



Euroa Health

Our community

ANNUAL REPORT

2021-22





Euroa Health would like to acknowledge the Taungurung people of the Kulin nation, as the Traditional Custodians of the land on which we live and work, and we pay our respects to Elders past, present and emerging.

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Our cover page: Well-being dog Narni (who came to live at GraniteHill this year) with resident Doreen McMaster.
Inside front cover: Joe is our resident paper boy at GraniteHill.

Our Vision

Our Community, living well

Our Mission

To be the preferred provider for our community that delivers high quality individualised care and services



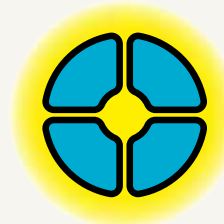
Safety

We value the physical and emotional wellbeing of ourselves and others. We continuously strive to improve on safety.



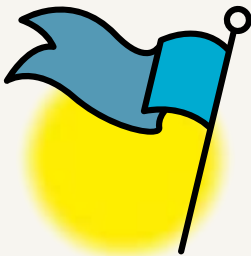
Kindness

We are compassionate. We are conscious of others' distress and actively try to alleviate it. We are considerate and welcoming.



Teamwork

We are united and all pitch in to achieve our goals. We deliver great outcomes for the users of our services and the community through the combined efforts of everyone



Respect

We value the rights, feelings and wishes of others. We are polite, professional and caring. We appreciate diversity and are inclusive and respectful always.



Trust

We act with integrity. We strive to consistently act in a manner that builds trust with our colleagues, consumers and our community

Our values and behaviours underpin and shape our culture as a health service.



Chair Report

The wonderful people at Euroa Health have once again done an incredible job. Having to work in the continuing COVID-19 environment with all of its restrictions. It has not been easy, and we sincerely thank everyone for their ongoing efforts and dedication.

The patience, resilience, and thoughtfulness of the residents of GraniteHill, their families and friends are also to be commended. Measures put into place to ensure their health, safety and wellbeing imposed visiting and activity restrictions, which impacted everyone to some extent. These were graciously accepted, and by working together the challenges were overcome.

Limited access to services such as our community gym has impacted on our members, and we sincerely thank them for their continued support and understanding.

This year it has been wonderful to once again be able to interact with each other and conduct our meetings in person, and move away from the virtual meeting environment that had dominated the previous 12 months.

A huge thank-you to all of the Board members (Catriona King, Chris Thomson, David Vaughan, Gerry Ginnivan, Lisa Reynoldson, Pip Murray and Simon Burke) who volunteer their time, and have all been available and willing to help whenever requested. On top of the 6 Board Meetings and 20+ Sub-committee meetings held annually, there were also a number of additional meetings called throughout the year to discuss some important and significant issues. We are very fortunate to have such a knowledgeable, committed and diverse group of Directors on the Board, and I thank them sincerely.

Special thanks to Catriona King (Deputy Chair; and Chair of the Innovations & Special Projects Sub-committee); Gerry Ginnivan (Chair of the Finance & Audit Subcommittee and also the Facilities & ICT Subcommittee); Pip Murray (Chair of the Quality & Risk Subcommittee); and to the outgoing Chair of Euroa Health, Michael Bell who resigned in November 2021 after his maximum allowable time of 9 years on the Board.

Thank you also to the staff and the volunteer community members who make a significant governance contribution to the work of the subcommittees - Rick O'Bree and Kathy Grigg (Finance & Audit); Paula McPherson, Janet Shankland and Nola Dudley (Quality & Risk); David McKay (Facilities & ICT); Melissa Seymour (Innovations & Special Projects), Jim & Sally Perry and Cherree Hunter, Grace Roob and Catie Hill who added critical value to them all.

The continuing leadership of Cherree Hunter has been an essential driver of the success of Euroa Health, and it is important to acknowledge her dedication, enthusiasm and proactive approach. Her forward thinking has created many opportunities as documented in the 2021-2025 Strategic Plan, with others materialising over the past 12 months.

Cherree and her team have continued to work closely with the local community and with neighboring Health services, to expand networks and to broaden the current and future scope of services that Euroa Health can provide.

None of this could be done without being compliant with regulations, and having a strong commitment to meeting the latest standards and policies. The leadership team and staff are to be commended in achieving an outstanding result in the recent audit and re-certification of GraniteHill.

As well as being supported by her committed leadership team and workforce, there is also an incredible team of volunteers who are dedicated to supporting Euroa Health.

Volunteers are critical to the ongoing operation and success of the organization. Thank you to all those who help contribute to the welfare and daily happiness of residents in GraniteHill, and the Day Activity Centre. Your dedication and commitment is highly valued and truly appreciated. A special thanks to Corrie and their team members at the Bowerbird Opportunity Shop. Their efforts result in significant funds being raised for equipment purchases, facilities, and other developments within Euroa Health.

Some other highlights of the past year include the re-opening of Radiology services, which have been both welcomed and embraced by the community. Special thanks to Melissa Seymour for leading this project and bringing it to a very successful fruition.

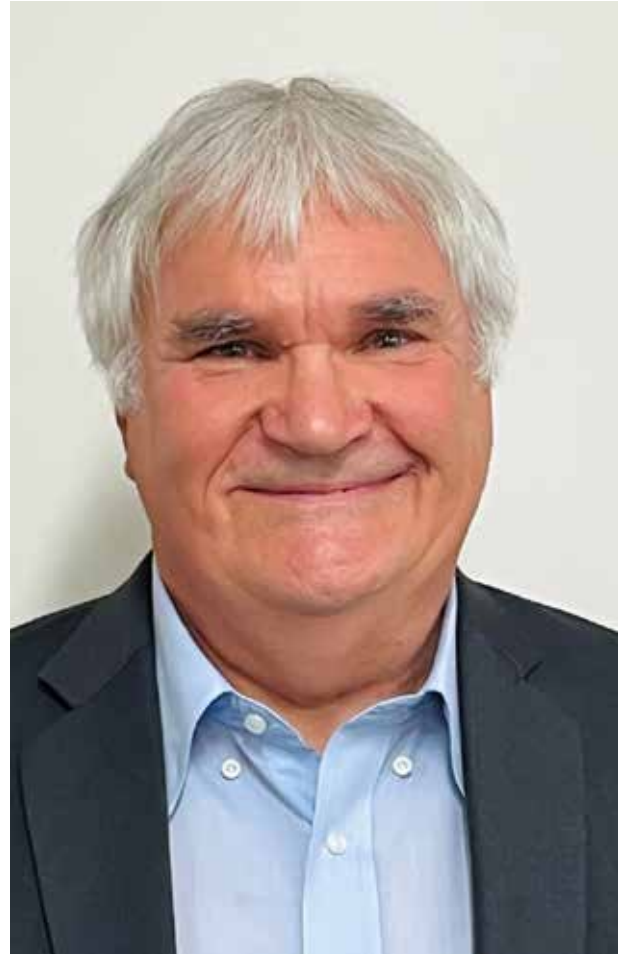
In the coming months, work will be completed on the refurbishment of the Gilburn building, creating 10 additional rooms with new on-suites, as a dedicated Memory Support Unit designed to suit the latest recommendations for residents with dementia. This will take the number of available rooms at GraniteHill to 85.

Our Urgent Care Centre has been extremely successful, and thanks to all of our local Doctors who have attended patients there. One celebrity patient did generate some excitement from the staff.

Also helping staff and residents to get through the restrictions was the incredible fresh food and pastries prepared daily by Peter Kumar and his team in the kitchen. Opportunities are being investigated to expand this offering, and a huge thank you to Peter and his team.

Sadly, during the year, we lost our workmate and friend Janet "Netta" Shankland, and she will be greatly missed.

Finally, thank you to Cherree, Catriona and our Director of Medical Services Dr Dean Pritchard for your commitment and support in preparation of information and attendance at meetings with the State Government. We were given the unique opportunity to present our case to the Department of Health for the provision of funding to support the ongoing activities of the Acute service at Euroa Health.



As with the previous year, the organisation had a good positive operating result, and we are in a solid financial position, however the pressure remains on the provision of hospital services.

On behalf of my fellow directors, I commend the report to you all, and thank you for your continued support of our local health service.

Linsey Siede
Board Chairman

Chief Executive Officer's Report

This year Euroa Health continued to be impacted by the coronavirus pandemic, however Euroa Health's agile response and commitment has served us well. There were several positive COVID-19 cases identified in the GraniteHill facility, and we worked in partnership with the Goulburn Valley Health Public Health Unit and the team from Euroa Medical Family Practice to manage each outbreak. We are pleased that we had no fatalities and limited transmission as a case appeared, as a result of excellent infection prevention practices by the team and visitors.

Simultaneous to the battle with COVID-19, Euroa Health continued to provide quality healthcare under our commitment to actioning improvement using a 'You Said We Did' philosophy of quality improvement.

I am pleased to highlight from this year the following achievements:

- ✓ In response to recurrent issues with medication management documentation, Euroa Health implemented the use of MedSig electronic medical management system to ensure medications are administered safely. The system ensures we always have access to the most up to date medication data. This improvement has brought significant benefits in our medication management system across the site, as evidenced by information in our Quality report.
- ✓ While developing the Euroa Health 2021-2025 Strategic Plan we heard the single most important health care service sought by the community was the reinstatement of Imaging Services in Euroa. We secured a Rural Infrastructure Grant to purchase the required X-ray equipment and Ultrasound machine. We commenced xray operations on 5th September 2022, and celebrated our 100th patient to the service in October. We look forward to establishing Ultrasound as part of our Imaging Service in late 2022.
- ✓ We were delighted to appoint Dr Dean Pritchard as the Director of Medical Services under a dual appointment with Seymour Health. Dean has nearly 20 years as a frontline emergency clinician and his clinical work fueled his decision to move into leadership. In more recent times, Dean has committed to contribute to improving Australian

healthcare equity. His role in improving clinical outcomes and supporting our visiting medical staff has seen major improvements in the service at Euroa Health.

- ✓ Euroa Health had undertaken analysis of the behaviour patterns of residents living in the Memory Support Unit and sought the expertise of Dementia Care Australia to undertake an environmental review. This review identified that the open plan building design of our current Memory Support Unit was hindering our ability to deliver Best Care. In response to this, a \$700k grant was sought and received for the refurbishment of our vacant Gilburn facility. Building works commenced in July 2022. Once completed a 10-bed unit will support the delivery of evidenced based dementia care in a home like environment, which we look forward to opening in early 2023.
- ✓ Following an extensive search, we found our long-awaited canine companion for the Residents of GraniteHill. The inclusion of Narni the 10-year-old Labrador Golden Retriever has put a smile on the faces of all she sees each day, and has become such an integral part of the team at Euroa Health. Evidence tells us that the loss and grief of many people entering aged care is further impacted by the loss of their pets. Narni plays a vital role in the health and wellness of residents and staff.
- ✓ Our commitment to improve workflow and processes resulted in the implementation of a number of ICT improvements. We implemented an electronic menu ordering and kitchen management system called Souped Up, this system has removed the paper-based ordering systems that were in place

and ensures that dietary needs, allergies and speech pathology requirements are embedded into the menu ordering process for each and every resident or patient. We also commenced utilisation of The CareApp to improve communication and sharing Resident experiences with staff and Resident families, this system has been vital during period of COVID closure to ensure that families are able to see what is going on within the facility. Finally, the DocuSign system was implemented to improve efficiencies in processing of payments, service agreements and contracts. This system has streamlined workflow and removed the need to print invoices resulting in significant reduction in printing costs and paper usage.

- ✓ GraniteHill Aged Care facility underwent full Accreditation review and secured a 3-year period of Accreditation. Under the Accreditation review we identified a number of areas that could be improved, and have developed an action plan in response.
- ✓ Euroa Health welcomed a number of new roles in the last year with the inclusion of a Wound Consultant to staff and for the first time at Euroa Health we welcomed Clinical Educators to support staff through education, training and development. A Radiographer also came onto the team to support the delivery of our radiology service.
- ✓ As the year came to a close it was identified that the viability of the Acute Hospital was at a precarious point with a significant operating loss projected for the 2022/2023 financial year. In depth analysis indicated the drop in patient admissions funded from Veteran Affairs and Private Health Insurance as being the driver for the result. It is worth noting that at this time the Strathbogie Shire is the only Local Government Area in Victoria without a publicly funded Health Service. The past 94 years Euroa Health has continually stepped up and delivered the required care for the community without State funding. The viability of the Acute Hospital Service as a result of this waning occupancy is a concern, and as a result Euroa Health are seeking support from the Department of Health to secure ongoing future funding.
- ✓ After a hiatus brought about by COVID-19, our

Community Service Hub was able to reopen and will continue to support people from the community to come together and reduce the effects associated with social isolation. In addition, the program has continued to be busy with our Allied Health Staff continuing to treat and support a large number of clients over the year.

- ✓ Today as I write this summary, we are currently in an active Code Brown, after the flooding over the region on the 14th of October. As a result, Euroa Health immediately lost 48% of the clinical workforce some due to their inability to travel to Euroa Health, due to road closures and for others flooding of their homes. I need to acknowledge the support provided by the community over the initial days of the event. We have an amazing community that assisted those remaining staff, to deliver care and emotional support to the residents and patients. Those staff remaining able to come to work did so with many working a large number of additional hours. I also want to acknowledge the Department of Health, supporting the coordination of nursing and care staff from across Metropolitan Hospitals, to assist in care provision. Nurses are a unique group that come together in times of hardship, the request for staff to support us resulted in 20 nursing staff arriving to the site to ensure safe care. Our heartfelt thanks to each and every one of you and to the health services that released their own workforces at times when they face their own challenges reaffirms what a wonderful profession, I am a part of.

Euroa Health in 2021 set out to commit to improve workplace culture. As a result in 2021, Euroa Health in conjunction with Safer Care Victoria was included in a formal research program to bring joy into the workplace. We recognise a positive staff culture is critical to ensure we deliver the best possible care. As a result of the project, we have made significant changes to the way in which we communicate with staff via management, staff huddles and The CareApp. We sought a new provider for the Employee Assistance program provider and I am delighted to say usage rates have increased allowing staff to receive the support they need. The inclusion of our therapy dog is also great for staff, staff recognition and rewards process have become part of the way we do business at Euroa Health. The early data from the

research is indicating a significant shift in the 'Joy at Work' as evidenced by data from staff survey, this data shows a 20% improvement in Euroa Health's results.

All of Euroa Health's achievements are not possible without the commitment and professionalism of the health service staff, along with the outstanding support of our team of Visiting Medical Officers and Allied Health professionals.

I am extremely proud of our dedicated staff and their achievements throughout the year. Working through the pandemic, sometimes in full personal protective equipment has been arduous. The staff of Euroa Health are to be congratulated and acknowledged for their resilience, dedication and capacity to cope with ongoing change and uncertainty.

The leadership shown by the Senior Management Team has been exemplary. I need to acknowledge and thank them for their commitment to the organisation, at times in a small leadership group tasks seem insurmountable however through great teamwork, dedication and a can-do attitude they continue to deliver great outcomes for the organisation.

Our committed volunteers are the heart and soul of our organisation, they work in many and varied ways from Board Subcommittees to on-site support in our community programs, involvement in resident's lifestyle programs at GraniteHill or at the Bowerbird Opportunity Shop. I would like to personally thank all volunteers for their support over the past year.

I would like to acknowledge our colleague and friend Janet (Netta) Shankland, Aged Care Manager of the GraniteHill facility who died unexpectedly in August this year. Netta worked tirelessly to deliver 'Best Care' for our Residents for the past 6 years. Netta's passing has left a lasting impact through her commitment to the organisation and we miss her quick wit and unrelenting ability to get the job done. Vale Netta.

To the volunteer Board members of Euroa Health, each and every one of you are a privilege to work alongside. The Board members commit hours each and every week to oversee the governance of the organisation. They provide a wide range of differing perspectives and knowledge, to ensure that the service continues to maintain its high standards and seeks to continuously strive for improvement.



Cherree Hunter
Chief Executive Officer



Our People

Board of Management

BOARD CHAIR, Linsey Siede

Linsey was born at the Euroa Bush Nursing Hospital, but has successfully lived and worked on three Continents.

Linsey has a degree in Engineering, and as Managing Director of Delphi Australia grew Sales to \$200 Million. He moved to Singapore as Director of Marketing, Planning, Technical and Communications for Delphi Asia Pacific where sales grew to \$2 Billion.

Finally, Linsey spent 10 years as Director of the Australian Government program "ASEA", helping more than 180 Australian Companies to improve their business sustainability through strategic growth and financial stability.



DEPUTY CHAIR, Catriona King

Catriona has had extensive experience in the agriculture, healthcare and biotechnology industries, in public and private sector organisations. She is a Graduate of the Australian Institute of Company Directors and has expertise in strategic leadership, corporate and clinical governance, financial management, risk management, program evaluation and organisational change.



Dr Philippa Murray

Pip has a vested interest in hospital and healthcare in Euroa and surrounding districts as a General Practitioner Obstetrician at Benalla Church Street Surgery and Benalla Health.

