




**HEYFIELD  
HOSPITAL**  
Central Gippsland Health

# HEYFIELD HOSPITAL INCORPORATED

**20  
23**

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**ANNUAL  
REPORT**

A decorative graphic in the bottom left corner consisting of a light blue circle, a darker blue circle overlapping it, and a light blue square overlapping both circles.

Heyfield Hospital Incorporated  
acknowledges the Traditional Owners  
of the land – the Gunaikurnai people  
– and pays respect to their Elders  
past and present.

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# OUR VISION & VALUES

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## OUR VISION:

is getting you better together.

## OUR PURPOSE:

is to procure integrated services that support the health and wellbeing of our community.

- We procure excellent person centred service for our community.
- We ensure services are targeted and aligned to our community's needs.
- We attract a passionate local workforce who help us scale sustainability.
- We will deliver value for our community.
- We are well governed, independent and community focused.

## OUR PRIORITIES

### SERVICES FOR OUR COMMUNITY

1. We listen to and actively engage clients, our community and key stakeholders to help us better understand and meet their needs, and to ensure awareness of our services.
2. We provide our community with easy access to services.
3. We are focused on continuous improvement by evaluating our services.

### A SUSTAINABLE ENTITY

1. We leverage our resources to full effect in the interests of meeting our community's health and wellbeing needs.
2. We achieve our goals ethically and in compliance with regulatory expectations and best practices

### A VALUED WORKFORCE

1. We attract, retain and progress passionate and high performing staff who model our values.
2. We encourage our people to help us achieve our vision.

## WHO WE ARE

Heyfield Hospital Incorporated, a well-established Health and Aged Care provider in the small town of Heyfield, Victoria, has a rich history of service to the local community. Founded in 1934 as a community-driven initiative, Heyfield Hospital was established to meet the pressing healthcare needs of residents in Heyfield and surrounding areas. Before its inception, locals had limited access to healthcare services, with the nearest hospital situated miles away. The formation of the hospital was a testament to the town's resilience and its commitment to community wellbeing.

The original Heyfield Hospital provided basic medical and emergency care, serving as a lifeline for many rural families. Over the years, it expanded its services to accommodate changing healthcare demands and to support a growing elderly population. In 1994, recognising an increasing need for residential aged care, Heyfield Hospital Incorporated expanded its mandate to include aged care services. This

shift transformed the facility into a multi-faceted healthcare organisation, encompassing both acute and residential aged care services.

In recent years, Heyfield Hospital Incorporated has continued its commitment to community-focused healthcare through partnerships with local healthcare providers and by adapting its services to meet the unique needs of rural communities. Today, the organisation operates not only as a Health and Aged Care provider but also as a significant contributor to local employment and a centre for community support.

While healthcare funding and policy changes present ongoing challenges, Heyfield Hospital Incorporated remains dedicated to upholding the legacy of care and community support that has defined it for over half a century. Its mission reflects the enduring values of its founders and underscores its role as an essential institution within the Heyfield community.

### HEYFIELD HOSPITAL

The Hospital functions as an 11-bed private hospital and provides a mix of private, public (funded by Central Gippsland Health Service) and Transitional Care Beds (through the Transitional Care Program) that are subcontracted from Latrobe Regional Health.

Heyfield Hospital services a local catchment area that includes the towns of Glenmaggie, Coongulla, Nambrok, Cowwarr and surrounds.

### LAURINA LODGE

Aged Care Services are provided at Heyfield Hospital through Laurina Lodge, an aged care facility built in 1994 and extended in 2006 to comprise 49 permanent and two respite beds.

### CENTRAL GIPPSLAND HEALTH SERVICE (CGHS)

Heyfield Hospital is owned by the local community and run under a Management Agreement with CGHS on behalf of a local/community Board of Management. The Management Agreement came into place in June 2000.

For more information about us visit: [www.cghs.com.au](http://www.cghs.com.au)

## REPORT BY THE CHAIR, BOARD OF MANAGEMENT

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In my fifth year as Chair of the Heyfield Hospital Incorporated (HHI) Board, I am delighted to present my report for 2023/24. It has been another busy year for the Board, Management, and Staff of Heyfield Hospital Incorporated and Laurina Lodge (LL).

The major refurbishment was completed on time and under budget, allowing extra upgrades of air-conditioning units in the common areas of the facility, and new carpeting. The continual improvements over the last few years have elevated Laurina Lodge and Heyfield Hospital Incorporated to become a 'facility of choice' amongst the people of Heyfield and the wider community. However, we will not rest on our laurels.

The recent Aged Care reforms have included a Star Rating for facilities and their services. I am delighted to report that Heyfield Hospital Incorporated received an initial average rating of 4 stars across the subcategories, with the 'Quality Measures' (quality of care) receiving a 5-star rating. There is room for improvement in some areas, as there should always be. It is wonderful to be acknowledged for the level of care and clinical support our residents and patients receive.

Looking toward the future, the Board and Executive are preparing designs for further improvements to the facility. The purchase of the property on the corner of Tyson Road and Eleanor Street opens many opportunities for the Hospital, Lodge, and Medical Centre.

We officially welcome three new Board Members to the table who bring an array of experience. Well-known local businessman, David Graham; CEO of Omeo and District Health, Mary Manescu; and Chief Operating Officer at '@GROUP' group of companies, Glen Williamson. We look forward to tapping into their skills, knowledge, and networks for the benefit and growth of Heyfield Hospital Incorporated and Laurina Lodge. Professional corporate governance structures and accountability are vital in today's healthcare climate, and we are delighted to have such high-calibre nominees on the Board.

The past Executive Assistant to the Director of Aged Care, Evelyn Marciniec, has taken on a new role as Aged Care Hospitality Manager. With Evelyn's substantial background in the food and hospitality industry, we are looking forward to the improvements in our residents' and patients' dining experiences. Evelyn is approachable and open to suggestions and feedback to personalise everybody's dining experience.

Joanna (Jo) Dua has joined us as our Lifestyle and Leisure Coordinator. Joanna has expanded the opportunities for residents to participate in fun and interactive activities designed to suit everybody's talents, hobbies, and interests. Joanna works with the team to make our residents' day-to-day experiences as enjoyable and stimulating as they can be.

With the support of CEO Mark Dykgraaf and our Director of Aged Care, Caron Mallet; our facility manager Rebecca Berry, and Clinical Nurse Specialists, Kim Elledge and Bryan Deoma have provided Heyfield Hospital Incorporated and Laurina Lodge with a professional, respectful, and culturally sound facility. I commend management and staff for your dedication and efforts to continually provide quality care and friendship to all who live, work with, and visit Heyfield Hospital Incorporated and Laurina Lodge.

As I do every year, I would like to acknowledge and thank our wonderful volunteers who bring cheer and joy daily. I am excited and extremely proud to acknowledge that this fantastic group of selfless legends were recognised at the 2024 Australia Day Awards. Congratulations and thank you.

I look forward to another 12 months of serving this community through my role on the Board of Heyfield Hospital Incorporated.

**Raelene Hanratty**  
*Board Chair*

## REPORT BY THE DIRECTOR AGED CARE SERVICES

As Director of Aged Care Services, I am pleased to present this year's Annual Report, reflecting on a year of resilience, dedication, and community commitment. Throughout the year, Heyfield Hospital Incorporated and Laurina Lodge has continued to deliver exceptional healthcare and aged care services, despite the evolving challenges in rural healthcare. Our dedicated team has worked tirelessly to support the wellbeing of our residents, patients, and their families, adapting to new demands and implementing programs to enhance the quality of care. This report highlights our achievements, ongoing projects, and the strategic initiatives that guide us as we look toward a sustainable future of care in Heyfield and surrounding communities.

Rebecca Berry, our Aged Care Services Manager, has been invaluable in overseeing the business management of the organisation, skilfully handling administrative and operational responsibilities to keep our services running smoothly. With the permanent appointments of Kim Elledge and Bryan Deoma as Clinical Managers, our care model and organisational structure have been significantly strengthened. Their leadership brings consistency and expertise, providing vital support in both the clinical and operational aspects of care. Kim and Bryan are instrumental in guiding and supporting our clinical work, ensuring that our team has the tools, training, and confidence to deliver the highest standards of care. Together, Kim, Bryan, and Rebecca form a strong management team dedicated to enhancing resident wellbeing and overall organisational success.

In response to the Aged Care Royal Commission's recommendations, we are actively refining workforce planning. The introduction of mandatory care minutes has prompted us to restructure and prepare our staffing to meet these new requirements, ensuring we continue to provide the best care possible.

Significant improvements have been made to our facilities, enhancing both their functionality and comfort. Key upgrades include:

- Refurbishment of 7 rooms with widened doorways, redesigned bathrooms, and the addition of 4 new ensuites, ensuring all rooms now feature personal ensuite bathrooms.
- Flooring replacement in 22 resident rooms, hallways, and common areas.
- Installation of 51 upgraded heating and cooling units in resident rooms and shared spaces, ensuring a comfortable environment year-round.
- Landscaping and accessibility upgrades to outdoor spaces for greater resident enjoyment and ease of access.
- Additionally, 2 hospital rooms were upgraded in preparation for these works, reinforcing our commitment to providing a safe, modern environment.

Planning for further redevelopment continues as we seek additional funding. Although our first application for the Aged Care Capital Assistance Program was unsuccessful, we remain optimistic and have reapplied for the next round. In support of future expansion, we have also acquired property on Tyson Road, providing opportunities for growth to meet the needs of our community.

Our partnership with the Heyfield Community Resource Centre continues to be invaluable, allowing us to provide critical information to residents and families on transitioning to aged care, accessing community care packages, and palliative care education. Looking ahead to 2025, we plan to expand our educational offerings to include dementia care, providing essential knowledge and resources to our community and staff.

We extend our deepest thanks to all Heyfield Hospital Incorporated and Laurina Lodge staff for their unwavering dedication in creating a welcoming, supportive home environment for our residents. Your commitment makes a meaningful difference in the lives of those we serve, providing not just care, but also comfort and compassion every day.



