150,259	-
Receipts from Customers		4,699,664	4,370,966
Interest Received		292,381	385,719
Payments to Suppliers and Employees		(8,048,940)	(7,525,368)
GST Received From/(Paid to) ATO		112,757	40,609
		<hr/>	<hr/>
Net Cash Flows from/(used in) Operating Activities	(20)	1,538,593	1,675,188
CASH FLOWS FROM INVESTING ACTIVITIES			
Payment for Property, Plant and Equipment		(129,214)	(68,467)
Proceeds from Sale of Property, Plant and Equipment		-	21,952
Net Redemption/(Purchases) of Investments		(2,538,378)	2,271,758
		<hr/>	<hr/>
Net Cash Flows from/(used in) Investing Activities		(2,667,592)	2,225,243
CASH FLOWS FROM FINANCING ACTIVITIES			
Bonds/Refundable Deposits Received		2,857,014	3,359,000
Bonds/Refundable Deposits Paid		(1,914,674)	(1,946,722)
Increase/(Decrease) in Resident Trust Monies		(16,484)	6,466
Proceeds/(Repayment) of Borrowings		(10,406)	-
		<hr/>	<hr/>
Net Cash Flows from/(used in) Financing Activities		915,450	1,418,744
NET INCREASE/(DECREASE) IN CASH AND CASH EQUIVALENTS HELD			
		(213,549)	5,319,175
Cash and Cash Equivalents at Beginning of Period		9,243,598	3,924,423
		<hr/>	<hr/>
CASH AND CASH EQUIVALENTS AT END OF PERIOD	(19)	9,030,049	9,243,598

The above Statement should be read in conjunction with the Notes to the Accounts.

**EUROA HEALTH INC.
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2020**

1. STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES

The financial statements cover Euroa Health Inc. ("Euroa Health" or the Association) as an individual entity, incorporated and domiciled in Australia.

Basis of preparation

These general purpose financial statements have been prepared in accordance with the *Australian Charities and Not-for-profits Commission Act 2012* and Australian Accounting Standards and Interpretations of the Australian Accounting Standards Board. The Association is a not-for-profit entity for financial reporting purposes under Australian Accounting Standards. Material accounting policies adopted in preparation of these financial statements are presented below and have been consistently applied unless otherwise stated.

The financial statements, except for cash flow information, have been prepared on an accrual 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.

Where necessary, comparative figures have been reclassified to facilitate comparisons.

Accounting Policies

(a) Cash and Cash Equivalents

Cash and cash equivalents comprise cash on hand, deposits held at call with banks, other short-term highly liquid investments with original maturities of 3 months or less and bank overdrafts. Bank overdrafts are shown within borrowings in current liabilities in the Statement of Financial Position.

For the Statement of Cash Flows presentation purposes, cash and cash equivalents includes bank overdrafts.

(b) Receivables

Receivables and other debtors include amounts due from members as well as receivables from customers for goods sold in the ordinary course of business. Receivables expected to be collected within 12 months of the end of the reporting period are classified as current assets. All other receivables are classified as non-current assets.

Receivables are initially recognised at fair value and subsequently measured at amortised cost, using the effective interest rate method, less any provision for impairment.

(c) Inventories

Inventories are measured at the lower of cost and net realisable value.

(d) Financial Instruments

From 1 July 2018, the Association applies AASB 9 and classifies all of its financial assets based on the business model for managing the assets and the asset's contractual terms.

Categories of financial assets under AASB 9

Financial assets at amortised cost

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

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

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

The Association recognises the following assets in this category:

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

1. STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

(d) Financial Instruments (Continued)

Debt investments are measured at fair value through other comprehensive income 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 the Association to achieve its objective both by collecting the contractual cash flows and by selling the financial assets, and
- the assets' contractual terms give rise to cash flows that are solely payments of principal and interests.

Equity investments are measured at fair value through other comprehensive income if the assets are not held for trading and the Association has irrevocably elected at initial recognition to recognise in this category.

These assets are initially recognised at fair value with subsequent change in fair value in other comprehensive income.

Upon disposal of these debt instruments, any related balance in the fair value reserve is reclassified to profit or loss. However, upon disposal of these equity instruments, any related balance in fair value reserve is reclassified to retained earnings.

Financial assets at fair value through net result

Equity instruments that are held for trading as well as derivative instruments are classified as fair value through net result. Other financial assets are required to be measured at fair value through net result unless they are measured at amortised cost or fair value through other comprehensive income as explained above. However, as an exception to those rules above, the Association may, at initial recognition, irrevocably designate financial assets as measured at fair value through net result if doing so eliminates or significantly reduces a measurement or recognition inconsistency ('accounting mismatch') that would otherwise arise from measuring assets or liabilities or recognising the gains and losses on them on different bases.

The Association recognises listed equity securities as mandatorily measured at fair value through net result and designated all of its managed investment schemes as well as certain 5-year government bonds as fair value through net result.

