



Euroa Health

Our community

ANNUAL REPORT
2020-21





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Our Cover Page: The last year has been an unprecedented one for health care workers.

Our cover celebrates the work of all Healthcare workers who donned Personal Protective Equipment (PPE) to provide care during the pandemic, Our 'HealthCare Heroes' as they have become known.

The three staff in this image wanted to share their photos and make sure our community know that behind the mask and shield the staff at Euroa Health continue to work hard to ensure *Our Community are living well.*

Our Vision

Our Community, living well

Our Mission

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



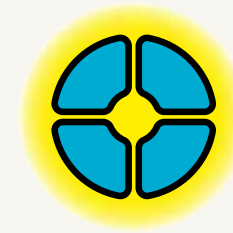
Safety

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



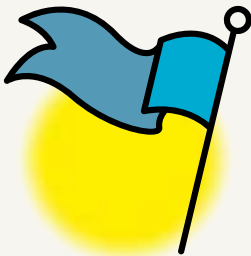
Kindness

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

Euroa Health and its community has been fortunate in weathering the pandemic circulating within Victorian and New South Wales. An outbreak of COVID-19 in Greater Shepparton amplified concern in the Strathbogie Shire as a significant number of local people are employed in Shepparton.

Members of staff at Euroa Health also come from Shepparton and several had cause to isolate. Whereas the general public had to wear masks during lockdowns the staff were required to wear full PPE gear throughout their work shifts and they complied with these restrictions without complaint.

On the occasions when risks of COVID-19 infection heightened, the leadership team and the workforce responded admirably and professionally, and we owe them high praise for their dedication and care.

The patience, resilience, and thoughtfulness of the residents of GraniteHill and their families and friends are to be commended. Measures put into place to ensure their health and safety imposed visiting and activity restrictions. They accepted and overcome the challenges.

Thank you to the Board members: Caroline Keenan (resigned February), Georgia Ward (Quality & Risk, resigned April), Catriona King (Chair – Innovations & Special Projects, Finance & Audit), Pip Murray (Chair – Clinical Governance and Risk, Innovations & Special Projects), Linsey Siede (Chair – Finance & Audit, ICT & Facilities), Gerry Ginnivan (Chair – ICT & Facilities, Finance & Audit), Simon Burke (Innovations & Special Projects, Quality & Risk), Lisa Reynoldson (Quality & Risk, casual vacancy position), Chris Thomson (Finance & Audit, observer) and David Vaughan (Innovations & Special Projects, observer). It has been another interesting twelve months of copious, yet thought-provoking readings followed by virtual meetings. All Board and Subcommittee meetings progressed their business although there were few opportunities to meet in person. Thank you also to the staff and community members who make a significant governance contribution to the work of the subcommittees – Rob Liney, Stan Gibney & Kathy Grigg (Finance); Paula McPherson, Janet Shankland, Neal Douglas, Nola Dudley, and Erica Mercer (Clinical Governance and Risk); David McKay, Dane Reid (Facilities & ICT); Melissa Seymour, Jim & Sally Perry (Innovations & Special

Projects). Cherree Hunter and Catie Hill are important drivers for Board consultation.

It is important to acknowledge the leadership of Cherree Hunter and thank her for her dedication, enthusiasm, and forward thinking. She has diligently created opportunities for Euroa Health, fostered new relationships with neighbourhood health services, kept abreast of developments within the industry initiating policies and implementing procedures to ensure that Euroa Health is compliant with regulations.

She drove the initiative to develop the 2021-25 Strategic Plan. It was launched in August. The new logo, vision, mission, and the pillars, goals and actions provide direction, purpose and meaning for the organization. Thank you to all who contributed to its development.

Cherree is backed up by her leadership team, work force, and volunteers.

Volunteers are critical to operations within the organisation. Thank you to all those who contribute to the welfare and happiness of residents in GraniteHill and Gilburn Day Centre. Special acknowledgement to Corrie, Nola and their team members at the Bowerbird Opportunity Shop, and The Hub Information Centre. Their effort results in significant funds being raised for equipment purchases, facilities and other developments within Euroa Health.

Euroa Health signed a funding agreement with the Health Department reserving local beds to be made available should they be required for non-COVID-19 patients during the pandemic. This agreement ended in July and it has been reinstated from October 1 to December 31.

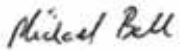
A substantial grant was received from the John T Reid Charitable Trusts and we owe our gratitude to the Trustees. This funding will be employed to convert the current Gilburn facility into comfortable and more familiar surrounds for Memory Support Unit residents. The change follows an audit as to the appropriateness of open space in GraniteHill in the Shovelton Wing. This refurbished facility will retain the Shovelton title.

Another substantial government grant for radiology equipment has been received by Euroa Health and a procurement process is currently underway.

Master Planning taking into account current facilities and future needs is also underway.

Similar to last year, the organisation is in a solid financial position, and pressure remains on the provision of hospital services.

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



Michael Bell
Board Chair



Chief Executive Officer's Report

It has been a significant year for healthcare with the worldwide COVID-19 pandemic becoming an ever-present area of focus dictating how we deliver care. The staff at Euroa Health have done an outstanding job ensuring they were ready for an outbreak when, and if, it arrived.

During the year we saw Euroa exposed to the virus, but it was in late October 2021 that the exposure was on our doorstep with a positive case on site. What was pleasing was the hours of planning, scenario testing and training paid off and we were able to achieve a zero transmission rate on the site.

This was primarily due to the following actions;

- 100% staff vaccinated against the virus
- 99% of residents vaccinated against the virus
- Access to the required PPE
- Adapting and implementing best practice COVID-19 guidelines
- A clear and concise COVID-19 emergency response plan being enacted for the site within the first 24 hours of notification

GraniteHill was one of nine facilities in Victoria to be included in the COVID-19 Antigen trial which will provide assurance that all individuals entering the site will have their COVID-19 status known, the commencement of the trial is imminent and will allow all staff and visitors to be tested for COVID-19 prior to entry.

Whilst the COVID-19 journey of the past 18 months has resulted in a lot of hardship the hospital was able to secure a Comprehensive Funding Agreement between Euroa Health and the Department of Health. The agreement enabled the Department of Health utilisation of the hospitals beds if needed to support Goulburn Valley Health in the event of widespread COVID-19 outbreaks in the region. Fortunately, the system did not become overwhelmed and the requirement for Euroa Health to support the team at Goulburn Valley Health was not required. We stepped into the COVID-19 testing space in the year with several drive through pop up clinics operating to support the community to be tested locally. The Agreement has been re-established in later 2021 to enable the health service to support the broader system when COVID-19 restrictions are eased in November and December.

The response to the pandemic slowed the progression of some key initiatives and improvements, despite these challenges, we have many achievements to recognise.

The support from our community for has been a vital ingredient in the achievements realised this year. One way this has been demonstrated is the \$176k donated through the Bowerbird Opportunity shop, which has been used to purchase a wide range of equipment for the service including

- New beds earmarked for both GraniteHill and the acute hospital
- ICT equipment to implement an electronic medication management system
- Computers on wheels for staff to deliver services at the bedside
- Specialist ICT equipment for people living with dementia
- Personal Protective Equipment

I am very proud to say that in 2020-2021 we secured several significant grants these included;

- \$700k for the refurbishment of the Memory Support Unit from the Rural Regional and other Special Projects Building Fund from the Commonwealth
- \$153K for an upgrade to the radiology and ultrasound equipment from the Regional Health Infrastructure Grant
- \$67K for the refurbishment of the Memory Support Unit garden from the JT Reid Grant
- \$50K for the memory support unit garden, ICT equipment, and internal furnishing from Perpetual Philanthropic Grants

We continued to endeavour to build a future for the Health Service with the delivery of the Strategic Plan providing a clear direction for the future. One of the most significant issues identified in the plan was the need for radiology services to be reinstated which has been secured and we hope will be operational in early 2022. We also acknowledged that the community would like a clear plan on the future of the vacant buildings and in response to that the Board have endorsed the progression of the Euroa Health Masterplan for the site. It is anticipated that we will secure the services of a consultant to assist in the development of the plan to be delivered in early 2022.

In developing the Strategic plan, we reviewed our values and mission. We established new values that underpin behaviours and shape our culture as a health service. The services vision was revised to Our Community Living Well, and our Mission was to be the preferred provider for our community that delivers high quality individualised care and services. Together our vision and mission will guide the focus of our work over the next five years.

The focus on Digital systems continued with our new ICT service provider ComputingToday and over the year we have undertaken a project to upgrade the Server and implement an electronic medication administration system and transition the clinical team to working with computers on wheels recording care at the bedside.

We have also changed our meal ordering system from a paper-based system to an electronic ordering system that integrates with the clinical system to ensure the meal delivered is in line with the individuals needs of every resident. Whilst these were important pieces of work we need to look toward an Integrated Digital Road Map for the service and in early 2022 we look forward to delivering upon a future plan for the site to ensure all digital improvements build upon previous work undertaken in this space.

We continue to monitor the care we deliver by measuring our success and identifying areas in which we need to improve and the Quality of Care Report outlines how we have measured and improved the services we deliver. Throughout the year we have

been required to initiate significant change to ensure that we could meet the challenge of COVID-19 whilst delivering the highest level of care possible. Of course, none of our achievements would be possible without the dedication of our highly skilled staff. They have been the backbone of the service over the past year and their achievements need to be acknowledged and celebrated.

Our staff and volunteers, work tirelessly to ensure the best possible outcomes for our patients, residents, and consumers. I thank all our staff for their commitment to living the Euroa Health values and the professionalism and compassion with which they carry out their work. Thank you also to all our volunteers who selflessly gave their time throughout the year. Your kindness and generosity transforms the experience of our patients, residents, and visitors.

The 2020 / 2021 Annual Report is our opportunity to reflect on the past twelve months to celebrate our achievements whilst being focused on continuing improvement in all aspects of service delivery to ensure in partnership with other healthcare providers that *Our community is Living Well*.



Cherree Hunter
Chief Executive Officer



Our People

Board of Management

BOARD CHAIR, Michael Bell

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

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



DEPUTY CHAIR, Catriona King

Catriona joined the Euroa Health Board of Management in April 2020 and has been working for the State Government Agriculture Department since moving to the Euroa district in 2005.

Catriona has vast experience and knowledge to bring to Euroa Health Inc from positions previously held in healthcare services of IVF, biotechnology and at the Alfred and Maroondah hospitals and is a graduate of the Australian Institute of Company Directors course.



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.



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.



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 as part of the COVID-19 workforce.



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, is values driven and is committed to making a difference to the health and wellbeing of individuals in local communities.

Executive Team

CEO, Cherree Hunter

Cherree 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 two years with Euroa Health we have worked hard to improve systems and addressed significant challenges in the management of COVID-19. We are keen to hear the needs of the community and deliver on the issues identified within the services Strategic Plan. Securing grants has been the cornerstone for improvements. In the 2020/21 the service has secured grant funding of \$850K to undertake refurbishments of the memory support unit and reintroduce radiology to the site.

Cherree has a strong interest in working towards improvements in care delivery aimed at working in partnership with residents, patients, and families.

Paula McPherson

Paula is the Director of Nursing, Clinical Services Manager. Paula is a Registered Nurse with a Post Graduate Certificate in Emergency Nursing. She 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 manages the Infrastructure and Environmental Services, and is now in his seventh 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 Hospital and GraniteHill sites.

David enjoys being in nature, and is using his practical skills outside of work to develop a bush retreat in regional Victoria.

Executive Team continued

Melissa Seymour

Melissa joined Euroa Health in April 2021, in the new position of Innovation and Special Projects Manager. Melissa is proud to be working with Euroa Health, as we implement the new 5-year Strategic Plan.



Melissa has family origins in Euroa, strengthening her passion for this community and she is excited about innovation and bringing positive change, learning more about the opportunities for Euroa Health, and how we can best provide for our community.

Melissa has post-graduate qualifications including a Bachelor of Health Sciences, and a Graduate Certificate in Public Relations and Communications. Her education and recent work history includes 10 years with the University of Melbourne as a lead in the delivery of the Doctor of Medicine degree across Rural Victoria, and more recently as the Facilitator of the esteemed Goulburn Murray, Fairley Community Leadership Program.

