



# HEYFIELD HOSPITAL

Central Gippsland Health

ANNUAL REPORT 2020



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# WHO ARE WE

## HEYFIELD HOSPITAL

Heyfield Hospital was built in 1934 to service the needs of Heyfield and surrounding communities. The Hospital functions as an 11 bed private hospital and provides a mix of private beds, public beds (funded by Central Gippsland Health Service) and 3 Transitional Care Beds (through the Transitional Care Program) that are subcontracted from Latrobe Regional Hospital.

Heyfield Hospital provides medical services and a 24 hour, 7 day a week oncall urgent care service that is staffed by local general practitioners, who have a co-located, private medical practice on the Heyfield Hospital site. The urgent care service is provided on a user pay basis with both the Hospital and Medical Centre levying fees for services provided.

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

## LAURINA LODGE

Aged care services are also provided at Heyfield Hospital through Laurina Lodge, an aged care facility built in 1994 and extended in 2006 to comprise 49 permanent beds and 2 respite beds.

## CENTRAL GIPPSLAND HEALTH SERVICE

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



# VISION, MISSION & VALUES

The Mission of Heyfield Hospital is to add value to our community by providing high quality, flexible health and aged care services tailored to meet our community's needs.

In doing so we will:

- Attract, retain and continue to develop a vibrant and dynamic workforce, capable of meeting our services needs within a framework of mutual obligation;
- Achieve financial independence and long term sustainability;
- Provide very high quality services that not only meet, but exceed, external quality and accreditation standards; and
- Develop innovative, exciting and relevant service delivery models that both embrace and take advantage of regional partnerships, collaborative service delivery programs and funding opportunities.

To achieve our mission we have identified four interdependent priority areas.

Service delivery is the first priority area. This area relates to what service we will provide to meet the current and changing needs of our community and the values that will underpin service delivery and service access priorities.

The second priority area is stakeholder relationships and service delivery partnerships. Clearly a crucially important area for Heyfield Hospital due to our management agreement with CGH is the importance of providing public health services on behalf of CGH and the potential for us to do more in this area.

The third priority area is organizational structure and workforce development. It is strategically important that we determine and implement an effective and locally desirable governance and management structure, capable of meeting the strategic objectives of the agency, implement a service delivery capability approach to workforce development and achieve long term sustainability and self-determination: being the fourth priority area.

Our Vision is that Heyfield Hospital will provide high quality services that respond to the needs of the community. We understand and embrace the belief that Heyfield Hospital is a community asset, capable of supporting a thriving rural community.

In stabilizing and possibly growing this community asset we will:

- Value our independence and maintain our capacity to be self-determining;
- Act with honesty, transparency and integrity;
- Strive to achieve excellence in the quality of services we provide and place the community, our clients and our patients at the centre of what we do;
- Be supportive and socially just in the way we provide services; and
- Demonstrate through respect and mutual obligation the way we value our people.