## REPORT BY THE DIRECTOR AGED CARE SERVICES CONTINUED

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We also extend heartfelt gratitude to our volunteers, whose selfless contributions enrich our residents' lives and enhance the warmth and vibrancy of our community. Your time, energy, and support are invaluable, and we are immensely grateful for everything you do.

We welcome new board members who will bring fresh insights and energy to our mission. At the same time, we express sincere appreciation to departing Board members Ann Davis, Jodi Willis, and Rebecca McKay for their service, leadership, and dedication to our vision.

Heyfield Hospital and Laurina Lodge are committed to providing compassionate, high-quality care through a team of dedicated professionals and volunteers. Our recent advancements in clinical management, facility improvements, workforce planning, and community outreach exemplify our continuous pursuit of excellence. With our dedicated staff, supportive community, and clear vision, we look forward to building on these successes in the coming year.

**Caron Mallet**  
*Director Aged Care Services*

## ST PATRICK'S DAY FUN AT LAURINA LODGE

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Green hair was all the rage at Laurina Lodge on St Patrick's Day as we celebrated the day in style.

Residents looked fabulous all dressed up for the occasion and a lot of fun and laughs were had by all.





# QUALITY IMPROVEMENT AND INNOVATION

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Laurina Lodge has received an overall Star Rating: “Good – 4/5 Stars”, reflecting our dedication to high-quality care across several critical areas: Compliance, Quality Measures, Residents’ Experience, and Staffing. Below is a breakdown of each component and how our performance aligns with national standards and expectations.

## 1. COMPLIANCE RATING: GOOD 4 STARS

Laurina Lodge achieved a “Good 4/5 Stars” Compliance Rating. A 4-star rating means that Laurina Lodge Hostel has had no compliance issues for 1 year. This rating is based on our adherence to government regulations and standards for safety and quality of care. A good rating in this category signifies that Laurina Lodge consistently delivers effective and safe clinical care. This achievement is a testament to our team’s commitment to meeting and exceeding compliance requirements, ensuring that our residents receive high-quality, dependable care.

## 2. QUALITY MEASURES RATING: EXCELLENT 5 STARS

The Quality Measures Rating is an important indicator that evaluates five key health-related issues, serving as a benchmark for high-quality care. This rating is updated quarterly and compares Laurina Lodge’s incident data from the past three months with the national average. By maintaining performance on these measures, we are able to continuously assess and enhance the quality of our clinical care. This ongoing evaluation ensures that our residents’ health outcomes remain a priority.

## 3. RESIDENTS’ EXPERIENCE RATING: ACCEPTABLE 3 STARS

The Residents’ Experience Rating, updated annually through the Residents’ Experience Survey, reflects resident satisfaction and quality of life. Laurina Lodge’s rating in this area highlights our commitment to creating a welcoming, engaging environment that meets the expectations of our residents. It also provides valuable insights into areas where we can further improve resident experiences, enhancing the community atmosphere and individual wellbeing.

## 4. STAFFING RATING: ACCEPTABLE 3 STARS

Our current Staffing Rating has been rated as acceptable meaning we are meeting the required mandatory care minutes. This rating is based on quarterly reporting of care time provided by registered nurses, enrolled nurses, and personal care workers. It examines two specific metrics:

- The total nursing and personal care time delivered by all care providers.
- The care time provided specifically by Registered Nurses.

Meeting or exceeding these targets directly impacts the Staffing Rating. Currently, we are exceeding our direct care minutes on average of 10 minutes per resident per day.

# LIFESTYLE AND LEISURE

We would like to express our sincere gratitude to all staff, residents, families, volunteers, and community members for their ongoing support and collaboration throughout the year at Laurina Lodge. As 2024 has proven to be a busy year for both staff and residents, we find ourselves reflecting on how quickly the time has passed.

A key focus of our Lifestyle and Leisure program this year, has been to continue with our collaborations within the community. Enhancing our intergenerational programs through our regular engagement with Heyfield Primary School, is designed to bridge the gap between our older residents and younger generations in the community. This continues to be a wonderful success, benefiting both our residents at Laurina Lodge and the children.

Laurina Lodge thrives thanks to the dedication of our staff, incredible volunteers, local entertainers, school groups, entertainers, families, friends, local businesses, and religious representatives. The invaluable support from our local community enriches the lives of our residents and is truly deserved. We feel privileged to

witness the kindness and time given back to residents by a community they have contributed to throughout their lives. It is heart-warming to be part of the broader Laurina Lodge family and to see what we can achieve when we work together.

To all those involved in our residents’ lives, we thank you for your ongoing support.

## ACKNOWLEDGEMENTS

We extend our heartfelt gratitude to the individuals, groups, and organisations that have generously supported us throughout the year. Their contributions of time, resources, and donations have been invaluable. Without this remarkable team, we would be unable to offer the diverse range of opportunities and experiences that enrich our lifestyle program. Thank you for your continued partnership and commitment to our residents at Laurina Lodge.

### KEY CONTRIBUTORS TO LAURINA LODGE SUCCESS IN 2024

Our Volunteers	Religious Services- Anglican Church	Heyfield Lions Club- BBQ and Bus
Wellways	weekly Thursday with	Vinnies and Twice Blessed op
MS community volunteer scheme	Reverend Judith Lake.	shops- provide items and minimal
Pam G	Ecumenical Church is Monthly	or no expense to residents in need.
Colin Irving	with R Barnes.	Heyfield IGA- Discount on
Music and Entertainment-	Catholic Church	Christmas, Mothers and Fathers
Dennis Crane, John Kennedy,	on a Tuesday with room visits.	Days, Easter gifts for the residents
Pat, Dick and Lee - Monthly	Elder Rights Advocacy- annually	and hospital patients.
Heyfield Primary School	Coffee Cart- Monthly free coffees	Heyfield Community
- Weekly on a Wednesday.	to all residents.	Resource Centre
Sale Bunnings	East Gippsland Dog	Ukulele Ladies – Di Bedggood
Craft with Kate- Monthly	Obedience Group- Pet Therapy	Heyfield Line Dancers
Wellington Shire Council	monthly on a Saturday.	Hearing Australia
Environmental sustainability	Stratford Singers- Have entertained	George Gray in Sale – funky beats
workshops with Sharon	once on a Sunday and are looking	choir
The Great Chase- annually.	to do more for us.	Linda Fortune – Hairdressing
Morning Melodies	Allan Cooper	
at Sale RSL- Monthly.	Matt Ryan	
	Heyfield RSL War Widows	

## LIFESTYLE AND LEISURE CONTINUED

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### KEY AREAS OF FOCUS FOR THE LIFESTYLE AND LEISURE DEPARTMENT IN 2024

#### STREAMLINING DOCUMENTATION PROCESSES:

Enhancing efficiency to increase face-to-face engagement with residents.

#### COLLABORATION WITH AGED CARE FACILITIES:

Strengthening partnerships with fellow facilities at Central Gippsland Health to facilitate resource sharing and knowledge exchange.

#### RESIDENT ENGAGEMENT:

Fostering partnerships through regular meetings, discussion groups, surveys, and voting processes.

#### INTERGENERATIONAL INITIATIVES:

Developing diverse opportunities that promote intergenerational interactions.

#### COMMUNITY RELATIONS:

Maintaining and enhancing our valued relationships with the broader community.

#### STAFF DEVELOPMENT:

Providing ongoing learning and support for staff through training sessions, workshops, and meetings.

#### ACTIVITY PLANNER IMPROVEMENT:

Continuously refining our activity planner in consultation with residents and their families to align with their needs and preferences.

#### DEMENTIA-SPECIFIC PROGRAMS:

Advancing the development of tailored programs, activities, and educational resources to support residents living with dementia.

## RESIDENT EXPERIENCE SURVEYS AND QUESTIONNAIRES

We highly value the ongoing feedback and partnership with our residents. Each home is unique in its preferences, goals, and lifestyle requests. We utilise this feedback to continuously improve our collaboration with residents and program design at Laurina Lodge. While we understand that the survey process can be burdensome at times, we appreciate the valuable insights and partnership as we strive for continuous improvement and innovation.

## PURCHASES AND EQUIPMENT FOR THE ACTIVITIES DEPARTMENT IN 2024

In 2024, there has been no significant capital expenditures for equipment in the Lifestyle and Leisure department at Laurina Lodge. Instead, smaller consumables—such as event decorations, bingo prizes, candies, chocolates, cooking supplies, and crafting materials—are procured as needed throughout the year, utilising the allocated lifestyle budget.

## SPECIAL EVENTS

Laurina Lodge has proudly hosted a variety of special events this year to enrich the lives of our residents. We remain committed to discovering innovative ways to celebrate important occasions, as demonstrated by the highly successful resident photo shoots during Christmas and Easter. We actively encourage the recognition of multicultural and spiritual events throughout the annual calendar, fostering an inclusive atmosphere for all.

This year, we have had the pleasure of welcoming numerous entertainers and performances to our community, including NAIDOC Week celebrations, the Ukulele Ladies, Frankie Powell, and the Briagolong Bush Band to name a few. These events have provided our residents with joyful experiences through the art of music and dance.

## UPCOMING EVENTS FOR THE REMAINDER OF 2024

We are currently planning special events for the festive Christmas season. Recently, we have initiated a Christmas planning committee with our residents to ensure their preferences and suggestions are captured as we approach the festive season.

The end of the year is an exciting and busy time for the activities department, and we embrace this challenge enthusiastically.

## PLANNING FOR THE COMING YEAR AHEAD

Looking ahead, our Diversional Therapists, Deidre and Sue, will continue to collaborate with residents to plan purposeful and engaging activities and experiences. By partnering with other Central Gippsland Health Aged Care Facilities and fellow Lifestyle and Leisure teams, we aim to provide innovative and creative experiences for our residents. We continue to encourage our family and friends to participate in our activities and events throughout the year.