Pip's strong understanding of the Euroa Community adds to the role as a Board Member with her experience in healthcare policy, provision and has experienced working and training in many of Victoria's leading hospitals.

After completing all her education in Longwood and Euroa, Pip completed her studies at Monash University and is very happy to be back in Euroa.



Simon Burke

Simon is a practising commercial lawyer who recently moved to Euroa to live, having always had a family connection to the region. As a father of young children, Simon is interested in the provision of local health services to all generations in the community.



Gerry Ginnivan

Gerry grew up in Benalla as part of a farming family and then studied and worked in Melbourne. He graduated with a Bachelor of Business (Accounting) and then had a career focusing on the selection, improvement and implementation of new business processes and systems.



His consultancy business had a focus of ensuring that users in all types of industries could get the most out of their ongoing investment in IT and improve their processes.

Lisa Reynoldson

Lisa is a Registered Nurse and has worked in a variety of clinical and management positions across the public health sector, local government and aged care. She is currently working casually as a Registered Nurse.



Having worked in senior executive management roles in the health care sector for over 35 years, Lisa has been responsible for the operational and strategic management of service delivery across a range of disciplines.

Lisa thrives on challenges and is values driven. She is committed to making a difference to the health and wellbeing of individuals in local communities.

David Vaughan

A long involvement in farming, business and community roles has rewarded David with not only a long service history, but also deep connections and a sound understanding of rural life.



Overseeing strategic and financial performance as well as managing the very important interaction between employees and stakeholders, for more than 30 years are other valuable assets he brings to his board position.

A recently retired farmer after 32 years at Nathalia, David & his wife Sue have recently settled at Creightons Creek near Euroa, where he hopes to continue contributing to the community.

Chris Thomson

Chris has lived in Euroa and district all his life. He owns and operates Thomson's Home Furnishers in Euroa.

He has assisted many community groups over the years. His current roles include being the Euroa CFA Group Officer, a Euroa Cemetery Trust member and a Justice of the Peace.



Chris and Tracey operate a productive fine wool sheep property in Strathbogie.

Executive Team

CEO, Cherree Hunter

Cherree Hunter joined Euroa Health as Chief Executive Officer in December 2019. Cherree commenced her career three decades ago as a Registered Nurse. During her career Cherree has held numerous clinical and management roles across the care spectrum including acute, emergency, aged care and community services



Cherree holds post graduate qualifications including a Bachelor in Health Science, a Graduate Diploma in Gerontology, and a Masters Degree in Health Service Management. During the three years with Euroa Health she has worked hard to improve systems and addressed significant challenges in the management of COVID.

Cherree has a strong interest in working toward system improvement in care delivery aimed at working in partnership with residents, patients, and families.

Paula McPherson

Paula is Director of Nursing / Clinical Services Manager.

Paula 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 our team, Paula worked for large metropolitan health services for more than 17 years, starting as a newly graduated nurse, 10 years in Emergency, and working her way to 5 years as a Nurse Unit Manager of a Geriatric Evaluation and Management Unit.

David McKay

David McKay manages the Infrastructure and Facilities Services and is now in his eighth year working with Euroa Health.



David has many years of experience in engineering industries, positioning him with the key skills needed to manage the extensive facilities, essential services, programmed maintenance and authority regulations for the entire health service.

Melissa Seymour

Melissa joined Euroa Health in the new role of Innovation and Special Projects Manager, 18 months ago. In this time, her agile approach to work has enabled great progression with the implementation of many key actions of the 5-year Strategic Plan. Melissa's proudest moment



so far has been bringing X-Ray services back to Euroa, and making this community plea a reality. Melissa works closely with key leaders and their teams on system and process review, actioning innovative improvements to our work, responding to community need for new services, including NDIS respite accommodation which is now available in our Acute unit.

Melissa has family origins in Euroa, which strengthens her passion for this community.

Melissa's qualifications include a Bachelor of Health Sciences, and a Graduate Certificate in Public Relations.

Executive Team continued

Rick O'Bree

Rick is the Business Services Manager.

Rick was born in the Euroa Hospital in 1955 and has lived most of his life in Euroa. Rick is a CPA qualified accountant, who first worked for Euroa Health in 1987 and was responsible for the finances for nearly 9 years, followed by 8 years as Finance Manager at Benalla Health, and then 17 years in a tax and audit role with MMK Accounting in Euroa. Rick is not sure how he ended up back here last year as Business Services Manager after 25 years, but feels quite privileged to have the opportunity to work with the Euroa Health team and local community once again.



Other Key Leaders

Community Services Manager

Fiona Chamberlain commenced as the Community Services Manager in April, bringing her clinical skills as a Registered Nurse and vast knowledge of community services including, but not limited to Community nursing and associated support services. In her previous roles Fiona was responsible for client assessment for home/community support, and on-going care within the client's home.



Peter Kumar

Peter is the Executive Chef and is now in his fourth year with Euroa Health, and over 15 years in commercial hospitality.

Peter works closely with residents in the planning of menus to ensure some of the favourite dishes people enjoy are featured, as well as meeting the nutrition needs of residents and patients in the hospital'. Peter is supported by an experienced team in the kitchen, which makes his work all the more enjoyable.



HR Team

Sean Johnson (HR Manager)

Since moving to small business HR consulting in late 2017, Sean has continued to develop and maintain the People & Culture at his respective clients. Backed by a bachelor's degree in Human Resource Management, Sean was drawn to the rewarding nature of HR work within community based NFP organisations, such as Euroa Health.



With a passion for building strong and lasting cultures, talent acquisition, training & development, employee relations, strategy & leadership; Sean's HR philosophy is that small organisations are deserving of a high-quality HR function previously reserved for large scale companies only.

Olivia Lim (HR Consultant)

Olivia's passion for HR stems from her own time in the workforce and a desire to bridge the gap between employees and employers. Olivia holds an undergraduate and postgraduate degree in HR and utilises her knowledge and experience to enhance the wellbeing of all staff within an organisation - no matter how big or small.



Tanika Kline (HR Consultant)

Tanika joined MHR coming from a background in personal injury law. Having completed a Bachelor of Laws (Honours) and Commerce (Management), Tanika was interested in using her legal background to pursue a career in human resources. Tanika is passionate about working with a range of employees to ensure quality outcomes and support are achieved.



The MHR team have enjoyed meeting and working alongside the dedicated employees at Euroa Health in 2022 and look forward to continuing in 2023.

Director of Medical Services

Dean Pritchard

With almost 20 years of experience as a frontline clinician, I have developed clinical skills and a strong appreciation of the importance of our healthcare system. My clinical work in Emergency Medicine fuelled my decision to move into leadership at a department, organisation and professional level. Serving in ED leadership for eight years, I developed an understanding of process redesign and the importance of data analysis to target improvements.

As my time in leadership progressed, my curiosity for change management emerged, realising that sustainable change requires persistence and the alignment of perspectives. This curiosity led to further studies in Healthcare Administration at Latrobe University. This training affirmed my interest and developed my skills in system thinking, organisational psychology, negotiation and project management.

Over recent years, I have engaged more broadly in healthcare leadership to develop my skills and contribute to improving healthcare equity. My engagement as Director of Medical Services at Euroa Health in February this year specifically aligns with this goal. Small rural health services are crucial to the well-being and sustainability of rural towns. My role as Director of Medical Services is to strengthen our service and build our capability and connections to meet the needs of the Euroa community.

Dean Pritchard
Director of Medical Services



Credentialed Visiting Medical Officers

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

By undertaking this process in conjunction with Goulburn Valley Health, the doctors at Euroa Medical can admit patients to our Acute Hospital and provide care.

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.

Visiting Medical Officers:

- Dr Reva Elias
- Dr Reshma Syed Rafiullah
- Dr Sarah Zhao
- Dr Ambreen Nisar Ahmad

The Principle Practitioners from the Euroa Medical Family Practice are:



Dr Malcolm Altson



Dr Ching-Chih Jimmy Huang

External Corporate Support Services

Auditors:	AASB Accounting & Audit Solutions Bendigo
Solicitors:	Tehan George & Co, 35 Binney Street Euroa

Employee Service Recognition

2021 – 2022 Financial Year

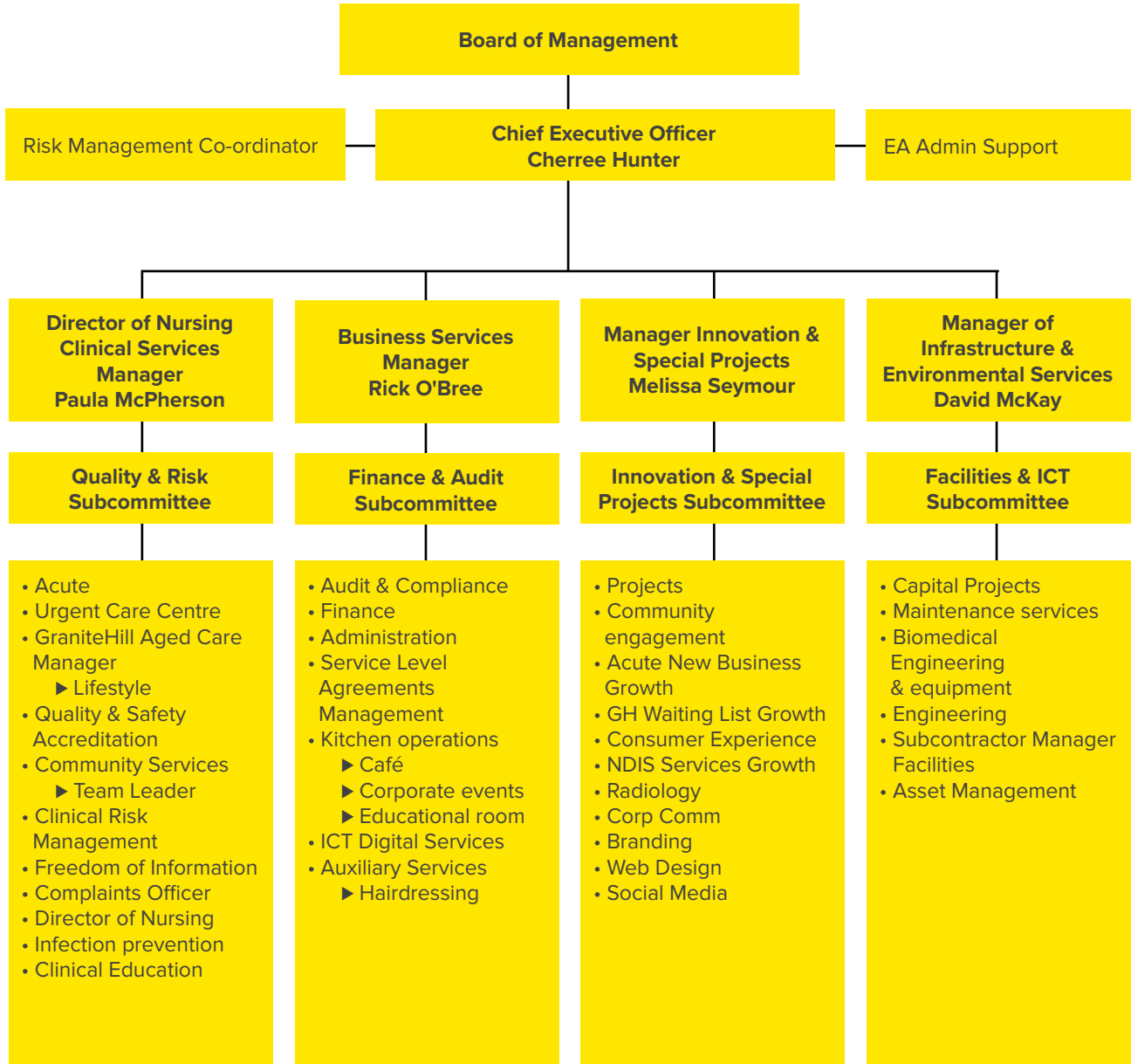
We celebrate the milestone years of loyal service and contribution to Euroa Health from the following employees:

- Susan Simonis - since (21/05/2012) - 10 years
- Christine Mackrell - since (11/04/2007) - 15 years
- Denise Anderson - since (26/08/2002) - 20 years
- Margaret Mills - since (05/08/1982) - 40 years

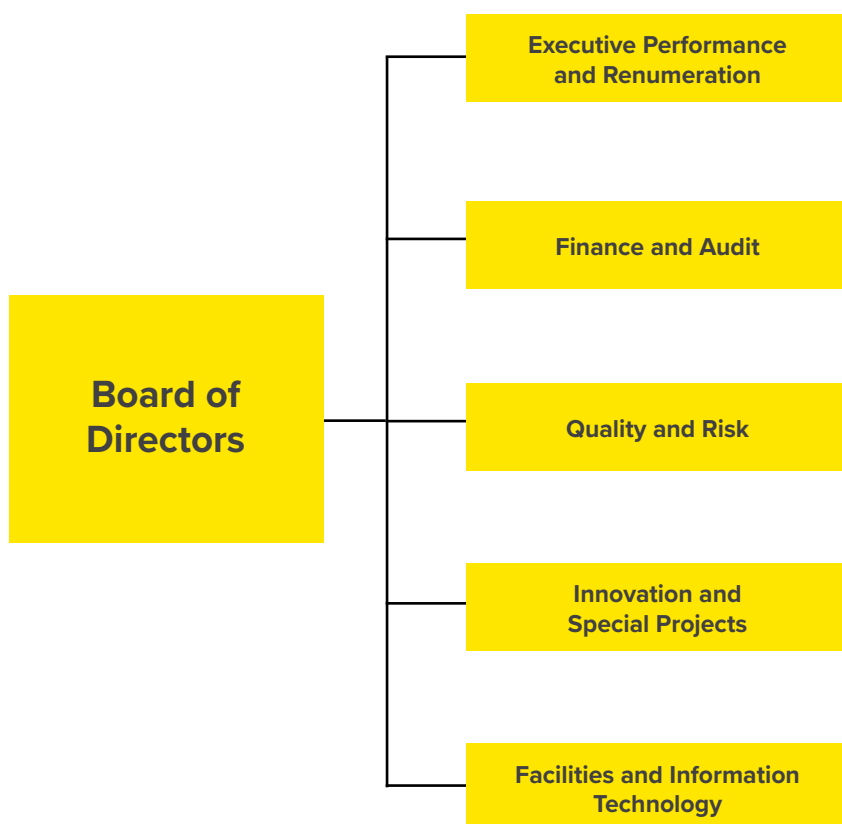
We acknowledge the following employees with over 20 years of loyal service:

- Michelle Mol - 21 years
- Thelma Goodwin - 23 years
- Frances Ireland - 24 years
- Jennifer Thompson - 34 years
- Marilyn Page - 42 years
- Suzanne Martin - 49 years

Organisational Chart



Board of Management Subcommittee Structure





Board of Management

Meeting Attendance 2021/22 List

Board	July 2021	September 2021	November 2021	January 2022	March 2022	May 2022	July 2022	September 2022
Linsey Siede (Board Chair)	Yes Board Member	Yes Board Member	Yes Board Member	Yes	Yes	Yes	Yes	Yes
Michael Bell (Former Chair)	Yes	Yes	Yes					
Catriona King	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Pip Murray	Yes	Yes	Apology	Yes	Yes	Apology	Yes	Apology
Gerry Ginnivan	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
David Vaughan (New Member)		Yes	Yes	Yes	Yes	Yes	Yes	Yes
Lisa Reynoldson (New Member)		Yes	Yes	Yes	Yes	Yes	Yes	Yes
Chris Thomson (New Member)		Yes	Yes	Yes	Apology	Yes	Yes	Yes
Simon Burke	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes



Corporate Governance

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 Action and 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.
- ▶ Management of Organisational Risk.

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

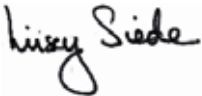
I, Cherree Hunter, certify that Euroa Health Inc has put in place appropriate internal controls and processes to ensure that reported data accurately reflects actual performance. Euroa Health Inc has critically reviewed these controls and processes during the year.



Cherree Hunter, Chief Executive Officer
November 2022

MINISTERIAL STANDING DIRECTION 5.1.4 FINANCIAL MANAGEMENT

I, Linsey Siede on behalf of the Responsible Body certify that Euroa Health Inc has complied with the applicable Standing Directions of the Assistant Treasurer under the Financial Management Act 1994 and instructions.



Linsey Siede, Board Chair
Responsible Officer, Euroa Health Inc

CONFLICT OF INTEREST

I, Cherree Hunter, certify that Euroa Health Inc has put in place appropriate internal controls and processes to ensure that it has complied with the requirements of Conflicts of Interest. Declaration of private interest forms have been completed by all executive staff within Euroa Health Inc and members of the Board, and all declared conflicts have been addressed and are being managed. Conflict of interest is a standard agenda item for declaration and documenting at each executive Board or Sub-Committee meeting.