Categories of financial assets previously under AASB 139

Loans and receivables and cash are financial instrument assets with fixed and determinable payments that are not quoted on an active market. These assets and liabilities are initially recognised at fair value plus any directly attributable transaction costs. Subsequent to initial measurement, loans and receivables are measured at amortised cost using the effective interest method (and for assets, less any impairment).

The Association recognises the following assets in this category:

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

Financial liabilities at amortised cost are initially recognised on the date they are originated.

They are initially measured at fair value plus any directly attributable transaction costs.

Subsequent to initial recognition, these financial instruments are measured at amortised cost with any difference between the initial recognised amount and the redemption value being recognised in profit and loss over the period of the interest bearing liability, using the effective interest rate method. The Association recognises the following liabilities in this category:

- payables (excluding statutory payables); and
- other liabilities

Derecognition of financial assets: A financial asset (or, where applicable, a part of a financial asset or part of a group of similar financial assets) is derecognised when the rights to receive cash flows from the asset have expired.

Derecognition of financial liabilities: A financial liability is derecognised when the obligation under the liability is discharged, cancelled or expires.

Impairment of financial assets

At the end of each reporting period, the Association assesses whether there is objective evidence that a financial asset or group of financial assets is impaired. All financial instrument assets, except those measured at fair value through profit or loss, are subject to annual review for impairment.

The allowance is the difference between the financial asset's carrying amount and the present value of estimated future cash flows, discounted at the effective interest rate. 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*.

1. STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

(e) Property, Plant and Equipment

Each class of property, plant and equipment is carried at cost or fair value as indicated less, where applicable, any accumulated depreciation and impairment losses.

In the event the carrying amount of plant and equipment is greater than the estimated recoverable amount, the carrying amount is written down to the estimated recoverable amount and impairment losses are recognised either in profit or loss or as a revaluation decrease if the impairment losses relate to a revalued asset. A formal assessment of recoverable amount is made when impairment indicators are present.

The cost of fixed assets constructed by the Association includes the cost of materials, direct labour, borrowing costs and an appropriate proportion of fixed and variable overheads.

Subsequent costs are included in the asset's carrying amount or recognised as a separate asset, as appropriate, only when it is probable that future economic benefits associated with the item will flow to the Association and the cost of the item can be measured reliably. All other repairs and maintenance are recognised in the profit or loss during the financial period in which they are incurred.

(f) Depreciation

The depreciable amount of all fixed assets, including buildings and capitalised lease assets, is depreciated on a straight-line basis over the asset's useful life commencing from the time the asset is available for use. Leasehold improvements are depreciated over the shorter of either the unexpired period of the lease or the estimated useful life of the improvements.

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

	2020	2019
Buildings	Up to 40 Years	Up to 40 Years
Plant & Equipment	Up to 20 Years	Up to 20 Years

(g) Impairment of Assets

At the end of each reporting period, the Association assesses whether there is any indication that an asset may be impaired. The assessment will consider both external and internal sources of information. If such an indication exists, an impairment test is carried out on the asset by comparing the recoverable amount of the asset, being the higher of the asset's fair value less cost of disposal and value-in-use, to the asset's carrying value. Any excess of the asset's carrying value over its recoverable amount is immediately recognised in profit or loss.

Where the future economic benefits of the asset are not primarily dependent upon the asset's ability to generate net cash inflows and when the Association would, if deprived of the asset, replace its remaining future economic benefits, value in use is determined as the depreciated replacement cost of an asset.

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

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

(h) Revaluations of Non-current Physical Assets

Non-Current physical assets measured at fair value are revalued with sufficient regularity to ensure that fair values do not differ materially from their carrying value. Revaluation increments or decrements arise from differences between an asset's carrying value and fair value.

Revaluation increments are credited directly to the asset revaluation reserve, except that, to the extent that an increment reverses a revaluation decrement in respect of that class of asset previously recognised as an expense in net result, the increment is recognised as revenue in the net result.

Revaluation decrements are recognised immediately as expenses in the net result, except that, to the extent that a credit balance exists in the asset revaluation reserve in respect of the same class of assets, they are debited directly to the asset revaluation reserve.

Revaluation increases and revaluation decreases relating to individual assets within an asset class are offset against one another within that class but are not offset in respect of assets in different classes.

Revaluation reserves are not transferred to accumulated funds on derecognition of the relevant asset.

1. STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

- (i) **Payables**
Payables represent the liability outstanding at the end of the reporting period for goods and services received by the Association during the reporting period that remain unpaid. The balance is recognised as a current liability with the amounts normally paid within 30 days of recognition of the liability.
- (j) **Provisions**
Provisions are recognised when the Association has a legal or constructive obligation, as a result of past events, for which it is probable that an outflow of economic benefits will result and that outflow can be reliably measured. Provisions recognised represent the best estimate of the amounts required to settle the obligation at the end of the reporting period.
- (k) **Goods & Services Tax**
Revenues, expenses and assets are recognised net of the amount of GST, except where the amount of GST incurred is not recoverable from the Australian Taxation Office (ATO).