By working together with our residents, families, and the community, we hope to continue growing and developing our program to meet the needs and wishes of our residents at Laurina Lodge. We invite our residents and their families to remain actively involved in the program design and development. Feedback, suggestions, and comments are always welcomed as we strive to provide person-centred experiences and diverse lifestyle choices for our residents.

Thank you for a wonderful 2024, and we look forward to the coming year ahead!

**Joanna Dua**  
*Lifestyle and Leisure Coordinator*

## BOARD OF MANAGEMENT

### RAELENE HANRATTY

#### BOARD CHAIR

Raelene joined the Board of HHI in 2015 taking on the role of Deputy Chair in January 2019 and Chair in November 2019.

A long-time local, Raelene grew up in Coongulla and has represented Heyfield in tennis, where she is a Life Member, basketball, and more recently, golf. For the last 38 years Raelene has resided at Upper Maffra West on her husband's family dairy farm where they have raised 7 children. They purchased the farm in 2006 and plan to remain in the area for a long time to come.

Raelene is currently a member of the Rural Financial Counselling Services Gippsland Board; Deputy Chair of Regional Development Australia Gippsland Committee; and a member of the Gippsdairy Board. Raelene is also currently participating in a community project supporting the modernisation and expansion

of the Macalister Irrigation District, and various projects supporting the transition of Heyfield, post the closure of timber harvesting.

Raelene has an excellent understanding of governance and business management and is excited to bring these skills to Heyfield Hospital Incorporated to deliver the changes that both the Health and Aged Care sectors are experiencing, whilst supporting the vision, mission, and values that underpin the level of care expected by our patients and residents.

Raelene is committed to the growth and sustainability of Heyfield Hospital Incorporated, and supporting the health service requirements of the district both now and into the future.

Appointed to the Board in 2015.

### ANN WOOTTON

#### VICE CHAIR

Ann was in executive and general management before retiring to Gippsland in 2017. Ann's career was in the compliance and risk management services industry in executive management roles. Her most recent role was as an executive director of a global risk management company. She worked with clients from major Australian banks to Fortune 500 organisations globally.

Ann has held director roles in many not-for-profit organisations in Melbourne and Gippsland. Currently her director roles (in addition to the Heyfield Hospital Board) include an independent director of the Risk and Audit Committee at Central Gippsland Health Service, and Vice-Chair of the Gippsland Art Gallery Foundation.

Appointed to the Board in 2019.

### SARAH CHRISTIAN

Sarah grew up in Heyfield and completed a Bachelor of Science at Melbourne University.

After travelling overseas and working at the Great Ormond Street Hospital for Sick Children in London UK, she returned to Australia to complete a Bachelor of Medicine and Surgery at Flinders University in Adelaide. Sarah completed her specialist training with the Royal Australian College of General Practitioners in 2014. She was recognised as a Rural Generalist in 2024 for her Additional Skills Training in Small Town Rural General Practice.

Sarah is a GP supervisor for both the Royal Australian College of General Practitioners and Australian College of Rural and Remote Medicine. She is passionate about addressing the rural shortage of doctors and medical services. Sarah has three beautiful children and loves spending time with her extended family.

Appointed to the Board in 2017.

## BOARD OF MANAGEMENT CONTINUED

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### PETER SKEELS

Peter has over 36 years' experience in the provision of financial, commercial, and strategic advice within electricity supply, power generation and water supply sectors. In recent years, Peter has been extensively involved in the justification, financing, construction and delivery of the Gippsland Water Factory Project, a \$230M advanced wastewater treatment and recycling project located near Morwell, Victoria. His past roles have included Financial Planning and Strategy, Chief Financial Officer, General Manager Customer Services and General Manager Operations. Peter is recently retired and consults on a part time basis within the electricity and water sector.

Peter holds a Bachelor of Business, Monash University with majors in Accounting and Economics and is a Fellow of the Australian Society of Certified Practising Accountants (FCPA). He has held the following voluntary appointments, Past Chairman, Gippsland Branch CPA 1998 – 2004, Director and Deputy Chairman, Gippsland Grammar School, Sale 2004 – 2013 and Director Heyfield Hospital Incorporated 2014 – present.

Appointed to the Board in 2014.

### LIZ DRIFFIELD

Appointed to the Board in 2023.

### JOHN SUNDERMAN

John was educated at Heyfield Primary School and Gippsland Grammar, spending a semester at the University of Illinois in year 12. On finishing school, John has worked on the family farm at Heyfield running Angus cattle stud, a poll Dorset sheep stud and a dairy farm.

John has been President of the Catholic College (Sale) School Board, Secretary/Treasurer of the Seaton Fire Brigade, Secretary and Treasurer of the Heyfield Golf Club and a member of the Macalister Consultative Committee for Irrigators.

Appointed to the Board in 2014.

### GLEN WILLIAMSON OBSERVER

Since 2019, Glen has been a Commercial Executive looking after 7 small global businesses in the role of Chief Operations Officer for a private entrepreneur with a combined turnover of \$50 million, covering all facets of operations such as Risk Strategy, Mergers and Acquisitions and Financial Governance in industries as varied as Technology Hardware, Digital Software Services, Motor Sport and Meal Replacement Shakes across a multitude of geographies. Prior to that, Glen was a Global Procurement professional for more than 20 years. Glen brings experience across the Retail, Pharmacy Distribution, Not for Profit, Finance, IT, Facilities Management and Telecommunications Technology industries. Glen also has an interest in mental health and is currently studying to gain a Diploma of Counselling with the Australian Institute of Professional Counsellors.

Appointed as an observer in 2024.



## MARY MANESCU

### OBSERVER

Mary is the CEO of Omeo District Health (ODH). Prior to her appointment at ODH, she held a range of clinical nursing and senior leadership roles in the private and public health sector. She also worked extensively for the Department of Health (Victoria) in various areas including regulation, major capital works, performance and information management. Mary holds a Master of Health Services Management and is a graduate of the Australian Institute of Company Directors. Beyond her substantive role, Mary is an accreditation surveyor with the Australian Council on Healthcare Standards

Appointed as an observer in 2024.

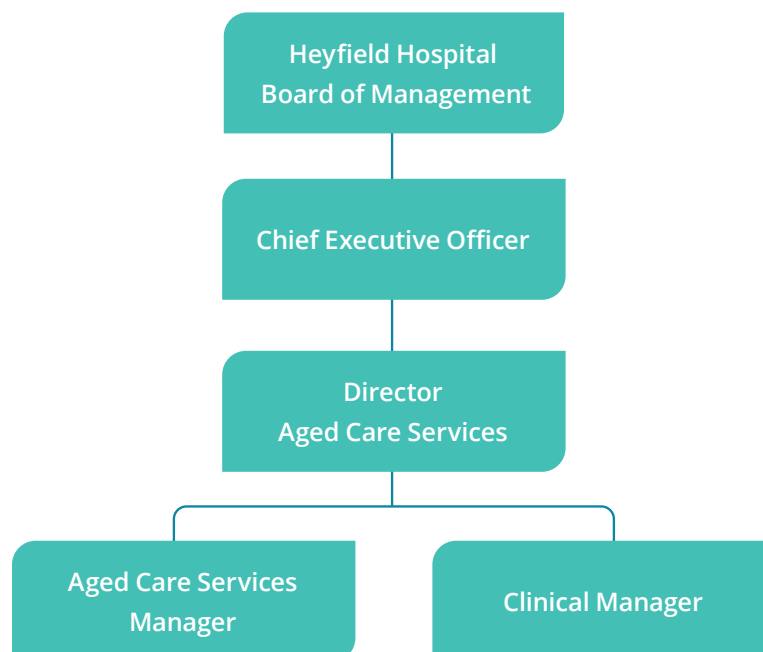
## DAVID GRAHAM

### OBSERVER

David was educated at Heyfield Primary School and then Gippsland Grammar for his secondary years. After finishing year 12, he worked with a Timber Import/Export company in Melbourne for 4 years before returning to work in the family business. David has been Sole Director of Vern Graham Pty Ltd since July 2000. He served as a Board Member of Heyfield & District Community Financial Services for 11 years, including 3 years as Treasurer. Being a keen sportsman, David has served on committees of numerous local clubs and community organisations.

Appointed as an observer in 2024.

## ORGANISATIONAL STRUCTURE



# HEARTFELT THANKS TO OUR INCREDIBLE VOLUNTEERS AND SUPPORTERS

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We would like to extend our deepest gratitude to each of our volunteers for the invaluable support, dedication, and kindness you bring to our home. Your contributions are the heart of the vibrant, meaningful environment we strive to create for our residents every day.

A special thanks to our volunteers, whose commitment shines through in every activity, event, and moment of companionship. Thank you Noelene Northway, Ian Maize, Del Cochrane, Penny Carruthers, Di Thomson, Jim Coleman, Cherril Marsh, Sue Artso, Allan Cooper, Lisa Bean, Jenny Johnston, Community Church, Rodney, Robert and Elva, Aileen and Max Page. Your time, energy, and passion help us offer meaningful activities, foster community connections, and ensure participation for every resident.

We are also deeply grateful to our cherished partners who bring joy, comfort, and community to Heyfield Hospital Incorporated. Thank you to:

- Community Groups & Volunteer Programs
  - Well Ways
  - MS Community Volunteer Scheme - Pam G
  - Heyfield Primary School - Weekly visits on Wednesdays
  - Bunnings (Sale)
    - Monthly craft sessions with Kate
  - Wellington Shire Council - Environmental sustainability workshops with Sharon
  - Heyfield Lions Club - Provides BBQ and bus support
  - Heyfield IGA - Discounts on special occasion gifts (Christmas, Mother's/Father's Day, Easter) for residents and hospital patients
  - Heyfield Community Resource Centre
  - Vinnies and Twice Blessed Op Shops - Donates items at minimal or no expense to residents in need
- Entertainment & Cultural Programs
  - Music and Entertainment - Monthly performances by Dennis Crane, John Kennedy, Pat, Dick, and Lee

- The Great Chase - Annual event
- Morning Melodies at Sale RSL - Monthly event
- Religious Services:
  - Anglican Church - Weekly Thursday service with Reverend Judith Lake
  - Ecumenical Church
    - Monthly with R. Barnes
  - Catholic Church
    - Weekly Tuesday service with room visits
- East Gippsland Dog Obedience Group - Monthly pet therapy on Saturdays
- Stratford Singers - Occasional Sunday performances with plans for more
- Ukulele Ladies - Led by Di Bedggood
- Heyfield Line Dancers
- George Gray (Sale)
  - "Funky Beats" choir performances
- Individual Volunteers
  - Colin Irving
  - Allan Cooper
  - Matt Ryan - Heyfield RSL War Widows
  - Linda Fortune - Hairdressing services
- Special Programs
  - Coffee Cart - Monthly free coffee for all residents
  - Hearing Australia
  - Elder Rights Advocacy - Annual support
- And our treasured network of families and friends whose support uplifts our community.