Cherree Hunter, Chief Executive Officer
Accountable Officer at Euroa Health Inc

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

Maintaining Accreditation Standards For Better Health

PROGRAM STATUS	DETAILS	ACTIONS
<p>NATIONAL SAFETY AND QUALITY HEALTH SERVICES STANDARD</p> <p>Fully accredited until September 2023 (Euroa Hospital, Urgent Care Centre)</p> <p>✓</p>	<p>The Euroa Hospital has continued to be accredited under the ACHS standards which will expire in September 2023.</p> <p>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.</p>	<p>In 2021-2022 Euroa health undertook an independent audit focusing upon the systems and processes associated with a strong governance system. Recommendations were actioned including additional resources to manage risk for the organisation</p> <p>The service has been working to ensure we are prepared for the site accreditation review in May 2023. Preparedness desk top reviews have been undertaken throughout 2022.</p>
<p>AGED CARE QUALITY STANDARDS</p> <p>GraniteHill Aged Care facilities fully accredited until October 2024</p> <p>✓</p>	<p>In May 2022, GraniteHill undertook its full accreditation review, and achieved 3-year reaccreditation. As always, there were areas identified for improvement. The team are working diligently to implement additional improvements. The key areas of focus were:</p> <ul style="list-style-type: none"> • Wound Care Photography • Review of the use of MANAD Documentation System to further improve system integration 	<p>With improvements made from the implementation of MedSig electronic medication management, GraniteHill were able to showcase a marked improvement in medication management reducing error rates.</p> <p>Other improvements in 2021-22 included the inclusion of nursing educators into the clinical team. An admissions coordinator was also appointed to assist families and residents with the complex process of transitioning into care. We have welcomed Ms Melinda Brooks, a wound consultant onto the team to ensure we deliver evidence based wound care.</p>
<p>LICENSED FOOD PREMISES</p>	<p>EHI successfully complied with requirements in an external review of the Food Safety Plan in 2021.</p> <p>Strathbogie Shire Council licencing as a food premises was maintained.</p>	<p>Monitoring of compliance with the Food Safety Plan is ongoing.</p> <p>Food premises: Class 1 classification achieved.</p>
<p>AGED CARE QUALITY STANDARDS</p> <p>Community Services Program</p> <p>Aged Care Standards fully accredited until October 2021</p> <p>✓</p>	<p>In 2021 a self-assessment was undertaken to identify preparedness and showcase the achievements of the program. This self-assessment would be used to outline the work of the team and identify the level of consumer satisfaction.</p> <p>Over the 2021-22 the team have worked diligently in preparing its application for NDIS accreditation, to enable clients with a wider range of needs to be supplied by Euroa Health.</p>	<p>Our community programs were able to reopen for service provision during 2021-22. Waiting lists for our OT, PT and EP were supported to have their needs addressed. The E-tools system was implemented to ensure clients were adequately assessed using an evidence-based approach. Benchmarking against peer organisations continues to drive quality improvement activities.</p>

Acute Hospital Services

The Acute Service Team worked tirelessly to meet the challenges in relation to Covid 19, and have continued to care for patients and their loved ones whilst growing and developing services in 2021-2022.

In 2021-2022 the service saw 253 patients admitted and discharged with an average admission rate per month of 22 acute patients with an average length of stay of 21 days. Many of our local residents transferred into our care from Goulburn Valley Health (GVH). We also have a very close working relationship with the Euroa Medical Family Practice (EMFP) who provide the credentialled medical staff to support service delivery at EH. The service prides itself on meeting the acute needs of people from the Strathbogie Shire, and analysis of the 2021-2022 admission data identified care delivery to patients from as far afield as Mansfield, Shepparton, and Mooroopna.

The Ambulance Victoria Community Liaison Team have provided a fundamental link with patients living with chronic disease within the Strathbogie shire. The link between this team, Euroa Health and EMFP has resulted in many patients directly admitted to Euroa Health, allowing these patients with chronic illness, in particular those with respiratory disease, to have hospital interventions early and without the requirement of presenting to the Emergency Dept at GVH. This has resulted in fewer ambulance trips to GVH, a reduction in the length of stay for these patients, but also treatment in their local community hospital with the ongoing care provision by their local GP. Patient feedback indicates these individuals had a very positive experience reporting “they can receive the care they require locally and in a timely manner”. The Urgent Care Centre (UCC) has been a big focus over the last 12 months, beginning with the purchase of new equipment which included a patient trolley and patient monitoring equipment as a result of the fundraising efforts at the Cattle Sales back in May.

We have also been fortunate to welcome staff from the local Ambulance service providing ongoing education for the nursing staff on evidenced based acute triage and intervention. Education sessions have included management of snakebites, heat related illness, sepsis



and asthma. This relationship will continue as part of our education program and has become something that the staff value. To support ongoing education this year we have welcomed to the Euroa Health team, two Clinical Nurse Educators. Anita and Emily, both local nurses with significant education experience, work closely with care staff at the bedside, supporting new and current staff across the whole Euroa Health facility to build competency and capability. In the few short months that

they have been with us, they have already facilitated fire and emergency training, a wound management day and orientation of new staff. They have also engaged with local registered training organisations and supported clinical students to participate in placement hours at Euroa Health.

Euroa Health Acute Services is currently accredited under the Australian National Standards; the next accreditation review is scheduled for May 2023. The acute hospital staff and the Euroa Health Quality team are working diligently to ensure that the care at Euroa Health meets the requirements within all 8 standards. We are looking forward to showcasing the care that we provide to patients and their significant others during their acute care journey.

Paula McPherson
Clinical Services Manager/DON

SHANE JACOBSON

“Thankfully I got hurt regionally in Euroa”

I found myself standing at the door to the Urgent Care Centre at Euroa Health in Kennedy Street Euroa last month needing help with scrapes and cuts. My mind racing, will they even be able to help here, or am I going to be sent to Bendigo or Shepparton – or even Melbourne.

We had parked at the door with a truck and there wasn't any need to battle peak hour traffic or for a parking space and was placed on a bed straight away, seemed there was no 4 or 5 hour long wait in triage at Euroa Health – I did wonder if this was a dream.

Care staff were firm and fair about what I needed, and of course compassionate which we all know our health service staff have in abundance. Whilst I tried to stay cool and keep the injuries low key thinking “I just don't have time for this today”.

The local GP on call, Dr Jimmy Huang promptly arrived after being called upon to start stitching up my injuries. He gave me the medications required to take home from the supply held in the Hospital and I paid \$60.00 for the service.



I've called the hospital back to thank them for the service and I now understand that this Urgent Care Centre is a Bush Nursing Hospital which is one of only four left in the State. I want to shout from the roof tops how wonderful this facility is. I want to lend my voice to Euroa Health to help raise awareness and help the community realise what an asset you have in your town as it would be unimaginable and regrettable if the service was lost. I now often think as I travel throughout Australia, that I was lucky to be hurt in Euroa, and if only this was my local health service.

Euroa Health CEO, Cherree Hunter says “that the service provided to Shane is available to everyone that walks through the door of Euroa Health, this is not something special or done just for him because of who he is”. Anyone can walk into our Urgent Care Centre anytime, and if we are unable to assist, we will help with the transfer to get the help you need.

Euroa Health each year sells memberships that give you 50% off at Urgent Care.

Shane Jacobson
Australian Actor, Director, Entertainer and Writer

Aged Care in Review

GraniteHill the year in review

- 98% occupancy
- 880 days or 2.4 years average length of stay
- Average resident age 87 years young
- We welcomed 30 new residents
- Sadly said goodbye to 27 residents
- 12 Residents had a room change
- We played 152 games of bingo
- We held 208 bowls tournaments
- We sung Happy Birthday 79 times
- Resident "paper boy" Joe delivers 19 newspapers each day for fellow residents
- 24 happy hour sessions in GraniteHill since its introduction

The Aged Care Team faced another year focused on the ongoing management of the COVID pandemic, and transitioned to what has become known as "COVID normal". This saw 100% of staff and all consenting residents vaccinated for COVID-19.

Our families, staff, and visitors have become accustomed to wearing personal protective equipment (PPE). We experienced our first COVID positive cases for both staff and residents. Our staff soon became experts at the implementation of our outbreak protocols and Rapid Antigen Testing (RAT). The introduction of antiviral medications has been a positive step towards symptom treatment and management for residents should they become positive.

Over the year some wonderful staff joined the team and very sadly a few left us. None more significant than the loss of our Aged Care Manager, Netta Shankland. Netta leaves a significant legacy for the organisation and will be sadly missed by staff, residents and their families



alike. Netta was extremely passionate about the delivery of high quality evidenced based dementia care. We look forward to completion of the new 10 bed Memory Support Unit, using the principles that Netta so firmly believed in.

The Memory Support Unit is being built as a result of a \$700K Commonwealth grant to refurbish the vacant Gilburn building, due for completion in 2023. We have had the support of a working group of resident families and residents to make choices in furniture, paint colors and flooring. Dementia Australia have played a

significant role advising on the suitability of the layout and design.

Narni our wellbeing dog joined our team, to provide comfort and positive connection to the residents. Narni came to us as an outside dog, and has very quickly established herself as a much loved and always hungry inside dog.

Narni's routine most days includes assisting our resident Joe, who is up early to deliver the newspapers (see Joe pictured inside front cover). Followed by a star appearance at our staff huddle at 11am, bringing a smile to the faces of all staff. Her favourite part of the day includes laps of the resident's rooms, where she is always rewarded with extra treats.



In 2021-22 our Food Services team took over the management of our GraniteHill Café. We continue to enjoy the home cooked treats available to purchase 7 days per week. GraniteHill Café is always a hive of activity between great coffee and new menu items for staff to purchase.

The new faces of staff in the lifestyle team worked together to deliver a fun and innovative program. Our Lifestyle program operates 7 days a week which has been popular with residents. Craft and cooking went ahead, as did many games of bowls which are always so popular and a competitive activity in GraniteHill. 'Shot of the Day' was reintroduced at bowls and many residents enjoyed the satisfaction of taking away the title.





This year, the lifestyle team also ran a successful Christmas and Easter fundraising raffle, raising nearly \$1500. This enabled us to see a return visit from the wildlife show 'Wild Action', with many gorgeous furry visitors being held tightly for a cuddle. These funds also enabled a great afternoon of ferret racing, this brought about a lot of discussion on how ferrets were used by residents in their lifetime living on rural properties.

We must mention the weekend livestream of the Euroa Senior Football shown in GraniteHill. Our residents watched the action live and they even tuned into GVFL - Grand final of Euroa vs Echuca. It was wonderful to hear



a shout out to our residents by the commentators live. Our lifestyle team always ensured that the game shown had snacks and drinks on hand.

The implementation of the CareApp quickly overcame the issues with communication. This App assisted us with real time communication with residents, families, friends and our staff. It became incredibly valuable during COVID closures and keeping everyone up to date. Resident's families and loved ones love receiving an update or photo of what is happening in GraniteHill.

The GraniteHill facility also undertook its three-year accreditation review. The team did a magnificent job showcasing the site and the care delivered to our residents. The review proved to be successful and we were granted another 3 years accreditation.



We were provided fantastic feedback on ways to improve care in response to the accreditation review. We have instigated a number of workforce improvements including a Wound Consultant, a Clinical Educator, an Admissions Coordinator and Workforce Planner. These new roles will ensure rosters are filled to support staff and that education can be provided on site.

The Aged Care and Quality Team worked hard to improve audit results and this consistent focus resulted in significant improvement in the areas of wound care photography and end of life planning.

Over the year, the food services team did a great deal of work to ensure the menu exceeded expectations of residents. A menu planning group was created, comprising of residents, Executive Chef and Cook. This group oversees menu feedback, development, and sampling of new menu items.

Our commitment and investment to cook fresh meals onsite has been extremely positive, with staff enjoying the same menu as residents, it is a testament to the high quality of food produced in our kitchen.



Our capital spend this year focused on the replacement of beds in the facility and purchase of mobile chairs for very frail residents, this allows them to recline and access communal areas.

We also purchased new shower chairs, the Omi Vista interactive table projector that uses light and colour to stimulate physical, social and cognitive activity in people living with Dementia.



Janet “Netta” Shankland

Farewell to a dear friend to us all.

In August 2022, the Euroa Health community mourned the sad and unexpected loss of our friend, compassionate leader and valued employee, Netta Shankland, Aged Care Manager.

Netta commenced employment with Euroa Health in 2016 and drove daily from her home in Cobram to Euroa. Strong Scottish heritage and her career before Euroa Health stood Netta strong for the evolving changes to the Aged Care Industry and life at GraniteHill.



Netta oversaw the transition of our residents from the Euroaville and Amaroo buildings to the new GraniteHill facility, and provided support and understanding to not only our Residents but their loved ones.

We have all experienced having to ask Netta to repeat herself, with a strong Scottish accent and this become even more challenging when wearing face masks.

The adoption and arrival of Narni our Resident pet was certainly a highlight for Netta and her office quickly became Narni’s second home, always stocked with treats. This friendship quickly saw Narni rolling over on command and being able to sit quietly at Netta’s feet.

Staff signed a memorial book and took the opportunity to share their own memories and photos of Netta for her family as a keepsake.

A resident’s family provided the following reflection “I’m so shocked and sad at Netta’s passing. Mum has been

living in GraniteHill for almost 5 years now (Dad was there for 8 weeks). Netta was so integral to their lives, the ongoing support she gave, always so professional with a brilliant sense of humour. I’ll miss her very much. She was always so accessible to me which made me feel very comfortable about my parents’ care. I know you’ll have your own grief right now and I am thinking of you all.

A staff member wrote “Netta was an inspirational leader always putting her role before all else. She knew what was important and worked tirelessly to ensure she was able to achieve what she did. So many days Netta made me laugh, at times we shared tears. She knew what it was to deliver best care and focused on far more than the clinical outcomes. She was the cornerstone of Narni coming to live with us. Netta made sure fun was central to each day. I am devastated by her loss, but will celebrate her life and will always remember some of her unique sayings. Euroa Health without her RM Williams boots coming down the corridor will never be the same. Vale to a lovely lady, a great nurse and a compassionate and caring friend”

Staff and residents celebrated Netta’s life with various tributes including the planting of a rose bush in her honour, near the entrance of GraniteHill.



Community & Allied Health Services

Over the last twelve months, Euroa Health Social Support Group, Community and Allied health services were severely impacted by COVID. This was despite the efforts from Euroa Health's management and staff to provide a modified program.

A review of the service was undertaken and our mission was to employ a new Community Services Manager, to continue to work alongside Liz Bickerton (Physiotherapist) and Kelly Hill (Occupational Therapist) to create a program suitable for a diverse group of clients.

Registered Nurse, Fiona Chamberlain commenced as the Community Services Manager in April, bringing her vast knowledge of community services including, but not limited to Community nursing and associated support services. In her previous roles Fiona was responsible for client assessment for home/community support, and on-going care within the client's home.

Fiona is assisted by Pamela Walker, in the running of the social support group, three days per week, with a long-term plan to extend this program.

Fiona works closely with the monthly Men's Group and has successfully brought this group back together and they are enjoying exploring our local area.

Other additional new staff that have joined the community team, includes Exercise Physiologists, Alita White and Kristi Millott. Both provide sessions in the Euroa Health Gym and group activities in the Euroa community, and Benalla aquatic centre.



Highlights of the last 6 months.

- An open day was held in June, to welcome any interested persons from Euroa and surrounding areas to showcase our new activity space and Euroa Health's amazing food service. Fiona and her team welcomed, home care package managers, NDIS managers, potential new clients and key stakeholders, providing the opportunity to meet and greet the social support group staff.



- Euroa Health secured a grant to refurbish a section of the Amaroo building. This has since become the location of the Social Support Group.
- Implementation of a fully integrated computerised client system – e-tools for all consumer/client information. Once fully implemented this system will allow the services to become completely paperless.
- Established pathways between – Fiona our Community Services Manager and GraniteHill Admissions Coordinator Anne Jack, is providing a vital link between community services and GraniteHill. Meetings with key stakeholders in the community are planned to increase awareness and education on services available at Euroa Health.
- Process and systems review to ensure efficiency of the service and delivery model, is underway in preparation for NDIS accreditation.

Going forward, Euroa Health Community Services team, is seeking consumer input around what clients and their carers want as part of their service provision. Themes around, home maintenance, gardening and personal care have already been identified. We would like to break down the stigma of those living in the community, so they are not too proud to accept assistance. The overall aim is to assist people to remain living in their homes for as long and safely as possible, with the support of Euroa Health.



Quality of Care Report

Quality in a healthcare setting is guided by the Aged Care Quality Standards and National Safety and Quality Health Service Standards (NSQHS).

Quality in a healthcare setting is guided by the Aged Care Quality Standards and National Safety and Quality Health Service Standards (NSQHS).

GraniteHill residential Aged Care was visited by the assessment team from the Aged Care Quality Standards in April of this year. This was a 3-day visit and involved review of all 8 of the Aged Care standards.

GraniteHill has achieved re accreditation status for the next 3 years.

The role of meeting the standards is not limited to any single component of the workforce, it is what all staff set out to do every day in the delivery of care and services. By looking at all we do through the lens of continuous improvement our aim is to improve by reviewing data, consumer experience and benchmarking data to improve the services we deliver.