Business Services Manager

We are delighted to announce that **Rick O'Bree** has joined Euroa Health as our Business Services Manager in November 2021.



Other Key Leaders

Janet (Netta) Shankland

Janet (Netta) is our Aged Care Manager who has been with Euroa Health for nearly 5 years.

Netta has been a Registered Nurse for over 40 years now, initially starting her career working in a Children's Hospital in Scotland.

Netta has worked in many different areas of Nursing including District Nursing, Paediatric Theatre and General Medicine before settling into Aged Care over 25 years ago. Netta hails from Scotland and has managed to retain her lovely accent in the 12 years since being in Australia.



Peter Kumar

Peter is the Executive Chef and is now in his third year with Euroa Health.

Peter's qualifications include an Advanced Diploma in Business & Hospitality Management. Having worked in commercial hospitality venues, he has enjoyed the transition to providing nutritious meals for GraniteHill residents and patients in Hospital.



In early 2020, our kitchen resumed cooking in house using fresh local produce. All of the recipes are nutritionally balanced and carefully designed to meet individual resident needs. Peter works closely with residents in the planning of menus to ensure some of the favourite dishes people enjoy, are featured, and to their liking. Peter is supported by an experienced team in the kitchen, which makes his work, all the more enjoyable.

Leanne Hamlyn

Leanne joined Euroa Health as our People Services Officer in July 2021.

Leanne brings a wealth of experience to our teams, having worked with various multinational professional services, and state government ministers. Leanne's experience in human resources, recruitment, performance planning and change management are key to successful management of our workforce.



Leanne and her husband made a tree change to Euroa 3 years ago from Melbourne, to enjoy regional life and the Strathbogie Ranges. Leanne is looking forward to being able to make a difference and give back to the Euroa community.

Credentialed Visiting Medical Officers

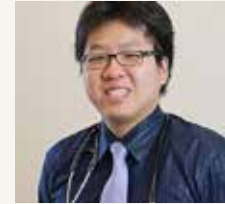
Euroa Medical Practice undertook the Visiting Medical Officer Credentialing process which is a requirement for the Health Service. By undertaking this process in conjunction with Goulburn Valley Health, Euroa Medical can admit patients to our Acute Hospital and provide care.

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.

The current credentialed practitioners for the 2020- 2021 year 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

2020 – 2021 Financial Year

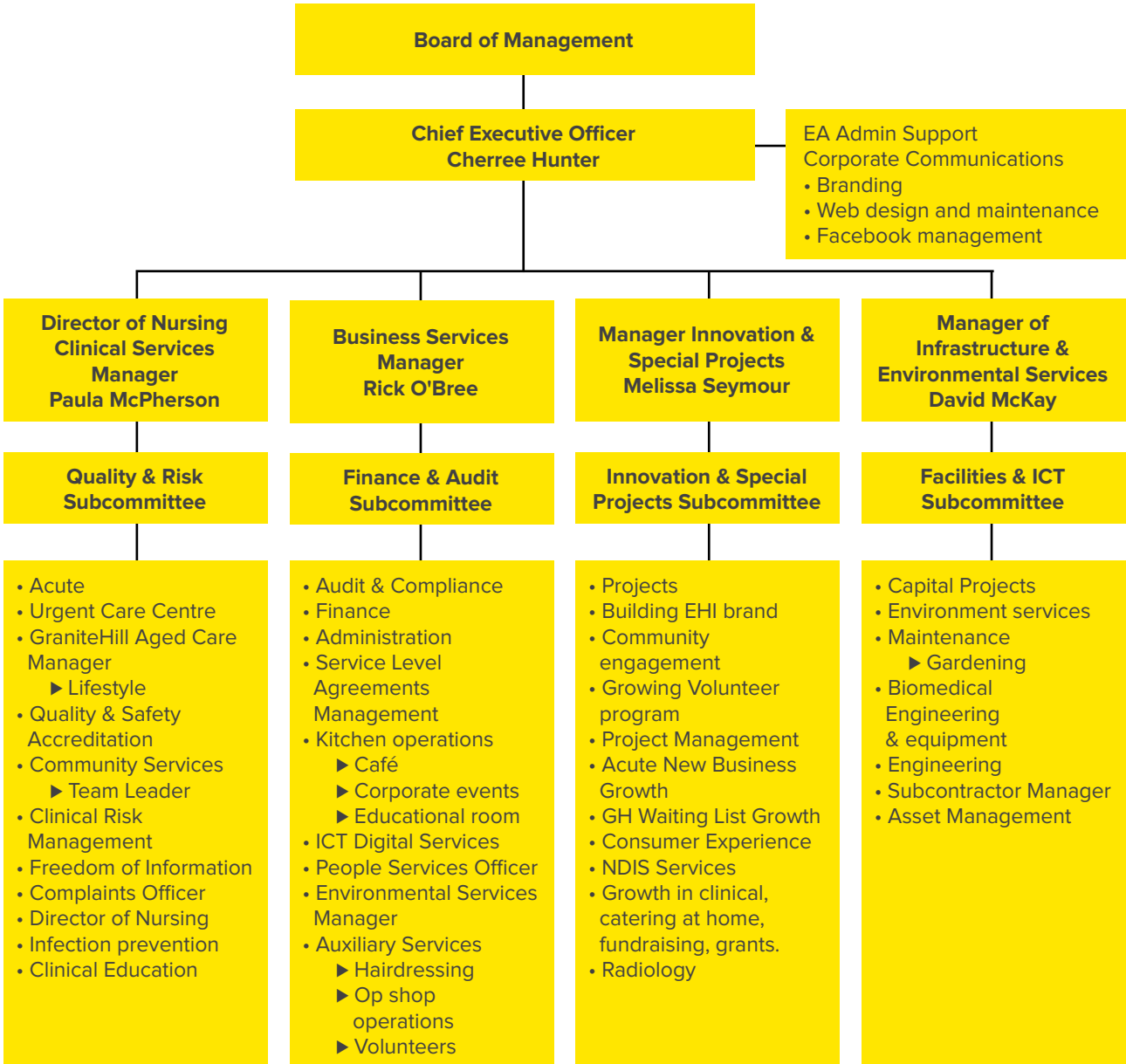
We celebrate the milestone years of loyal service and contribution to Euroa Health from the following employees:

- Geraldine Mawson 15 years - Acute Hospital
- Lorraine Ellis 15 years - Catering Services
- Michelle Mol 20 years– Environmental Services

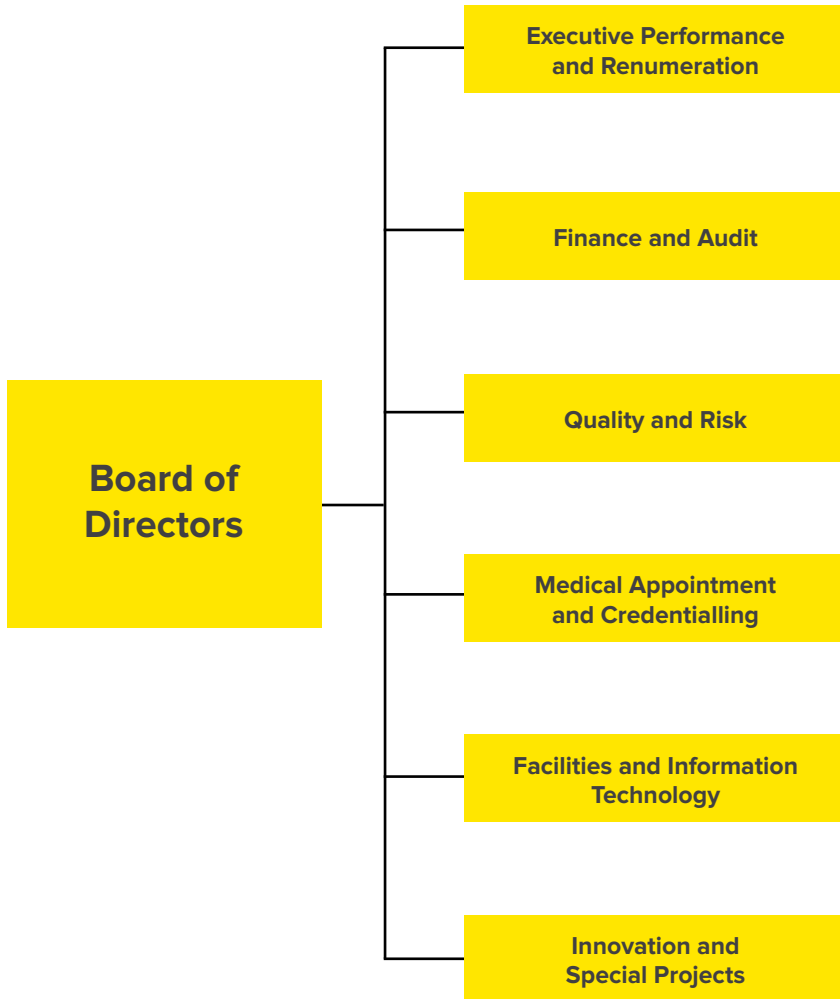
We acknowledge the following employees with significant years of loyal service:

Sue Martin 48 years, Marilyn Page 41 years, Marg Mills 39 years, Marilyn Page 36 years, Jenny Thompson 33 years, Avelina Noye 26 years, Frances Ireland 23 years, Sue Chester 23 years, Thelma Goodwin 22 years.

Organisational Chart



Board of Management Subcommittee Structure



Board of Management

Meeting Attendance 2020/21 List

Board	August 2020	October 2020	January 2021	March 2021	May 2021	July 2021	September 2021
Michael Bell (Board Chair)	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Catriona King	Yes	Yes	Yes	Apology	Apology	Yes	Yes
Sarah Trelor (Resigned)	Yes	Yes					
Jim Perry (Resigned)	Yes	Yes					
Pip Murray	Yes	Yes	Yes	Apology	Yes	Yes	Yes
Gerry Ginnivan (New Member)		New Attendee Observer	Yes	Yes	Yes	Yes	Yes
Caroline Keenan (Resigned)	Apology	Apology					
David Vaughan (New Member)							New Attendee Observer
Georgia Ward (Resigned)	Apology	Yes	Yes	NA	NA	NA	NA
Chris Thompson (New Member)							New Attendee Observer
Simon Bourke (New Member)			Yes	Yes	Yes	Yes	Yes
Linsey Siede (New Member)			Yes	Yes	Yes	Yes	Yes
Lisa Reynoldson (New Member)							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 the aims of the Organisation.
- Governance by the Board is achieved through:
 - ▶ Strategic Planning – to ensure the visionary direction of the Organisation is focused and aligned to the Mission Statement;
 - ▶ Effective management by the Chief Executive Officer – the Board performs an annual performance appraisal and sets realistic goals; the Chief Executive Officer is responsible for managing the Organisation at an operational level;
- ▶ Funding of service agreements – the Board endorses plans, strategies and budgets and ensures annual agreements reflect accurate, achievable and desirable outcomes. The Board monitors the performances of the Organisation through appropriate budgetary processes;
- ▶ Local policy setting;
- ▶ By-law and Operational Practices – these are reviewed regularly by the Board.

Compliance

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

DATA INTEGRITY


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



Cherree Hunter, Chief Executive Officer
November 2021

MINISTERIAL STANDING DIRECTION 5.1.4 FINANCIAL MANAGEMENT

I, Michael Bell, 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.



Michael Bell, 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 hospital circular 07/2017 Compliance reporting in health portfolio entities (Revised) and has implemented a 'Conflict of Interest' policy consistent with the minimum accountabilities required by the VPSC. Declaration of private interest forms have been completed by all executive staff within 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 meeting.



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

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

Due to the issue with COVID-19 there has been industry wide agreement that the existing accreditation timeframes have been extended by regulatory bodies, new dates will be established in early 2022.