Finally, we wish to recognise My Cause and the Maffra and District Community Bank for their significant financial contributions toward our redevelopment projects, enhancing the comfort and environment for everyone at Heyfield Hospital.

Thank you all for making a difference at Heyfield Hospital. We couldn't do it without you, and we look forward to many more years of collaboration, community, and care.

## MUSICAL ENTERTAINMENT

Residents and staff at Laurina Lodge had a great time when Frank Powell put on a show for them in June.

Frank entertained our residents with a high energy show and played all the famous hits our residents know and love.

Frank is quite the performer and had our residents singing and tapping along to the songs.



# FUNDING AND OCCUPANCY REPORT FOR LAURINA LODGE

The Australian National Aged Care Classification (AN-ACC) is a funding model introduced to ensure fair and tailored funding for aged care facilities, based on the specific care needs of each resident. Instead of a one-size-fits-all approach, AN-ACC allocates funds based on an assessment of each resident's level of care requirements.

This model has two main components:

1. **Variable Funding:** Adjusts daily funding based on individual care needs, so residents needing more intensive care receive higher funding.
2. **Fixed Funding:** Covers the general operational costs of running an aged care facility, regardless of individual care levels.

The AN-ACC model replaced the previous ACFI (Aged Care Funding Instrument), aiming to improve transparency and flexibility in funding, enabling aged care facilities to better support diverse resident needs.

## AN-ACC FUNDING COMPARISON

Laurina Lodge received funding under the Australian National Aged Care Classification (AN-ACC) with the following results when compared to the industry average:

- **AN-ACC Variable Funding:** Laurina Lodge's average AN-ACC variable funding per day was \$136.49, slightly below the industry average of \$144.24. This funding supports day-to-day resident care needs, covering essential services and staffing.
- **AN-ACC Total Funding:** Laurina Lodge's average total AN-ACC funding per day was \$276.09, which exceeded the industry average of \$270.01. This indicates that, while variable funding was lower, our overall funding support was higher than the industry standard, reflecting Laurina Lodge's commitment to comprehensive resident care.

## OCCUPANCY RATES

The occupancy rates at Laurina Lodge for the financial year reflect both areas of strength and opportunity:

- **Permanent Care:** Laurina Lodge's average occupancy for permanent care was 85%, which is below the industry average of 89.48%. While lower than the industry benchmark, this allows Laurina Lodge the capacity to respond to new permanent care admissions more flexibly.
- **Respite Care:** Laurina Lodge maintained an average respite care occupancy of 6.27%, notably above the industry average of 1.28%. This elevated respite care rate highlights the facility's strong role in providing temporary care support for families and carers in the community.
- **Overall Occupancy:** The average total occupancy at Laurina Lodge was 91.26%, slightly above the industry average of 90.76%. While there is a small gap, Laurina Lodge's consistent occupancy level demonstrates the sustained demand for our services and the community's trust in our care.

In summary, Laurina Lodge's funding through AN-ACC demonstrates an effective use of resources to meet resident needs, even with variable funding slightly below the industry average. Our occupancy rates, particularly in respite care, underscore our dedication to supporting both permanent and temporary residents, providing valuable relief for local families.



# ANNUAL LIFESTYLE AND LEISURE REPORT FROM THE RESIDENTS OF HEYFIELD HOSPITAL

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On October 24, 2024, a group of our residents at Laurina Lodge gathered in the lounge to talk with Joanna, our Lifestyle and Lesiure Coordinator, about the lifestyle and activities program. The meeting was a wonderful chance to share our thoughts on the activities offered this year and to discuss what we enjoyed, what could improve, and any ideas we had for next year.

The gathering was both friendly and reflective, giving each of us an opportunity to express what living here means to us.

## OUR EXPERIENCES AND FEEDBACK

**Marie A.** shared her love for gardening, especially tending to roses and tomatoes. She also has a soft spot for nail polish and takes pride in her room, which she describes as her sanctuary filled with cherished photos and personal treasures. Marie warmly expressed her happiness with life at Laurina Lodge.

**Ivan P.** feels that Laurina Lodge is the best home he's ever had. His favorite things include drawing, music of all kinds, and sharing fish and chips with friends in the gazebo. Ivan particularly values the friendships he's formed here, especially with Richard, with whom he shares stories of their lives. Though he suggested a few improvements to the food, he emphasised how much he loves the staff and fellow residents.

**Gwen B.** enjoys her days spent chatting with other residents in the lounge and commented that she has a good experience here. She is also happy with the food, which adds to her enjoyment of daily life.

**Lorraine H.** finds joy in the simplicity of life here. "It's pretty nice," she says, adding that bingo games are a highlight for her.

**Pat T.** reminisced about her father's advice to "not let boys near you," a piece of wisdom she holds dear. She loves the food, walking in the garden, watching magpies, and appreciates the wonderful people around her. To Pat, Laurina Lodge feels like home.

## OUR SUGGESTIONS AND CLOSING THOUGHTS

When Joanna asked us if we felt the program offered a good range of activities and social opportunities, we all agreed that we are pleased. However, we're always open to new ideas that could enhance our shared time here. With this feedback, we look forward to another enriching year ahead, filled with friends, engaging activities, and the comfort of calling Laurina Lodge our home.







ABN: 90 859 155 652 A0010702E

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## HEYFIELD HOSPITAL INCORPORATED

### REPORT BY THE COMMITTEE

Your Committee present this report on the Heyfield Hospital Incorporated for the year ended 30 June 2024.

#### **Committee Members**

The names of each person who has been a Committee member during the period and to the date of this report are maintained in a register at the principal place of business of Heyfield Hospital Incorporated and can be reviewed upon written request to the Committee.

The Committee Members have been in office since the start of the financial period to the date of this report unless otherwise stated.

#### **Principal Activities**

The principal activity of the Association during the financial year was that of acute hospital services and residential aged care services. No significant change in the nature of these activities occurred during the year.

#### **Objectives**

The short-term objective of the Association is to provide acute hospital services and residential aged care services.

The long-term objective is to have provide acute hospital services and residential aged care services.

#### **Strategies for achieving the objectives**

To achieve its stated objectives, the Association has adopted the following strategies:

- Heyfield Hospital Inc. Strategic Plan

#### **Performance measures**

The Association measures its performance through the use of both quantitative and qualitative benchmarks. The benchmarks will be used by the Committee to assess the financial sustainability of the Association and whether the Association's short-term and long-term objectives are being achieved.

#### **Auditor's Independence Declaration**

A copy of the auditor's independence declaration as required under subdivision 60.40 of the *Australian Charities and Not-for-profits Commission Act 2012* is set out on page 3 of this financial statement.

Signed in accordance with a resolution of the Committee



---

Raelene Hanratty  
Chair



---

Ann Wootton  
Deputy Chair

Dated this 30th day of October 2024.

HEYFIELD HOSPITAL INCORPORATED  
AUDITORS INDEPENDENCE DECLARATION



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**AUDITORS INDEPENDENCE DECLARATION UNDER SUBDIVISION  
60-40 OF THE AUSTRALIAN CHARITIES AND NOT-FOR-PROFITS  
COMMISSION ACT 2012 TO THE BOARD OF HEYFIELD HOSPITAL  
INCORPORATED**

As lead auditor for the audit of the financial report of Heyfield Hospital Incorporated for the financial year ended 30 June 2024, I declare that to the best of my knowledge and belief, there have been:

- (a) No contraventions of the auditor independence requirements of the *Australian Charities and Not-for-profits Commission Act 2012* in relation to the audit; and
- (b) No contraventions of any applicable code of professional conduct in relation to the audit.

*Crowe Audit Australia*

**CROWE AUDIT AUSTRALIA**

*G. Robertson*

**GORDON ROBERTSON**

**Partner**

Date: 30 October 2024

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## HEYFIELD HOSPITAL INCORPORATED

### STATEMENT OF PROFIT OR LOSS AND COMPREHENSIVE INCOME FOR THE YEAR ENDED 30 JUNE 2024

	<b>Note</b>	<b>2024</b> \$	<b>2023</b> \$
Revenue	3(a)	6,500,313	6,018,034
Capital Revenue	3(c)	437,000	990,750
Other Revenue	3(b)	774,047	347,756
Employee Expenses	4(a)	(5,495,328)	(4,478,434)
Supplies and Consumables	4(b)	(401,680)	(354,146)
Other Expenses	4(c)	(965,549)	(807,497)
Depreciation	4(d)	(314,865)	(317,172)
		<hr/>	<hr/>
<b>NET RESULT FOR THE YEAR</b>		<b>533,938</b>	<b>1,399,291</b>
		<hr/>	<hr/>
<b>Other Comprehensive Income</b>		3,997,604	-
		<hr/>	<hr/>
<b>COMPREHENSIVE RESULT FOR THE YEAR</b>		<b>4,531,542</b>	<b>1,399,291</b>
		<hr/>	<hr/>