Aged Care Quality indicator data, is reviewed each month and includes unplanned weight loss, falls with and without injuries, pressure injuries, consumer feedback including complaints and suggestions, physical restraint and medication management. These are all captured using an incident reporting system that monitors feedback, and drives quality improvement. Senior Managers are engaged and responsive for daily actioning of all incidents.

This data, along with all other aspects of the care provided forms the base for the aged care quality improvement plan. This data is then benchmarked across other similar residential aged care facilities and is reported to The Aged Care and Quality Commission each quarter and forms part of the facilities star rating. The data is continuously monitored and presented at Quality and Risk Subcommittee for reporting as well as at The Euroa Health Board meetings. To ensure that Euroa Health has the perspective of the community within the Subcommittee, we have two community

representatives, Ms Nola Dudley and Ms Erica Mercer (resigned).

Acute Hospital Services indicator data has a similar focus but also includes patient outcomes, patient experience and patient safety. The process of continuous improvement cycle is the same as for aged care and is collected through the same incident reporting system. Reporting channels to the Quality and Risk sub committee, Euroa Health Board and other external agencies including Vic-NISS and Safer Care Victoria.

The Quality team also has the responsibility to review all policies and procedures along with ensuring that Euroa Health alters practice in line with legislative obligations both in Aged care and Acute care.

The Aged Care Royal Commission recommendations and changes to the Aged care Act saw the implementation of a new reporting system called the Serious Incident Reporting System (SIRS). This process that was implemented on April 1st, 2021, saw the implementation of a mandatory serious incident reporting system (SIRS) that requires aged care facility to report on the following eight categories.



1. Unreasonable use of force
2. Unlawful sexual contact
3. Psychological or emotional abuse
4. Unexpected death
5. Stealing or financial coercion by a member of staff
6. Neglect
7. Inappropriate physical or chemical restraint
8. Unexplained absence from care.

Euroa Health has reported a total of twelve SIRS reports in the last twelve months, all have been reported from the Memory Support Unit in relation to unreasonable use of force from resident to resident. There have been no reported SIRS incidents involving staff.

There have been other changes to the Aged Care Act including limitation of restrictive practise (such as restraint) and Behaviour support implementation. This has been a comprehensive piece of work that has been undertaken by the Quality and Aged care teams and continues to guide practise and care at GraniteHill.

Falls.

Prevention of falls, as is the case with all health services, is an ongoing and challenging risk. Every fall is reviewed, discussed and prevention strategies are considered. The Euroa Health falls committee is now in place, where serious falls are reviewed and trends discussed. This committee consists of clinicians from nursing and allied health disciplines. This committee is currently seeking a member of the community to join this vital team. Family and resident case conferences are held with residents that fall frequently, outlining the risks, prevention strategies and ongoing management, many things are considered including maintaining the resident’s dignity in relation to the risk of injury. We all appreciate that stopping an individual from walking will reduce falls, but we also must weigh up the impact that has on the resident’s quality of life.

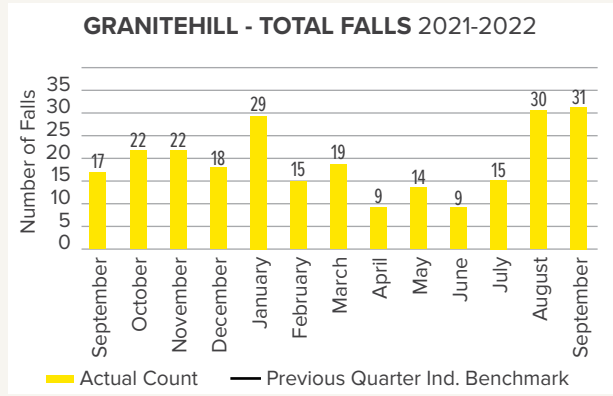


Table 1. Total Falls GraniteHill 2021-2022

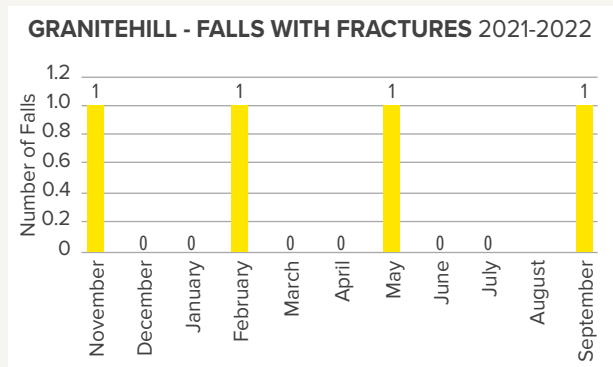
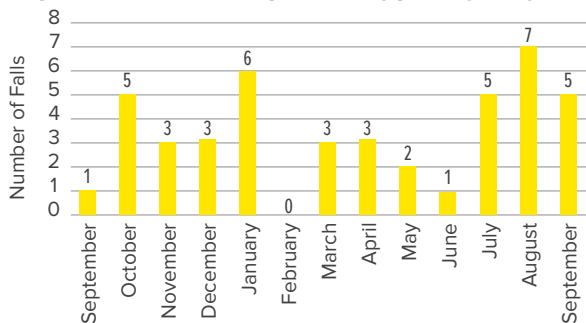
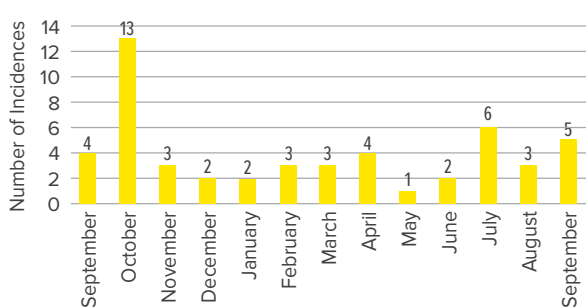


Table 2. Falls with Fracture GraniteHill 2021- 2022.

All falls with fracture injury are examined with an in-depth case review and presented to the Falls committee, Quality & Risk Subcommittee and the Euroa Health Board. Four residents in GraniteHill had falls resulting in fracture in the last twelve months.

GRANITEHILL - FALLS WITH INJURY 2021-2022**Table 3. Falls With Injury GraniteHill 2021-2022**

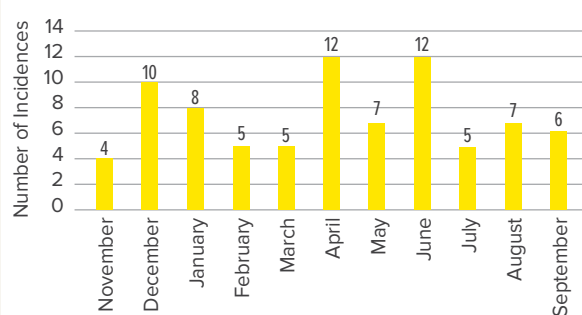
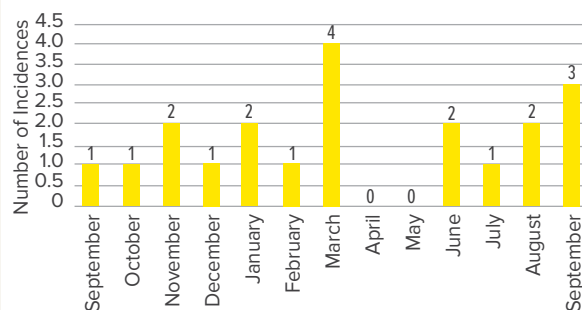
Falls with injury are also benchmarked against other residential aged care facilities and is defined as incidents where a resident has a fall and sustains any type of injury that requires treatment. This could be a skin tear, a bruise or a fracture or wound that requires intervention. Data indicates that GraniteHill results are well under industry benchmark.

ACUTE - TOTAL FALLS 2021-2022**Table 4. Acute Services Falls 2021-2022**

Falls in acute services remain low and a wide range of many prevention strategies are in place including the implementation of a consumer information book that educates patients and families around strategies to prevent falls while they are patients in acute services. Patient bedside journey boards have provided a visual remainder of patient mobility status including promoting use of their mobility aid. Allied Health support services include physio therapy assessment and occupational therapy reviews as required.

Medication Management

In August 2021 the electronic medication management system called Medsig was implemented. This system brought a streamlined model of medication management from prescribing at the bedside, to electronic transfer of information to pharmacy and medication administration by nursing and care staff. Transition from paper-based medication charts to an electronic system creates more legible medication charts, efficient delivery of medication to the health service from the pharmacy and the ability to track and review medications in real time. This has been embedded into the practise in both GraniteHill and Acute services model of care.

GRANITEHILL - MEDICATION INCIDENCES 2021-2022**Table 5. Medication Incidents GraniteHill 2021-2022****ACUTE - MEDICATION INCIDENCES 2021-2022****Table 6. Medication Incidents Acute Services 2021-2022**

Pressure injuries

Pressure injuries occur when residents or patients sit or lie for long periods of time. These wounds are stage rated from 1 to 4 depending on the severity of injury. Pressure injuries rates are reflected below for GraniteHill. Increased education and vigilance by care staff have resulted in a significant reduction in pressure injuries.

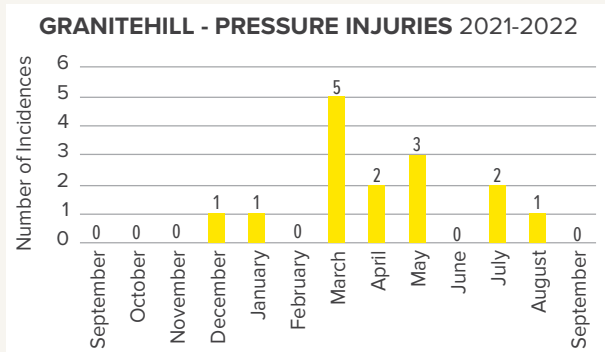


Table 7. Pressure Injuries GraniteHill 2021-2022.

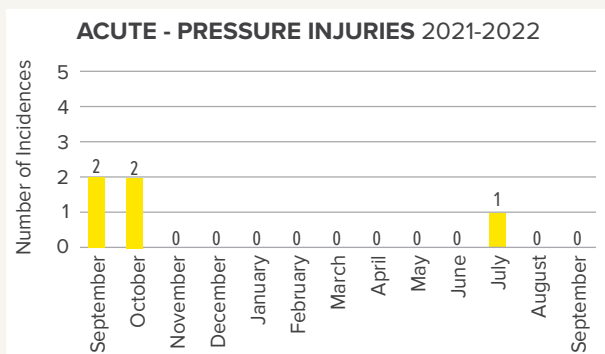


Table 8. Pressure area prevalence Acute Services 2021-2022

The prevalence of pressure injuries in Acute services remain low with a total of five pressure injuries for the whole twelve-month period.

Unplanned weight loss

The Euroa Health Quality Team and the Special Projects and Innovation Manager has led a significant project to implement an electronic food ordering system removing the manual paper-based system used historically.

The system called Souped Up creates a streamlined electronic system that starts at the ordering and flows through to the delivery of food at the bedside. It also has the ability to provide reports and real time feedback that will support an improved approach to menu planning and meal delivery. It takes the clinical information from the residents' clinical data and ensures that the food delivered is in line with the resident's individual needs.

Access to real time Speech Pathology has been challenging due to Covid 19 and regional availability of clinicians. Euroa Health has now been able to source the engagement of a virtual speech pathologist team. Virtual speech assessment, along with care and food services staff education, which includes hands on training in modified texture management provides residents and patients safe food delivery.

Unplanned weight loss is a reportable incident to the Aged Care Commission as part of the mandatory aged care quality indicators. Residents with a weight loss of five percent or more over period of three months or consecutive weight loss of any amount every month for three months is required to be reported to the Commission.

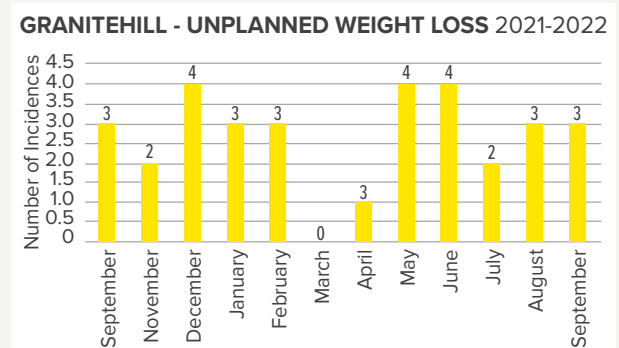


Table 9. Unplanned Weight loss GraniteHill 2021 – 2022

Consumer Feedback

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 2022. 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 into the future.

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

Memberships and Donations

A chance introduction from Palliative Care Victoria of Euroa Health to Kyla-Jane Rickard (Hunt) after each of us had made separate enquiries regarding a cuddle bed. Kyla-Jane had lost her Mum, Paula in 2010 from Bowel Cancer and had started a fundraiser which also raised a total of \$11,000.00 through the gofundme page by Christmas Eve 2019. Kyla-Jane wanted to recreate for others the precious intimacy they were so fortunate to have with her Mum at home where they were able to curl up close on her double bed to hold hands or simply watch television together in the lead up to her passing.

Fortunately for Euroa Health, Gold Coast University Hospital where the bed was intended to go advised that they were no longer able to house the brand-new bed and there were tears of joy when Euroa Health and Kyla-Jane realised that this purchase could become a reality for both her family and our Health Service. Euroa Health fundraising matched the amount to make the purchase.

Kyla-Jane says that her Mum would absolutely love the bed has found a home at a health care provider which had its beginnings as a Bush Nursing Hospital. Paula always had an affinity for history and high admiration for the people who worked hard to create change and provide for others - just like those nurses and doctors would have done under extreme conditions all those years ago. Paula is survived by her husband Keith Hunt daughter Kyla-Jane and husband Simon Rickard and their children Tarkyn and Jarrah.

Since our formation as a Bush Nursing Hospital in 1927, we continue to be recognised as a significant member of the Euroa and outlying communities as a health care provider. Euroa Health is dedicated to supporting everyone within Euroa and surrounding communities so that they may stay locally and not have to travel to receive care and we pride ourselves on delivering contemporary best practice care.

This cuddle bed has already been supporting patients and their families at Euroa Health and feedback from families who have used the bed said that it has given them immense comfort and the feedback from the nursing staff who used the bed has been incredibly positive.

This is Euroa Health's first cuddle bed and is one of only a very small number in the State of Victoria. This is a great outcome for a regional health care provider enabling Euroa Health to provide best practice care and hope that the families who sadly lose a loved one find comfort in the use of the cuddle bed. The bed can be used as a single or double bed depending on the patient and hospital's needs.

Due to many delays due to the COVID-19 pandemic the Euroa Health cuddle bed was officially opened on Thursday 21st April 2022.



People Services

HR commenced with Euroa Health in early May, joining a well-established and passionate team of individuals in the health and allied services sector.

Ensuring visibility and accessibility to employees was the priority for HR, considering the remote nature of our work. This was achieved by conducting weekly HR meetings with management, regular one-on-one phone calls with employees, and frequent posting via employee platforms. HR remain committed to attending on-site visits every 6 weeks.

Recruitment in a 'COVID normal' labour market proved fruitful as Euroa Health filled positions previously unattainable. Families relocated to regional areas and young trainees undertook formal education after observing the difficulties overcome by Aged Care facilities during the peak of the pandemic. Euroa Health employed Clinical Nurse Educators who provided the Acute and Aged Care departments with knowledge and training to allow employees to continuously upskill. A multitude of employees also undertook further education while they worked. Euroa Health also employed a radiographer, providing the community with an invaluable service.

Streamlining internal processes greatly contributed to the efficient operations of Euroa Health. Part of this streamlining pertained to Euroa Health's transition to cloud-based storage. We liaised with internal and external stakeholders to ascertain the most appropriate

ways we could support and recognise the tremendous efforts of our team. Our workforce continued to sustainably expand as a result of these efforts and a call to arms to ensure our residents and patients received the best care.

The staff and volunteers at Euroa Health are what drove our operations. It was through their demonstration of our values – Kindness, Respect, Safety, Teamwork, and Trust, that we were able to provide our community with honest and individualised care.



Achievements and Innovation

Euroa Health actively encourages feedback, suggestions, and complaints. While compliments are wonderful and very much appreciated by the staff, other feedback we receive drives changes, some examples of this includes;



CareApp was rolled out across the organization, providing families with a personalised window into the care and wellbeing of their loved ones. The App also provides an electronic noticeboard and chat function for all staff communications, critical during Covid and other emergency type events.

Euroa Health
Our community

New Website and branding for Euroa Health.



Membership QR code and electronic application form as a system improvement for new members to join

Social media communications plan to strategically engage with consumers reached 2K Facebook Euroa Health page likes, 8K post reach and 4.4K post engagements

Farmers market stalls, new way to engage with community.

Town Hall meetings held quarterly

Community Update in the Euroa Gazette to share information updates



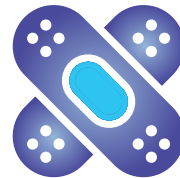
DocuSign system implemented to expedite approval processes, including accounts payable, new resident and employee agreements and organization wide for e-signatures.