Receivables and payables are stated inclusive of the amount of GST receivable or payable. The net amount of GST recoverable from, or payable to, the ATO is included with other receivables or payables in the Statement of Financial Position. Cash flows are represented on a gross basis. The GST components of cash flows arising from investing or financing activities which are recoverable from, or payable to, the ATO are presented as operating cash flows included in receipts from customers or payments to suppliers.

- (l) **Employee Benefits**
Short-term employee benefits
Provision is made for the Association's obligation for short-term employee benefits. Short-term employee benefits are benefits (other than termination benefits) that are expected to be settled wholly before 12 months after the end of the annual reporting period in which the employees render the related service, including wages and salaries. Short-term employee benefits are measured at the (undiscounted) amounts expected to be paid when the obligation is settled.

The Association's obligations for short-term employee benefits such as wages and salaries are recognised as a part of the current trade and other payables in the Statement of Financial Position.

Other long-term employee benefits
Provision is made for employees' annual leave entitlements not expected to be settled wholly before 12 months after the end of the annual reporting period in which the employees render the related service. Other long-term employee benefits are measured at the present value of the expected future payments to be made to employees. Expected future payments are measured at present value of the expected future payments to be made to employees. Expected future payments incorporate anticipated future wage and salary levels, durations of service and employee departures, and are discounted at rates determined by reference to end-of-reporting-period market yields or Government bonds that have maturity dates approximating the terms of the obligations. Any remeasurements of other long-term employee benefit obligations due to changes in assumptions are recognised in profit or loss in the periods in which the exchanges occur.

The Association's obligations for long-term employee benefits are presented as non-current provision in the Statement of Financial Position, except where the Association does not have an unconditional right to defer settlement for at least 12 months after the reporting date, in which case the obligations are present as current provisions.

On-Costs
Employee benefit on-costs, such as superannuation and workers compensation are recognised together with the provisions for employee benefits.

Superannuation
Contributions to contribution superannuation plans are expensed when incurred.

1. STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

- (m) **Income Recognition**
Revenue is recognised in accordance with AASB 15 *Revenue from Contracts with Customers* and AASB 1058: *Income for Not-for-Profit Entities*. Income is recognised as revenue to the extent it is earned. Unearned income at reporting date is reported as income received in advance. Amounts disclosed as revenue are, where applicable, net of returns, allowances and duties and taxes.

Government Grants
Grants are recognised as income when Euroa Health Inc gains control of the underlying assets. Where grants are reciprocal, revenue is recognised as performance occurs under the grant. Non-reciprocal grants are recognised as income when the grant is received or receivable. Conditional grants may be reciprocal or non-reciprocal depending on the terms of the grant.

Patient and Resident Fees
Patient and Resident fees are recognised as revenue at the time invoices are raised, except for private patient fees which are recognised as the service is provided (accrued) and then subsequently invoiced.

Donations and Bequests
Donation and bequests are recognised as revenue when received. If donations are for a special purpose, they may be appropriated to a reserve, such as a specific restricted purposes reserve.

Interest
Interest revenue is recognised on a proportional basis taking into account the interest rates applicable to the financial asset.

Other Income
Other income is recognised as revenue when the cash is received.

- (n) **Leases**
Under AASB 16 *Leases*, at inception of a contract, Euroa Health Inc assesses if the contract contains or is a lease. If there is a lease present, a right-of-use asset and a corresponding lease liability are recognised by Euroa Health Inc, where Euroa Health Inc is a lessee. However, all contracts that are classified as short-term (lease with remaining lease term of 12 months or less) and leases of low value (where the value of the underlying asset when new is less than \$10,000) are recognised as operating expenses on a straight-line basis over the term of the lease.

Initially, the lease liability is measured at the present value of the lease payments still to be paid at commencement date. The lease payments are discounted at the interest rate implicit in the lease. If this rate cannot be readily determined, Euroa Health Inc used the incremental borrowing rate.

Lease payments included in the measurement of the lease liability are as follows:

- fixed lease payments less any lease incentives;
- variable lease payments that depend on an index or rate, initially measured using the index or rate at the commencement date;
- the amount expected to be payable by the lessee under residual value guarantees;
- the exercise price of purchase options, if the lessee is reasonably certain to exercise the options;
- lease payments under extension options if the lessee is reasonably certain to exercise the options; and
- payments of penalties for terminating the lease, if the lease term reflects the exercise of an option to terminate the lease.

The right-of-use assets comprise the initial measurement of the corresponding lease liability as mentioned above, any lease payments made at or before the commencement date as well as any initial direct costs. The subsequent measurement of the right-of-use assets is at cost less accumulated depreciation and any impairment losses.

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 reflect that Euroa Health Inc anticipates to exercise a purchase option, the specific asset is depreciated over the useful life of the underlying asset.

1. STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES (Continued)**(o) New and Amended Accounting Policies Adopted by the Association****Initial Application of AASB 16**

The Association has adopted AASB 16: *Leases* retrospectively with the cumulative effect of initially applying AASB 16 recognised at 1 July 2019. In accordance with AASB 16, the comparatives for the 2019 reporting period have not been restated.