# BOARD OF MANAGEMENT

**RAELENE HANRATTY**

Board Chair

Appointed in 2015

19/20 Meeting Attendances  
100%**PETER SKEELS**

Vice Chair

Appointed in 2014

19/20 Meeting Attendances  
90%**SARAH CHRISTIAN**

Board Member

Appointed in 2017

19/20 Meeting Attendances  
90%**GERRY DAVIS**

Board Member

Appointed in 2018

19/20 Meeting Attendances  
90%**LUCY GRAHAM**

Board Member

Appointed in 2019

19/20 Meeting Attendances  
90%**KEITH BORTHWICK**

Board Member

Appointed in 2004

19/20 Meeting Attendances  
100%**JOHN SUNDERMAN**

Board Member

Appointed in 2014

19/20 Meeting Attendances  
70%**ANN WOOTTON**

Board Member

Appointed in 2019

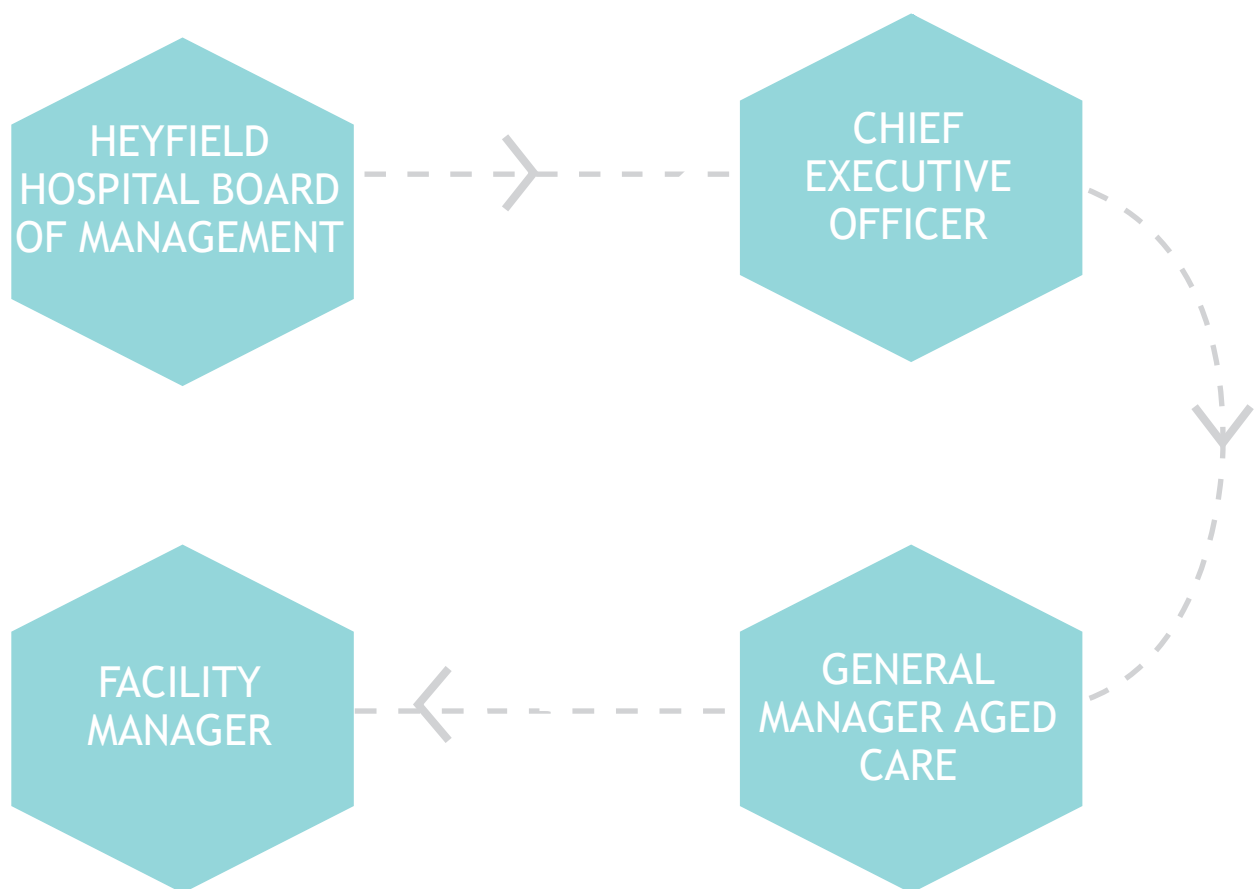
19/20 Meeting Attendances  
60%

# ACCREDITATION

Heyfield Hospital Incorporated (HHI) holds current Aged Care Accreditation for Laurina Lodge with the Australian Council of Healthcare Standards (ACHS).

Corporate management identifies opportunities for improvement which filter through to the home. HHI actively pursues continuous improvement across all the Accreditation Standards. The organisation has systems in place to identify changes in relevant legislation, regulatory requirements, professional standards and guidelines.

# ORGANISATIONAL STRUCTURE



# REPORT BY THE BOARD CHAIR

It would not be an exaggeration for me to say that 2019/2020 has been very challenging.

However, I would like to begin by saying congratulations.

Congratulations to our residents who soldiered on through the frightening realities of the consequences from the COVID-19 Pandemic. I was heartened by their preparedness to accept the challenges that social limitations presented and their enthusiastic response by participating in online family catch-ups, whilst also accepting the need to limit further social activities.

Congratulations to the staff who diligently kept the Hospital and Laurina Lodge COVID-19 free during this crisis. Thank you for your selfless attention and care to the patients and residents, your fellow workmates and to the wider community.