PROGRAM STATUS	DETAILS	ACTIONS
<p>NATIONAL SAFETY AND QUALITY HEALTH SERVICES STANDARD</p> <p>Fully accredited until September 2022 (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 2022.</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 2020-2021 we have been working hard to ensure that our hospital services meet the requirements.</p> <p>There were several independent audits this year including the Department of Health Poisons and controlled substances pharmacy department review, the Private Hospital and NEPT regulation, risk and integrity department all felt that Euroa Health processes met requirements.</p>
<p>AGED CARE QUALITY STANDARDS</p> <p>GraniteHill Aged Care facilities fully accredited until October 2021</p> <p>✓</p>	<p>A review of GraniteHill in April 2018 identified that the service met all the 44 Standards and would be accredited for a full 3 years expiring in July 2021. Due to challenges with assessors being on site due to COVID-19 risk on site assessments were suspended in 2020-2021.</p> <p>Due to COVID-19 restrictions on-site, unannounced visits were suspended with any engagement with the Commission occurring remotely.</p>	<p>From 1st July 2019, GraniteHill is required to comply with the new Aged Care Quality Standards.</p> <p>A review of the new standards has been undertaken and some actions identified to ensure GraniteHill maintains compliance.</p> <p>A new suite of auditing tools was commenced in 2020 this electronic data set called Quality Performance Solutions (QPS) enables GraniteHill to benchmark against peer organisations to strive to be industry leaders. We continue to use this data to drive improvement and benchmark against peer organisations. Since implementation in 2020 we are seeing improvements in a wide range of areas.</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>A review of the Community programs in 2017 identified that the service met all required standards and would be accredited expiring in 2020. However, due to the inability to deliver the same level of CHSP service brought about by the COVID-19 the on-site audit is yet to be scheduled.</p> <p>A self-assessment has been undertaken to identify preparedness and showcase the achievements of the program. This self-assessment would be used to showcase the work of the team and identify the level of consumer satisfaction.</p>	<p>From 1st July 2019, the Euroa Health Community Health Programs funded under the Community Home Support Program (CHSP) is required to comply with the new Aged Care Quality Standards.</p> <p>A new suite of auditing tools was commenced in early 2021, this electronic data set called Quality Performance Solutions (QPS) enables our CHSP services to benchmark against peer organisations to strive to be industry leaders.</p> <p>The program has been unable to operate due to COVID-19 restrictions limited auditing has been completed.</p>

Acute Hospital Services

2021, the year that challenged health care across the world and Euroa Health wasn't immune to this. Our staff have been challenged to learn new things including, preparedness to care for COVID-19 positive patients, wearing full Personal Protective Equipment whilst caring for patients and obtaining pathology for COVID-19 swabs.



* Image digitally enhanced due to COVID-19 PPE requirements.



Despite the challenges COVID-19 provided, it was business as usual 291 patients were admitted and discharged with many of our local residents transferred into our care from Goulburn Valley Health. Close liaison with the discharge planning team at Goulburn Valley Health gave us the opportunity to provide care for our "local" Strathbogrie patients and many others that fitted our admission criteria. We have cared for patients from Nagambie, Mansfield, Shepparton and Mooroopna.

We have created new ways to communicate with families and patients including bedside communication boards that inform patients who their treating team is, and what is happening next while in hospital. For example, 'I am waiting to see the physio'. A new patient information compendium is now made available for all patients on admission, that outlines simple things like, how I get my washing done, and can I order goods from Burtons supermarket. It is also an education tool for patients to learn how they can stay safe while in hospital, falls prevention and pressure injury while in hospital. Patients and families have enjoyed many hours

connecting on zoom during restricted visiting periods. This technology enabled families to see their loved ones while they were recovering, and treats were dropped off for patients in a special box outside the front door.

Euroa Health had visits from Department of Health, Poisons and controlled substances Pharmacy department, Private Hospital regulators from the Department of Health, NEPT regulators, and a review by the Risk and Integrity Department. These departments were very complementary to the service provided by Euroa Health and the policies and process in place. Accreditation under the National Standards is planned for May 2022 and Acute staff and the Quality team are currently reviewing processes in readiness for this important assessment.

Aged Care in Review

GraniteHill has experienced a year like no other as a result of the ever-changing COVID-19 landscape. From scheduled visiting changes to facility closure, and restrictions for visitors based upon where they resided, along with density quotients, coping with new and innovative ways to communicate with their families became the new norm.

GraniteHill the year in review

- 98.6% occupancy
- 2.4 years average length of stay
- Average resident age – 87.6 years young
- We welcomed 33 new residents
- Said goodbye to 22 residents
- We played 104 games of bingo
- We held 156 bowls tournaments
- We sung Happy Birthday 77 times

Many residents adapted to catching up with loved ones over zoom calls, some as far away as the United States. And staff found new ways to communicate with residents, whilst dressed in full personal protective equipment. Residents were vaccinated in house for both Flu and COVID-19 and our staff met this 100% mandatory target quickly.

GraniteHill staff have all worked extremely hard and long to ensure everyone's safety during the pandemic. Staff, residents, and family members have all been very supportive and responsive to the many changes we have had to implement often at very short notice as a result of the ever changing Directions from the Chief Health Officer. Visits from staff pets became the norm and we enjoyed time spent with Honey, Phoenix and Maggie to name a few.

The Lifestyle team have been very innovative creating a program that gave residents a sense of normality with many different and varied activities. These included wine and cheese afternoons, fashion parades, grand final celebrations, BBQ lunches, movie afternoons and happy hour. The most popular two activities on the weekly calendar, as always, are bowls and bingo and are very competitive and well attended.

The GraniteHill Bar was opened and became a place of meeting in the afternoons for many of our residents.

At the residents request they wanted a venue that reminded them of the 1970's so the room was retro-fitted

with a bright orange bar and accessories to create a warm and inviting environment, for all to share a glass or two of red or beer along with conversations solving all the problems of the world. Happy hour has become part of many of our residents afternoon rituals prior to dinner. Thanks to those who donated items for the Bar to enable us to display memorabilia especially Robyn Gilliland.



Using feedback to drive improvement, it was decided that the current layout of the Memory Support Unit does not meet Best Practice Guidelines. A review looking at feedback from residents, families, Dementia Australia, and analysis of key clinical indicators highlighted changes for the unit.

With this in mind, we applied for and received a \$700 thousand grant to upgrade our Memory Support Unit. This along with the allocation of an additional 10 bed licenses will allow Euroa Health to ensure that residents living with dementia will have an improved quality of life and a sense of purpose. Memory Support Unit support group has been convened and currently projects underway include a rural themed sensory garden and relocation of the *Shovelton* Memory Support Unit over into the Gilburn building. This is anticipated to be completed mid-2022 and will provide an environment that is more homely, less clinical, and more in line with the recommendations made by Dementia Australia.



We are always looking for innovative ways to care, support and positively impact the lives of our residents. This is Honey, a therapy dog who comes to work with her owner. Honey gives residents and staff a connection to focus on, and talk about.

Community & Allied Health Services (Gilburn)

The services delivered by the Gilburn Centre were severely impacted by the COVID-19 restriction with services on and off again over the entire past twelve months. This has created some significant challenges for the clinicians and the community clients.

Several key staff parted ways with Euroa Health during the year including our much-loved Exercise Physiologists Claudia Callagher and Sophie Nicholson, and longer-term Service Manager Heather Houston. Claudia has relocated to Geelong, Sophie to Bendigo, and Heather is enjoying retirement in the sun.

The remainder of the team, Liz Bickerton Physiotherapist, Kelly Hill Occupational Therapist, Hernan Pavez Exercise Physiologist and Enid Mawson, Personal Care Worker continue to provide services to the Euroa Community despite the challenges. This includes social and wellbeing contact, Allied Health intervention and sessions both in the Euroa Health gym and when able at the pool in Benalla. The year also saw some growth in providing meals to the community through our food services team.

Liz, Hernan, and Enid were transitioned into residential services during periods of restricted access in 2020-2021 providing lifestyle activities including gym sessions, daily exercise group activities, creating walking groups and providing emotional and wellbeing support for residents.

We established an improved working relationship with Community Interlink through Goulburn Valley Health with a staff member on site at Euroa Health

once a week. This is anticipated to continue next year and will allow Euroa Health to grow its community services.

Although the service needed to pivot, we are progressing with system improvements including, a new integrated paperless computerised system for our Community services. This integrated data system is able to take bookings, provide an efficient billing system as well as store all the clients data in one place, thus eliminating at least three other paper-based systems as a result. It will also enable the clinicians to update notes and appointment times from an app on their phone whilst being in the community going from client to client.

In 2021-2022 we plan to grow and develop our Community Service to better support community members who want to stay in their own home, and receive quality care. We are actively trying to recruit a Program Leader to expand service delivery in the National Disability Insurance Scheme (NDIS) for the people of the Strathbogie Shire.

The Gilburn Centre will undergo some changes in 2021 -2022 including relocation within Euroa Health. We all look forward to seeing what COVID-19 normal will look like as we attempt to grow and develop this vital service for our community. We cannot wait to welcome all community service recipients back on site to enjoy an extra special Christmas celebration together later this year.



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).

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

Some of the quality indicator data that we focus on each month includes unplanned weight loss, falls with and without injuries, pressure injuries, physical restraint, medication management and a multitude of other quality projects and analytics.

Mr. Neal Douglas joined the team as Associate Nurse Unit Manager/Quality Team Member in May 2021 and quickly established a team that consists of Ms. Jenny Thompson an Enrolled Nurse who is responsible for managing the services Continuous Improvement Plan, Ms. Stevie Dickman Personal Care Attendant is responsible for data collection and Ms. Rebeca Slaney Enrolled Nurse responsible for acute services data.

The Quality team are responsible for the review of all policies and procedures along with ensuring that Euroa Health alters practice in line with legislative obligations.

Aged care services quality improvement data collection involves all aspects of the care provided at GraniteHill. This data is continuously monitored and benchmarked quarterly against other residential aged care facilities across Australia and is presented at Quality and Risk Subcommittee for reporting. To ensure that Euroa Health has the perspective of the community within the Subcommittee we have two community members Ms Nola Dudley and Ms Erica Mercer.

The team has been focusing on all aspects of the care including the areas of falls (and falls with fracture), medications errors, pressure injuries, unplanned weight loss, and consumer complaints and suggestions. These are all captured using an incident reporting system

that not only monitors feedback but also drives quality improvement. Senior Managers are engaged and responsive for daily review actioning of all incidents.

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). SIRS was implemented on April 1st, 2021, requiring aged care 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 fifteen SIRS incidents reports in seven months all have been reported from Memory Support Unit in relation to unreasonable use of force from resident to resident. There have been no reported SIRS incidents involving staff.

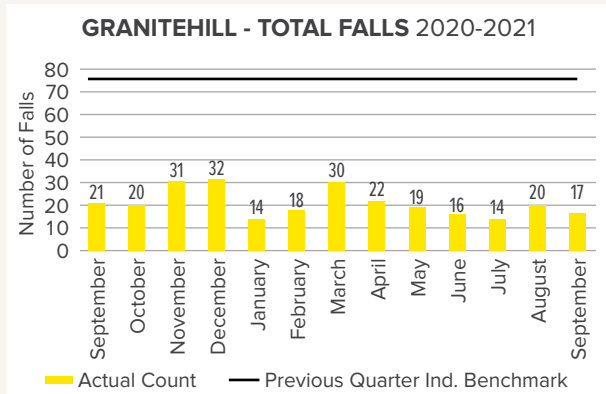
Other changes to the Aged Care Act include limitation of restrictive practice (such as restraint) and behaviour support plan implementation, this has been a comprehensive piece of work that has been undertaken by the Quality and Aged care teams and continues to guide practice and care at GraniteHill.

Behaviour support plans form part of the resident's Care Plan, rather than replacing them. They outline recognised triggers and resulting behaviours, both existing and new, and detail strategies to use to meet the resident's needs without the need for restrictive practice. Behaviour Support requires a detailed understanding of each resident as an individual, distinct from each other.

Falls

Prevention of falls, as is the case with all health services, is an ongoing and challenging piece of work. Every fall is reviewed, discussed and prevention strategies are considered. 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.