The Association has recognised a lease liability and right of use asset for all leases (with the exception of short-term and low value leases) previously recognised as operating leases under AASB 117: *Leases* where the Association is the lessee. The lease liabilities are measured at the present value of the remaining minimum lease payments. The Association's incremental borrowing rate at 1 July 2019 was used to discount these lease payment to present value.

The right of use assets were measured and recognised in the Statement of Financial Position, at 1 July 2019, by taking into consideration the lease liability, prepaid and accrued lease payments previously recognised as at 1 July 2019 related to the lease.

The following practical expedients have been used by the Association in applying AASB 16 for the first time:

- for a portfolio of leases that have reasonably similar characteristics, a single discount rate has been applied;
- leases that have remaining lease terms of less than 12 months as at 1 July 2019 have been accounting for in the same way as short-term leases;
- the use of hindsight to determine lease terms on contracts that have options to extend or terminate;
- applying AASB 16 to leases previously identified as leases under AASB 117: *Leases* and *Interpretation 4: Determining whether an arrangement contains a lease* without reassessing whether they are, or contain a lease at the date of initial application; and
- not applying AASB 16 to leases previously not identified as containing a lease under AASB 117: *Leases* and *Interpretation 4*.

There has been no reclassification to Property, Plant & Equipment, and no adjustments to opening retained earnings, as a result of initial application of AASB 16.

Initial Application of AASB 15 and AASB 1058

The Association has applied AASB 15: *Revenue from Contracts with Customers* and AASB 1058 *Income for Not-for-Profit Entities* using the cumulative effect method of initially applying AASB 15 and AASB 1058 as an adjustment to the opening balance of equity at 1 July 2019. Therefore, comparative information has not been restated and remains presented under AASB 118: *Revenue* and AASB 1004: *Contributions*.

The Association has elected to apply AASB 1058 retrospectively only to contracts that are not completed contracts at the date of initial application.

There has been no adjustments to retained earnings as a result of initial application of AASB 15 or AASB 1058.

2. REVENUE**Revenue from Operating Activities**

	2020 \$	2019 \$
Government funding/subsidies - operating	4,255,389	4,316,722
Government Grants - Other	256,316	249,888
Private Hospital Funding - COVID-19	100,259	-
Cash Flow Boost - COVID-19	50,000	-
Resident & Client Fees	3,971,125	3,396,776
Recoveries	61,973	37,834
Retentions Recouped	-	4,740
Meals	16,277	22,665
Op-Shop Sales	150,123	177,916
Other Revenue	171,206	150,124
Reversal of Bad & Doubtful debts	61,200	-
Revenue from Operating Activities	9,093,868	8,356,665

Revenue from Non-Operating Activities

Interest and Investment Income	272,857	360,593
Donations & Bequests	132,148	170,591
Member Subscriptions	7,749	5,422
Profit/(Loss) on Disposal of Property, Plant & Equipment	-	(5,031)
Revenue from Non-Operating Activities	412,754	531,575

TOTAL REVENUE

9,506,622	8,888,240
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3. EMPLOYEE EXPENSES

Salaries & Wages	4,498,919	5,200,980
Superannuation	517,277	461,471
WorkCover	186,131	176,457
Agency and Doctor Expenses	131,479	25,519
Staff Expenses	16,473	8,035

TOTAL EMPLOYEE EXPENSES

6,350,279	5,872,462
------------------	------------------

4. DEPRECIATION & AMORTISATION

Buildings & Improvements	453,820	447,928
Plant & Equipment	218,383	219,609
Leasehold Improvements Amortisation	1,200	1,200
Right of use Assets	11,709	-

TOTAL DEPRECIATION

685,112	668,737
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5. OPERATIONAL EXPENSES**Impairment Expense**

Managed Investments	233,609	-
Total Impairment Expenses	233,609	-

EUROA HEALTH INC.
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2020

	2020 \$	2019
5. OPERATIONAL EXPENSES (Continued)		
Administration Expenses		
Accounting & Legal	17,150	15,085
Audit Fees	16,023	15,859
Consultants	55,872	4,325
Fundraising	6,169	6,870
Subscriptions	88,766	64,765
Insurances	57,819	55,026
Total Administration Expenses	241,799	161,930
Direct Expenses		
Food & Catering	297,045	299,527
Op-Shop	21,735	35,824
Supplies & Consumables	174,208	172,134
Allied Health & Related Services	169,349	190,096
Other Expenses	262,771	199,909
Total Direct Expenses	925,108	897,490
Occupancy Expenses		
Laundry & Linen	72,281	58,314
Rates	1,489	1,106
Repairs & Maintenance	287,181	192,104
Utilities	216,289	261,270
Total Occupancy Expenses	577,240	512,794
TOTAL OPERATIONAL EXPENSES	1,744,147	1,572,214
6. CASH & CASH EQUIVALENTS		
Cash on Hand	2,172	3,020
Cash at Bank	9,027,877	9,240,578
TOTAL CASH & CASH EQUIVALENTS	9,030,049	9,243,598
Represented by:		
Monies in Trust - Resident Funds	26,780	43,264
Accommodation Bonds/Refundable Accommodation Deposits	3,546,822	5,149,917
Sub-total - refer Note 13	3,573,602	5,193,181
Operating Funds	5,456,447	4,050,417
	9,030,049	9,243,598
7. TRADE & OTHER RECEIVABLES		
Trade Receivables	477,428	344,184
Less Provision for Impairment	(55,616)	(116,816)
	421,812	227,368
GST Receivable from ATO	-	24,306
Accrued Income	158,456	154,197
TOTAL TRADE & OTHER RECEIVABLES	580,268	405,871