Congratulations to Management who worked hard to ensure that Heyfield Hospital and Laurina Lodge remained a safe and happy environment for the patients, residents and staff. Your expertise in the many areas required to push through this pandemic, and your commitment to the residents and staff of Laurina Lodge, led the way for this facility to be a shining light in what has been a very dark period in Victorian Aged Care.

Unfortunately, this Pandemic is still with us but the Board has full confidence in the policies and procedures that are in place to ensure that our facility remains a safe environment for our residents, patients and staff.

In February, structural changes to Management saw Paul Head take over from Frank Evans as the Chief Executive Officer (CEO) of Heyfield Hospital Incorporated (HHI), further enhancing our Tri-Board-Alliance with Stretton Park and Central Gippsland Health Service (CGHS). Paul has focussed on updating the comfort and experiences for the residents of Laurina Lodge through a continued modernisation program. Apart from the major structural upgrades, other popular changes with the residents have included the employment of a full-time physiotherapist; an in-house qualified chef providing varied and nutritious menu selections; and a cappuccino machine in the common area available for resident's use.



Sally Weatherley, who is the General Manager of Aged Care as well as the Director of Nursing Maffra and Christine Sheehy who joined us as Nurse Unit Manager in January; both have been committed to the daily management of HHI throughout these unprecedented times and have ensured that the resident's and patient's safety and welfare has been paramount.

Leveraging off the Alliance has greatly improved our financial sustainability resulting in a Financial Year 2019/2020 profit of over \$370,000. This has given us the ability to set a Capital Expenditure budget that will be the basis for modernisation upgrades over the next three (3) years. In the immediate pipeline is the installation of air conditioners in individual rooms; a refurbishment of the dining area to reflect contemporary aged care standards, including self-service options to encourage independence; expansion of telehealth and video conferencing capabilities which will reduce the need for transporting residents for minor medical treatments and will also allow greater access to specialist practitioners; along with the provision for upgrading a further seven (7) resident rooms and re-flooring the common areas.

Grant Thornton Consultants were engaged to prepare a Value For Money audit of the costs and benefits associated with the Tri-Board Alliance and Management Agreement; these findings were presented to the Board in January. In comparison to National Benchmarks, HHI management costs are 58% less than that of similar organisations. Services that are provided, however, are worth almost double the cost of the service fees. Further value that was not financially quantified includes greater access to resources, training, education and development (which has been invaluable during the current pandemic climate); risk management support; robust process frameworks; greater economies of scale in procurement and capital purchases; compliance, quality and risk support; as well as operational efficiencies and access to a contingent labour pool. The results of this audit have confirmed that the Management Agreement and participation in the Tri Board Alliance have been, and will continue to be, of great benefit to the Hospital and Laurina Lodge.

I would like to acknowledge the contributions of the Auxiliary who have unfortunately been hindered this year by the pandemic. I know that their commitment hasn't wavered and I am sure that they are looking forward to reconvening when possible.

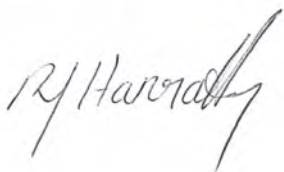
I would also like to reflect on the unexpected passing of a former Auxiliary member, Margot Donahoe and pass on the Board's sincerest condolences to her husband, Barry and their family and friends. Barry was also a former member of the Board, resigning from that position in December 2014.

What makes the district of Heyfield so great is its community volunteers, this is reflected in the many people who support HHI with their enthusiastic contributions for the resident's enjoyment. Thank you to all who give your time and skills on a regular basis. We look forward to being able to participate in activities again as soon as possible.

Deborah Rogers stepped down from the Board in November 2019. Deborah joined the Board in 2009 and spent her last three years as Chair, overseeing the major refurbishment amongst many other things. I would like to take this opportunity to formally and publicly acknowledge Deborah's contributions to the Board and thank her for her commitment during her tenure.

The Board welcomed Anne Wootton as a member in November 2019. Anne has an extensive background in Executive Management with international experience in large global companies. Anne's previous Board positions and proven experience in governance has been of great benefit to the HHI Board.