*This statement should be read in conjunction with the accompanying notes.*

## HEYFIELD HOSPITAL INCORPORATED

### STATEMENT OF FINANCIAL POSITION AS AT 30 JUNE 2024

	<b>Note</b>	<b>2024</b> \$	<b>2023</b> \$
<b>ASSETS</b>			
<b>Current Assets</b>			
Cash and Cash Equivalents	5	431,789	279,492
Receivables	6	773,406	338,736
Financial Assets	7	4,467,662	6,200,799
<b>Total Current Assets</b>		<u>5,672,857</u>	<u>6,819,027</u>
<b>Non-Current Assets</b>			
Property, Plant & Equipment	9	<u>13,691,382</u>	<u>8,509,017</u>
<b>Total Non-Current Assets</b>		<u>13,691,382</u>	<u>8,509,017</u>
<b>TOTAL ASSETS</b>		<u>19,364,239</u>	<u>15,328,044</u>
<b>LIABILITIES</b>			
<b>Current Liabilities</b>			
Payables	10	229,914	524,392
Bank Loan	11	45,819	42,430
Provisions	12	658,803	489,268
Refundable Deposits and Accommodation Bonds	8	<u>4,321,667</u>	<u>4,670,653</u>
<b>Total Current Liabilities</b>		<u>5,256,203</u>	<u>5,726,743</u>
<b>Non-Current Liabilities</b>			
Bank Loan	11	17,404	49,274
Provisions	12	<u>78,748</u>	<u>71,685</u>
<b>Total Non-Current Liabilities</b>		<u>96,152</u>	<u>120,959</u>
<b>TOTAL LIABILITIES</b>		<u>5,352,355</u>	<u>5,847,702</u>
<b>NET ASSETS</b>		<u>14,011,884</u>	<u>9,480,342</u>
<b>EQUITY</b>			
Asset Revaluation Reserve	13a	9,146,016	5,148,412
Accumulated Surplus	13b	<u>4,865,868</u>	<u>4,331,930</u>
<b>TOTAL EQUITY</b>	13c	<u>14,011,884</u>	<u>9,480,342</u>

*This statement should be read in conjunction with the accompanying notes.*



## HEYFIELD HOSPITAL INCORPORATED

### CASH FLOW STATEMENT FOR THE YEAR ENDED 30 JUNE 2024

	<b>Note</b>	<b>2024</b> \$	<b>2023</b> \$
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>			
Operating Grants from Government		4,878,976	4,455,193
Patient and Resident Fees Received		1,488,203	1,636,369
Capital Grants from Government		437,000	982,000
Donations and Bequests Received		5,150	5,000
Capital Donations		-	8,750
Interest Received		269,648	197,438
Interest Expense		(6,577)	(8,212)
GST (paid to) / received from ATO		15,980	(48,483)
Other Receipts		121,461	673,133
Employee Expenses Paid		(5,318,729)	(4,647,570)
Payments for Supplies and Consumables		(1,594,860)	(1,133,875)
<b>NET CASH INFLOW FROM OPERATING ACTIVITIES</b>	<b>14</b>	<b>296,252</b>	<b>2,119,743</b>
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>			
Redemption Financial Assets		1,733,137	(3,175,886)
Payments for Property Plant and Equipment		(1,499,625)	(392,389)
<b>NET CASH INFLOW / (OUTFLOW) FROM INVESTING ACTIVITIES</b>		<b>233,512</b>	<b>(3,568,275)</b>
<b>CASH FLOWS FROM FINANCING ACTIVITIES</b>			
Net Proceeds/(repayment) from residential accommodation deposits and ingoings		(348,986)	764,561
Repayment of Loans		(28,480)	(27,238)
<b>NET CASH (OUTFLOW)/INFLOW FROM FINANCING ACTIVITIES</b>		<b>(377,466)</b>	<b>737,323</b>
<b>NET INCREASE/(DECREASE) IN CASH HELD</b>		<b>152,298</b>	<b>(711,210)</b>
<b>CASH AND CASH EQUIVALENTS AT BEGINNING OF PERIOD</b>		<b>279,491</b>	<b>990,700</b>
<b>CASH AND CASH EQUIVALENTS AT END OF PERIOD</b>	<b>5</b>	<b>431,789</b>	<b>279,491</b>

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

## HEYFIELD HOSPITAL INCORPORATED

### STATEMENT OF CHANGES IN EQUITY FOR THE YEAR ENDED 30 JUNE 2024

		Asset Revaluation Reserve	Accumulated Surplus	Total
	Note	\$	\$	\$
<b>Balance as at 30 June 2022</b>		<b>5,148,412</b>	<b>2,932,639</b>	<b>8,081,051</b>
Net result for the year	13	-	1,399,291	1,399,291
<b>Balance as at 30 June 2023</b>	<b>13</b>	<b>5,148,412</b>	<b>4,331,930</b>	<b>9,480,342</b>
Net result for the year	13	-	533,938	533,938
Other comprehensive income for the year	13	3,997,604	-	3,997,604
<b>Balance as at 30 June 2024</b>	<b>13</b>	<b>9,146,016</b>	<b>4,865,868</b>	<b>14,011,884</b>

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

## HEYFIELD HOSPITAL INCORPORATED

### NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2024

#### **NOTE 1: MATERIAL ACCOUNTING POLICY INFORMATION**

The accounting policies that are material to Heyfield Hospital Incorporated are set out below. The accounting policies adopted are consistent with those of the previous financial year, unless otherwise stated.

The financial statements are for Heyfield Hospital Incorporated as an individual entity, incorporated and domiciled in Australia. Heyfield Hospital Incorporated is a not-for-profit incorporated association.

#### **Statement of Compliance**

These general purpose financial statements have been prepared in accordance with Australian Accounting Standards - Simplified Disclosure Requirements and Interpretations issued by the Australian Accounting Standards Board ('AASB'), the *Associations Incorporation Reform Act 2012* and the *Australian Charities and Not-for-profits Commission Act 2012*.

Australian Accounting Standards set out accounting policies that the AASB has concluded would result in a financial statement containing relevant and reliable information about transactions, events and conditions. Material accounting policies adopted in the preparation of this financial statement are presented below. They have been consistently applied unless otherwise stated.

#### **Basis of Preparation**

The financial statements, except the cash flow information, has been prepared on an accruals basis and are based on historical costs, modified, where applicable, by the measurement of fair value of selected non-current assets, financial assets and financial liabilities. Historical cost is generally based on the fair values of the consideration given in exchange for assets. All amounts are presented in Australian dollars, unless otherwise noted.

#### **Material Accounting Policies**

The material accounting policies set out below have been applied consistently to all periods presented in these financial statements, except as explained under changes in accounting policies.

#### **(a) Income Tax**

As the incorporated Association is a charitable institution in terms of subsection 50-5 of the *Income Tax Assessment Act 1997*, as amended, it is exempt from paying income tax.

#### **(b) Receivables**

Receivables are recognised and carried at original invoice amount. Collectability of debts is reviewed on an ongoing basis and debts which are known to be uncollectible are written off. An expected credit loss is recognised when there is objective evidence that the debts may not be collected and bad debts are written off when identified.

**NOTE 1: MATERIAL ACCOUNTING POLICY INFORMATION continued****(c) Property, Plant and Equipment***Freehold land and buildings*

Land and buildings are shown at fair value, based on periodic, at least every 3 - 5 years, valuations by external independent valuers, less subsequent depreciation and impairment for buildings. The valuations are undertaken more frequently if there is a material change in the fair value relative to the carrying amount.

Any accumulated depreciation at the date of revaluation is eliminated against the gross carrying amount of the asset and the net amount is restated to the revalued amount of the asset. Increases in the carrying amounts arising on revaluation of land and buildings are credited in other comprehensive income through to the revaluation surplus reserve in equity. Any revaluation decrements are initially taken in other comprehensive income through to the revaluation surplus reserve to the extent of any previous revaluation surplus of the same asset. Thereafter the decrements are taken to profit or loss.

*Plant and equipment*

Plant and equipment are brought to account at cost less, where applicable, any accumulated depreciation and impairment losses. Historical cost includes expenditure that is directly attributable to the acquisition of the assets.

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 entity and the cost of the item can be measured reliably. All other repairs and maintenance are charged to the statement of comprehensive income during the financial period in which they are incurred.

The carrying amount of plant and equipment is reviewed annually by the Committee to ensure it is not in excess of the recoverable amount from these assets. The recoverable amount is assessed on the basis of the estimated replacement cost of the asset. The cost of plant and equipment constructed within the Association includes the cost of materials, direct labour, borrowing costs and an appropriate proportion of fixed and variable overheads.

*Depreciation*

The depreciable amount of all plant and equipment are depreciated over their useful lives to the Association commencing from the time the asset is held ready for use.

The depreciation method and rates used for each class of depreciable asset are

<b>Class of Plant and Equipment</b>	<b>Depreciation rates</b>	<b>Depreciation method</b>
Buildings	2%	Straight line method
Plant, Vehicles and Furniture	10% - 100%	Straight line method
Furniture and Fittings	10% - 100%	Straight line method

The assets' residual values and useful lives are reviewed, and adjusted if appropriate, at each statement of financial performance date.

An asset's carrying amount is written down immediately to its recoverable amount if the asset's carrying amount is greater than its estimated recoverable amount.

## HEYFIELD HOSPITAL INCORPORATED

### NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2024

#### **NOTE 1: MATERIAL ACCOUNTING POLICY INFORMATION**

##### **(c) Property, Plant and Equipment continued**

An item of property, plant and equipment is derecognised upon disposal or when there is no future economic benefit to the Association. Gains and losses between the carrying amount and the disposal proceeds are taken to profit or loss. Any revaluation surplus reserve relating to the item disposed of is transferred directly to retained surplus.

##### **(d) Impairment of non-financial assets**

At each reporting date, the Association reviews the carrying values of its tangible and intangible assets to determine whether there is any indication that those assets have been impaired. If such an indication exists, the recoverable amount of the asset, being the higher of the asset's fair value less costs to sell and replacement cost, is compared to the asset's carrying value. Any excess of the asset's carrying value over its recoverable amount is expensed to the statement of profit or loss and other comprehensive income.