EUROA HEALTH INC.
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2020

	2020 \$	2019 \$
8. OTHER FINANCIAL ASSETS		
Managed Investments	7,702,095	5,163,717
TOTAL OTHER FINANCIAL ASSETS	7,702,095	5,163,717
represented by:		
Accommodation Bonds/Refundable Accommodation Deposits	7,702,095	5,163,717
TOTAL RIGHT OF USE ASSET	44,886	-
9. RIGHT OF USE ASSET		
Leased building	56,595	-
Less: Accumulated Depreciation	(11,709)	-
TOTAL RIGHT OF USE ASSET	44,886	-
Euroa Health's leases include a lease for Op-Shop premises. This lease has a remaining term of 46 months. The property lease contains the option to extend or terminate the lease of the building. This clause provides Euroa Health opportunities to manage leases to align with its strategies. The extension options or termination options which were probable to be exercised have been included in the calculation of the Right of Use Asset.		
No adjustments were made to comparative information or opening balances as a result of the initial adoption of AASB 16.		
Reconciliation of the carrying amounts of Right of Use Assets at the beginning and end of the current financial year is set out below:		
	2020 \$	2019 \$
Balance at 1 July	-	-
Plus Initial Recognition of AASB 16 - Building Lease	56,595	-
Less Depreciation - Right of Use Assets	(11,709)	-
Balance at 30 June	44,886	-
10. PROPERTY, PLANT & EQUIPMENT AND LEASED ASSETS		
Land at Fair Value	1,265,000	1,265,000
Buildings Improvements at Fair Value	17,307,854	17,305,729
less Accumulated Depreciation	(901,748)	(447,928)
	16,406,106	16,857,801
Plant & Equipment	3,384,347	3,265,712
less Accumulated Depreciation	(2,783,635)	(2,565,252)
	600,712	700,460
Leasehold Improvements	5,998	5,998
less Accumulated Amortisation	(2,482)	(1,282)
	3,516	4,716
Work in Progress	8,454	-
TOTAL PROPERTY, PLANT & EQUIPMENT AND LEASED ASSETS	18,283,788	18,827,977
Land and Buildings are valued at Fair Value. The valuation which conformed to Australian Valuation Standards, was determined by reference to the amounts for which assets could be exchanged between knowledgeable willing parties in an arm's length transaction. The valuation was based on independent assessments by Preston Rowe Paterson , registered property valuers of Shepparton, Victoria, at 30 June 2018. The Amaroo building (the former aged care building) was valued by Directors independently, at the same time.		

EUROA HEALTH INC.
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2020

10. PROPERTY, PLANT AND EQUIPMENT (Continued)

Reconciliation of carrying values of all asset classes at the beginning and end of the current and prior financial years is set out below.

	Land	Buildings	Plant & Equipment	Leasehold Improvements	Work in Progress	Total
	\$	\$	\$	\$	\$	\$
Carrying Amount at 1/07/2018	1,265,000	17,305,729	878,585	5,916	-	19,455,230
Additions	-	-	68,467	-	-	68,467
Revaluation Increment/(Decrement)	-	-	-	-	-	-
Impairment Expense	-	-	-	-	-	-
Disposals	-	-	(26,983)	-	-	(26,983)
Depreciation /Amortisation	-	(447,928)	(219,609)	(1,200)	-	(668,737)
Carrying amount at 30/06/2019	1,265,000	16,857,801	700,460	4,716	-	18,827,977
Additions	-	2,125	118,635	-	8,454	129,214
Revaluation Increment/(Decrement)	-	-	-	-	-	-
Impairment Expense	-	-	-	-	-	-
Disposals	-	-	-	-	-	-
Depreciation Expense	-	(453,820)	(218,383)	(1,200)	-	(673,403)
Carrying amount at 30/06/2020	1,265,000	16,406,106	600,712	3,516	8,454	18,283,788

EUROA HEALTH INC.
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2020

11. TRADE & OTHER PAYABLES

	2020	2019
	\$	\$
Trade Creditors	85,258	151,090
Amounts Payable to ATO	187,233	59,247
Accruals	241,804	437,070
Recallable Grants	578,315	-
TOTAL TRADE & OTHER PAYABLES	1,092,610	647,407

12. EMPLOYEE BENEFITS

	2020	2019
Current		
Annual Leave - <i>at present value</i>	402,542	358,873
Long Service Leave - <i>at nominal value</i>	245,180	239,214
Rostered Days Off	19,042	7,955
	666,764	606,042
Non Current		
Long Service Leave - <i>at nominal value</i>	205,351	169,056
TOTAL EMPLOYEE BENEFITS	872,115	775,098