Finally, I would like to thank all of my fellow Board members. We have managed to stay focussed, functional and productive despite the inconveniences that COVID-19 has placed upon us; this is testimony to the commitment and passion that you all convey. A special mention to the Deputy Chair, Peter Skeels, who has supported me through these most unusual 12 months.



Raelene Hanratty

Board Chair



We wish to thank the Heyfield Lions Club for their generous donation towards the Gazebo construction project.



# REPORT BY THE CEO

## PAUL HEAD

Paul completed his Bachelor of Nursing at the University of Southern Queensland and proceeded to complete his graduate year in The Canberra Hospital. Paul has a background in Emergency nursing in addition to considerable experience working in rural and remote settings, spending 7 years in the Northern Territory as the Nurse Unit Manager of Emergency Department.

During this period Paul completed a Master of Advanced Practice from Newcastle University. Paul was a member of the Royal Australian Airforce for 4 years, during this time he conducted several missions on-board the rescue helicopter service throughout the Northern Territory; in addition to deploying for 4 months to the Middle East on active operations. Paul has completed a Master of Nursing, Master of Management, Master of Human Resources and Master of Business Administration.

The 2019/2020 year will go down in history as the year of the catastrophe.

Since September 2019, Central Gippsland Health Service (CGHS) has faced three (3) consecutive major events. Our Network has continued to demonstrate strength by consistently and repeatedly managing these unprecedented natural and technological disasters.

At the beginning of September 2019, the cyber-attack rendered our electronic resources unserviceable whilst comprehensive diagnostic work was completed to restore all CGHS systems. As a result, and significant investment to the state our firewalls were reinforced and security systems were upgraded.

The 2019/20 bushfires have been described as 'the worst bushfires in our history,' 'exceptional in size and impact' and 'by far Australia's costliest natural disaster'. The devastating loss of life, land and homes created a shared impact to Health Services and Aged Care Facilities as people were evacuated to numerous safe zones by road, sea and air.

Closely following the 2019/20 Bushfire service impact, the Coronavirus (COVID-19) outbreak was declared a worldwide Pandemic. The State of Emergency for CGHS, like many regional health services has surpassed 12-months, proving these are truly challenging and unprecedented times.

The staff at Heyfield Hospital Incorporated (HHI) and Laurina Lodge have managed through these uncertain times with enthusiasm and optimism given the demanding challenges and lower occupancy rates many Aged Care Facilities have faced.

Financially, HHI produced a \$370K favourable result with the \$750K turnaround from the 2018/19 financial year. Whilst this is a fantastic outcome, we must continue our hard work to recover from previous years losses.

Since commencement of the Physiotherapy program there has been a reduction in falls incidents, demonstrating the programs functional benefit in delivering quality of life for our residents. This is a great example of how the Board of Management are investing in sustaining the facilities future, ensuring we can continue to provide a valuable service to our community.

Moving forward, HHI's focus is to achieve the works detailed in our three (3) year capital plan which will see a significant investment (2020/21) and improvement to the facilities infrastructure.

As you may be aware, the Aged Care Sector is on the precipice of major changes following the Royal Commission into the impact COVID-19 in Aged Care Facilities. I am sure these changes will be challenging, however exciting as the sector works collaboratively to improve the Aged Care landscape.

Fortunately, the HHI Strategic Plan is in the process of being amended, these amendments will include and be influenced by the wholesale changes in the Aged Care Sector; placing us in a strong position to rapidly incorporate the findings into our operational plans.

I would like to thank the HHI Nurse Unit Manager, Christine and the HHI staff for rising to the unique operational challenges they faced throughout the year.

The staff have gone to great lengths to ensure our residents never felt "locked in" and have remained unyielding in their dedication and advocacy for the residents through what has been at times a distressing experience. I wish to convey my sincere congratulations to you all.

I would like to acknowledge and thank our volunteers and auxiliary for being patient whilst we navigate through such uncertain times, we truly appreciate your contribution to the organisation.

Additionally, I would like to recognise someone who has an undeniable dedication to staff, residents and families. I have never had the pleasure of working with a person with so much passion for Aged Care, making herself available seven (7) days a week and often putting the needs of the organisation well before her own.