Employment of Education Team



Virtual Speech pathologist



Wound consultant

Improved wound management process including charts, policies, education and products



X-Ray and Ultrasound equipment

purchased from State Government grant, we celebrated the X-ray service opening in September 2022. A major milestone for the community.



Naidoc Week 2022 the theme was “Get Up! Stand Up! Show Up! and we proudly unveiled acknowledgment plaques at both entrances of GraniteHill and our Acute Hospital

We worked with Taungurung Land and Waters Council to ensure that Euroa Health acknowledge and pay our respect to the traditional owners of the land where we live, work and gather.



We hosted a movie night at the Euroa Cinema for Staff and Community.

A social and educational opportunity, the movie 'Ruby's Choice' helped us understand undiagnosed Dementia in a relatable way, so that we can better support one another in community.

Fun Facts



7300 coffees kept the energy levels up



1825 milkshakes made for Residents and staff



730 bags of mixed lollies



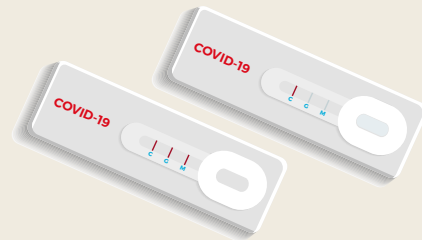
3650 homemade muffins sold fresh



Maintenance

634 maintenance tasks logged and achieved on Manad.

Maintenance spent around 271 hours mowing the grass, 156 of these using a push mower.



28,150 RAT test for staff annually

11,680 RAT tests for visitors annually

84,315 facemasks for staff annually

11,680 facemasks for visitors annually

Euroa Health Trainee Graduates



Pictured: Employees who studied the Certificate IV in Ageing Support in our Education Room at Euroa Health.

- Volunteer celebration to pay our thanks for their wonderful contribution at a high tea attended by 40 people
- Growing our own workforce is part of a bigger strategy, to support current industry needs and allows us to plan for future demands in Aged Care with the real advantage being that it is a way of creating new

job opportunities, education, and career pathways for anyone within our community. In 2022, 11 employees graduated with a Certificate IV in Ageing Support, one with a Certificate III in Business Management, one with a Certificate IV in Leisure and Health and an Apprentice Landscape Gardener.

Worker Wellbeing Project

Euroa Health is proud to be one of 20 health services across Victoria participating in a Safer Care Victoria initiative. Using the Joy in Work framework and the Institute for Healthcare Improvement (IHI) methodology for quality improvement, each team is testing their own change ideas to improve healthcare worker wellbeing.

What problem is this project addressing?	Primary Drivers
<p>A recent survey of 10K+ Australian healthcare workers (HCWs) highlighted the impact of the pandemic on healthcare worker wellbeing. Half of respondents reported burnout and anxiety, with a 1/3 reporting depression.</p> <p>Burnout is linked with lower-quality and less safe patient care. It can compromise the interactions HCWs have with patients and limit empathy—a crucial component of effective and person-centred care.</p> <p>Additionally, burnout may lead to high turnover, increased sick leave and early retirement. Given these adverse impacts on HCWs, patients and overall health system performance, there is an urgent need to tackle this issue and achieve sustainable improvements in HCW wellbeing. This includes working to move beyond reducing burnout to create systems that support and enable HCWs to thrive.</p>	<p>The Victorian Government established the Healthcare worker wellbeing centre as part of a \$9.8 million healthcare worker wellbeing package.</p> <p>Whilst the wellbeing of healthcare workers is not a new issue, the pandemic has provided a unique opportunity to achieve big and long-lasting improvement. Caring for those that care is paramount—we cannot give what we don't have.</p> <p>Euroa Health needs tools to enable an efficient and effective workplace. We need to make it easy for our staff to do their jobs, investing in this project provides tools and process improvements for staff to be valued and feel empowered through strong leadership and connected organisational culture.</p>
How might we develop and change?	What are we trying to accomplish (our aim)?
<ul style="list-style-type: none"> What matters to you Conversations. Senior Managers engage in meaningful conversations with staff to listen and learn. What matters in daily work? What helps make a good day? What gets in the way of a good day? With reflection and understanding, then working together with improvement science tools to address the things that get in the way of what matters. Executive teams are engaged with staff to identify ideas for change and improvement, learning sessions and coaching during the project provides opportunity to research and test new change ideas. 	<p><i>Our goal by December 2022, is to reduce staff burnout and increase Joy in Work for all members of our team by 20%.</i></p>
	Who is involved?
	<p>Project Sponsor – Cherree Hunter, CEO Euroa Health</p> <p>Project Team – Melissa Seymour and Paula McPherson</p>
How will we know a change is an improvement (measures)?	Key project milestones
<p>This will be accomplished by achieving the following goals:</p> <ul style="list-style-type: none"> 20 per cent or higher increase in reported joy in work, as measured by the Adapted Mini z. 20 per cent of higher decrease in reported burnout, as measured by the Adapted Mini z. Meaningful experience of Leaders in this project with tools for long term outcomes. 	<ul style="list-style-type: none"> What Matters to You (WMTY) Conversations for ideas for change and improvement August 2021 Daily all staff huddles August 2021 Tearoom supplies snacks and drinks end 2021/early 2022 Narni walks March 2022 Staff Shout Outs March 2022 Staff on the spot Massages April 2022 Staff Education of Euroa Health Values May 2022 Movie night 'Ruby's Choice' Social education opportunity Final project evaluation and celebration –Nov/Dec 2022
Lessons Learned and Next steps	Risks
<ul style="list-style-type: none"> WMTY Conversations held in 2021 highlighted the need for greater communication with staff. As a result, the all-staff daily huddle was introduced in August 2021 and the CareApp communication platform in December 2021. Communication is now reported as good. March 2022, Mini z data shows that joy and reported job satisfaction are slowly improving, and burnout is slowly declining, following the introduction of Narni walks and staff shout board to acknowledge and appreciate staff at huddle. Burnout remains a concern due to short staff, sick leave due to Covid early 2022, staff having worked many double shifts There is also a current trend in data suggesting improvement of sufficiency of time to complete work. 	<ul style="list-style-type: none"> Ongoing outbreaks of Covid-19 in Victoria will interrupt project, causing project milestones to pause Project teams are overwhelmed with current workloads and will have capacity to engage or remain in the project. Ensure clear and engaging communication and application strategy to engage staff

The Bowerbird Opportunity Shop

12 Months have passed to my last annual report, and it is with great pleasure for me to report another excellent result for the shop.



Whilst I reported last year a most excellent result for our little shop, due to the hard and dedicated work by our volunteers, I can report that we have done an almost 40% increase to our annual sales figure to the end of June 2022 of \$295,000.

Again I thank all our volunteer workers whom work tirelessly to achieve this result.

Our op-shop has become very well known, even in faraway places, which is evident in the people whom drop in donations to our shop. We could not achieve this fantastic result without the donations that we consistently receive from our visitors to the shop and to our astonishment this gets larger and larger.

May I extend a very grateful thank you to all those people.

To all our volunteers both those at the face and those workers in the back of shop and in the furniture shed, a huge thank you and keep up the excellent work that has achieved this result.

As I will be standing down as co-ordinator from this AGM, I wish all my best wishes to the new co-ordinator and a personal thanks for all your help in doing my job.

Corrie Dingemans
Op Shop Co-ordinator



Staff in Focus

When Euroa Health advertised for a casual worker to assess staff temperature as they came onto shift in the early days of the COVID-19 pandemic, the criteria was simple - an early riser, confident, dependable and flexible person to work through the COVID-19 guidelines – this brought Anne Jack to us and we have not looked back.

Although Anne may not yet be considered a “true local” since Anne and her husband David only moved to Euroa in 2010, buying land formally owned by the Colclough family and international business man Ysmeal.

When not at Euroa Health, Anne is the wife behind their successful Harness Racing operation based in Victoria, which sees 2

runners weekly anywhere from Cranbourne to Wagga Wagga or as far away as Adelaide.

As pandemic Guidelines changed and Euroa Health were able to purchase technology to assist temperature checking and registration of visitors and staff arriving onsite, which left Anne to apply for a receptionist position at Euroa Health

Anne’s stability and confidence brought change to many processes in the Reception Team and Accounts Team. But Anne’s true calling at Euroa Health was the newly created position as Admissions Coordinator at GraniteHill.

Anne brings experience from her previous role in Retirement Living working as Village Manager for



Murray Gardens in Albury, and Riverina Gums in Wagga for 7 years. Anne's passion ensures the transition from independent living to residential aged care is seamless for new residents and their loved ones.

Anne's philosophy that Residents who start forward planning when they are fit and active, and who can make their own choices for entry to GraniteHill (or any assisted living facility), are far more accepting of change, they settle well and embrace the lifestyle programs. Anne has seen first-hand how bumpy the transition is for Residents who at short notice, are not able to return home for health reasons, or after losing a partner, and the decisions are taken out of their hands.

Families and friends of prospective Residents at GraniteHill should know that it is more than just a bed, it's relief from the daily struggles of shopping, meal preparation, domestic tasks, gardening and mobility issues

and, Residential Aged Care allows Residents to start living again whether by heading out on a bus trip, a game of bowls, enjoying a coffee and in Café or a drink in the bar for happy hour with fellow Residents.

We all know someone who is hesitant to turn on the heating and cooling as often as they should, and sometimes peace of mind that there are many staff who see a Resident each day, from care staff, cleaners and food services staff. This is one less worry for families who are not just around the corner to drop in and visit.

The first advice Anne gives to families is have a look at facilities located local to them families should see the inside of other facilities, see the bedrooms, ask all of the questions on your list including the "silly ones", and not be afraid of going back for a second look and speak to Residents – after all this is their home which becomes your loved ones home too.

A local family member Tom said that his experience with Anne has been a positive one, especially when making a difficult change in our lives. Her empathy and understanding nature made us feel supported and engaged throughout the process.

The message is simple, why not start by meeting Anne at GraniteHill who can guide you through every step, she ensures family a move to GraniteHill is smooth in her hands. If your plan is in the future, at least visit and join our waiting list so that we can stay in touch for when the time is right for you and your family.

Anne is available at GraniteHill on Tuesday, Wednesday and Thursday from 8.30am to 2pm (and can be available at a time to suit families by appointment) and is contactable on (03) 57950 200 or 0432 263 374 and email Anne.Jack@euroahealth.com.au

Annual General Meeting Minutes 2021

Minutes of the Annual General Meeting of Members Euroa Community Cinema of Bury Street Euroa on Friday 27th November 2021

The meeting was declared open at 2:05pm

MEETING CHAIRMAN: Michael Bell

PRESENT: L Siede, E.W Duncan, C Bell, M.A Dreher, D Vaughn, C Dingemans, A Watkins, C King, L Reynoldson, C Thomson, R O'Bree, S Burne, L Allen, G Allen, M Bell, C Hunter, G Mawson, J & S Perry, N Dudley, M Tehan

APOLOGIES: Nil

1. WELCOME Michael Bell opened the Euroa Health AGM by reflecting on the Purpose, Mission and Values of Euroa Health Inc and the important of these to Euroa Health Inc.

Michael welcomed to the Euroa Health AGM the Euroa Health Inc Life Member Nola Dudley and also Michael Tehan from the Board of Management of Goulburn Valley Health and Euroa Health Legal Representative.

Michael acknowledges and thanked Euroa Health Inc CEO Cherree Hunter her staff and Euroa Health Members and members of the public in attendance.

2. ACKNOWLEDGEMENT OF TRADITIONAL LANDOWNERS

I acknowledge the Traditional Owners of the land on which we are meeting. I pay my respects to their Elders, past, present, and emerging

3. APOLOGIES Nil

4. BUSINESS ARISING

There was no business arising apart from the below motion.

MOTION: To approve the Minutes of the Annual Meeting held on 27th November 2020:

Moved: M Bell Seconded: N Dudley

5. GUEST SPEAKER – TAMAR KREBS

Tamar introduced herself as Founder and Executive Director of Group Homes Australia, with 24 years experience in Aged care. 15 years ago, Tamar had the thought of changing the way aged care is delivered in Australia. Tamar encouraged our community to think about what community and ageing means to us in Euroa, and where we would like to age, what we would want it to look like.

6. CHAIR REPORT – PRESENTED BY MICHAEL BELL

Vision, Mission and Values of Euroa Health

Report presented reflecting on the last year, being dominated by the COVID-19 global pandemic and the restrictions imposed to keep people safe. Strategic plan actions including, Radiology project, master planning.

Thank you to volunteers in the Bowerbird Op Shop, the Hub and the Board and subcommittees.

Acknowledgement of those working in health and aged care, who have worked for many long days in PPE, while living with the risk of transferring the virus to and from home, and the workplace. They have also responded to workforce needs brought about by fellow colleagues resulting in extra shifts and overtime.

Michael Bell acknowledged his time as a Board member was nearing full term.

7. PRESENTATION OF FINANCIAL STATEMENTS

Presentation of the financial statements by subcommittee chair Linsey Siede. Net result for the 20/21 year at \$1.5mil, which was a significant increase from previous years.

8. APPOINTMENT OF BOARD MEMBERS

Chris Thomson, Lisa Reynoldson and David Vaughan appointed as Board members.

9. ACKNOWLEDGEMENT OF BOARD MEMBERS

Acknowledgement of all existing Board members.

10. CHIEF EXECUTIVE OFFICER REPORT – CHERREE HUNTER

Chief executive officer report presented

- outlining the struggles experienced during the COVID-19 pandemic
- Grant applications for Radiology, and refurbishment of the Gilburn building to house an additional 10 beds as a dedicated 10 bed Memory Support Unit
- New branding for Euroa Health
- Plans to extend Community care to NDIS recipients

11. PRESENTATION OF STAFF SERVICE CERTIFICATES

Geraldine Mawson (present) – 15 years in the Acute Hospital

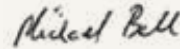
Lorraine Ellis – 15 years in Catering Services

Michelle Mol – 20 years in Environmental Services

12. QUESTIONS / ANY OTHER BUSINESS

13. MEETING CLOSED

Meeting Closed at 3:56pm



MICHAEL BELL, Chairman



ABN: 92 619 716 188

**Financial Statements
for the year ending
30th June 2022**

EUROA HEALTH INC.
ABN: 92 619 716 188
BOARD OF MANAGEMENT REPORT

Your board of management present this report on the entity for the financial year ended 30 June 2022.

Board of Management

The names of each person who has been a board member during the year and to the date of this report are:

Linsey Siede
Catriona King
Pip Murray
Gerry Ginnivan
Simon Burke
Lisa Reynoldson
Chris Thomson (appointed Nov '21)
David Vaughan (appointed Nov '21)
Michael Bell (resigned Nov '21)

Board members have been in office since the start of the financial year to the date of this report unless otherwise stated.

Principal Activities

The principal activity of the entity during the financial year was:
Provision of professional high quality care to residents of our Accredited Residential Aged Care Facility, patients in our Acute Facility and clients attending Community Services.

Significant Changes 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 have had significant economic and social consequences which have directly affected 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 is 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 2022. 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.

There were no other significant changes in the nature of these activities during the period.

Operating Result

	2022	2021
	\$	\$
Total Net Result for the year.	(62,488)	1,544,354

This board members report is signed in accordance with a resolution of the Board.

Board Member  _____
Linsey Siede

Dated this 2nd day of November 2022

Board Member  _____
Gerry Ginnivan

Dated this 2nd day of November 2022

EUROA HEALTH INC.
ABN: 92 619 716 188
STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME FOR THE YEAR
ENDED 30 JUNE 2022

	Note	2022 \$	2021 \$
Revenue	2	5,566,355	5,393,823
Other income	2	5,501,423	5,480,048
Employee benefits expense	3	(7,507,654)	(7,043,823)
Depreciation and amortisation expense	3	(655,458)	(717,025)
Utilities expense		(232,071)	(248,815)
Audit, legal and consultancy fees		(116,021)	(243,335)
Food & catering		(362,772)	(326,447)
Op-shop		(30,608)	(20,567)
Supplies & consumables		(158,744)	(218,147)
Allied health & related services		(194,774)	(138,734)
Laundry & linen		(75,464)	(77,778)
Repairs and maintenance		(328,064)	(306,731)
Bad & doubtful debts		-	(173,045)
Subscriptions		(98,830)	(101,428)
Insurances		(70,754)	(77,638)
Sundry expenses		(348,925)	(271,065)
Current year surplus before income tax		887,639	909,293
Net current year surplus		<u>887,639</u>	<u>909,293</u>
Other comprehensive income			
Items that will not be reclassified subsequently to profit or loss:			
Fair value gains/(losses) on financial assets at fair value through other comprehensive income	3a	(950,127)	635,061
Total other comprehensive (losses)/income for the year		<u>(950,127)</u>	<u>635,061</u>
Total comprehensive income attributable to members of the entity		<u>(62,488)</u>	<u>1,544,354</u>

The accompanying notes form part of these financial statements.