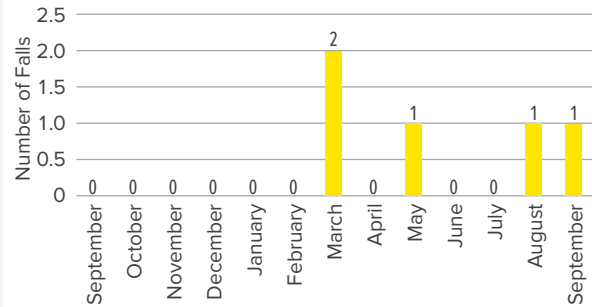
The challenge for 2020 - 2021 was for a reduction in falls rates below industry benchmark which has been achieved particularly in the last two quarters of the data collection cycles.



Graph 1. Total Falls – GraniteHill

All falls with fracture injury are reviewed using a methodology of Root Cause Analysis (RCA). The Quality team are now capturing this data more formally and this data is now reported to Quality & Risk Subcommittee and the Euroa Health Board.

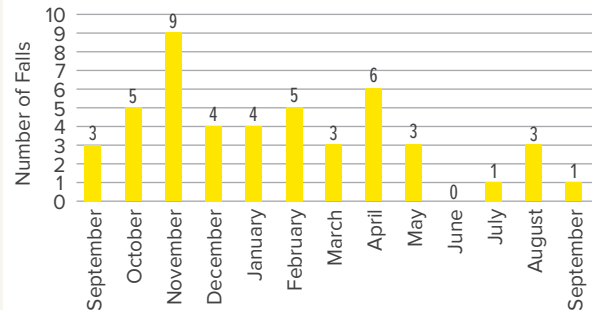
GRANITEHILL - FALLS WITH FRACTURES 2020-2021



Graph 2. Falls with Fracture – GraniteHill

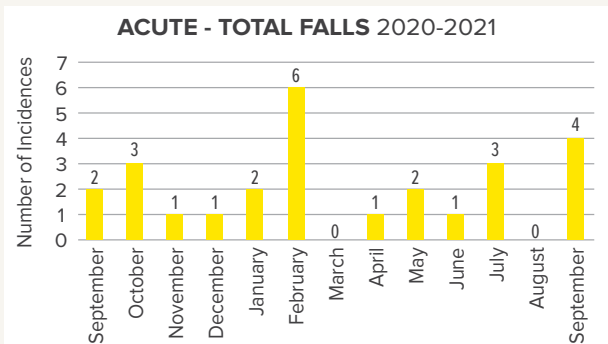
Falls with injury are defined as incidents where a resident has a fall and sustains any type of injury that requires treatment. This could be a skin tear, a bruise or a fracture or wound that requires surgical intervention.

GRANITEHILL - FALLS WITH INJURY 2020-2021



Graph 3. Falls sustaining an injury – GraniteHill

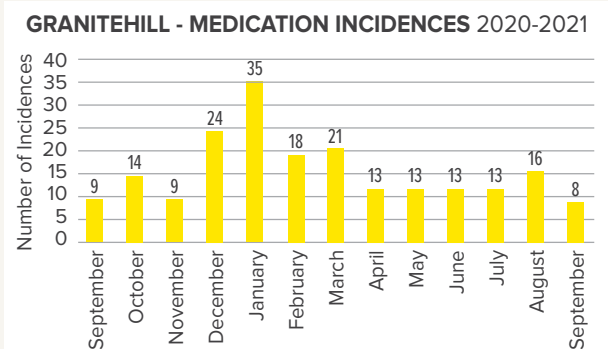
Falls in acute services remain low and a wide range of many prevention strategies are in place including the implementation of a consumer information book that educates patients and families around strategies to prevent falls while they are patients in acute services. Patient journey boards have also been introduced providing a visual reminder of what their mobility status is, including promoting use of their mobility aid.



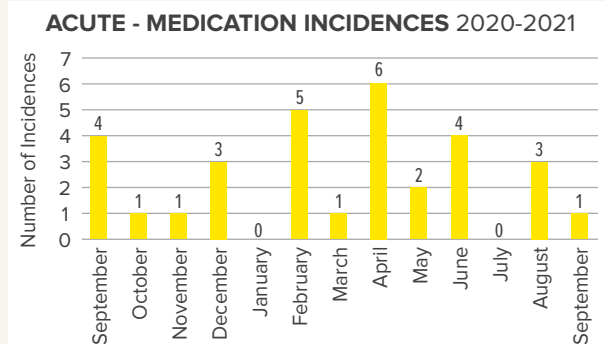
Graph 4. Total Falls – Acute Services

Medication Management.

Over the last twelve months the team have worked hard to implement an electronic medication management system called *Medsig*. This system brought with a streamlined model of medication management from prescribing at the bedside, to electronic transfer of information to pharmacy and electronic medication administration by nursing and care staff. The system came online middle of July and was fully imbedded during the month of August. Transition from paper-based medication charts to an electronic system creates more legible medication charts, efficient delivery of medication to the facility from the pharmacy and the ability to track and review medication in real time. This has been embedded into the practise in both GraniteHill and Acute services model of care. The first full month audit results identified areas of needing system improvement and education, pleasingly in September errors were markedly lower.



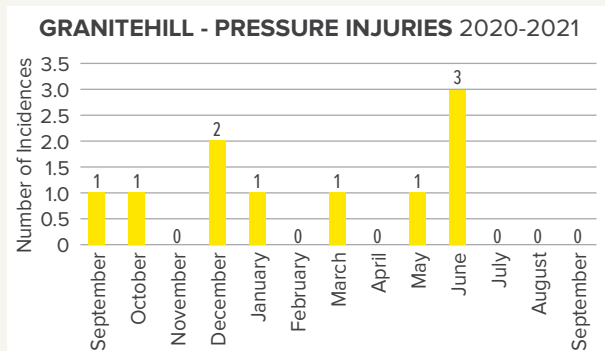
Graph 5. Medication incidents – GraniteHill



Graph 6. Medication incidents – Acute Services

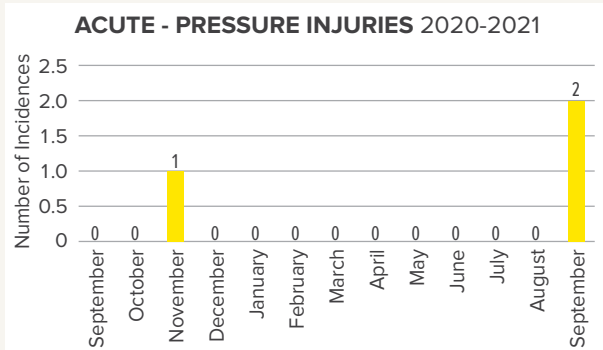
Pressure injuries

Pressure injuries occur when residents or patients sit or lie for long periods of time these wounds are staged 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 as the year progressed.



Graph 7. Facility acquired pressure injuries – GraniteHill

The prevalence of pressure injuries in Acute services are low with a total of three pressure injuries for the whole twelve-month period. Injuries acquired in Acute were rated at grade 1-2 and once pressure was relived healed successfully.



Graph 8. Facility acquired pressure injuries – Acute Services

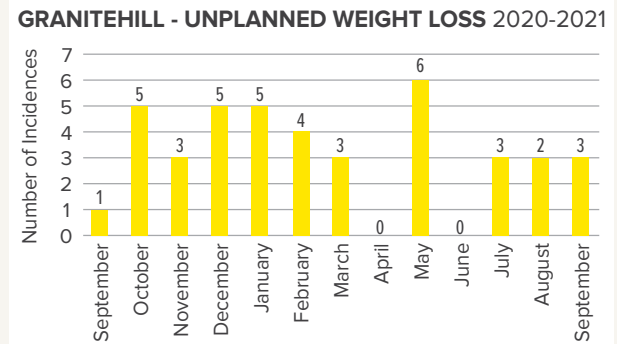
Unplanned Weight Loss

Unplanned weight loss is a reportable incident to the Aged Care Commission as part of the mandatory aged care quality indicators. Residents with unplanned weight loss of 3 kg or more in any one month or consecutive unplanned weight loss of any amount every month for three months is required to be reported to the Commission.

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* system creates a streamlined electronic system that starts at the ordering and flows through to the delivery of food to the resident, this will 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.

Euroa Health plans a comprehensive review of meal services as a result of the implementation of *Souped up* and looks forward to using this technology to drive system improvements in 2021 – 2022



Graph 9. Unplanned weight loss greater than 2kg – GraniteHill

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

People Services

The positives out of COVID-19 are watching how residents, patients, consumers and staff have worked together to maintain a happy working environment.

The staff have had to be creative and proactive in their ideas with residents who have gone through the hardship of visitor restrictions. Everyone has been agile in the way they have carried out their roles on every level. Through these times we have had to wear masks and at times and full Personal Protective Equipment. We reached our vaccination goal, and we are continually proactive in protecting ourselves and the residents and patients.

Every day the Leadership team host an all staff huddle share key information, openly ask questions, or raise any concerns. And the Leadership Team huddle twice weekly to collaborate on our projects, share feedback and ideas.

Euroa Health has grown over the past year, in both staff numbers and obtaining significant grant funding for new innovations. This boosts opportunities for employment and staff transitioning into other roles with more responsibility. We have a diverse team of individuals that take good care and pride in their work.

Euroa Health has engaged the services of an Employee Assistance Provider (EAP) offering expertise to support the wellbeing of our staff and support a safe work environment. There have also been changes with some of our internal processes, so we identify potential in all of our staff and support them to reach their potential.

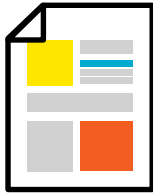
The coming year will see a new 10 bed Dementia specific unit and the reinstatement of Radiology services for the community. This means more opportunities for employment at Euroa Health and the district.

Euroa Health prides itself in carrying out our values – Kindness, Respect, Safety, Teamwork and Trust in all aspects of our business.



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;

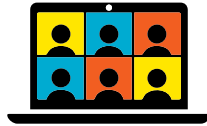


Euroa Health Monthly Newsletter

– currently in its fourth month of production this newsletter gives readers a snippet of what is happening across the organisation from residents and staff birthdays to more serious information around visiting in COVID-19 times and Serious Incident Reporting System reporting.



Redevelopment of **Shovelton Memory Support Unit** – feedback around care and environment within the Shovelton unit has created impacts for significant redesign of the whole model of care within the unit including receiving funding for the creating of a rural tactile dementia specific garden space, a technology grant for sensory interactive equipment and a \$700k grant for the refurbishment of the unit.



Communication during COVID-19

visiting restrictions we established a zoom and facetime booking program, enabling patients and residents to communicate with their significant others in a way that is meaningful and supported. As we are committed to continuous improvement, we are currently evaluating a mobile app that can be used by residents, family and staff to bring innovation to our communication and family engagement with their loved ones.



Staff and residents are now able to **virtually attend funerals** of residents of GraniteHill. To ensure residents and staff could pay respects to departed friends, a guard of honour, whereby staff and residents stand outside of the facility, for the funeral cortege to drive by.



We reopened the **Weir Street Hospital entrance** and Lynne greets visitors to the hospital with a welcome smile, Monday - Friday.



Anzac Day Memorial Ceremony

at GraniteHill to commemorate servicemen and women. The service was a collaboration with local primary school students and the Euroa RSL. This program was required to be undertaken whilst ensuring all COVID-19 requirements were met which was quite a task.



Bar for residents in GraniteHill to enable residents to catch up for a drink, watch sport on the big screen TV, or enjoy the sun filled room for a quiet relax.



Euroa Health kitchen team took over the management of the GraniteHill Café and extended trading to 7 days per week, for residents to enjoy barista coffee and pastries.

Euroa Health

Our community

New logo to represent our Hospital and GraniteHill as one service to support community.



Silver Memories radio and television service for all GraniteHill Residents to bring joy and wellbeing through reminiscence music therapy.



Lifestyle activities in the Memory Support Unit extended to 7 days a week.



Rural Infrastructure Grant to fund the reinstatement of Radiology Services at Euroa Health in 2022.



New education room with conference audio visual equipment, established from the Helen Haines Stronger Communities grant.