##### **(e) Investments and other financial assets**

###### **Classification**

Investments and other financial assets are initially measured at fair value. Transaction costs are included as part of the initial measurement, except for financial assets at fair value through profit or loss. Such assets are subsequently measured at either amortised cost or fair value depending on their classification. Classification is determined based on both the business model within which such assets are held and the contractual cash flow characteristics of the financial asset unless an accounting mismatch is being avoided.

Financial assets are derecognised when the rights to receive cash flows have expired or have been transferred and the entity has transferred substantially all the risks and rewards of ownership. When there is no reasonable expectation of recovering part or all of a financial asset, its carrying value is written off.

###### *Financial assets at fair value through profit or loss*

Financial assets not measured at amortised cost or at fair value through other comprehensive income are classified as financial assets at fair value through profit or loss. Typically, such financial assets will be either: (i) held for trading, where they are acquired for the purpose of selling in the short-term with an intention of making a profit, or a derivative; or (ii) designated as such upon initial recognition where permitted. Fair value movements are recognised in profit or loss

###### *Impairment of financial assets*

The entity recognises a loss allowance for expected credit losses on financial assets which are either measured at amortised cost or fair value through other comprehensive income. The measurement of the loss allowance depends upon the entity's assessment at the end of each reporting period as to whether the financial instrument's credit risk has increased significantly since initial recognition, based on reasonable and supportable information that is available, without undue cost or effort to obtain.

**NOTE 1: MATERIAL ACCOUNTING POLICY INFORMATION**

**(e) Investments and other financial assets continued**

Where there has not been a significant increase in exposure to credit risk since initial recognition, a 12-month expected credit loss allowance is estimated. This represents a portion of the asset's lifetime expected credit losses that is attributable to a default event that is possible within the next 12 months. Where a financial asset has become credit impaired or where it is determined that credit risk has increased significantly, the loss allowance is based on the asset's lifetime expected credit losses. The amount of expected credit loss recognised is measured on the basis of the probability weighted present value of anticipated cash shortfalls over the life of the instrument discounted at the original effective interest rate.

For financial assets mandatorily measured at fair value through other comprehensive income, the loss allowance is recognised in other comprehensive income with a corresponding expense through profit or loss. In all other cases, the loss allowance reduces the asset's carrying value with a corresponding expense through profit or loss.

**(f) Employee Benefits**

Provision is made for the Association's liability for employee benefits arising from services rendered by employees to reporting date. Employee benefits that are expected to be settled within one year have been measured at the amounts expected to be paid when the liability is settled, plus related on-costs. Employee benefits payable later than one year have been measured at the present value of the estimated future cash outflows to be made for those benefits.

Contributions are made by the Association to an employee superannuation fund and are charged as expenses when incurred.

**(g) 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 reporting date.

**(h) Borrowings**

Loans and borrowings are initially recognised at the fair value of the consideration received, net of transaction costs. They are subsequently measured at amortised cost using the effective interest method.



## HEYFIELD HOSPITAL INCORPORATED

### NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2024

#### **NOTE 1: MATERIAL ACCOUNTING POLICY INFORMATION continued**

##### **(i) Revenue Recognition**

###### *Revenue from contracts with customers*

Revenue is recognised at an amount that reflects the consideration to which the incorporated association is expected to be entitled in exchange for transferring goods or services to a customer. For each contract with a customer, the incorporated association: identifies the contract with a customer; identifies the performance obligations in the contract; determines the transaction price which takes into account estimates of variable consideration and the time value of money; allocates the transaction price to the separate performance obligations on the basis of the relative stand-alone selling price of each distinct good or service to be delivered; and recognises revenue when or as each performance obligation is satisfied in a manner that depicts the transfer to the customer of the goods or services promised.

###### *Sales revenue and donations*

Fundraising and donations are recognised when received or receivable.

###### *Grant revenue*

Grant revenue is recognised in the statement of profit or loss and other comprehensive income when the Association satisfies the performance obligations stated within the funding agreements.

If conditions are attached to the grant which must be satisfied before the Association is eligible to retain the contribution, the grant will be recognised in the statement of financial position as a liability until those conditions are satisfied.

###### *Interest*

Interest revenue is recognised as interest accrues using the effective interest rate method, which, for floating rate financial assets is the rate inherent in the instrument.

###### *Other revenue*

Other revenue is recognised when it is received or when the right to receive payment is established.

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

**NOTE 1: MATERIAL ACCOUNTING POLICY INFORMATION continued**

**(j) New, revised or amending Accounting Standards and Interpretations adopted**

During the current year, the Association has adopted all of the new and revised Australian Accounting Standards and Interpretations applicable to its operations which became mandatory.

The adoption of these Accounting Standards and Interpretations did not have any significant impact on the financial performance or position of the Association.

There are no new and revised accounting standards issued but not yet effective as at the date of signing of the financial statements which the Association has decided to early adopt.

**(k) Standards and Interpretations affecting the reported results or financial position**

There are no new and revised Standards and Interpretations adopted in these financial statements affecting the reporting results or financial position.

**(l) Comparative Figures**

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

**(m) Accommodation Bonds and Refundable Accommodation Deposits (RAD's)**

Accommodation bonds and Refundable Accommodation Deposits are non-interest bearing deposits made by aged care facility residents to the entity upon their admission. The liability for accommodation bonds and refundable accommodation deposits is carried at the amounts that would be payable on exit of the resident. This is the amount received on entry of the resident less deduction for fees and retentions pursuant to the Aged Care Act 1997 and the Fees and Principles Act 2014 (No.2). Accommodation bonds are classified as current liabilities as the entity does not have an unconditional right to defer settlement of the liability for at least 12 months after the reporting date. The obligation to settle could occur at any time.

**(n) Economic dependence**

Heyfield Hospital Inc. is dependent on the contributed financial support of the Government and in particular, the Department of Health and as at the date of signing the financial statements the Committee are not aware that funding will not continue.

## HEYFIELD HOSPITAL INCORPORATED

### NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2024

#### **NOTE 2: MATERIAL ACCOUNTING ESTIMATES AND JUDGEMENTS**

The Committee evaluates estimates and judgments incorporated into the financial report based on historical knowledge and best available current information. Estimates assume a reasonable expectation of future events and are based on current trends and economic data, obtained both externally and within the Association.

##### **Key Estimates**

###### *Impairment*

The Association assesses impairment at each reporting date by evaluation of conditions and events specific to the Association that may be indicative of impairment triggers. Recoverable amounts of relevant assets are reassessed using value-in-use calculations which incorporate various key assumptions.

No impairment has been recognised in respect of property, plant and equipment at reporting date.

###### *Employee benefits provision*

As per Note 1(f), the liability for employee benefits expected to be settled more than 12 months from the reporting date are recognised and measured at present value of the estimated future cash flows to be made in respect of all employees at the reporting date. In determining the present value of the liability, estimates of attrition rates and pay increases through promotion and inflation have been taken into account.

###### *Estimation of useful lives of assets*

The incorporated association determines the estimated useful lives and related depreciation and amortisation charges for its property, plant and equipment and finite life intangible assets. The useful lives could change significantly as a result of technical innovations or some other event. The depreciation and amortisation charge will increase where the useful lives are less than previously estimated lives, or technically obsolete or non-strategic assets that have been abandoned or sold will be written off or written down.

## HEYFIELD HOSPITAL INCORPORATED

### NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2024

#### NOTE 3: REVENUE

	2024 \$	2023 \$
<b>REVENUE AND INCOME FROM TRANSACTIONS</b>		
<b>(a) Revenue from contracts with Customers</b>		
Care Subsidies and Supplements - Commonwealth	3,936,681	3,512,490
Resident Fees - Means Tested Care Fees	117,414	183,922
Accommodation Subsidies and Supplements - Commonwealth	533,476	348,144
Resident Accommodation Payments and Charges	100,918	168,360
Basic Daily Fee	882,501	979,433
Public Bed Contract Activity Fees	348,685	496,714
Government Grants	120,403	39,576
Patient Fees	460,235	289,395
<b>Total revenue from contracts with customers</b>	<b>6,500,313</b>	<b>6,018,034</b>
<b>(b) Other Income</b>		
Interest Income	269,648	197,438
Donations and Fundraising	5,150	5,000
Rental Income	75,826	70,541
Other income	423,423	74,777
<b>Total Other Income</b>	<b>774,047</b>	<b>347,756</b>
<b>(c) Capital Income</b>		
Capital Donations	-	8,750
Government Grants - Capital	437,000	982,000
	<b>437,000</b>	<b>990,750</b>
<b>TOTAL REVENUE</b>	<b>7,711,360</b>	<b>7,356,540</b>

## HEYFIELD HOSPITAL INCORPORATED

### NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2024

	<b>Total 2024 \$</b>	<b>Total 2023 \$</b>
<b>NOTE 4: EXPENDITURE</b>		
<b>(a) Employee Benefits</b>		
Salaries and Wages	4,940,611	4,075,887
Workcover	118,164	53,223
Superannuation	436,553	349,324
	<u>5,495,328</u>	<u>4,478,434</u>
<b>(b) Supplies and Consumables</b>		
Medical and Surgical Supplies	52,359	47,526
Patient Expenses	20,171	2,629
Drug Supplies	9,194	10,553
Food Supplies	319,956	293,438
	<u>401,680</u>	<u>354,146</u>
<b>(c) Other Expenses</b>		
Domestic Services and Supplies	146,023	133,810
Fuel, Light, Power and Water	132,811	139,995
Repairs and Maintenance	117,794	109,715
Administration Expenses	472,170	344,933
Insurances	55,844	52,941
Audit Fee	34,330	17,891
Interest Expense	6,577	8,212
	<u>965,549</u>	<u>807,497</u>
<b>(d) Depreciation</b>		
Buildings	266,192	265,959
Plant and Equipment		
Plant	21,686	23,739
Medical	6,412	6,239
Non Medical	10,405	6,039
Motor Vehicles	2,000	2,000
Communications	3,567	5,357
Furniture and Fittings	4,603	7,839
	<u>314,865</u>	<u>317,172</u>
<b>TOTAL EXPENDITURE</b>	<u><u>7,177,422</u></u>	<u><u>5,957,249</u></u>

## HEYFIELD HOSPITAL INCORPORATED

### NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2024

#### NOTE 5: CASH AND CASH EQUIVALENTS

Cash is represented by cash floats, cash book balances of bank accounts and short term deposits with banks.