Of course, I am referring to our General Manager of Aged Care, Sally Weatherley, who has done an exceptional job in improving HHI and the CGH Aged Care Network over the last 18 months. We are very fortunate to have such an experienced and capable manager in Sally and look forward to her continued leadership in Aged Care.

Lastly, thank you to the HHI Board of Management for dedicating their time and efforts to ensure our organisation has sound governance and remains focused on the community and it's needs.



Paul Head

Chief Executive Officer

## SPECIAL TENURE CELEBRATED

Laurina Lodge Nursing Home in Heyfield recently celebrated its 25th anniversary and someone who could attest to the facility's successful longevity is long-time resident, 95-year-old Norma Grainger.

Norma entered the Laurina Lodge doors with her husband, William (Sandy) Grainger, one week after they opened in 1994 to begin what has been a memorable two decades.

Sandy suffered a severe stroke in 1994 before the decision was made to relocate into the new Laurina Lodge. With Norma as his main carer, they were both welcomed into the facility.

Norma's daughter, Sue Ingrouille, happened to be the manager of Laurina Lodge at the time.

"My parents were so in love, they were allowed to share a room so they could hold hands at night," Sue remembered.

"There were only 29 beds back then and it was a low-care facility so things were more flexible."

Sandy sadly passed away not long after the pair moved into Laurina Lodge. Ladies Auxiliary member, Helene (Helly) Dennis, remembered Sandy fondly.

"He was the most divine man," she said, "we all loved him."

It is this sense of connection and community that has built strong bonds between the residents, staff and volunteers that has only grown during the facility's 25 year life.

"This place is the epitome of community," said Heyfield Hospital Inc. and Laurina Lodge Board President, Raelene Hanratty.

"Laurina Lodge would not exist if it wasn't for the community who fundraised more than \$700,000 to have it built. The community developed this fond sense of ownership of Laurina Lodge right from the start and this has flowed through."

Of that \$700,000, \$500,000 was received from door-to-door fundraising and \$200,000 was raised by the local RSL. This accompanied a \$1 million Federal Government grant.

This ‘family focussed’ approach to business seems to be a great recipe for success for staff also, with a number of long-time employees with up to 25 years of service including Sissy Stinton, Mel Stroud, Lyn Ruff and Kate Clear.

“If it isn’t broke, why fix it?” Mrs Ingrouille said.

“Laurina Lodge has residents and staff who have known and ‘lived’ with one another for 25 years, it has around 40 dedicated registered and non-registered volunteers, and it’s unique in that GPs, the hospital and the nursing home are all under one roof.”

Something Norma described as being “pretty alright.”



*Norma Grainger celebrated her 25 years at Laurina Lodge with an afternoon tea and specially made cake. She was joined by Heyfield Hospital Inc. and Laurina Lodge Board Chair, Raelene Hanratty, her daughter, Sue Ingrouille and General Manager Aged Care, Sally Weatherly*

# DIVERSIONAL THERAPY REPORT

Thank you for the opportunity to report on a very different year due to COVID-19 and the many challenges we have all faced. Residents have been able to enjoy a wonderful year in the Diversional Therapy Program at Laurina Lodge and we are all looking forward to 2021.

We would like to acknowledge the following community groups for their ongoing support.

- . The Heyfield Ladies Auxiliary for their continuous support to, and providing for the Facility all year.
- . The Heyfield Lions Clubs for their donation to provide a Gazebo structure in the front garden for the Residents and Family to enjoy their time together.
- . Heyfield IGA for assisting Residents with online shopping and deliveries.

We would also like to thank all of the groups that have stayed on board and kept up to date with daily changing circumstances that we have all faced and overcome with success so far this year.

The Catholic, Anglican and Ecumenical Churches, Heyfield Primary school, St Michaels Primary school, Heyfield Community Resource Centre, East Gippsland Dog Obedience Club, Heyfield RSL, Heyfield Senior Citizens, Heyfield Memorial Hall.

Welcome back to our wonderful team of Volunteers who have all returned to assist and engage with Residents when restrictions have allowed and have taken to compliance of the guidelines and been on call when needed throughout this difficult time. Thank you all very much.

Activities this year have been adapted and modified on a daily basis to suit all needs and preferences which has enabled all Residents to be suitably engaged and remain happy and healthy. We have consistently provided support on daily basis to all that may have struggled this year with COVID-19 Restrictions and missing family and friends as well as going out to favourite locations. We have had Skype, Window visits, letters from the Primary Schools etc to keep Residents in touch with loved ones and community.