JT Reid Grant for the development of Victoria's first dementia specific rural memory support unit garden.



Perpetual grant to support Memory support unit garden, ICT equipment for memory support unit and internal refurbishment of the Memory support unit.



Aged Care Approvals Round gave us an additional allocation of 10 beds.



Employee Assistance Program developed for staff to confidentially debrief and receive independent support.



New MANAD finance system was implemented for integration of administration processes.



Not for profit status for Microsoft licences was achieved and provides a significant cost saving for the organisation.



New server was installed to support our extensive computer network systems.



5 year Strategic Plan was developed and launched via zoom with guest speaker the Hon. Dr Helen Haines, Independent member for Indi, who offered wonderful support for our Bush Nursing Hospital.



Afternoon tea held for all Euroa Health Volunteers, thanking them for all their hard work and dedication.



Daily all staff huddle to celebrate our work and share important updates.



Daily review of all incidents by Quality Manager, Aged Care Manager and Quality team.



Electronic Medication system implemented.



10 Computers on these trolleys are affectionately known as Computers on Wheels (COWs) by our champion staff! COWs are used by care staff, Nurses, Doctors and kitchen staff to access a range of newly implemented systems. They take staff from documenting in offices away from staff to the bedside.



The SoupedUp System was introduced so that kitchen staff can take meal orders electronically, replacing a paper system. This new system features nutritionally balanced recipes and tracks individual dietary needs, texture modifications and individual preferences to ensure the plate of food placed in front of a resident or patient is to their individual liking and any special dietary needs.



“What Matters to You?” – Leadership Project

The past 18 months during the Coronavirus pandemic, our staff have faced unprecedented, high-paced change and leaders Melissa Seymour, Leanne Hamlyn and Paula McPherson are participating in a Safer Care Victoria project to support well-being and joy in work for the benefit of both staff and resident/patient care.

To increase joy in work, leaders are engaging in effective, meaningful conversations with colleagues to understand what matters to them?, what makes a good day? and what gets in the way of a good day?



Maintenance team spent 468 hours mowing, replaced over 1000 batteries and walked the distance from Euroa to Melbourne twice emptying bins.



Membership and Donations

The Euroa Health memberships and donations received for 2020/2021 year were dedicated to the purchase of a cuddle bed for the facility.

A cuddle bed enables greater closeness for patients and their families so rather than standing or sitting on a chair and being limited to hand holding, loved ones can now lie on the bed and get really close.

The opportunity for touch and holding is really special and families who have used the bed say it has given them immense comfort. The cuddle bed is not simply wider than a standard hospital bed, it has hi-tech features such as electronic controls, smart scales, increased weight capacity and ergonomic positioning. The ability to adjust the bed's width as well as height ensures that it is safe for nursing staff as well as the patient and their family.

The support from the community around us saw a total of \$11,849.26 being received in donations and sale of general and gym memberships.

Shortly after we commenced our membership campaign, Euroa Health was contacted by Palliative Care Victoria who connected Euroa Health to Kyla-Jane Rickard from Yarraville, who had separately raised funds through a go fund me platform in memory of her late Mum. Donations made to Kyla-Jane totalled \$10,733.39, enabling Euroa Health to purchase the bed for the facility.

The Bowerbird Opportunity Shop

We have experienced another incredible 12 months at what we fondly call "our Op Shop".



It turned out to be an on-off year but also a very successful 12 months and may I add a very satisfying year for all of our dedicated workers who put in unreservedly for more than I could ask.

I feel sure that I speak for all of our hard-working staff when I say that we would not have it any other way and all workers obtain a lot of self-satisfaction when they hear of the results obtained at the end of our trading year.



We are extremely grateful to the BowerBird Op Shop and the hard-working volunteers who have funded the COWs and the new technology software systems.



During this past year the Bowerbird Op Shop funded:

- ICT upgrades
- Maintenance trailer
- Cardboard compressor recycle unit.
- Hospital beds
- Pressure relieving mattresses
- Wheelchairs
- Other medical equipment

I express my heartfelt thanks to each and every one of them for all the work and effort put in by all of our workers, be they at the front of the shop or at the back end of the operation.

In addition, of course we would not have the goods to trade, without the generosity of the Euroa and surrounding population, as far away as Melbourne, who donate their unwanted goods for which we are extremely grateful.

These goods are received, cleaned, repaired, and made ready for sale by our back-room staff wherever possible to a high standard so as to reach a sale price.

Even with an extensive period of closed shop our sales for the past twelve months reached a very satisfying total of \$211K Gross and a net Figure of \$176K after expenses of running the shop, a figure I am sure will be put to good use by the CEO and the Board of management.

We have several new workers who have started with us this year, and to them I say that I trust you have found this year with us, very satisfying. In closing thanks to all concerned including the staff of the hospital and aged care facility for all your help and dedication,

Corrie Dingemans
Op Shop Coordinator

Staff in Focus



Pictured: Apprentice Landscape Gardener, Jye.



Receptionist Annabelle Pettie is studying Certificate III in Business Management

WADIN: Working Altruistically as Devoted International Nurse a very appropriate reverse acronym for Registered Nurse, Wadin Caneda, who commenced working at Euroa Health in May 2020.

Wadin made the difficult decision to leave behind her young family in the Philippines, to progress her Nursing career in Australia, knowing it could be three years before the family could join her, to make their home in Australia.

Wadin's journey in Australia first began with a three month visit in June 2019, to complete her Nursing registration where she was placed in Myrtleford, North East of Euroa. After completing this first step, she returned to the Philippines briefly to farewell the family. Wadin then moved to Australia and commenced studying the Advanced Diploma in Leadership and Management. Whilst studying she met like-minded friends, also from the Philippines, who also happened to be Emergency Department Nurses. It was through this friendship, that Wadin found herself tagging along to their job interview at Euroa Health to see what it was all about. Some may say she 'gate-crashed' their job interview. We see it as our good fortune, to have welcomed all three of this friendship circle who have brought great strength to our workforce.

Wadin found working in Aged Care a big transition after working in Emergency for six years in the Philippines. The skills she brings have proven helpful working in Aged Care, when assessing and communicating residents care needs and management plans to team members. Wadin's role working at GraniteHill has developed over the past 18 months, and she now is Euroa Health's first Infection Control Nurse, a role necessitated from COVID-19 back in December 2020.

As Infection Control Nurse, Wadin has facilitated nine COVID-19 vaccination clinics for residents and staff, her hard work has ensured that 176 of staff and residents are double vaccinated. This has also meant that Wadin has spent many hours helping others understand the importance of vaccination for personal wellbeing and that of others. Infection Prevention training has also been delivered by Wadin and all staff have completed this training and regular refreshers to ensure safe practice.

Ever since, Wadin has become a very popular friend and colleague, to many staff and residents, at GraniteHill. She dedicates her time and boundless energy into her work caring for residents. Talking with Wadin it is clear, that it is these friendships, and the daily rituals of connection with residents, that brings joy to her work.

Caring for her Grandfather with physical challenges, back in her high school days was the reason why Wadin took up a career in Nursing and by caring for residents at GraniteHill, she finds connection to her now 90-year-old Grandfather, back in the Philippines.



The special moments like being gifted a green beanie knitted especially for her by a resident, to the regular cheery good morning greeting from another resident, all make her smile.

The lockdowns and long periods waiting to see family experienced by residents during the pandemic resonates with Wadin, who also dearly misses her loved ones. The pandemic has been a leveller on many fronts, and technology has ensured Wadin hasn't missed out on the challenge of home-schooling her children, as she often found herself assisting with maths equations and other school tasks over facetime.

Wadin is now looking forward to turning her focus to her family, when early in the new year, she will finally welcome her husband and two children aged, 10 and 7 years old to live with her in Australia. A well-deserved break to spend quality time with the family, is what's planned, and visits to Aussie tourist locations like the Kyabram Fauna Park are on the list, as well as the city experience of Melbourne.

Wadin loves the quiet and peaceful lifestyle in Euroa, and she is enjoying experiencing the four seasons in a year, as a contrast to just the wet and Summer of the Philippines.

She believes she has acclimatised to the extreme dry Summer heat in Australia and knows this will be a test for the family as they arrive in January. We look forward to welcoming Wadin's family to Euroa soon.

Euroa Health has been blessed to have been able to recruit Wadin she is always so positive and her can do attitude has made her a significant asset to the Euroa Health Team. We look forward to her continuing her role in years to come and feel very fortunate that she decided to gate crash that interview back in 2020.

Melissa Seymour



Employees studying Certificate IV in Ageing Support in our Education Room at Euroa Health.

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 2021 we have enrolled 15 employees in formal qualifications with Registered Training Provider, Partners in Training Australia. The study areas include; Certificate IV in Ageing Support, Certificate III in Business Management, Certificate IV in Leisure and Health and an Apprenticeship Landscape Gardener.



Resident Patty Hayes with Jessica Broughton who is practising her new skills gained whilst studying the Certificate IV in Leisure and Health with the new interactive projector that enables connection and engagement with residents.

Annual General Meeting Minutes 2020



Minutes of the Annual General Meeting of Members held at Euroa Community Cinema of Bury Street Euroa on Friday 27th November 2020

Euroa Health

The meeting was declared open at 2:05pm

MEETING CHAIRMAN: Michael Bell

PRESENT: M.Bell, J.Perry, S.Treloar, G.Ward, C Hunter, M Hamilton, M Tehan, G Ginnivan, J & A Shovelton, S Chester, J.Shankland, P McPherson, J Sargood, S Williams, G Mulley, N Dudley, C Dingermans, F Jungwirth, R O'Meara, L Siede, S Perry, J Sullivan, M Dean, G Ward, C Bell, H Dewan, H Donaldson, M Nunn, C Smith, Y Ramsay, C Tiechert, S Burke, C Hill

APOLOGIES: C King, C Keenan, G George

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

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

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

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

BUSINESS ARISING

There was no business arising apart from the below motion.

MOTION: To approve the Minutes of the Annual Meeting held on 29th November 2019:

Moved: M Bell Seconded: G Ward Carried

GUEST SPEAKER – ADJ. PROF RUSSELL HARRISON, CEO OF WESTERN HEALTH

A pre-recorded message from Adj. Prof Russell Harrison was played to the Meeting Attendees. Russell commenced with Western Health in February 2013 in the position of Executive Director Operations and appointed CEO in 2017.

Russell comes from the UK, where he held a range of senior positions over a period of 16 years within the National Health Service and prior to that, in private Health. His experience spans acute hospitals, mental health, the community sector and commissioning health services.

Russell holds a range of qualifications, including an MBA from one of the UK's leading universities (Durham) and a Certificate in International Health Care Management from Yale Business School.

This year Russell led what was to be the busiest COVID-19 impacted Acute Hospital and outreach service in Australia

Russell Harrison spoke about the impact of COVID-19 throughout Western Health Hospital and the Community Outreach Service. Russell credited his staff who work tirelessly through the COVID-19 pandemic which evolved and changed daily. In addition, Russell spoke about use of technology and Telehealth through the pandemic which has changed the way healthcare is delivered and will have benefits for regional Victorians to attend appointments virtually and how technology was used by patients families when sadly they were not able to be present at the hospital.

Chair Michael Bell, at the conclusion of the presentation reflected on Russell's words and the significance of the life changing impact COVID-19 had for staff and those affected by COVID-19, and thanked Russell for taking the time to share his and his health services experience.

APPOINTMENT OF AUDITORS

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

MOTION: That Accounting and Audit Solutions Bendigo be reappointed as the external auditors for Euroa Health for the 2020/2021 year.

Moved: S Treloar Seconded: J Perry Carried

PRESENTATION OF FINANCIAL STATEMENTS

Sarah Treloar, Chair of the Finance & Audit Subcommittee presented the financial statements for Euroa Health for the year 2019/20 which are within the Annual General Report.

A question was received from a Member as to why the Opshop Reserve was noted within the Financial Statements for the 2019/20 year as \$268,223.00 which is the same figure presented in the 2018/19 Financial Statements.