This excludes Patient monies held in trust (refer Note 8)

These funds form part of the working capital of the Hospital

	<b>Total 2024 \$</b>	<b>Total 2023 \$</b>
Cash on Hand	900	900
Cash at Bank	430,889	278,592
	<u>431,789</u>	<u>279,492</u>

#### NOTE 6: RECEIVABLES

##### Current

Patient and Resident Fees	166,695	93,830
Other Debtors	351,560	117,412
Accrued Income	237,172	93,532
GST Receivable	22,244	38,227
<b>TOTAL</b>	<u>777,671</u>	<u>343,001</u>

##### Less Provision for Doubtful Debts

Patient and Resident Fees	(4,265)	(4,265)
<b>TOTAL RECEIVABLES</b>	<u>773,406</u>	<u>338,736</u>

##### Movement in the Allowance for doubtful debts

Balance at beginning of year	4,265	5,778
Amounts written off during the year	-	(5,778)
Increase in allowance recognised in profit or loss	-	4,265
Balance at end of year	<u>4,265</u>	<u>4,265</u>

#### NOTE 7: FINANCIAL ASSETS

Term Deposits	<u>4,467,662</u>	<u>6,200,799</u>
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Term deposits are classified as financial assets when the investment term is greater than three months in line with AASB 107 Cash Flow Statements.

## HEYFIELD HOSPITAL INCORPORATED

### NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2024

	<b>Total 2024 \$</b>	<b>Total 2023 \$</b>
<b>NOTE 8: REFUNDABLE DEPOSITS AND ACCOMMODATION BONDS</b>		
<b>Refundable Deposits and Accommodation Bonds</b>		
Amounts due and payable	700,000	700,598
Amounts payable within 12 months (Est)	812,473	934,131
Amounts payable after 12 months (Est)	2,809,194	3,035,924
<b>Resident Monies received and amounts owing</b>	<b><u>4,321,667</u></b>	<b><u>4,670,653</u></b>

This consists of the balance due to residents from Ingoings and Accommodation Bonds and Refundable Accommodation Deposits paid at time of entry, less retentions to date.

#### **Represented by the following restricted assets**

Term Deposits	<u>4,321,667</u>	<u>6,200,799</u>
<b>TOTAL</b>	<b><u>4,321,667</u></b>	<b><u>6,200,799</u></b>

Heyfield Hospital Inc Board is confident that that they will be able to meet resident trust commitments when they arise.

## HEYFIELD HOSPITAL INCORPORATED

### NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2024

#### NOTE 9: PROPERTY, PLANT AND EQUIPMENT

	2024 \$	2023 \$
<b>Land</b>		
Freehold Land at Valuation	925,000	375,000
<b>Total Land</b>	<b>925,000</b>	<b>375,000</b>
<b>Buildings</b>		
Works in Progress	1,324,599	362,874
Buildings at Cost	473,463	920,607
Less Accumulated Depreciation	(1,578)	(48,846)
	1,796,484	1,234,635
Buildings at Valuation	10,530,000	12,370,000
Less Accumulated Depreciation	-	(5,884,600)
<b>Total Buildings</b>	<b>12,326,484</b>	<b>7,720,035</b>
<b>Plant and Equipment at Cost</b>		
-Plant	443,428	431,804
Less Accumulated Depreciation	(163,727)	(142,041)
-Major Medical	258,552	242,414
Less Accumulated Depreciation	(212,219)	(205,807)
-Computers and Communications	132,391	132,391
Less Accumulated Depreciation	(132,391)	(128,825)
-Vehicles	20,000	20,000
Less Accumulated Depreciation	(14,668)	(12,668)
-Other Equipment	231,386	184,561
Less Accumulated Depreciation	(152,864)	(142,460)
<b>Total Plant and Equipment</b>	<b>409,888</b>	<b>379,369</b>
<b>Furniture and Fittings at Cost</b>	186,912	186,912
Less Accumulated Depreciation	(156,902)	(152,299)
<b>Total Furniture and Fittings</b>	<b>30,010</b>	<b>34,613</b>
<b>Total Property, Plant and Equipment</b>	<b>13,691,382</b>	<b>8,509,017</b>

	Land \$	Buildings \$	Plant and Equipment \$	Furniture and Fittings \$	Total \$
<b>Balance as at 30 June 2022</b>	375,000	7,743,442	311,896	3,462	8,433,800
Additions	-	242,552	110,848	38,990	392,389
Depreciation (refer Note 4d)	-	(265,959)	(43,374)	(7,839)	(317,172)
<b>Balance as at 30 June 2023</b>	<b>375,000</b>	<b>7,720,035</b>	<b>379,369</b>	<b>34,613</b>	<b>8,509,017</b>
Additions	-	1,425,037	74,588	-	1,499,625
Depreciation (refer Note 4d)	-	(266,192)	(44,070)	(4,603)	(314,865)
Revaluation	550,000	3,447,604	-	-	3,997,604
<b>Balance as at 30 June 2024</b>	<b>925,000</b>	<b>12,326,484</b>	<b>409,888</b>	<b>30,010</b>	<b>13,691,382</b>

#### Revaluation of land and buildings

Land and buildings were revalued by Gippsland Property Valuations. The valuation, which conforms to Australian valuation standards, was determined by reference to the basis of the value of the land and site improvements together with an assessment of the "highest and best use" of the land and the structural improvements on the land. The effective date of the valuation is at 30 June 2024.



## HEYFIELD HOSPITAL INCORPORATED

### NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2024

#### NOTE 10: PAYABLES

	2024	2023
	\$	\$
<b>Current</b>		
Trade Creditors	7,624	11,013
Accrued Expenses	222,290	453,109
Income in Advance	-	60,269
<b>TOTAL</b>	<b>229,914</b>	<b>524,391</b>

#### NOTE 11: BORROWINGS

<b>Current</b>		
Bank Loan	45,819	42,429
<b>Total Current Borrowings</b>	<b>45,819</b>	<b>42,429</b>
<b>Non-Current</b>		
Bank Loan	17,404	49,274
<b>Total Non-Current Borrowings</b>	<b>17,404</b>	<b>49,274</b>
<b>TOTAL BORROWINGS</b>	<b>63,223</b>	<b>91,703</b>

#### *Assets pledged as security*

The secured bank loan obtained in 2021 is secured over land and buildings and has a carrying amount of \$63,223.

#### NOTE 12: EMPLOYEE PROVISIONS

<b>Current</b>		
Long Service Leave	216,847	158,012
Accrued Wages and Salaries	93,952	49,719
Annual Leave	344,970	277,752
Accrued Days Off	3,034	3,784
<b>Total Current Provisions</b>	<b>658,803</b>	<b>489,267</b>
<b>Non-Current</b>		
Long Service Leave	78,748	71,685
<b>Total Non-Current Provisions</b>	<b>78,748</b>	<b>71,685</b>
<b>TOTAL PROVISIONS</b>	<b>737,551</b>	<b>560,952</b>

The following assumptions were adopted in measuring present value:

Wage Inflation Rate	4.45%	4.35%
On-Cost Factor	11.25%	11.25%

#### (a) Provision for Employee Entitlements

A provision has been recognised for employee entitlements relating to annual and long service leave for employees. In calculating the present value of future cash flows in respect of long service leave, the probability of long service leave being taken is based upon historical data. The measurement and recognition criteria for employee benefits have been included in Note 1(f).

## HEYFIELD HOSPITAL INCORPORATED

### NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2024

	2024 \$	2023 \$
<b>NOTE 13: RESERVES</b>		
<b>(a) Asset Revaluation Reserve</b>		
<b>Land</b>		
Balance at the beginning of the reporting period	300,000	300,000
Revaluation Increments	550,000	-
Balance at the end of the reporting period	<u>850,000</u>	<u>300,000</u>
<b>Building</b>		
Balance at the beginning of the reporting period	4,848,412	4,848,412
Revaluation Increments	3,447,604	-
Balance at the end of the reporting period	<u>8,296,016</u>	<u>4,848,412</u>
Balance Asset Revaluation Reserve at the end of the reporting period	<u>9,146,016</u>	<u>5,148,412</u>
Total Reserves at the end of the reporting period	<u>9,146,016</u>	<u>5,148,412</u>
<b>(b) Accumulated Surpluses</b>		
Balance at the beginning of the reporting period	4,331,930	2,932,639
Net Result for the Year	533,938	1,399,291
Balance at the end of the reporting period	<u>4,865,868</u>	<u>4,331,930</u>
<b>(c) Equity</b>		
Total Equity at the Beginning of the reporting period	9,480,342	8,081,051
Total Changes in Equity Recognised in the Comprehensive Operating	533,938	1,399,291
Revaluation Increments	3,997,604	-
Total Equity at the reporting date	<u>14,011,884</u>	<u>9,480,342</u>
<b>NOTE 14: RECONCILIATION OF NET RESULT FOR THE YEAR TO NET CASH INFLOW FROM OPERATING ACTIVITIES</b>		
<b>Net Result for the Year</b>	533,938	1,399,291
<b>NON CASH MOVEMENTS</b>		
Depreciation	314,865	317,172
Provision for Doubtful Debts	-	(1,513)
<b>Change in Operating Assets and Liabilities</b>		
(Increase) / Decrease in Receivables	(434,670)	495,384
Increase / (Decrease) in Employee Benefits	176,599	(169,136)
(Decrease) / Increase in Payables	(294,480)	78,545
<b>NET CASH INFLOW FROM OPERATING ACTIVITIES</b>	<u>296,252</u>	<u>2,119,743</u>