Many changes have occurred with staff and family members looking very different with shields, mask and goggles to the safety of all and the Residents being kept informed and up to date with daily changes and all have taken this on board with great understanding.

We have continued to have a variety of activities for choice and maintain independence. Many new Residents have come to live at Laurina Lodge and have settled in well and made new friends and have participated in scheduled activities, some learning new skills and others enhancing skills from previous life roles.

New technology has been provided to assist Residents to keep in touch with family and friends such as iPads, Computers set up in Tea Bay, Coffee Machine in the dining room for Residents to use and provide variety, and a new Smart TV in the Lodge Lounge with Netflix for movie days.



Footy Tipping Presentation, Melbourne Cup Hat Day, Remembrance Day and Christmas Celebrations are all big events coming up in the next few months, we are looking forward to this very busy time of the year at Laurina Lodge and some warmer weather to enhance the Program to end this year on a high.

Deidre Lions and Sue Pearson  
Leisure and Lifestyle Coordinators.



# AUXILIARY REPORT

When I was reminded that I should write my President's report I laughed as there is certainly not much to report. So after reflection I would like to start by saying after our very successful Spring Luncheon at Tinamba, along with many other events which could not be held this year. I wish to present you with our current achievements and plans for the future.

This year we have paid to have all the dining room chairs cleaned and held Christmas and Mother's Day raffles. The Auxiliary have purchased 17 bedlights for the new rooms, which have been well received by residents. Activity staff have received \$900 to purchase Christmas presents for residents as well as the maintenance crew receiving funds to purchase additional plants and equipment for the gardens.

Looking to the future we are intending to purchase a special blood coagulation machine along with the supply and installation of new bedside cabinets. The Auxiliary also wish to purchase suitable outdoor furniture to complete the outdoor Gazebo project.

We look forward to getting back on track.

Nova Underwood  
President

## ACTIVITY DATA

Key Performance Indicators	2019-2020	2018-219	2017-2018	2016-2017
Patients Discharged	139	120	114	128
Private Patients (admissions)	39	43	30	34
Public Patients (admissions)	100	79	84	94
Public WIES	134.51		163.41	180.86
Bed Days	1390	1316	1520	1973
Average Length of Stay (bed days)	10.00	10.88	13.33	15.41
Outpatient Attendances	541	585	580	687
Admissions from Outpatients	2	1	5	6
Transfers from Outpatient to other facilities	56	53	61	82
Aged Care Occupancy	84.62%	81.69%	87.93%	97.73%
Transitional Care Program (bed days)	837	751	829	881







# FINANCIAL STATEMENTS FOR 2019/20

**HEYFIELD HOSPITAL INCORPORATED**

**ABN : 90 859 155 652**

**A0010702E**

**FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE  
2020**

## HEYFIELD HOSPITAL INCORPORATED

### REPORT BY THE COMMITTEE

Your Committee present this report on the Heyfield Hospital Incorporated for the year ended 30 June 2020.

#### 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 2 of this financial statement.

Signed in accordance with a resolution of the Committee

  
\_\_\_\_\_  
Raelene Hanratty  
Chair

  
\_\_\_\_\_  
Peter Skeels  
Deputy Chair

Dated this 28th day of October 2020.



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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

I declare that, in relation to our audit of the financial report of Heyfield Hospital Incorporated for the financial year ended 30 June 2020, 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.

A handwritten signature in black ink that reads "Crowe VIC".

**CROWE VIC**

A handwritten signature in black ink, appearing to be "G. Robertson".