13. OTHER LIABILITIES

	2020	2019
Current		
Monies Held In Trust		
Resident's Funds	26,780	43,264
Accommodation Bonds/Refundable Accommodation Deposits	11,248,917	10,313,634
TOTAL OTHER LIABILITIES	11,275,697	10,356,898

Represented by:

	2020	2019
Cash at Bank	3,573,602	5,193,181
Other Financial Assets	7,702,095	5,163,717
	11,275,697	10,356,898

Reconciliation : Accommodation Bonds/Refundable Accommodation Deposits

	2020	2019
Balance at 1 July	10,313,634	8,914,532
New Bonds/Deposits Received	2,857,014	3,359,000
Bonds/Deposits Refunded	(1,914,674)	(1,946,722)
Retentions from Bonds	(7,057)	(4,740)
Other Fees/Charges Deducted	-	(8,436)
Balance at 30 June	11,248,917	10,313,634

14. INTEREST BEARING LIABILITIES

	2020	2019
Current		
Leases - Right of Use Asset	10,943	-
Non Current		
Leases - Right of Use Asset	35,246	-
TOTAL INTEREST BEARING LIABILITIES	46,189	-

**EUROA HEALTH INC.
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2020**

15. CONTINGENT LIABILITIES & CONTINGENT ASSETS

The Association has a contingent liability regarding the grant funding provided from the Department of Health for the new residential aged care facility. Should the Association cease to provide residential aged care at Granite Hill, or transfer ownership or effective control of the property or demolish the building, within 20 years of the project completion date, the Association may be required to repay all, or part, of the grant. The project was completed during the 2017 financial year.

The Directors were not aware of any other contingent liabilities as at 30 June 2020.

The Directors were not aware of any contingent assets as at 30 June 2020.

16. COMMITMENTS FOR EXPENDITURE

	2020	2019
	\$	\$
a) Operating Lease Commitments		
Payable - minimum lease payments (inc GST)		
- Not later than one year	3,904	24,036
- Later than 1 year but not less than 5 years	10,411	17,567
	14,315	41,603

b) Other Operating Commitments

There were no operating commitments at 30 June 2020.

17. EVENTS OCCURRING AFTER BALANCE DATE

Since balance date, the state of affairs in Victoria resulting from the COVID-19 pandemic have become progressively worse, including a "total" lock down of both the Victorian capital of Melbourne and a return to Stage 3 restrictions, for the rest of the state. The effect of these events and measures cannot be determined.

No other matters or circumstances have arisen since the end of the financial year which significantly affected or may significantly affect the operations of the Association, the results of those operations, or the state of affairs of the Association in subsequent financial years.

18. RELATED PARTY TRANSACTIONS

a) Key Management Personnel

Any person(s) having responsibility and authority for planning, directing and controlling the activities of the Association, directly or indirectly, including the Board of Directors, is considered Key Management Personnel.

	2020	2019
	\$	\$
Key Management Personnel Compensation		
Total Remuneration	519,374	440,099
Total Number of executives	9	9

b) Other Related Parties

There were no related party transactions required to be disclosed for Euroa Health Inc. Board of Directors and Key Management Personnel in 2020 (2019: \$0).

**EUROA HEALTH INC.
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2020**

19. RECONCILIATION OF CASH

For the purpose of the Statement of Cash Flows, Cash and Cash Equivalents comprise the following at 30 June:

	2020	2019
	\$	\$
Cash & Cash Equivalents - Operational Funds (Refer Note 6)	9,030,049	9,243,598
	9,030,049	9,243,598

20. CASH FLOW INFORMATION

Net Result for the Year

493,475 774,827

Non- Cash Movements

Depreciation & Amortisation	685,112	668,737
Net (Gain)/Loss from Disposal of Non-Financial Physical Assets	-	5,031
Retentions and Other Fees/Charges withheld	(7,057)	(13,176)

Movements in Assets and Liabilities

(Increase)/decrease in Trade & Other Receivables	(174,397)	193,312
(Increase)/decrease in Inventories	5,965	11,601
(Increase)/decrease in Prepayments	(6,725)	(4,687)
Increase/(decrease) in Trade & Other Payables	445,203	57,047
Increase/(decrease) in Employee Benefits	97,017	(17,504)

NET CASH INFLOW/(OUTFLOW) FROM OPERATING ACTIVITIES

1,538,593 **1,675,188**

21. ASSOCIATION DETAILS

The principal place of business is:

36 Kennedy Street
Euroa Vic 3666

EUROA HEALTH INC.
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2020

22. FINANCIAL RISK MANAGEMENT

Financial Risk Management Objectives and Policies

Euroa Health Inc.'s principal financial instruments comprise of deposits with banks, managed investments and accounts receivable and payable.