EUROA HEALTH INC.
ABN: 92 619 716 188
STATEMENT OF FINANCIAL POSITION AS AT 30 JUNE 2022

	Note	2022 \$	2021 \$
ASSETS			
CURRENT ASSETS			
Cash and cash equivalents	4	9,875,982	9,451,000
Accounts receivable and other debtors	5	1,060,717	962,656
Inventories	6	33,512	27,210
Other current assets	7	176,220	14,661
Financial assets	8	9,769,440	8,699,737
TOTAL CURRENT ASSETS		20,915,871	19,155,264
NON-CURRENT ASSETS			
Property, plant and equipment	9	17,613,713	17,947,957
Right-of-use assets	10	21,351	33,567
TOTAL NON-CURRENT ASSETS		17,635,064	17,981,524
TOTAL ASSETS		38,550,935	37,136,788
LIABILITIES			
CURRENT LIABILITIES			
Accounts payable and other payables	11	13,501,673	12,093,863
Lease liabilities		12,504	11,705
Employee provisions	12	932,170	811,647
TOTAL CURRENT LIABILITIES		14,446,347	12,917,215
NON-CURRENT LIABILITIES			
Lease liabilities		10,526	23,541
Employee provisions	12	185,409	224,891
TOTAL NON-CURRENT LIABILITIES		195,935	248,432
TOTAL LIABILITIES		14,642,282	13,165,647
NET ASSETS		23,908,653	23,971,141
EQUITY			
Retained surplus		887,639	909,293
Retained earnings		19,284,854	19,018,194
Asset revaluation surplus		574,003	574,003
Government funding reserve		-	39,271
Op shop surplus reserve		-	268,223
Accommodation bond reserve		3,162,157	3,162,157
TOTAL EQUITY		23,908,653	23,971,141

The accompanying notes form part of these financial statements.

EUROA HEALTH INC.
ABN: 92 619 716 188
STATEMENT OF CHANGES IN EQUITY FOR THE YEAR ENDED 30 JUNE 2022

Note	Retained Surplus \$	Revaluation Surplus \$	Reserves \$	Total \$
Balance at 1 July 2020	18,383,133	574,003	3,469,651	22,426,787
Comprehensive Income				
Surplus for the year attributable to owners of the entity	909,293	-	-	909,293
Other comprehensive income for the year				
Fair value gains/(losses) on financial assets at fair value through other comprehensive income	635,061	-	-	635,061
Total other comprehensive income	635,061	-	-	635,061
Total comprehensive income attributable to owners of the entity	1,544,354	-	-	1,544,354
Balance at 30 June 2021	19,927,487	574,003	3,469,651	23,971,141
Balance at 1 July 2021	19,927,487	574,003	3,469,651	23,971,141
Comprehensive Income				
Surplus for the year attributable to owners of the entity	887,639	-	-	887,639
Other comprehensive income for the year				
Fair value gains/(losses) on financial assets at fair value through other comprehensive income	(950,127)	-	23 -	(950,127)
Total other comprehensive income	(950,127)	-	-	(950,127)
Total comprehensive income for the year	(62,488)	-	-	(62,488)
Transfers	307,494	-	(307,494)	-
Total transactions with owners and other transfers	307,494	-	(307,494)	-
Balance at 30 June 2022	20,172,493	574,003	3,162,157	23,908,653

The accompanying notes form part of these financial statements.

EUROA HEALTH INC.
ABN: 92 619 716 188
STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 30 JUNE 2022

	Note	2022 \$	2021 \$
CASH FLOWS FROM OPERATING ACTIVITIES			
Commonwealth, state and local government grants		5,566,355	5,106,800
Receipts from government - COVID-19		-	101,835
Receipts from customers		5,078,488	4,903,441
Interest received		506,887	450,699
Payments to suppliers and employees		(9,552,759)	(8,817,070)
GST received from(paid to) ATO		8,704	52,379
Net cash generated from operating activities	17	<u>1,607,675</u>	<u>1,798,084</u>
CASH FLOWS FROM INVESTING ACTIVITIES			
Proceeds from sale of property, plant and equipment		-	62,500
Payment for property, plant and equipment		(308,998)	(395,099)
Net redemption/(purchases) of investments		(2,019,830)	(997,642)
Net cash used in investing activities		<u>(2,328,828)</u>	<u>(1,330,241)</u>
CASH FLOWS FROM FINANCING ACTIVITIES			
Bonds/Refundable deposits received		1,158,351	2,250,000
Bonds/Refundable deposits paid		-	(2,289,520)
Increase/(decrease) in resident trust monies		-	3,571
Increase in finance lease commitments		(12,216)	(10,943)
Net cash used in financing activities		<u>1,146,135</u>	<u>(46,892)</u>
Net increase in cash held		424,982	420,951
Cash on hand at beginning of the financial year		<u>9,451,000</u>	<u>9,030,049</u>
Cash on hand at end of the financial year	4	<u>9,875,982</u>	<u>9,451,000</u>

The accompanying notes form part of these financial statements.

EUROA HEALTH INC.
ABN: 92 619 716 188
NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2022

Note 1 **Summary of Significant Accounting Policies**

Basis of Preparation

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

The financial statements, except for the 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. The amounts presented in the financial statements have been rounded to the nearest dollar.

Accounting Policies

(a) Revenue and Other Income

Contributed assets

The Entity receives assets from the government and other parties for nil or nominal consideration in order to further its objectives. These assets are recognised in accordance with the recognition requirements of other applicable accounting standards (eg AASB 9, AASB 16, AASB 116, AASB 1058 and AASB 138).

On initial recognition of an asset, the Entity recognises related amounts (being contributions by owners, lease liability, financial instruments, provisions, revenue or contract liability arising from a contract with a customer).

The Entity recognises income immediately in profit or loss as the difference between the initial carrying amount of the asset and the related amount.

Operating grants, donations and bequests

When the Entity receives operating grants, donations or bequests, it assesses whether the contract is enforceable and has sufficiently specific performance obligations in accordance with AASB 15.

When both these conditions are satisfied, the Entity:

- identifies each performance obligation relating to the grant;
- recognises a contract liability for its obligations under the agreement; and
- recognises revenue as it satisfies its performance obligations.

Where the contract is not enforceable or does not have sufficiently specific performance obligations, the Entity:

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

If a contract liability is recognised as a related amount, the Entity recognises income in profit or loss when or as it satisfies its obligations under the contract.

Capital grants

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

The Entity recognises income in profit or loss when or as the Entity satisfies its obligations under the terms of the grant.

Interest income

Interest income is recognised using the effective interest method.

Dividend income

The Entity recognises dividends in profit or loss only when the Entity's right to receive payment of the dividend is established.

All revenue is stated net of the amount of goods and services tax.

(b) Inventories

Inventories are measured at the lower of cost and current replacement cost.

Inventories acquired at no cost or for nominal consideration are measured at the current replacement cost as at the date of acquisition.

(c) Fair Value of Assets and Liabilities

The Entity measures some of its assets and liabilities at fair value on either a recurring or non-recurring basis, depending on the requirements of the applicable Accounting Standard.

Fair value is the price the Entity would receive to sell an asset or would have to pay to transfer a liability in an orderly (ie unforced) transaction between independent, knowledgeable and willing market participants at the measurement date.

As fair value is a market-based measure, the closest equivalent observable market pricing information is used to determine fair value. Adjustments to market values may be made having regard to the characteristics of the specific asset or liability. The fair values of assets and liabilities that are not traded in an active market are determined using one or more valuation techniques. These valuation techniques maximise, to the extent possible, the use of observable market data.

To the extent possible, market information is extracted from either the principal market for the asset or liability (ie the market with the greatest volume and level of activity for the asset or liability) or, in the absence of such a market, the most advantageous market available to the entity at the end of the reporting period (ie the market that maximises the receipts from the sale of the asset or minimises the payments made to transfer the liability, after taking into account transaction costs and transport costs).

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

The fair value of liabilities and the entity's own equity instruments (excluding those related to share-based payment arrangements) may be valued, where there is no observable market price in relation to the transfer of such financial instruments, by reference to observable market information where such instruments are held as assets. Where this information is not available, other valuation techniques are adopted and, where significant, are detailed in the respective note to the financial statements.

(d) Property, Plant and Equipment

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

Freehold Property

Freehold land and buildings are shown at their fair value based on periodic valuations by external independent valuers, less subsequent depreciation and subsequent impairment for buildings.

In periods when the freehold land and buildings are not subject to an independent valuation, the directors conduct directors' valuations to ensure the carrying amount for the land and buildings is not materially different to the fair value.

Increases in the carrying amount arising on revaluation of land and buildings are recognised in other comprehensive income and accumulated in the revaluation surplus in equity. Revaluation decreases that offset previous increases of the same class of assets shall be recognised in other comprehensive income under the heading of revaluation surplus. All other decreases are recognised in profit or loss.

Any accumulated depreciation at the date of the revaluation is eliminated against the gross carrying amount of the asset and the net amount is restated to the revalued amount of the asset.

Freehold land and buildings that have been contributed at no cost or for nominal cost are valued and recognised at the fair value of the asset at the date it is acquired.

Plant and Equipment

Plant and equipment are measured on the cost basis and are therefore carried at cost less accumulated depreciation and any accumulated impairment losses. In the event the carrying amount of plant and equipment is greater than its estimated recoverable amount, the carrying amount is written down immediately to its 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 (refer to Note 1(g) for details of impairment).

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 as expenses in profit or loss in the financial period in which they are incurred.

Plant and equipment that have been contributed at no cost or for nominal cost are recognised at the fair value of the asset at the date it is acquired.

Depreciation

The depreciable amount of all fixed assets, including buildings and capitalised lease assets, but excluding freehold land, is depreciated on a straight-line basis over the asset's useful life to the entity 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 lives of the improvements.

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(d) Property, Plant and Equipment (cont.)

The depreciation rates used for each class of depreciable assets are:

Class of Fixed Asset	Depreciation Rate
Buildings	Up to 2.5%
Plant and equipment	Up to 10%
Leasehold improvements	Up to 10%
Right of use Assets	Up to 20%

The assets' residual values and useful lives are reviewed and adjusted, if appropriate, at the end of each reporting period.

Gains and losses on disposals are determined by comparing proceeds with the carrying amount. These gains or losses are recognised as income in profit or loss in the period in which they arise. When revalued assets are sold, amounts included in the revaluation surplus relating to that asset are transferred to retained surplus.

(e) Leases

The Entity as lessee

At inception of a contract, the Entity 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 is recognised by the Entity where the Entity is a lessee. However, all contracts that are classified as short-term leases (ie a lease with a remaining lease term of 12 months or less) and leases of low-value assets are recognised 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, the Entity uses 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 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 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 reflects that the Entity anticipates to exercise a purchase option, the specific asset is depreciated over the useful life of the underlying asset.

Concessionary Leases

For leases that have significantly below-market terms and conditions principally to enable the Entity to further its objectives (commonly known as peppercorn/concessionary leases), the Entity has adopted the temporary relief under AASB 16 and measures the right-of-use assets at cost on initial recognition.

The Entity as lessor

Upon entering into each contract as a lessor, the Entity assesses if the lease is a finance or operating lease

The contract is classified as a finance lease when the terms of the lease transfer substantially all the risks and rewards of ownership to the lessee. All other leases not within this definition are classified as operating leases.

Rental income received from operating leases is recognised on a straight-line basis over the term of the specific lease.

Initial direct costs incurred in entering into an operating lease (for example legal cost, cost to setup) are included in the carrying amount of the leased asset and recognised as an expense on a straight-line basis over the lease term.

Rental income due under finance leases are recognised as receivables at the amount of the Entity's net investment in the leases.

When a contract is determined to include lease and non-lease components, the Entity uses the relative stand-alone price to allocate the consideration under the contract to the lease and non-lease components.

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(f) Financial Instruments

Initial Recognition and Measurement

Financial assets and financial liabilities are recognised when the entity becomes a party to the contractual provisions to the instrument. For financial assets, this is equivalent to the date that the entity commits itself to either the purchase or sale of the asset (i.e. trade date accounting is adopted).

Financial instruments (except for trade receivables) are initially measured at fair value plus transaction costs, except where the instrument is classified "at fair value through profit or loss", in which case transaction costs are expensed to profit or loss immediately. Where available, quoted prices in an active market are used to determine fair value. In other circumstances, valuation techniques are adopted.

Trade receivables are initially measured at the transaction price if the trade receivables do not contain significant financing component or if the practical expedient was applied as specified in AASB 15.63.

Classification and Subsequent Measurement

Financial liabilities

A financial liability is measured at fair value through profit and loss if the financial liability is

- amortised cost; or
- fair value through profit and loss.

Financial liabilities are subsequently measured at:

- a contingent consideration of an acquirer in a business combination to which AASB 3 applies;
- held for trading; or
- initially designated as at fair value through profit or loss.

All other financial liabilities are subsequently measured at amortised cost using the effective interest method.

The effective interest method is a method of calculating the amortised cost of a debt instrument and of allocating interest expense in profit or loss over the relevant period.

The effective interest rate is the internal rate of return of the financial asset or liability. That is, it is the rate that exactly discounts the estimated future cash flows through the expected life of the instrument to the net carrying amount at initial recognition.

A financial liability is held for trading if:

- incurred for the purpose of repurchasing or repaying in the near term;
- part of a portfolio where there is an actual pattern of short-term profit taking; or
- a derivative financial instrument (except for a derivative that is in a financial guarantee contract or a derivative that is in an effective hedging relationship).

Any gains or losses arising on changes in fair value are recognised in profit or loss to the extent that they are not part of a designated hedging relationship.

The change in fair value of the financial liability attributable to changes in the issuer's credit risk is taken to other comprehensive income and is not subsequently reclassified to profit or loss. Instead, it is transferred to retained earnings upon derecognition of the financial liability.

If taking the change in credit risk in other comprehensive income enlarges or creates an accounting mismatch, then these gains or losses should be taken to profit or loss rather than other comprehensive income.

A financial liability cannot be reclassified.

Financial assets

Financial assets are subsequently measured at:

- amortised cost;
- fair value through other comprehensive income; or
- fair value through profit or loss.

Measurement is on the basis of two primary criteria:

- the contractual cash flow characteristics of the financial asset; and
- the business model for managing the financial assets.

A financial asset is subsequently measured at amortised cost when it meets the following conditions:

- the financial asset is managed solely to collect contractual cash flows; and
- the contractual terms within the financial asset give rise to cash flows that are solely payments of principal and interest on the principal amount outstanding on specified dates.

A financial asset is subsequently measured at fair value through other comprehensive income when it meets the following conditions:

- the contractual terms within the financial asset give rise to cash flows that are solely payments of principal and interest on the principal amount outstanding on specified dates;
- the business model for managing the financial assets comprises both contractual cash flows collection and the selling of the financial asset.

(f) Financial Instruments (cont.)

By default, all other financial assets that do not meet the measurement conditions of amortised cost and fair value through other comprehensive income are subsequently measured at fair value through profit or loss.

The entity initially designates a financial instrument as measured at fair value through profit or loss if:

- it eliminates or significantly reduces a measurement or recognition inconsistency (often referred to as “accounting mismatch”) that would otherwise arise from measuring assets or liabilities or recognising the gains and losses on them on different bases;
- it is in accordance with the documented risk management or investment strategy, and information about the groupings was documented appropriately, so that the performance of the financial liability that was part of a group of financial liabilities or financial assets can be managed and evaluated consistently on a fair value basis;
- it is a hybrid contract that contains an embedded derivative that significantly modifies the cash flows otherwise required by the contract.

The initial designation of the financial instruments to measure at fair value through profit or loss is a one-time option on initial classification and is irrevocable until the financial asset is derecognised.

Equity instruments

At initial recognition, as long as the equity instrument is not held for trading and not a contingent consideration recognised by an acquirer in a business combination to which AASB 3: Business Combinations applies, the entity made an irrevocable election to measure any subsequent changes in fair value of the equity instruments in other comprehensive income, while the dividend revenue received on underlying equity instruments investment will still be recognised in profit and loss.

Regular way purchases and sales of financial assets are recognised and derecognised at settlement date in accordance with the entity's accounting policy.

Derecognition

Derecognition refers to the removal of a previously recognised financial asset or financial liability from the statement of financial position.

Derecognition of financial liabilities

A liability is derecognised when it is extinguished (i.e. when the obligation in the contract is discharged, cancelled or expires). An exchange of an existing financial liability for a new one with substantially modified terms, or a substantial modification to the terms of a financial liability is treated as an extinguishment of the existing liability and recognition of a new financial liability.

The difference between the carrying amount of the financial liability derecognised and the consideration paid and payable, including any non-cash assets transferred or liabilities assumed, is recognised in profit or loss.

Derecognition of financial assets

A financial asset is derecognised when the holder's contractual rights to its cash flows expires, or the asset is transferred in such a way that all the risks and rewards of ownership are substantially transferred.

All of the following criteria need to be satisfied for derecognition of financial asset:

- the right to receive cash flows from the asset has expired or been transferred;
- all risk and rewards of ownership of the asset have been substantially transferred; and
- the entity no longer controls the asset (i.e. the entity has no practical ability to make a unilateral decision to sell the asset to a third party).