## HEYFIELD HOSPITAL INCORPORATED

### NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2024

#### NOTE 15: SEGMENT REPORTING

	Hospital		Residential Aged Care		Total	
	2024	2023	2024	2023	2024	2023
	\$	\$	\$	\$	\$	\$
Segment Revenue	929,323	825,685	6,782,037	6,530,855	7,711,360	7,356,540
<b>Total Revenue</b>	929,323	825,685	6,782,037	6,530,855	7,711,360	7,356,540
Segment Expense	823,507	1,184,416	6,039,050	4,455,661	6,862,557	5,640,077
Depreciation and Amortisation	47,230	47,576	267,635	269,596	314,865	317,172
<b>Total Expense</b>	870,737	1,231,992	6,306,685	4,725,257	7,177,422	5,957,249
<b>Net Result for Year</b>	58,586	(406,307)	475,352	1,805,598	533,938	1,399,291
Segment Assets	2,323,709	2,299,207	17,040,530	13,028,837	19,364,239	15,328,044
<b>Total Assets</b>	2,323,709	2,299,207	17,040,530	13,028,837	19,364,239	15,328,044
Segment Liabilities	802,853	877,155	4,549,502	4,970,547	5,352,355	5,847,702
<b>Total Liabilities</b>	802,853	877,155	4,549,502	4,970,547	5,352,355	5,847,702
<b>Net Assets</b>	1,520,856	1,422,052	12,491,028	8,058,290	14,011,884	9,480,342

The major products/services from which the above segments derive revenue are:

<b>Business Segments</b>	<b>Services</b>
Heyfield Hospital	Patient Services
Laurina Lodge Aged Care	Aged Care Services

#### Geographical Segment

Heyfield Hospital operates in East Gippsland, Victoria. More than 90% of revenue, net surplus from ordinary activities and segment assets relate to operations in East Gippsland, Victoria.

## HEYFIELD HOSPITAL INCORPORATED

### NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2024

#### NOTE 16: FINANCIAL RISK MANAGEMENT

##### Financial Risk Management Policies

The Association's financial instruments consist mainly of deposits with banks, short-term deposits and accounts receivable and payable.

The totals for each category of financial instruments, measured in accordance with AASB 139 as detailed in the accounting policies to these financial statements, are as follows:

	2024 \$	2023 \$
<b>Financial Assets</b>		
Cash and cash equivalents	431,789	279,492
Loans and Receivables	755,427	304,774
Loans and Receivables - Term Deposits	4,467,662	6,200,799
<b>Total Financial Assets</b>	<b>5,654,878</b>	<b>6,785,065</b>
<b>Financial Liabilities</b>		
Payables at amortised cost	229,914	464,122
Monies held in Trust at amortised cost	4,321,667	4,670,653
<b>Total Financial Liabilities</b>	<b>4,551,581</b>	<b>5,134,775</b>

## HEYFIELD HOSPITAL INCORPORATED

### NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2024

#### **NOTE 17: COMMITMENTS**

There are no known operating or capital commitments at reporting date. (2023 \$0).

#### **NOTE 18: CONTINGENT LIABILITIES and CONTINGENT ASSETS**

There are no known contingent liabilities or contingent assets at reporting date. (2023 \$0)

#### **NOTE 19: RESPONSIBLE PERSON RELATED DISCLOSURES**

##### **(a) Responsible Persons**

Members of the Committee of the Hospital during the year were:

	<b>Period from</b>	<b>Period to</b>
Raelene Hanratty (Chair)	Jul-23	Jun-24
Ann Wootton (Vice Chair)	Jul-23	Jun-24
John Sunderman	Jul-23	Jun-24
Peter Skeels	Jul-23	Jun-24
Sarah Christian	Jul-23	Jun-24
Elizabeth "Liz" Driffield	Jul-23	Jun-24

The Accountable Officer is Mark Dykgraaf, Chief Executive Officer - Central Gippsland Health Service.

##### **(b) Remuneration of Responsible Persons**

The Members of the Committee do not receive any remuneration in their capacity as board members. The remuneration of the Accountable Officer is the responsibility of Central Gippsland Health Service.

##### **(c) Retirement Benefits Of Responsible Persons**

No retirement benefits were paid in connection with the retirement of Responsible Persons of the Hospital.

**NOTE 20: EVENTS OCCURRING AFTER REPORTING DATE**

There were no events occurring after the balance date that would substantially affect the operation of the facility.

**NOTE 21: RELATED PARTY TRANSACTIONS**

Related parties include close family members of key management personnel (KMP) and entities that are controlled or jointly controlled by those KMP individually or collectively with their close family members. Transactions with related parties are on normal commercial terms and conditions no more favourable than those available to other persons unless otherwise stated.

During the year, Dr Sarah Christian was a member of the Board. She is also a doctor with professional dealings with Heyfield Hospital Inc and earns an income through this, \$36,796 (2023 : \$38,822). Dr Christian is a shareholder in the Heyfield Medical Centre, Heyfield Hospital Inc rents the medical centre facility rooms to the Heyfield Medical Centre. Heyfield Hospital receives rental income from this transaction, \$36,892 was earned in 2024 (2023: \$39,126)

**NOTE 22: KEY MANAGEMENT PERSONNEL COMPENSATION**

Any person(s) having authority or responsibility for planning and controlling the activities of the Association, directly or indirectly, including any committee member (whether executive or otherwise) of that entity is considered key management personnel (KMP).

There was no compensation to KMP.

## HEYFIELD HOSPITAL INCORPORATED

### STATEMENT BY THE MEMBERS OF THE COMMITTEE

In accordance with a resolution by the members of the Committee of Heyfield Hospital Incorporated, the members of the Committee of the Association declare that:

1. The financial statements and notes, as set out on pages 2 to 26, are in accordance with the Australian Charities and Not-for-profits Commission Act 2012 and:
  - a. Comply with Australian Accounting Standards Simplified Disclosure Requirements; and
  - b. Give a true and fair view of the financial position of the Association as at 30 June 2024 and of its performance for the financial year ended on that date; and
2. There are reasonable grounds to believe that the Association 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-profit Commission Regulation 2022* :



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Raelene Hanratty  
Chair



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Ann Wootton  
Deputy Chair

Dated this 30th day of October 2024.



## HEYFIELD HOSPITAL INCORPORATED

### INDEPENDENT AUDITORS REPORT TO THE MEMBERS



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## Independent Auditor's Report to the Members of Heyfield Hospital Incorporated

### Opinion

We have audited the financial report of Heyfield Hospital Incorporated (the Association), which comprises the statement of financial position as at 30 June 2024, the statement of profit or loss and other comprehensive income, the statement of changes in equity and the statement of cash flows for the year then ended, and notes to the financial statements, including a summary of material accounting policies, and the statement by the committee of management.

In our opinion, the accompanying financial report of Heyfield Hospital Incorporated has been prepared in accordance with the *Associations Incorporation Reform Act 2012* and Division 60 of the *Australian Charities and Not-for-profits Commission Act 2012*, including:

- (a) giving a true and fair view of the Association's financial position as at 30 June 2024 and of its financial performance and cash flows for the year then ended; and
- (b) complying with Australian Accounting Standards – Simplified Disclosure Requirements, the *Associations Incorporation Reform Act 2012* and Division 60 of the *Australian Charities and Not-for-profits Commission Regulation 2022*.

### Basis for Opinion

We conducted our audit in accordance with Australian Auditing Standards. Our responsibilities under those standards are further described in the *Auditor's 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 and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants (including Independence Standards)* (the Code) that are relevant to our audit of the financial report in Australia. We have also fulfilled our other ethical responsibilities in accordance with the Code.

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

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## HEYFIELD HOSPITAL INCORPORATED

### INDEPENDENT AUDITORS REPORT TO THE MEMBERS



#### Other Information

The committee of management is responsible for the other information. The other information comprises the information included in the Association's Report by the Committee for the year ended 30 June 2024, 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 that fact. We have nothing to report in this regard.

#### Responsibilities of the Committee of Management for the Financial Report

The committee of management of the Association is responsible for the preparation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards – Simplified Disclosure Requirements, the *Associations Incorporation Reform Act 2012* and the ACNC Act and for such internal control as the committee of management determines is necessary to enable the preparation of the 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 committee of management is responsible for assessing the ability of the Association to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the committee of management either intends to liquidate the Association or to cease operations, or have no realistic alternative but to do so.

The committee of management is responsible for overseeing the Association's financial reporting process.

#### Auditor's Responsibilities for the Audit of the Financial Report

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 the Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of this financial report.

As part of an audit in accordance with the Australian Auditing Standards, the auditor exercises professional judgement and maintains professional scepticism throughout the audit. The auditor also:

- Identifies and assesses the risks of material misstatement of the financial report, whether due to fraud or error, designs and performs audit procedures responsive to those risks, and obtains audit evidence that is sufficient and appropriate to provide a basis for the auditor's 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.
- Obtains 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 entity's internal control.

## HEYFIELD HOSPITAL INCORPORATED

### INDEPENDENT AUDITORS REPORT TO THE MEMBERS



- Evaluates the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by those charged with governance.
- Concludes on the appropriateness of those charged with governance's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the entity's ability to continue as a going concern. If the auditor concludes that a material uncertainty exists, the auditor is required to draw attention in the auditor's report to the related disclosures in the financial report or, if such disclosures are inadequate, to modify the auditor's opinion. The auditor's conclusions are based on the audit evidence obtained up to the date of the auditor's report. However, future events or conditions may cause the entity to cease to continue as a going concern.
- Evaluates the overall presentation, structure and content of the financial report, including the disclosures, and whether the financial report represents the underlying transactions and events in a manner that achieves fair presentation.

The auditor communicates with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that the auditor identifies during the audit.

*Crowe Audit Australia*

**CROWE AUDIT AUSTRALIA**

*G. Robertson*

**GORDON ROBERTSON**

**Partner**

Dated at Warragul this 31<sup>st</sup> day of October 2024





## CONTACT US

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