The totals for each category of financial instruments, measured in accordance with AASB 9 as detailed in the accounting policies to these financial statements, are as follows:

	Note	2020 \$	2019 \$
Financial Assets - at amortised cost			
Cash & Cash Equivalents	(6)	9,030,049	9,243,598
Trade & Other Receivables	(7)	580,268	381,565
Other Financial Assets	(8)	7,702,095	5,163,717
Total Financial Assets		17,312,412	14,788,880
Financial Liabilities - at amortised cost			
Trade Creditors	(11)	85,258	151,090
Other Liabilities	(13)	11,275,697	10,356,898
Interest Bearing Liabilities	(14)	46,189	-
Total Financial Liabilities		11,360,955	10,507,988

Specific Financial Risk Exposures and Management

(a) Credit risk

Exposure to credit risk relating to financial assets arises from the potential non-performance by counterparties of contract obligations that could lead to a financial loss to Euroa Health Inc.

The Association does not have any material credit risk exposures.

Credit risk exposures

The maximum exposure to credit risk, by class of recognised financial assets at the end of the reporting period is equivalent to the carrying value and classification of those financial assets (net of any provisions) as presented in the Statement of Financial Position.

Trade and other receivables that are neither past due or impaired are considered to be of high credit quality.

The Association has no significant concentration of credit risk exposure to any single counterparty or group of counterparties.

EUROA HEALTH INC.
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2020

22. FINANCIAL RISK MANAGEMENT (Continued)

(b) Liquidity Risk

Liquidity risk arises from the possibility that Euroa Health Inc might encounter difficulty in settling its debts or otherwise meeting its obligations related to financial liabilities. Euroa Health Inc. manages this risk through the following mechanisms:

- preparing forward-looking cash flow analysis in relation to its operational, investing and financing activities; and
- only investing surplus cash with major financial institutions.

The table below discloses the contractual maturity analysis for Euroa Health Inc.'s financial liabilities.

Financial liability and financial assets maturity analysis

	Within 1 Year		1 to 5 Years		Over 5 Years		Total	
	2020 \$	2019 \$	2020 \$	2019 \$	2020 \$	2019 \$	2020 \$	2019 \$
Financial Liabilities due for payment								
Trade Creditors	85,258	151,090	-	-	-	-	85,258	151,090
Other Liabilities	1,576,780	1,593,264	9,698,917	8,763,634	-	-	11,275,697	10,356,898
Interest Bearing Liabilities	10,943	-	35,246	-	-	-	46,189	-
Total contractual outflows	1,672,981	1,744,354	9,734,163	8,763,634	-	-	11,407,144	10,507,988
Total expected outflows	1,672,981	1,744,354	9,734,163	8,763,634	-	-	11,407,144	10,507,988
Financial Assets - Cash flow realisable								
Cash & Cash Equivalents	9,030,049	9,243,598	-	-	-	-	9,030,049	9,243,598
Trade & Other Receivables	580,268	381,565	-	-	-	-	580,268	381,565
Other Financial Assets	7,702,095	5,163,717	-	-	-	-	7,702,095	5,163,717
Total anticipated inflows	17,312,412	14,788,880	-	-	-	-	17,312,412	14,788,880
Net (outflow)/inflow on financial instruments	15,639,431	13,044,526	(9,734,163)	(8,763,634)	-	-	5,905,268	4,280,892

22. FINANCIAL RISK MANAGEMENT (Continued)

(c) Market Risk

(i) Interest rate risk

The financial assets of Euroa Health Inc are not exposed to any significant interest rate risk since cash balances are maintained at various fixed interest rates.

Interest rate risk refers to the risk that the value of a financial instrument or cash flows associated with the instrument will fluctuate due to changes in market interest rates. Interest rate risk arises from interest bearing financial assets and liabilities that are used.

The interest rate exposure on the debt portfolio is managed by appropriate budgeting strategies and by managing in accordance with target maturity profiles.

(ii) Price risk

Price risk relates to the risk that the fair value of future cash flows of a financial instrument will fluctuate because of changes in market prices.

Euroa Health Inc is exposed to price risks in relation to its 'Other Financial Assets'. This balance is represented by an investment with Perpetual Investment Wrap.

Euroa Health Inc is exposed to insignificant foreign currency risks.

Sensitivity analysis

The following table illustrates sensitivities to the Association's exposure to changes in interest rates. The table indicates the impact on how profit at the end of the reporting period would have been affected by changes in the relevant risk variable that management considers reasonably possible. These sensitivities assume that the movement in a particular variable is independent of other variables.

- A parallel shift of + 1% and -2% in market interest rates (AUD).

	Profit \$	Equity \$
Year ended 30 June 2020		
+1% in interest rates	90,300	90,300
-2% in interest rates	(180,601)	(180,601)

No sensitivity analysis has been performed on foreign exchange risk as the Association is not exposed to foreign currency fluctuations.

Net Fair Values

Fair value estimation

The fair values of financial assets and liabilities are presented in the following table and can be compared to their carrying values as presented in the Statement of Financial Position. Fair values are those amounts at which an asset could be exchanged, or a liability settled, between knowledgeable, willing parties in an arm's length transaction.