On derecognition of a financial asset measured at amortised cost, the difference between the asset's carrying amount and the sum of the consideration received and receivable is recognised in profit or loss.

On derecognition of a debt instrument classified as at fair value through other comprehensive income, the cumulative gain or loss previously accumulated in the investment revaluation reserve is reclassified to profit or loss.

On derecognition of an investment in equity which was elected to be classified under fair value through other comprehensive income, the cumulative gain or loss previously accumulated in the investment revaluation reserve is not reclassified to profit or loss, but is transferred to retained earnings.

Impairment

The entity recognises a loss allowance for expected credit losses on:

- financial assets that are measured at amortised cost or fair value through other comprehensive income;
- lease receivables;
- contract assets
- loan commitments that are not measured at fair value through profit or loss; and
- financial guarantee contracts that are not measured at fair value through profit or loss.

Loss allowance is not recognised for:

- financial assets measured at fair value through profit or loss; or
- equity instruments measured at fair value through other comprehensive income.

Expected credit losses are the probability-weighted estimate of credit losses over the expected life of a financial instrument. A credit loss is the difference between all contractual cash flows that are due and all cash flows expected to be received, all discounted at the original effective interest rate of the financial instrument.

(f) Financial Instruments (cont.)

The entity uses the following approaches to impairment, as applicable under AASB 9: Financial Instruments:

- the general approach
- the simplified approach
- the purchased or originated credit impaired approach; and
- low credit risk operational simplification.

General approach

Under the general approach, at each reporting period, the entity assesses whether the financial instruments are credit-impaired, and if:

- the credit risk of the financial instrument has increased significantly since initial recognition, the entity measures the loss allowance of the financial instruments at an amount equal to the lifetime expected credit losses; or
- there is no significant increase in credit risk since initial recognition, the entity measures the loss allowance for that financial instrument at an amount equal to 12-month expected credit losses.

Simplified approach

The simplified approach does not require tracking of changes in credit risk at every reporting period, but instead requires the recognition of lifetime expected credit loss at all times. This approach is applicable to:

- trade receivables or contract assets that result from transactions within the scope of AASB 15: Revenue from Contracts with Customers and contain a significant financing component; and
- lease receivables.

In measuring the expected credit loss, a provision matrix for trade receivables was used taking into consideration various data to get to an expected credit loss (i.e. diversity of customer base, appropriate groupings of historical loss experience, etc.).

Purchased or originated credit-impaired approach

For a financial asset that is considered credit-impaired (not on acquisition or origination), the entity measures any change in its lifetime expected credit loss as the difference between the asset's gross carrying amount and the present value of estimated future cash flows discounted at the financial asset's original effective interest rate. Any adjustment is recognised in profit or loss as an impairment gain or loss.

Evidence of credit impairment includes:

- significant financial difficulty of the issuer or borrower;
- a breach of contract (e.g. default or past due event);
- a lender granting to the borrower a concession, due to the borrower's financial difficulty, that the lender would not otherwise consider;
- high probability that the borrower will enter bankruptcy or other financial reorganisation; and
- the disappearance of an active market for the financial asset because of financial difficulties.

Low credit risk operational simplification approach

If a financial asset is determined to have low credit risk at the initial reporting date, the entity assumes that the credit risk has not increased significantly since initial recognition and accordingly it can continue to recognise a loss allowance of 12-month expected credit loss.

In order to make such a determination that the financial asset has low credit risk, the entity applies its internal credit risk ratings or other methodologies using a globally comparable definition of low credit risk.

A financial asset is considered to have low credit risk if:

- there is a low risk of default by the borrower;
- the borrower has strong capacity to meet its contractual cash flow obligations in the near term;
- adverse changes in economic and business conditions in the longer term may, but not necessarily will, reduce the ability of the borrower to fulfil its contractual cash flow obligations.

A financial asset is not considered to carry low credit risk merely due to existence of collateral, or because a borrower has a risk of default lower than the risk inherent in the financial assets, or lower than the credit risk of the jurisdiction in which it operates.

Recognition of expected credit losses in financial statements

At each reporting date, the Entity recognises the movement in the loss allowance as an impairment gain or loss in the statement of profit or loss and other comprehensive income.

The carrying amount of financial assets measured at amortised cost includes the loss allowance relating to that asset.

Assets measured at fair value through other comprehensive income are recognised at fair value, with changes in fair value recognised in other comprehensive income. Amounts in relation to change in credit risk are transferred from other comprehensive income to profit or loss at every reporting period.

For financial assets that are unrecognised (e.g. loan commitments yet to be drawn, financial guarantees), a provision for loss allowance is created in the statement of financial position to recognise the loss allowance.

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(g) Impairment of Assets

At the end of each reporting period, the entity reviews the carrying amounts of its tangible and intangible assets to determine whether there is any indication that those assets have been impaired. If such an indication exists, the recoverable amount of the asset, being the higher of the asset's fair value less costs of disposal and value in use, is compared to the asset's carrying amount. Any excess of the asset's carrying amount over its recoverable amount is recognised in profit or loss.

Where the assets are not held primarily for their ability to generate net cash inflows – that is, they are specialised assets held for continuing use of their service capacity – the recoverable amounts are expected to be materially the same as fair value.

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

Where an impairment loss on a revalued individual 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) Employee Provisions

Short-term employee provisions

A provision is made for the entity'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, salaries, sick leave and annual leave. Short-term employee benefits are measured at the (undiscounted) amounts expected to be paid when the obligation is settled.

Other long-term employee provisions

Provision is made for employees' long service leave and annual leave entitlements not expected to be settled wholly within 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 incorporate anticipated future wage and salary levels, durations of service and employee departures, and are discounted at rates determined by reference to market yields at the end of the reporting period on high quality corporate bonds that have maturity dates that approximate the terms of the obligations. Upon the remeasurement of obligations for other long-term employee benefits, the net change in the obligation is recognised in profit or loss as part of employee provisions expense.

The entity's obligations for long-term employee benefits are presented as non-current employee provisions in its statement of financial position, except where the entity does not have an unconditional right to defer settlement for at least 12 months after the end of the reporting period, in which case the obligations are presented as current employee provisions.

(i) Cash and cash equivalents

Cash and cash equivalents includes cash on hand, deposits held at-call with banks, other short-term highly liquid investments with original maturities of three months or less, and bank overdrafts.

(j) Accounts receivable and other debtors

Accounts receivable and other debtors include amounts due from members as well as amounts receivable from customers for goods sold. 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.

Accounts receivable are initially recognised at fair value and subsequently measured at amortised cost using the effective interest method, less any provision for impairment. Refer to Note 1(f) for further discussion on the determination of impairment losses.

(k) Goods and Services Tax (GST)

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 presented on a gross basis. The GST components of cash flows arising from investing or financing activities, which are recoverable from or payable to the ATO, are presented as operating cash flows included in receipts from customers or payments to suppliers.

(l) Income Tax

No provision for income tax has been raised as the entity is exempt from income tax under Div 50 of the *Income Tax Assessment Act 1997*.

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NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2022

(m) Provisions

Provisions are recognised when the entity 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.

(n) Comparative Figures

Where required by Accounting Standards, comparative figures have been adjusted to conform with changes in presentation for the current financial year.

When the entity retrospectively applies an accounting policy, makes a retrospective restatement or reclassifies items in its financial statements, a third statement of financial position as at the beginning of the preceding period, in addition to the minimum comparative financial statements, must be disclosed.

(o) Critical Accounting Estimates and Judgements

The directors evaluate estimates and judgements incorporated into the financial statements are based on historical knowledge and best available current information. Estimates assume a reasonable expectation of future events and are based on current trends and economic data, obtained both externally and within the entity.

Key Estimates

(i) Impairment

The freehold land and buildings were independently valued at 30 June 2018 by Preston Rowe Paterson. The valuation was based on the fair value less costs of disposal. The critical assumptions adopted in determining the valuation included the location of the land and buildings, the current strong demand for land and buildings in the area and recent sales data for similar properties.

At 30 June 2022, the directors reviewed the key assumptions made by the valuers at 2018. They have concluded that these assumptions remain materially unchanged, and are satisfied that carrying amount does not exceed the recoverable amount of land and buildings at 30 June 2022.

(ii) Useful lives of property, plant and equipment

As described in Note 1(d), the Association reviews the estimated useful lives of property, plant and equipment at the end of each annual reporting period.

Key Judgements

(i) Performance obligations under AASB 15

To identify a performance obligation under AASB 15, the promise must be sufficiently specific to be able to determine when the obligation is satisfied. Management exercises judgement to determine whether the promise is sufficiently specific by taking into account any conditions specified in the arrangement, explicit or implicit, regarding the promised goods or services. In making this assessment, management includes the nature/ type, cost/ value, quantity and the period of transfer related to the goods or services promised.

(ii) Lease term and option to extend under AASB 16

The lease term is defined as the non-cancellable period of a lease together with both periods covered by an option to extend the lease if the lessee is reasonably certain to exercise that option; and also periods covered by an option to terminate the lease if the lessee is reasonably certain not to exercise that option. The options that are reasonably going to be exercised are a key management judgement that the Entity will make. The Entity determines the likelihood to exercise the options on a lease-by-lease basis looking at various factors such as which assets are strategic and which are key to future strategy of the Entity.

(o) Economic Dependence

The Entity is dependent on the Federal and State Government Departments ('Department') for a significant portion of its revenue used to operate the business. At the date of this report, the Board of Directors has no reason to believe the Department will not continue to support the Entity.

(p) New and Amended Accounting Policies Adopted by the Entity

There are no new or amended accounting standards which had an impact on the Entity during this reporting period.

(s) New and Amended Accounting Policies Not Yet Adopted by the Entity

AASB 2020-1: Amendments to Australian Accounting Standards – Classification of Liabilities as Current or Non-current

The amendment amends AASB 101 to clarify whether a liability should be presented as current or non-current.

The Entity plans on adopting the amendment for the reporting period ending 30 June 2024. The amendment is not expected to have a material impact on the financial statements once adopted.

AASB 2020-3: Amendments to Australian Accounting Standards – Annual Improvements 2018-2020 and Other Amendments

AASB 2020-3: Amendments to Australian Accounting Standards – Annual Improvements 2018-2020 and Other Amendments is an omnibus standard that amends AASB 1, AASB 3, AASB 9, AASB 116, AASB 137 and AASB 141.

The Entity plans on adopting the amendment for the reporting period ending 30 June 2023. The impact of the initial application is not yet known.

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NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2022

Note 2 Revenue and Other Income

	2022	2021
	\$	\$
Revenue		
Revenue from grants:		
— Government funding/subsidies - operating	5,132,041	5,021,404
— Government grants - other	274,330	270,584
— Private hospital funding - COVID-19	159,984	101,835
Total revenue	<u>5,566,355</u>	<u>5,393,823</u>
Other Income		
— Resident fees	4,458,286	4,469,756
— Investing income	506,887	454,425
— Gain on disposal of property, plant and equipment	-	37,276
— Charitable income and fundraising	57,842	38,313
— Other	104,993	172,234
— Meals	77,235	44,436
— Op-shop sales	296,180	211,586
— Recoveries	-	52,022
Total other income	<u>5,501,423</u>	<u>5,480,048</u>
Total revenue and other income	<u>11,067,778</u>	<u>10,873,871</u>

Note 3 Expenses

	2022	2021
	\$	\$
Expenses		
Employee benefits expense:		
— Salaries and wages	6,589,054	6,100,856
— Superannuation	642,519	540,362
— Workcover	116,454	233,216
— Agency & doctor expenses	118,276	149,874
— Staff expenses	41,351	19,515
Total employee benefits expense	<u>7,507,654</u>	<u>7,043,823</u>
Depreciation and amortisation:		
— Land and buildings	457,357	458,922
— Plant & equipment	184,432	245,584
— Leasehold improvements	1,453	1,200
— Right of use assets	12,216	11,319
Total depreciation and amortisation	<u>655,458</u>	<u>717,025</u>

Note 3a Fair value gains/(losses) on financial assets at fair value through other comprehensive income

	2022	2021
	\$	\$
Unrealised profit/(loss) on Perpetual Share Portfolio	(950,127)	635,061
	<u>(950,127)</u>	<u>635,061</u>

The balance is represented by the market movement (share price) of the shares which comprise the Perpetual Share Portfolio.
The Perpetual Share Portfolio is disclosed at Note 8 - Financial Assets

Note 4 Cash and Cash Equivalents

	2022	2021
	\$	\$
Cash at bank	9,875,082	9,448,886
Cash on hand	900	2,114
	<u>9,875,982</u>	<u>9,451,000</u>
Represented by:		
Monies in trust - resident funds	24,136	19,824
Accommodation bonds/refundable accommodation deposits	2,573,898	2,516,524
Sub-total	<u>2,598,034</u>	<u>2,536,348</u>
Operating funds	<u>7,277,948</u>	<u>6,914,652</u>
	<u>9,875,982</u>	<u>9,451,000</u>

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NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2022

Note 5 Accounts Receivable and Other Debtors

	Note	2022	2021
		\$	\$
CURRENT			
Accounts receivable		543,434	1,152,135
Other debtors		609,634	32,971
GST receivable		40,812	6,211
Allowance for expected credit losses		(133,163)	(228,661)
Total current accounts receivable and other debtors	18	1,060,717	962,656

Note 6 Inventories

		2022	2021
		\$	\$
CURRENT			
Inventory		33,512	27,210
		33,512	27,210

Note 7 Other Current Assets

		2022	2021
		\$	\$
Prepayments		176,220	14,661
		176,220	14,661

Note 8 Financial Assets

	Note	2022	2021
		\$	\$
CURRENT			
Financial assets mandatorily measured at fair value through profit or loss	18, 19	9,769,440	8,699,737
Total current assets		9,769,440	8,699,737

		2022	2021
		\$	\$
a. Investments in equity instruments designated as at fair value through other comprehensive income			
— Managed Investments (Perpetual Share Portfolio)	18, 19	9,769,440	8,699,737

Investments in managed investments are held for medium to long-term planned purposes and are not held for trading. The entity elected to designate investments above as at fair value through other comprehensive income. The reason for this is that they believe that recognising current shorter-term fluctuations in these investments' fair value in profit or loss would be in line with the entity's plan to keep this over a longer term.

EUROA HEALTH INC.
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NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2022

Note 9 Property, Plant and Equipment

	2022 \$	2021 \$
LAND AND BUILDINGS		
Freehold land at fair value:		
— Independent valuation in 2018	1,265,000	1,265,000
Total land	<u>1,265,000</u>	<u>1,265,000</u>
Buildings at fair value:		
— Independent valuation in 2018	17,385,372	17,378,871
Less accumulated depreciation	(1,821,227)	(1,363,869)
Total buildings	<u>15,564,145</u>	<u>16,015,002</u>
Total land and buildings	<u>16,829,145</u>	<u>17,280,002</u>
PLANT AND EQUIPMENT		
Plant and equipment:		
At cost	3,865,766	3,645,984
Less accumulated depreciation	(3,165,026)	(2,980,598)
	<u>700,740</u>	<u>665,386</u>
Leasehold improvements		
At cost	6,251	6,251
(Accumulated depreciation)	(5,135)	(3,682)
	<u>1,116</u>	<u>2,569</u>
Work in progress	82,712	-
	<u>82,712</u>	<u>-</u>
Total plant and equipment	<u>784,568</u>	<u>667,955</u>
Total property, plant and equipment	<u>17,613,713</u>	<u>17,947,957</u>

Movements in Carrying Amounts

Movement in the carrying amounts for each class of property, plant and equipment between the beginning and the end of the current financial year:

	Land and Buildings - Owned \$	Leasehold Improvements \$	Plant and Equipment \$	Work In Progress	Total \$
2021					
Balance at the beginning of the year	17,671,106	3,516	600,712	8,454	18,283,788
Additions at cost	67,818	253	327,028	-	395,099
Disposals	-	-	(25,224)	-	(25,224)
Depreciation expense	(458,922)	(1,200)	(245,584)	-	(705,706)
Transfers	-	-	8,454	(8,454)	-
Carrying amount at the end of the year	<u>17,280,002</u>	<u>2,569</u>	<u>665,386</u>	<u>-</u>	<u>17,947,957</u>
2022					
Balance at the beginning of the year	17,280,002	2,569	665,386	-	17,947,957
Additions at cost	6,500	-	219,786	82,712	308,998
Depreciation expense	(457,357)	(1,453)	(184,432)	-	(643,242)
Carrying amount at the end of the year	<u>16,829,145</u>	<u>1,116</u>	<u>700,740</u>	<u>82,712</u>	<u>17,613,713</u>

Asset Revaluations

The freehold land and buildings were independently valued at 2018 by Preston Rowe Paterson.

The board have reviewed the key assumptions made by the valuers at 30 June 2018. They have concluded that these assumptions remain materially unchanged, and are satisfied that the carrying amount does not exceed the recoverable amount of land and buildings at 30 June 2022.

Refer to Note 18 for detailed disclosures regarding the fair value measurement of the Association's freehold land and buildings.