The question was taken as received and an explanation provided to that Member at the Bowerbird Opshop Annual General Meeting held on Monday 30th November that “the Opshop net profit for 2019/20 is held within Euroa Health Retained Earnings for Euroa Health Inc and for information of all members the net profit of the Bowerbird Opshop for the 2019/20 Financial Year was \$115,000.00,

MESSAGE FROM THE CHAIRMAN

Chair, Michael Bell advised that it is a privilege to continue to work alongside the Board of Management of Euroa Health Inc and thanked each of the Board Members for their time and dedication. It has been a remarkable 12 months including the arrival of our new CEO, a major bushfire threatening Euroa and the endless challenges of COVID-19 which were felt by staff, residents, patients and their families and friends during the lockdown periods.

Michael reflected on those challenges and changes that faced our staff throughout the year and reiterated that the Staff and Management should be commended for their commitment to the organisation.

The Board of Management has committed to developing the Strategic Plan for 2021-2025 which should be finalised in early 2021 which has had already extensive consultation with the community, our members and key stake holders to enable us to develop the way forward. The pressures of declining occupancy in Acute and Aged Care at Euroa Health throughout the COVID-19 pandemic has also been forefront of the Board of Management this year and will continue to be a driver for the Strategic Plan.

The Board of Management had committed and reviewed the Governance Policies in early 2020.

Michael spoke about the importance of our volunteers throughout the entire organisation and thanked them for their dedication. The Euroa Health Inc members continue to commit to the organisation for another year, which reflects the importance of Euroa Health to the community.

CHIEF EXECUTIVE OFFICER – CHERREE HUNTER

Cherree Hunter spoke of the year 2019/2020, since December 2019 when she joined the organisation and the remarkable year it has been for her to take the organisation through the challenges of not only the bushfire emergency, COVID-19 and to leading EHI through the Strategic Plan for 2021-2025.

Cherree thanked, the Board of Management, staff, volunteers, patients, residents, and their families for their support throughout the year and certainly looks forward to the year ahead in our new “COVID-19 normal”.

PRESENTATION OF THE ANNUAL GENERAL REPORT

Michael Bell commended CEO, Cherree Hunter for the wonderful presentation of this year’s Annual General Report for 2019/2020. This document identifies the history of this year and exceptional service to Residents, Patients, and their families through their stories. Page 2 of the Report importantly describes the way our Community Services Team found ways to stay connected while they were apart while they ceased operation during the COVID-19 pandemic.

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

Moved: J Perry Seconded: G Ward Carried

APPOINTMENT OF BOARD MEMBERS

Michael Bell announced that two positions were declared vacant and thanked each of the retiring Board Members for their dedication and time they have donated to Euroa Health Inc

1. Jim Perry, who has now finished his remarkable 9 year term with Euroa Health
2. Sarah Treloar, who has resigned this year to make time for her family and other commitments.

Three Nominations were received for the Board of Management and each member was introduced to the meeting.

1. Simon Burke
2. Gerry Ginnivan
3. Linsey Siede

MOTION: Being that there were no other nominations and no objections S Burke, G Ginnivan and L Siede were elected to the Board of Management

Moved: M Bell Seconded: S Treloar Carried

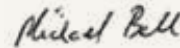
PRESENTATION OF STAFF SERVICE CERTIFICATES

Cherree Hunter (CEO) and Michael Bell (Chair) presented a service certificates to Susan Chester in recognition of her 22 years loyal service to Euroa Health Inc through the kitchen, cleaning and support services departments.

The following staff who were not present at the Annual General Meeting received the following service certificates Heather Houston (15 years) and Marilyn Page (35 years) in recognition of their loyal service to Euroa Health Inc.

MEETING CLOSE

Michael Bell then closed the meeting at 2.55pm and thanked everyone for their attendance.



MICHAEL BELL, Chairman Dated November 2020



As a result of COVID-19 restrictions, this image has been digitally enhanced.



ABN: 92 619 716 188

**Financial Statements
for the year ending
30th June 2021**

BOARD OF DIRECTORS REPORT

Your Board of Management present the financial report of Euroa Health Inc. for the financial year ending 30 June 2021.

BOARD OF DIRECTORS

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

Michael Bell - Chairperson	Catriona King
Pip Murray	Gerry Ginnivan
Simon Burke	Linsey Siede
Lisa Reynoldson (appointed July 2021)	Georgia Ward (resigned April 2021)
Caroline Keenan (resigned February 2021)	

PRINCIPAL ACTIVITIES

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

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

SIGNIFICANT CHANGE IN OPERATIONS

On 11 March 2020, the World Health Organisation (WHO) declared the Coronavirus Disease (COVID-19) a pandemic. Following the declaration, the Australian Government enforced bans on all non-essential travel and various levels of community lockdowns and forced closures throughout specific economic sectors, with the heaviest of these restrictions commencing on 25 March 2020. The financial market reactions and community lockdowns 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 2021. 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

	2021	2020
	\$	\$
Total Net Result for the year.	1,544,354	493,475

COMMITTEE OF MANAGEMENT BENEFITS

Since the end of the previous financial year, no Board Member has received or become entitled to receive a benefit other than those already disclosed in the accounts (where applicable).

Signed on behalf of the Board of Directors

	
Michael Bell	BOARD MEMBER

BOARD MEMBER

BOARD MEMBER

DATE : 27th October 2021

EUROA HEALTH INC.
STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME
FOR THE YEAR ENDED 30 JUNE 2021

	Note	2021 \$	2020 \$
Revenue from Operating Activities	(2)	10,336,531	9,093,868
Revenue from Non-Operating Activities	(2)	537,340	412,754
Employee Expenses	(3)	(7,043,823)	(6,350,279)
Depreciation & Amortisation	(4)	(717,025)	(685,112)
Gain/(Loss) on Fair Value of Financial Assets	(5)	635,061	(233,609)
Other Expenses	(5)	(2,203,730)	(1,744,147)
Net Result for the Year		1,544,354	493,475
Other Comprehensive Income			
Total Other Comprehensive Income		-	-
Total Comprehensive Income for the year		1,544,354	493,475
Total Comprehensive Income attributable to Members of the Entity		<u>1,544,354</u>	<u>493,475</u>

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

EUROA HEALTH INC.
STATEMENT OF FINANCIAL POSITION
AS AT 30 JUNE 2021

	<i>Note</i>	2021 \$	2020 \$
CURRENT ASSETS			
Cash & Cash Equivalents	(6)	9,451,000	9,030,049
Trade & Other Receivables	(7)	962,656	580,268
Inventories		27,210	29,118
Other Financial Assets	(8)	8,699,737	7,702,095
Prepayments		14,661	43,194
		<hr/>	<hr/>
TOTAL CURRENT ASSETS		19,155,264	17,384,724
NON-CURRENT ASSETS			
Right of Use Assets	(9)	33,567	44,886
Property, Plant and Equipment	(10)	17,947,957	18,283,788
		<hr/>	<hr/>
TOTAL NON-CURRENT ASSETS		17,981,524	18,328,674
		<hr/>	<hr/>
TOTAL ASSETS		37,136,788	35,713,398
CURRENT LIABILITIES			
Trade & Other Payables	(11)	857,778	1,092,610
Employee Benefits	(12)	811,647	666,764
Other Liabilities	(13)	11,236,085	11,275,697
Interest Bearing Liabilities	(14)	11,705	10,943
		<hr/>	<hr/>
TOTAL CURRENT LIABILITIES		12,917,215	13,046,014
NON CURRENT LIABILITIES			
Employee Benefits	(12)	224,891	205,351
Interest Bearing Liabilities	(14)	23,541	35,246
		<hr/>	<hr/>
TOTAL NON CURRENT LIABILITIES		248,432	240,597
		<hr/>	<hr/>
TOTAL LIABILITIES		13,165,647	13,286,611
		<hr/>	<hr/>
NET ASSETS		<u>23,971,141</u>	<u>22,426,787</u>
EQUITY			
Reserves		4,043,654	4,043,654
Retained Earnings		19,927,487	18,383,133
		<hr/>	<hr/>
TOTAL EQUITY		<u>23,971,141</u>	<u>22,426,787</u>
		<hr/>	<hr/>
Contingent Liabilities & Contingent Assets	(15)		
Commitments for Expenditure	(16)		

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

**EUROA HEALTH INC.
STATEMENT OF CHANGES IN EQUITY
FOR THE YEAR ENDED 30 JUNE 2021**

	Retained Earnings	Asset Revaluation Surplus	Government Funding Reserve	Op Shop Surplus Reserve	Accommodation Bond Reserve	Total
	\$	\$	\$	\$	\$	\$
Balance at 1 July 2019	17,892,083	574,003	36,846	268,223	3,162,157	21,933,312
Net Result for the Year	493,475	-	-	-	-	493,475
Total Other Comprehensive Income	-	-	-	-	-	-
Transfer to/(from) Reserves	(2,425)	-	2,425	-	-	-
Balance at 30 June 2020	18,383,133	574,003	39,271	268,223	3,162,157	22,426,787
Net Result for the Year	1,544,354	-	-	-	-	1,544,354
Total Other Comprehensive Income	-	-	-	-	-	-
Transfer to/(from) Reserves	-	-	-	-	-	-
Balance at 30 June 2021	19,927,487	574,003	39,271	268,223	3,162,157	23,971,141

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

**EUROA HEALTH INC.
STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED 30 JUNE 2021**

	<i>Note</i>	2021 \$	2020 \$
CASH FLOWS FROM OPERATING ACTIVITIES			
Operating Grants and Funding from Government		5,106,800	4,332,472
Receipts from Government - COVID-19		101,835	150,259
Receipts from Customers		4,903,441	4,699,664
Interest Received		450,699	292,381
Payments to Suppliers and Employees		(8,817,070)	(8,048,940)
GST Received From/(Paid to) ATO		52,379	112,757
Net Cash Flows from/(used in) Operating Activities	(20)	1,798,084	1,538,593
CASH FLOWS FROM INVESTING ACTIVITIES			
Payment for Property, Plant and Equipment		(395,099)	(129,214)
Proceeds from Sale of Property, Plant and Equipment		62,500	-
Net Redemption/(Purchases) of Investments		(997,642)	(2,538,378)
Net Cash Flows from/(used in) Investing Activities		(1,330,241)	(2,667,592)
CASH FLOWS FROM FINANCING ACTIVITIES			
Bonds/Refundable Deposits Received		2,250,000	2,857,014
Bonds/Refundable Deposits Paid		(2,289,520)	(1,914,674)
Increase/(Decrease) in Resident Trust Monies		3,571	(16,484)
Proceeds/(Repayment) of Borrowings		(10,943)	(10,406)
Net Cash Flows from/(used in) Financing Activities		(46,892)	915,450
NET INCREASE/(DECREASE) IN CASH AND CASH EQUIVALENTS HELD		420,951	(213,549)
Cash and Cash Equivalents at Beginning of Period		9,030,049	9,243,598
CASH AND CASH EQUIVALENTS AT END OF PERIOD	(19)	9,451,000	9,030,049

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

1. STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES

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

Basis of preparation

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

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

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

Accounting Policies

(a) Cash and Cash Equivalents

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

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

(b) Receivables

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

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

(c) Inventories

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

(d) Financial Instruments

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

Categories of financial assets under AASB 9

Financial assets at amortised cost

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

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

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

The Association recognises the following assets in this category:

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

1. STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

(d) Financial Instruments (Continued)

Debt investments are measured at fair value through other comprehensive income if both of the following criteria are met and the assets are not designated as fair value through net result:

- the assets are held by the Association to achieve its objective both by collecting the contractual cash flows and by selling the financial assets, and
- the assets' contractual terms give rise to cash flows that are solely payments of principal and interests.

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

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

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

Financial assets at fair value through net result

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

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

Categories of financial assets previously under AASB 139

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

The Association recognises the following assets in this category:

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

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

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

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

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

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

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

Impairment of financial assets

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

The allowance is the difference between the financial asset's carrying amount and the present value of estimated future cash flows, discounted at the effective interest rate. In assessing impairment of statutory (non-contractual) financial assets, which are not financial instruments, professional judgement is applied in assessing materiality using estimates, averages and other computational methods in accordance with AASB 136 *Impairment of Assets*.

1. STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

(e) Property, Plant and Equipment

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

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

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

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

(f) Depreciation

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

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

	2021	2020
Buildings	Up to 40 Years	Up to 40 Years
Plant & Equipment	Up to 20 Years	Up to 20 Years

(g) Impairment of Assets

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

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

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

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

(h) Revaluations of Non-current Physical Assets

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

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

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

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

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

1. STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

(i) Payables

Payables represent the liability outstanding at the end of the reporting period for goods and services received by the Association during the reporting period that remain unpaid. The balance is recognised as a current liability with the amounts normally paid within 30 days of recognition of the liability.

(j) Provisions

Provisions are recognised when the Association has a legal or constructive obligation, as a result of past events, for which it is probable that an outflow of economic benefits will result and that outflow can be reliably measured. Provisions recognised represent the best estimate of the amounts required to settle the obligation at the end of the reporting period.

(k) Goods & Services Tax

Revenues, expenses and assets are recognised net of the amount of GST, except where the amount of GST incurred is not recoverable from the Australian Taxation Office (ATO).

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

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

(l) Employee Benefits

Short-term employee benefits

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

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

Other long-term employee benefits

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

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

On-Costs

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

Superannuation

Contributions to contribution superannuation plans are expensed when incurred.

1. STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

(m) Income Recognition

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

Government Grants

Grants are recognised as income when Euroa Health Inc. gains control of the underlying assets in accordance with AASB 1004 *Contributions*. For reciprocal grants, Euroa Health Inc. is deemed to have assumed control when the performance has occurred under the grant. For non-reciprocal grants, Euroa Health Inc. is deemed to have assumed control when the grant is received or receivable.

Conditional grants may be reciprocal or non-reciprocal depending on the terms of the grant.

Patient and Resident Fees

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

Donations and Bequests

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

Interest

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

Other Income

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

(n) Leases

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

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

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

- fixed lease payments less any lease incentives;
- variable lease payments that depend on an index or rate, initially measured using the index or rate at the commencement date;
- the amount expected to be payable by the lessee under residual value guarantees¹
- the exercise price of purchase options, if the lessee is reasonably certain to exercise the options;
- lease payments under extension options if the lessee is reasonably certain to exercise the options; and
- payments of penalties for terminating the lease, if the lease term reflects the exercise of an option to terminate the lease.

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

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

EUROA HEALTH INC.
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2021

	2021 \$	2020 \$
2. REVENUE		
Revenue from Operating Activities		
Government funding/subsidies - operating	5,021,404	4,255,389
Government Grants - Other	270,584	256,316
Private Hospital Funding - COVID-19	101,835	100,259
Cash Flow Boost - COVID-19	-	50,000
Resident & Client Fees	4,469,756	3,971,125
Recoveries	52,022	61,973
Meals	44,436	16,277
Op-Shop Sales	211,586	150,123
Other Revenue	164,908	171,206
Reversal of Bad & Doubtful debts	-	61,200
Revenue from Operating Activities	10,336,531	9,093,868
Revenue from Non-Operating Activities		
Interest and Investment Income	454,425	272,857
Donations & Bequests	38,313	132,148
Member Subscriptions	7,326	7,749
Profit/(Loss) on Disposal of Property, Plant & Equipment (2a)	37,276	-
Revenue from Non-Operating Activities	537,340	412,754
TOTAL REVENUE	10,873,871	9,506,622
2a. Profit/(Loss) on disposal of Property, Plant & Equipment		
Proceeds from Disposal of Assets	62,500	-
Written Down Value of Assets Disposed.	(25,224)	-
Total Profit/(Loss) on disposal of Property, Plant & Equipment	37,276	-
3. EMPLOYEE EXPENSES		
Salaries & Wages	6,100,856	5,498,919
Superannuation	540,362	517,277
WorkCover	233,216	186,131
Agency and Doctor Expenses	149,874	131,479
Staff Expenses	19,515	16,473
TOTAL EMPLOYEE EXPENSES	7,043,823	6,350,279
4. DEPRECIATION & AMORTISATION		
Buildings & Improvements	458,922	453,820
Plant & Equipment	245,584	218,383
Leasehold Improvements Amortisation	1,200	1,200
Right of use Assets	11,319	11,709
TOTAL DEPRECIATION	717,025	685,112

EUROA HEALTH INC.
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2021

	2021 \$	2020 \$
5. OPERATIONAL EXPENSES (Continued)		
Administration Expenses		
Accounting & Legal	21,708	17,150
Audit Fees	17,636	16,023
Bad & Doubtful debts	173,045	-
Consultants	203,991	55,872
Subscriptions	101,428	88,766
Insurances	77,638	57,819
Total Administration Expenses	595,446	235,630
Direct Expenses		
Food & Catering	326,447	297,045
Op-Shop	20,567	21,735
Supplies & Consumables	218,147	174,208
Allied Health & Related Services	138,734	169,349
Other Expenses	270,070	268,940
Total Direct Expenses	973,965	931,277
Occupancy Expenses		
Laundry & Linen	77,778	72,281
Rates	995	1,489
Repairs & Maintenance	306,731	287,181
Utilities	248,815	216,289
Total Occupancy Expenses	634,319	577,240
TOTAL OPERATIONAL EXPENSES	2,203,730	1,744,147
5a. OPERATIONAL EXPENSES		
(Gain)/Loss on Fair Value of Financial Assets		
Managed Investments	(635,061)	233,609
Total Impairment Expenses	(635,061)	233,609
6. CASH & CASH EQUIVALENTS		
Cash on Hand	2,114	2,172
Cash at Bank	9,448,886	9,027,877
TOTAL CASH & CASH EQUIVALENTS	9,451,000	9,030,049
Represented by:		
Monies in Trust - Resident Funds	19,824	26,780
Accommodation Bonds/Refundable Accommodation Deposits	2,516,524	3,546,822
Sub-total - refer Note 13	2,536,348	3,573,602
Operating Funds	6,914,652	5,456,447
	9,451,000	9,030,049
7. TRADE & OTHER RECEIVABLES		
Trade Receivables	1,152,135	477,428
Less Provision for Impairment	(228,661)	(55,616)
	923,474	421,812
GST Receivable from ATO	6,211	-
Accrued Income	32,971	158,456
TOTAL TRADE & OTHER RECEIVABLES	962,656	580,268

EUROA HEALTH INC.
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2021

	2021 \$	2020 \$
8. OTHER FINANCIAL ASSETS		
Managed Investments	8,699,737	7,702,095
	8,699,737	7,702,095
<i>represented by:</i>		
Accommodation Bonds/Refundable Accommodation Deposits. Refer Note 13	8,699,737	7,702,095
	8,699,737	7,702,095

9. RIGHT OF USE ASSET

Leased building	56,595	56,595
Less: Accumulated Depreciation	(23,028)	(11,709)
	33,567	44,886

Euroa Health's leases include a lease for Op-Shop premises. This lease has a remaining term of 22 months. The property lease contains the option to extend or terminate the lease of the building. This clause provides Euroa Health opportunities to manage leases to align with its strategies. The extension options or termination options which were probable to be exercised have been included in the calculation of the Right of Use Asset.

No adjustments were made to opening balances as a result of the initial adoption of AASB 16.

Reconciliation of the carrying amounts of Right of Use Assets at the beginning and end of the current financial year is set out below:

	2021 \$	2020 \$
Balance at 1 July	44,886	-
Plus Initial Recognition of AASB 16 - Building Lease	-	56,595
Less Depreciation - Right of Use Assets	(11,319)	(11,709)
	33,567	44,886
Balance at 30 June	33,567	44,886

10. PROPERTY, PLANT & EQUIPMENT AND LEASED ASSETS

Land at Fair Value	1,265,000	1,265,000
Buildings Improvements at Fair Value	17,378,871	17,307,854
less Accumulated Depreciation	(1,363,869)	(901,748)
	16,015,002	16,406,106
Plant & Equipment	3,645,984	3,384,347
less Accumulated Depreciation	(2,980,598)	(2,783,635)
	665,386	600,712
Leasehold Improvements	6,251	5,998
less Accumulated Amortisation	(3,682)	(2,482)
	2,569	3,516
Work in Progress	-	8,454
	17,947,957	18,283,788

Land and Buildings are valued at Fair Value. The valuation which conformed to Australian Valuation Standards, was determined by reference to the amounts for which assets could be exchanged between knowledgeable willing parties in an arm's length transaction. The valuation was based on independent assessments by Preston Rowe Paterson, registered property valuers of Shepparton, Victoria, at 30 June 2018. The Amaroo building (the former aged care building) was valued by Directors independently, at the same time.

EUROA HEALTH INC.
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2021

10. PROPERTY, PLANT AND EQUIPMENT (Continued)

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

	Land \$	Buildings \$	Plant & Equipment \$	Leasehold Improvements \$	Work in Progress \$	Total \$
Carrying Amount at 1/07/2019	1,265,000	16,857,801	700,460	4,716	-	18,827,977
Additions	-	2,125	118,635	-	8,454	129,214
Revaluation Increment/(Decrement)	-	-	-	-	-	-
Impairment Expense	-	-	-	-	-	-
Disposals	-	-	-	-	-	-
Depreciation /Amortisation	-	(453,820)	(218,383)	(1,200)	-	(673,403)
Carrying amount at 30/06/2020	1,265,000	16,406,106	600,712	3,516	8,454	18,283,788
Additions	-	67,818	327,028	253	-	395,099
Transfers	-	-	8,454	-	(8,454)	-
Impairment Expense	-	-	-	-	-	-
Disposals	-	-	(25,224)	-	-	(25,224)
Depreciation Expense	-	(458,922)	(245,584)	(1,200)	-	(705,706)
Carrying amount at 30/06/2021	1,265,000	16,015,002	665,386	2,569	-	17,947,957

EUROA HEALTH INC.
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2021

	2021 \$	2020 \$
11. TRADE & OTHER PAYABLES		
Trade Creditors	287,994	85,258
Amounts Payable to ATO	121,488	187,233
Accruals	356,377	241,804
Recallable Grants	91,919	578,315
	<u>857,778</u>	<u>1,092,610</u>
12. EMPLOYEE BENEFITS		
Current		
Annual Leave	516,114	402,542
Long Service Leave	269,475	245,180
Rostered Days Off	<u>26,058</u>	<u>19,042</u>
	811,647	666,764
Non Current		
Long Service Leave	224,891	205,351
	<u>224,891</u>	<u>205,351</u>
TOTAL EMPLOYEE BENEFITS	<u>1,036,538</u>	<u>872,115</u>
13. OTHER LIABILITIES		
Current		
<i>Monies Held In Trust</i>		
Resident's Funds	30,351	26,780
Accommodation Bonds/Refundable Accommodation Deposits	<u>11,205,734</u>	<u>11,248,917</u>
	11,236,085	11,275,697
TOTAL OTHER LIABILITIES	<u>11,236,085</u>	<u>11,275,697</u>
<i>Represented by:</i>		
Cash at Bank	2,536,348	3,573,602
Other Financial Assets	<u>8,699,737</u>	<u>7,702,095</u>
	<u>11,236,085</u>	<u>11,275,697</u>
Reconciliation : Accommodation Bonds/Refundable Accommodation Deposits		
Balance at 1 July	11,248,917	10,313,634
New Bonds/Deposits Received	2,250,000	2,857,014
Bonds/Deposits Refunded	(2,289,520)	(1,914,674)
Other Fees/Charges Deducted	<u>(3,663)</u>	<u>(7,057)</u>
	<u>11,205,734</u>	<u>11,248,917</u>
Balance at 30 June	<u>11,205,734</u>	<u>11,248,917</u>
14. INTEREST BEARING LIABILITIES		
Current		
Leases - Right of Use Asset	<u>11,705</u>	<u>10,943</u>
Non Current		
Leases - Right of Use Asset	<u>23,541</u>	<u>35,246</u>
TOTAL INTEREST BEARING LIABILITIES	35,246	46,189

EUROA HEALTH INC.
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2021

15. CONTINGENT LIABILITIES & CONTINGENT ASSETS

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

The Directors were not aware of any other contingent liabilities as at 30 June 2021.