Differences between fair values and carrying values of financial instruments with fixed interest rates are due to the change in discount rates being applied by the market since their initial recognition by the Association. Most of these instruments which are carried at amortised cost (i.e. trade receivables, loan liabilities) are to be held until maturity and therefore the net fair value figures calculated bear little relevance to the Association.

Net Fair Value

	Carrying Amount 2020 \$	Fair Value 2020 \$	Carrying Amount 2019 \$	Fair Value 2019 \$
Financial Assets				
Cash & Cash Equivalents	9,030,049	9,030,049	9,243,598	9,243,598
Trade & Other Receivables	580,268	580,268	381,565	381,565
Other Financial Assets	7,702,095	7,702,095	5,163,717	5,163,717
Total Financial Assets	17,312,412	17,312,412	14,788,880	14,788,880
Financial Liabilities				
Trade Creditors	85,258	85,258	151,090	151,090
Other Liabilities	11,275,697	11,275,697	10,356,898	10,356,898
Interest Bearing Liabilities	46,189	46,189	-	-
Total Financial Liabilities	11,407,144	11,407,144	10,507,988	10,507,988

The Responsible Persons declare that in the Responsible Persons' opinion:

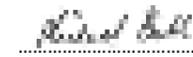
1. The financial statements and notes satisfy the requirements of the *Australian Charities and Not-for-profits Commission Act 2012* and:

(a) comply with Australian Accounting Standards; and

(b) give a true and fair view of the financial position of the registered entity as at 30 June 2020 and of its performance for the year ended on that date.

2. There are reasonable grounds to believe that the registered entity will be able to pay its debts as and when they become due and payable.

Signed in accordance with subsection 60.15(2) of the *Australian Charities and Not-for-profits Commission Regulation 2013*.


.....
DIRECTOR


.....
DIRECTOR

Dated this 28th day of October 2020.

I, _____, being a member of the Board of Euroa Health Inc. certify that:

a) I attended the annual general meeting of the Association held on

and

b) The annual financial statements for the year ended 30 June 2020 were submitted to the members of the

Association at the annual general meeting.

.....
DIRECTOR

.....
DIRECTOR

Dated this _____ day of _____ 2020.

Independent Audit Report to the Members of

EUROA HEALTH INC.



Unqualified Opinion

We have audited the accompanying financial report, being a general purpose financial report, of the Euroa Health Inc., which comprises the statement of financial position as at 30 June 2020, the statement of profit or loss and other comprehensive income, statement of changes in equity, statement of cash flows for the year then ended and notes comprising a summary of the significant accounting policies and other explanatory information, and the certification by members of the Board on the annual statements giving a true and fair view of the financial position of the Association.

In our opinion, the financial report of the Euroa Health Inc. has been prepared in accordance with the Div. 60 of the Australian Charities and Not-for-Profits Commission Act 2012, including:

- I. Giving a true and fair view of the Association's financial position as at 30 June 2020 and of its performance for the year ended on that date; and
- II. Complying with Australian Accounting Standards and Div. 60 of the Australian Charities and Not-for-Profits Commission regulation 2013.

Basis for Opinion

We conducted our audit in accordance with Australian Auditing Standards. Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Report section of our report. We are independent of the Association in accordance with the ethical requirements of the Accounting Professional Ethical Standards Board's APES 110: Code of Ethics for Professional Accountants (the code) that are relevant to our audit of the financial report in Australia. We have also fulfilled our other ethical responsibilities in accordance with the code.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for the opinion.

Information Other than the Financial Report and Auditor's Report Thereon

The Board of the Association is responsible for the other information. The other information comprises the information included in the Association's annual report for the year ended 30 June 2020, but does not include the financial report and our auditor's report thereon. Our opinion on the financial report does not cover the other information and accordingly we do not express any form of assurance conclusion thereon. In connection with our audit of the financial report, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial report, or our knowledge obtained in the audit or otherwise appears to be materially misstated. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report the fact. We have nothing to report in this regard.

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Responsibilities of the Board for the Financial Report

The Board of the Association are responsible for the preparation and fair presentation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards and the Australian Charities and Not-for-Profits Commission Act 2012, and for such internal control as the directors determine necessary to enable the preparation of a financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error.

In preparing the financial report, the Board is responsible for assessing the Association'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 the Board either intend to liquidate the Association or to cease operations, or have no realistic alternative but to do so.

Auditor's Responsibility

Our objectives 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 our opinion, reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with 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 Australian Auditing Standards, we exercise professional judgement and maintain professional scepticism throughout the audit. We 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 our 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 Association's internal controls.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures 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 Association's ability as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial report, or if disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Association to cease or continue as a going concern.

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- Evaluate the overall presentation, structure and content of the financial report, including the disclosures, and whether the financial report presents the underlying transactions and events in a manner that achieves fair presentation.

We 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 we identify during our audit.

ACCOUNTING AND AUDIT SOLUTIONS BENDIGO



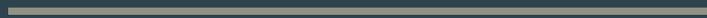
Catherine Cockell

Dated: 20th Day of October 2020

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Euroa Health