EUROA HEALTH INC.
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NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2022

Note 10 Right-of-use Assets

The Entity's lease is for a building. The lease has a 5 year term.

This lease is measured at cost in accordance with the Entity's accounting policy as outlined in Note 1.

AASB 16 related amounts recognised in the balance sheet

<u>Right-of-use assets</u>	2022	2021
	\$	\$
Leased building	56,595	56,595
Accumulated depreciation	(35,244)	(23,028)
	<u>21,351</u>	<u>33,567</u>
Total right-of-use asset	<u>21,351</u>	<u>33,567</u>
Movements in carrying amounts:		
Leased buildings:		
Opening balance	33,567	44,886
Depreciation expense	(12,216)	(11,319)
Net carrying amount	<u>21,351</u>	<u>33,567</u>

Note 11 Accounts Payable and Other Payables

	2022	2021
	\$	\$
CURRENT		
Accounts payable	359,616	287,994
Deferred income	467,300	91,919
Amounts payable to ATO	86,151	121,488
Accrued income	221,132	356,377
Resident funds	24,136	30,351
Accommodation bonds/refundable accommodation deposits	12,343,338	11,205,734
	<u>13,501,673</u>	<u>12,093,863</u>

Reconciliation of Accommodation bonds/refundable accommodation deposits

Opening balance	11,205,734	11,248,917
add bonds/deposits received	4,005,497	2,250,000
less bonds/deposits refunded	(2,840,931)	(2,289,520)
less other fees/charges deducted	(26,962)	(3,663)
Net carrying amount	<u>12,343,338</u>	<u>11,205,734</u>
Resident funds	24,136	30,351
Accommodation bonds/refundable accommodation deposits	12,343,338	11,205,734
Total monies in trust	<u>12,367,474</u>	<u>11,236,085</u>
Represented by:		
Cash at bank	2,598,034	2,536,348
Other financial assets	9,769,440	8,699,737
	<u>12,367,474</u>	<u>11,236,085</u>

EUROA HEALTH INC.
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NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2022

Note 11 Accounts Payable and Other Payables (cont.)

	Note	2022 \$	2021 \$
a Financial liabilities at amortised cost classified as accounts payable and other payables			
Accounts payable and other payables:			
— Total current		13,501,673	12,093,863
		<u>13,501,673</u>	<u>12,093,863</u>
Less accrued and deferred income		(688,432)	(448,296)
Less GST payable (net amount)		(86,151)	(121,488)
Financial liabilities as accounts and other payables	18	<u>12,727,090</u>	<u>11,524,079</u>

Note 12 Employee Provisions

	2022 \$	2021 \$
CURRENT		
Provision for employee benefits: annual leave	716,008	516,114
Provision for employee benefits: long service leave	196,456	269,475
Rostered days off	19,706	26,058
	<u>932,170</u>	<u>811,647</u>
NON-CURRENT		
Provision for employee benefits: long service leave	185,409	224,891
	<u>185,409</u>	<u>224,891</u>
	<u>1,117,579</u>	<u>1,036,538</u>

Note 13 Capital and Leasing Commitments

	2022 \$	2021 \$
Lease Commitments		
There were no lease commitments at 30 June 2022.	-	-
Capital Expenditure Commitments		
There were no capital commitments at 30 June 2022.	-	-

Note 14 Contingent Liabilities and 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.

Note 15 Events After the Reporting Period

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.

Note 16 Related Party Transactions

a. Key Management Personnel

The totals of remuneration paid to KMP of the entity during the year are as follows:

	2022 \$	2021 \$
KMP compensation:		
Total remuneration	<u>920,594</u>	<u>706,238</u>
Total Number of executives	11	10

EUROA HEALTH INC.
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NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2022

Note 16 Related Party Transactions (cont.)

b. Other Related Parties

There were no related party transactions required to be disclosed for Euroa Health Inc.

Note 17 Cash Flow Information

	2022 \$	2021 \$
a. Reconciliation of Cash Flows from Operating Activities with Net Current Year Surplus		
Total comprehensive income	(62,488)	1,544,354
Adjustment for:		
Fair value gains/(losses) on financial assets at fair value through other comprehensive income	950,127	(635,061)
Depreciation and amortisation expense	655,458	717,025
Gain on disposal of property, plant and equipment	-	(37,276)
Other fees/charges deducted	(26,962)	(3,663)
Loss on sale of investments		
Movement in working capital changes:		
(Increase)/decrease in accounts receivable and other debtors	(98,061)	(382,388)
(Increase)/decrease in inventories on hand	(6,302)	1,908
(Increase)/decrease in prepayments	(161,559)	28,533
Increase/(decrease) in accounts payable and other payables	276,421	(234,832)
Increase/(decrease) in employee provisions	81,041	164,423
	<u>1,607,675</u>	<u>1,798,084</u>

Note 18 Financial Risk Management

The entity's financial instruments consist mainly of deposits with banks, investments, accounts receivable and payable, and lease liabilities.

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

	Note	2022 \$	2021 \$
Financial assets			
Financial assets at amortised cost:			
— cash and cash equivalents	4	9,875,982	9,451,000
— accounts receivable and other debtors	5	1,019,905	956,445
	8	<u>9,769,440</u>	<u>8,699,737</u>
Financial assets designated as at fair value through profit or loss:		<u>20,665,327</u>	<u>19,107,182</u>
Total financial assets			
Financial liabilities			
Financial liabilities at amortised cost:			
— accounts payable and other payables	11a	12,727,090	11,524,079
— lease liabilities		23,030	35,246
Total financial liabilities		<u>12,750,120</u>	<u>11,559,325</u>

Financial Risk Management Policies

The finance committee is responsible for monitoring and managing the entity's compliance with its risk management strategy and consists of senior board members. The finance committee's overall risk management strategy is to assist the entity in meeting its financial targets while minimising potential adverse effects on financial performance. Risk management policies are approved and reviewed by the finance committee on a regular basis. These include credit risk policies and future cash flow requirements.

Specific Financial Risk Exposures and Management

The main risks the entity is exposed to through its financial instruments are credit risk, liquidity risk and market risk relating to interest rate risk and other price risk.

There have been no substantive changes in the types of risks the entity is exposed to, how these risks arise, or the Board's objectives, policies and processes for managing or measuring the risks from the previous period.

(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 the Association.

The Association does not have any material credit risk exposures as its major source of revenue is the receipt of grants.

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.

EUROA HEALTH INC.
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NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2022

Note 18 Financial Risk Management (cont.)

The entity's financial instruments consist mainly of deposits with banks, investments, accounts receivable and payable, and lease liabilities. Accounts receivable and other debtors that are neither past due nor impaired are considered to be of high credit quality. Aggregates of such amounts are detailed at Note 5.

The entity has no significant concentrations of credit risk exposure to any single counterparty or group of counterparties. Details with respect to credit risk of accounts receivable and other debtors are provided in Note 5.

	Note	2022 \$	2021 \$
Cash and cash equivalents	4	9,875,982	9,451,000
		9,875,982	9,451,000

(b) Liquidity risk

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

- preparing forward-looking cash flow analyses in relation to its operating, investing and financing activities;
- maintaining a reputable credit profile;
- managing credit risk related to financial assets;
- only investing surplus cash with major financial institutions; and
- comparing the maturity profile of financial liabilities with the realisation profile of financial assets.

The table below reflects an undiscounted contractual maturity analysis for non-derivative financial liabilities. The Association does not hold any derivative financial liabilities directly.

Cash flows realised from financial assets reflect management's expectation as to the timing of realisation. Actual timing may therefore differ from that disclosed. The timing of cash flows presented in the table to settle financial liabilities reflects the earliest contractual settlement dates.

Financial liability and financial asset maturity analysis

	Within 1 Year		1 to 5 years		Over 5 years		Total	
	2022	2021	2022	2021	2022	2021	2022	2021
Financial liabilities due for payment	\$	\$	\$	\$	\$	\$	\$	\$
Accounts payable and other payables	1,933,752	1,868,345	10,793,338	9,655,734	-	-	12,727,090	11,524,079
Lease liabilities	12,504	11,705	10,526	23,541	-	-	23,030	35,246
Total expected outflows	1,946,256	1,880,050	10,803,864	9,679,275	-	-	12,750,120	11,559,325
Financial Assets - cash flows realisable								
Cash and cash equivalents	9,875,982	9,451,000	-	-	-	-	9,875,982	9,451,000
Accounts receivable and other debtors	1,019,905	956,445	-	-	-	-	1,019,905	956,445
Other financial assets	9,769,440	8,699,737	-	-	-	-	9,769,440	8,699,737
Total anticipated inflows	20,665,327	19,107,182	-	-	-	-	20,665,327	19,107,182
Net (outflow) / inflow on financial instruments	18,719,071	17,227,132	(10,803,864)	(9,679,275)	-	-	7,915,207	7,547,857

EUROA HEALTH INC.
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NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2022

Note 18 Financial Risk Management (cont.)

(c) Market Risk

i. Interest rate risk

Exposure to interest rate risk arises on financial assets and financial liabilities recognised at the end of the reporting period whereby a future change in interest rates will affect future cash flows or the fair value of fixed rate financial instruments. The Association is also exposed to earnings volatility on floating rate instruments.

The financial instruments that expose the Association to interest rate risk are limited to lease liabilities, listed shares, government and fixed interest securities, and cash on hand.

The Association manages interest rate risk by ensuring that, whenever possible, payables are paid within any pre-agreed credit terms.

ii. Other price risk

Other price risk relates to the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market prices (other than those arising from interest rate risk or currency risk) of securities held.

The Association is not exposed to other price risk on investments held for trading or for medium to longer terms.

Sensitivity analysis

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

These sensitivities assume that the movement in a particular variable is independent of other variables.

Year ended 30 June 2022	Surplus	Equity
	\$	\$
+/- 2% in interest rates	197,520	197,520

Year ended 30 June 2021	Surplus	Equity
	\$	\$
+/- 2% in interest rates	189,020	189,020

No sensitivity analysis has been performed on foreign exchange risk as the Association has no material exposures to currency risk.

There have been no changes in any of the assumptions used to prepare the above sensitivity analysis from the prior year.

Fair Values

Fair value estimation

The fair values of financial assets and financial liabilities are presented in the following table and can be compared to their carrying amounts as presented in the statement of financial position.

Refer to Note 19 for detailed disclosures regarding the fair value measurement of the Association's financial assets and financial liabilities.

Differences between fair values and carrying amounts 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. accounts receivables, loan liabilities), are to be held until maturity and therefore the fair value figures calculated bear little relevance to the Association.

	Note	2022		2021	
		Carrying Amount	Fair Value	Carrying Amount	Fair Value
		\$	\$	\$	\$
Financial assets					
Financial assets at amortised cost:					
— cash and cash equivalents (i)	4	9,875,982	9,875,982	9,451,000	9,451,000
— accounts receivable and other debtors (i)	5	1,019,905	1,019,905	956,445	956,445
Total financial assets at amortised cost		<u>10,895,887</u>	<u>10,895,887</u>	<u>10,407,445</u>	<u>10,407,445</u>
Total financial assets at fair value through profit or loss	8	9,769,440	9,769,440	8,699,737	8,699,737
Total financial assets		<u><u>20,665,327</u></u>	<u><u>20,665,327</u></u>	<u><u>19,107,182</u></u>	<u><u>19,107,182</u></u>
Financial liabilities					
Financial liabilities at amortised cost:					
Accounts payable and other payables (i)	11a	12,727,090	12,727,090	11,524,079	11,524,079
Lease liabilities		23,030	23,030	35,246	35,246
Total financial liabilities		<u><u>12,750,120</u></u>	<u><u>12,750,120</u></u>	<u><u>11,559,325</u></u>	<u><u>11,559,325</u></u>

(i) Cash on hand, accounts receivable and other debtors, and accounts payable and other payables are short-term instruments in nature whose carrying amount is equivalent to fair value. Accounts payable and other payables exclude amounts provided for annual leave, which is outside the scope of AASB 9.

EUROA HEALTH INC.
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NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2022

Note 19 Fair Value Measurements

The entity measures and recognises the following assets at fair value on a recurring basis after initial recognition.

- financial assets at fair value through profit or loss;
- financial assets at fair value through other comprehensive income; and
- freehold land and buildings.

The entity does not subsequently measure any liabilities at fair value on a recurring basis, or any assets or liabilities at fair value on a non-recurring basis.

Fair Value Hierarchy

AASB 13: *Fair Value Measurement* requires the disclosure of fair value information by level of the fair value hierarchy, which categorises fair value measurements into one of three possible levels based on the lowest level that an input that is significant to the measurement can be categorised into as follows:

Level 1	Level 2	Level 3
Measurements based on quoted prices (unadjusted) in active markets for identical assets or liabilities that the entity can access at the measurement date.	Measurements based on inputs other than quoted prices included in Level 1 that are observable for the asset or liability, either directly or indirectly.	Measurements based on unobservable inputs for the asset or liability.

The fair values of assets and liabilities that are not traded in an active market are determined using one or more valuation techniques. These valuation techniques maximise, to the extent possible, the use of observable market data. If all significant inputs required to measure fair value are observable, the asset or liability is included in Level 2. If one or more significant inputs are not based on observable market data, the asset or liability is included in Level 3.

Valuation techniques

The entity selects a valuation technique that is appropriate in the circumstances and for which sufficient data is available to measure fair value. The availability of sufficient and relevant data primarily depends on the specific characteristics of the asset or liability being measured. The valuation techniques selected by the entity are consistent with one or more of the following valuation approaches:

- *Market approach* uses prices and other relevant information generated by market transactions for identical or similar assets or liabilities.
- *Income approach* converts estimated future cash flows or income and expenses into a single discounted present value.
- *Cost approach* reflects the current replacement cost of an asset at its current service capacity.

Each valuation technique requires inputs that reflect the assumptions that buyers and sellers would use when pricing the asset or liability, including assumptions about risks. When selecting a valuation technique, the entity gives priority to those techniques that maximise the use of observable inputs and minimise the use of unobservable inputs. Inputs that are developed using market data (such as publicly available information on actual transactions) and reflect the assumptions that buyers and sellers would generally use when pricing the asset or liability are considered observable, whereas inputs for which market data is not available and therefore are developed using the best information available about such assumptions are considered unobservable.

The following tables provide the fair values of the entity's assets and liabilities measured and recognised on a recurring basis after initial recognition and their categorisation within the fair value hierarchy:

		30 June 2022			
	Note	Level 1 \$	Level 2 \$	Level 3 \$	Total \$
Recurring fair value measurements					
<i>Financial assets</i>					
Financial assets at fair value through profit or loss:					
Financial assets at fair value through other comprehensive income:	8	9,769,440	-	-	-
Total financial assets recognised at fair value on a recurring basis		9,769,440	-	-	9,769,440
<i>Non-financial assets</i>					
Freehold land (i)	9	-	-	1,265,000	1,265,000
Buildings	9	-	-	15,564,145	15,564,145
Total non-financial assets recognised at fair value on a recurring basis		-	-	16,829,145	16,829,145

		30 June 2021			
	Note	Level 1 \$	Level 2 \$	Level 3 \$	Total \$
Recurring fair value measurements					
<i>Financial assets</i>					
Financial assets at fair value through other comprehensive income:					
	8	8,699,737	-	-	-
Total financial assets recognised at fair value on a recurring basis		8,699,737	-	-	8,699,737
<i>Non-financial assets</i>					
Freehold land	9	-	-	1,265,000	1,265,000
Buildings	9	-	-	16,015,002	16,015,002
Total non-financial assets recognised at fair value on a recurring basis		-	-	17,280,002	17,280,002

EUROA HEALTH INC.
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NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2022

Note 20 Entity Details

The registered office of the entity is:

Euroa Health Inc.
36 Kennedy St
Euroa
Victoria 3666

The principal place of business is:

Euroa Health Inc.

EUROA HEALTH INC.
ABN: 92 619 716 188
BOARD OF MANAGEMENT DECLARATION

In accordance with a resolution of the board of Euroa Health Inc., the board of the Registered Entity declare that, in the boards' opinion:

1. The financial statements and notes, as set out on pages 2 to 23, are in accordance with 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 2022 and of its performance for the year ended on that date.
2. In the board's opinion 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.

This declaration is signed in accordance with subs 60.15(2) of the Australian Charities and Not-for-profits Commission Regulation 2013.

Board Member  _____
Linsey Siede

Dated this 2nd day of November 2022

Board Member  _____
Gerry Ginnivan

Dated this 2nd day of November 2022

**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 2022, 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 2022 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 responsibility 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 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 2022, 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.

Liability limited by a scheme approved under Professional Standards Legislation

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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 on 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 control.
- 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 Boards' 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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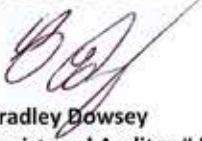
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**ACCOUNTING & AUDIT
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- Evaluate the overall presentation, structure and content of the financial report, including the disclosures, and whether the financial report presents the underlying transactions 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

Bradley Dowsey
Registered Auditor # 528899

Dated at Bendigo: 25th October 2022

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Euroa Health

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