The Directors were not aware of any contingent assets as at 30 June 2021.

16. COMMITMENTS FOR EXPENDITURE

	2021	2020
	\$	\$
a) Operating Lease Commitments		
Payable - minimum lease payments (inc GST)		
- Not later than one year	11,704	11,704
- Later than 1 year but not less than 5 years	<u>6,507</u>	<u>18,211</u>
	<u>18,211</u>	<u>29,915</u>

b) Capital Commitments

There were no capital commitments at 30 June 2021.

17. EVENTS OCCURRING AFTER BALANCE DATE

The COVID-19 pandemic has created economic uncertainty. Actual economic events and conditions in the future may be materially different from those estimated by the Association at the reporting date. As responses by government continue to evolve, management recognises that it is difficult to reliably estimate with certainty the potential impact of the pandemic after the reporting date on the Association, its operations, its future results and financial position. The state of emergency in Victoria was extended until 16th December 2021 and the state of disaster is still in place.

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

18. RELATED PARTY TRANSACTIONS

a) Key Management Personnel

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

	2021	2020
	\$	\$
Key Management Personnel Compensation		
Total Remuneration	<u>706,238</u>	<u>519,374</u>
Total Number of executives	10	9

b) Other Related Parties

There were no related party transactions required to be disclosed for Euroa Health Inc. Board of Directors and Key Management Personnel in 2021 (2020: \$0).

**EUROA HEALTH INC.
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2021**

19. RECONCILIATION OF CASH

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

	2021	2020
	\$	\$
Cash & Cash Equivalents - Operational Funds (Refer Note 6)	9,451,000	9,030,049
TOTAL CASH	<u>9,451,000</u>	<u>9,030,049</u>

20. CASH FLOW INFORMATION

Net Result for the Year	1,544,354	493,475
Non- Cash Movements		
Depreciation & Amortisation	717,025	685,112
Net (Gain)/Loss from Disposal of Non-Financial Physical Assets	(37,276)	-
Other Fees/Charges Deducted	(3,663)	(7,057)
Movements in Assets and Liabilities		
(Increase)/decrease in Trade & Other Receivables	(382,388)	(174,397)
(Increase)/decrease in Inventories	1,908	5,965
(Increase)/decrease in Prepayments	28,533	(6,725)
Increase/(decrease) in Trade & Other Payables	(234,832)	445,203
Increase/(decrease) in Employee Benefits	<u>164,423</u>	<u>97,017</u>
NET CASH INFLOW/(OUTFLOW) FROM OPERATING ACTIVITIES	<u>1,798,084</u>	<u>1,538,593</u>

21. ASSOCIATION DETAILS

The principal place of business is:

36 Kennedy Street
Euroa Vic 3666

EUROA HEALTH INC.
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2021

22. FINANCIAL RISK MANAGEMENT

Financial Risk Management Objectives and Policies

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

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

	Note	2021 \$	2020 \$
Financial Assets - at amortised cost			
Cash & Cash Equivalents	(6)	9,451,000	9,030,049
Trade & Other Receivables	(7)	956,445	580,268
Available-for-Sale Assets	(8)	8,699,737	7,702,095
Total Financial Assets		19,107,182	17,312,412
Financial Liabilities - at amortised cost			
Trade Creditors	(11)	287,994	85,258
Other Liabilities	(13)	11,236,085	11,275,697
Interest Bearing Liabilities	(14)	35,246	46,189
Total Financial Liabilities		11,524,079	11,360,955

Specific Financial Risk Exposures and Management

(a) Credit risk

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

The Association does not have any material credit risk exposures.

Credit risk exposures

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

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

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

EUROA HEALTH INC.
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2021

22. FINANCIAL RISK MANAGEMENT (Continued)

(b) Liquidity Risk

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

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

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

Financial liability and financial assets maturity analysis

	Within 1 Year		1 to 5 Years		Over 5 Years		Total	
	2021 \$	2020 \$	2021 \$	2020 \$	2021 \$	2020 \$	2021 \$	2020 \$
Financial Liabilities due for payment								
Trade Creditors	287,994	85,258	-	-	-	-	287,994	85,258
Other Liabilities	1,580,351	1,576,780	9,655,734	9,698,917	-	-	11,236,085	11,275,697
Interest Bearing Liabilities	11,705	10,943	23,541	35,246	-	-	35,246	46,189
Total contractual outflows	1,880,050	1,672,981	9,679,275	9,734,163	-	-	11,559,325	11,407,144
Total expected outflows	1,880,050	1,672,981	9,679,275	9,734,163	-	-	11,559,325	11,407,144
Financial Assets - Cash flow realisable								
Cash & Cash Equivalents	9,451,000	9,030,049	-	-	-	-	9,451,000	9,030,049
Trade & Other Receivables	956,445	580,268	-	-	-	-	956,445	580,268
Other Financial Assets	8,699,737	7,702,095	-	-	-	-	8,699,737	7,702,095
Total anticipated inflows	19,107,182	17,312,412	-	-	-	-	19,107,182	17,312,412
Net (outflow)/inflow on financial instruments	17,227,132	15,639,431	(9,679,275)	(9,734,163)	-	-	7,547,857	5,905,268

EUROA HEALTH INC.
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2021

22. FINANCIAL RISK MANAGEMENT (Continued)

(c) Market Risk

(i) Interest rate risk

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

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

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

(ii) Price risk

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

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

Euroa Health Inc is exposed to insignificant foreign currency risks.

Sensitivity analysis

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

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

	Profit \$	Equity \$
Year ended 30 June 2021		
+1% in interest rates	94,510	94,510
-2% in interest rates	(189,020)	(189,020)

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

Net Fair Values

Fair value estimation

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

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

Net Fair Value

	Carrying Amount 2021 \$	Fair Value 2021 \$	Carrying Amount 2020 \$	Fair Value 2020 \$
Financial Assets				
Cash & Cash Equivalents	9,451,000	9,451,000	9,030,049	9,030,049
Trade & Other Receivables	956,445	956,445	580,268	580,268
Other Financial Assets	<u>8,699,737</u>	<u>8,699,737</u>	<u>7,702,095</u>	<u>7,702,095</u>
Total Financial Assets	<u>19,107,182</u>	<u>19,107,182</u>	<u>17,312,412</u>	<u>17,312,412</u>
Financial Liabilities				
Trade Creditors	287,994	287,994	85,258	85,258
Other Liabilities	11,236,085	11,236,085	11,275,697	11,275,697
Interest Bearing Liabilities	<u>35,246</u>	<u>35,246</u>	<u>46,189</u>	<u>46,189</u>
Total Financial Liabilities	<u>11,559,325</u>	<u>11,559,325</u>	<u>11,407,144</u>	<u>11,407,144</u>

EUROA HEALTH INC.
ANNUAL STATEMENTS GIVE A TRUE AND FAIR VIEW
OF FINANCIAL POSITION AND PERFORMANCE

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

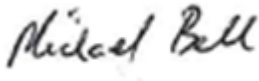
1. The financial statements and notes satisfy the requirements of the *Australian Charities and Not-for-profits Commission Act 2012* and:

(a) comply with Australian Accounting Standards; and

(b) give a true and fair view of the financial position of the registered entity as at 30 June 2021 and of its performance for the year ended on that date.

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

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



DIRECTOR


BOARD MEMBER

DIRECTOR

Dated this 27th day of October 2021.

**EUROA HEALTH INC.
CERTIFICATE BY MEMBERS OF THE BOARD
FOR THE YEAR ENDED 30 JUNE 2021**

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

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

and

b) The annual financial statements for the year ended 30 June 2021 were submitted to the members of the Association at the annual general meeting.

.....
DIRECTOR

.....
DIRECTOR

Dated this *day of* **2021.**

**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 2021, 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 2021 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 2021, 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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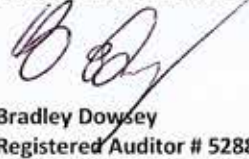
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- Evaluate the overall presentation, structure and content of the financial report, including the disclosures, and whether the financial report presents the underlying transactions and events in a manner that achieves fair presentation.

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.

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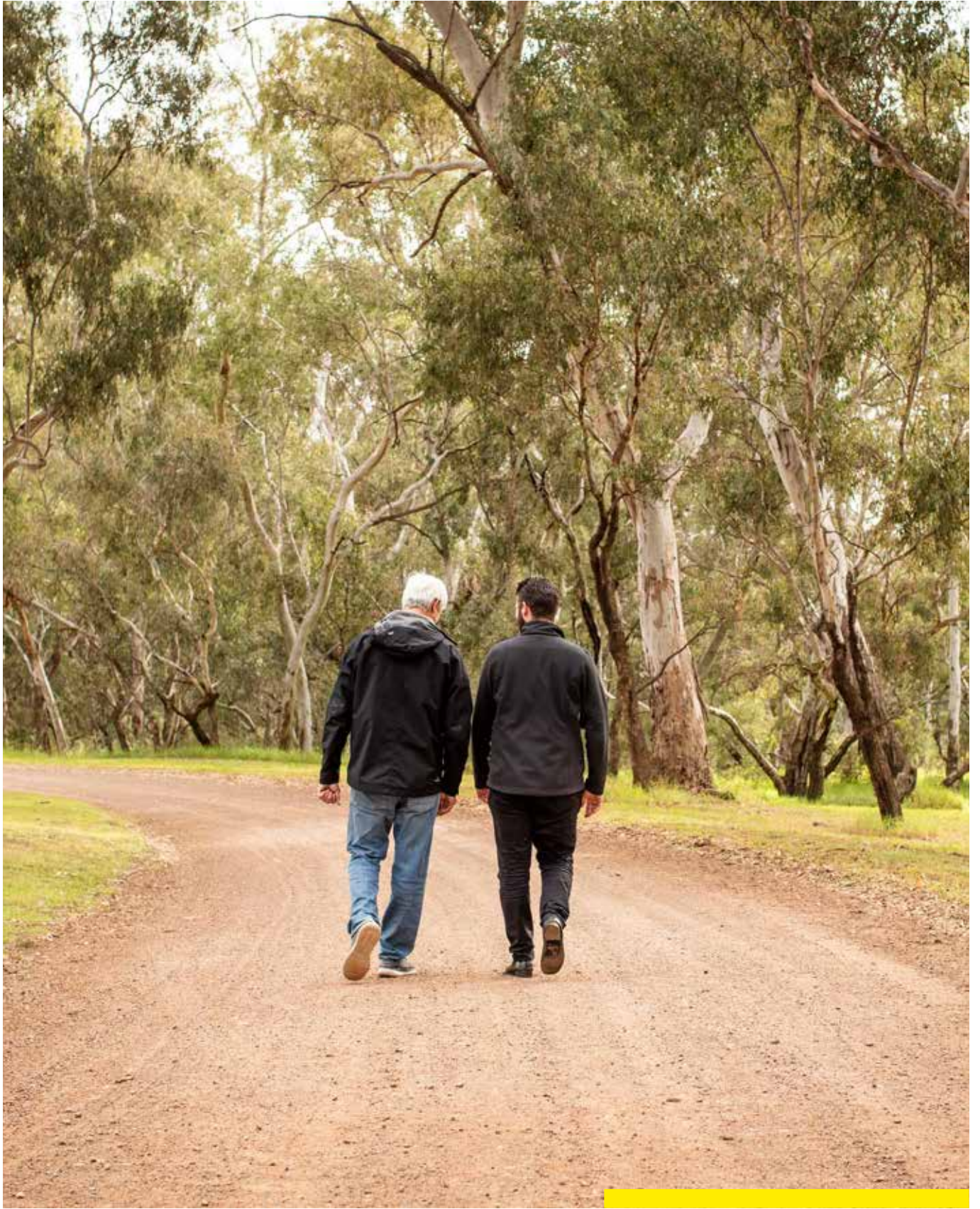
Bradley Dowse
Registered Auditor # 528899

Dated at Bendigo: 27th October 2021

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Euroa Health

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