**GORDON ROBERTSON**  
**Partner**

Date: 28<sup>th</sup> October 2020

*Liability limited by a scheme approved under Professional Standards Legislation.*

*The title 'Partner' conveys that the person is a senior member within their respective division, and is among the group of persons who hold an equity interest (shareholder) in its parent entity, Findex Group Limited. The only professional service offering which is conducted by a partnership is the Crowe Australasia external audit division. All other professional services offered by Findex Group Limited are conducted by a privately owned organisation and/or its subsidiaries.*

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## HEYFIELD HOSPITAL INCORPORATED

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

	Note	2020 \$	2019 \$
Revenue	2(a-e)	4,724,018	4,135,072
Other Revenue	2(f)	100,123	83,030
Employee Expenses	3(a)	(3,254,742)	(3,332,326)
Supplies and Consumables	3(b)	(296,263)	(314,967)
Other Expenses	3(c)	(710,260)	(640,276)
Net Result Before Capital and Specific Items		<u>562,876</u>	<u>(69,467)</u>
Capital Purpose Income	2(g)	15,000	10,000
Depreciation	3(d)	<u>(287,440)</u>	<u>(280,291)</u>
NET RESULT FOR THE YEAR		<u><u>290,436</u></u>	<u><u>(339,758)</u></u>
Other Comprehensive Income			
Net fair value revaluation on Non Financial Assets	10	<u>-</u>	<u>1,554,689</u>
COMPREHENSIVE RESULT FOR THE YEAR		<u><u>290,436</u></u>	<u><u>1,214,931</u></u>

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

## HEYFIELD HOSPITAL INCORPORATED

## STATEMENT OF FINANCIAL POSITION AS AT 30 JUNE 2020

	Note	2020 \$	2019 \$
<b>ASSETS</b>			
Current Assets			
Cash and Cash Equivalents	4	1,989,135	2,857,616
Receivables	5	352,340	533,005
Financial Assets	6	513,683	-
Total Current Assets		<u>2,855,158</u>	<u>3,390,621</u>
Non-Current Assets			
Property, Plant & Equipment	8	<u>8,400,231</u>	<u>8,466,370</u>
Total Non-Current Assets		<u>8,400,231</u>	<u>8,466,370</u>
<b>TOTAL ASSETS</b>		<u><u>11,255,389</u></u>	<u><u>11,856,991</u></u>
<b>LIABILITIES</b>			
Current Liabilities			
Payables	9	56,364	68,455
Provisions	10	659,844	717,342
Refundable Deposits and Accommodation Bonds	7	<u>2,386,003</u>	<u>3,169,462</u>
Total Current Liabilities		<u>3,102,211</u>	<u>3,955,259</u>
Non-Current Liabilities			
Provisions	10	<u>79,942</u>	<u>118,932</u>
Total Non-Current Liabilities		<u>79,942</u>	<u>118,932</u>
<b>TOTAL LIABILITIES</b>		<u><u>3,182,153</u></u>	<u><u>4,074,191</u></u>
<b>NET ASSETS</b>		<u><u>8,073,236</u></u>	<u><u>7,782,800</u></u>
<b>EQUITY</b>			
Asset Revaluation Reserve	11a	5,148,412	5,148,412
Accumulated Surplus	11b	<u>2,924,824</u>	<u>2,634,388</u>
<b>TOTAL EQUITY</b>	11c	<u><u>8,073,236</u></u>	<u><u>7,782,800</u></u>

*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 2020

		Asset Revaluation Reserve	Accumulated Surplus	Total
	Note	\$	\$	\$
Balance as at 1 July 2018		3,593,723	2,974,146	6,567,869
Net result for the year	11	-	(339,758)	(339,758)
Other comprehensive income for the year	11	1,554,689	-	1,554,689
Balance as at 1 July 2019	11c	5,148,412	2,634,388	7,782,800
Net result for the year	11	-	290,436	290,436
Other comprehensive income for the year	11	-	-	-
Balance as at 30 June 2020	11c	5,148,412	2,924,824	8,073,236

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

## HEYFIELD HOSPITAL INCORPORATED

## CASH FLOW STATEMENT FOR THE YEAR ENDED 30 JUNE 2020

	Note	2020 \$	2019 \$
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>			
Operating Grants from Government		3,195,392	2,574,801
Patient and Resident Fees Received		1,520,016	1,397,162
Donations and Bequests Received		850	509
Capital Donations		15,000	10,000
Accommodation Bond Retentions Deducted		-	2,317
Interest Received		34,066	91,132
GST received from/ (paid to) ATO		8,868	(3,396)
Other Receipts		246,049	82,913
Employee Expenses Paid		(3,351,231)	(3,297,700)
Payments for Supplies and Consumables		(1,019,047)	(1,088,140)
<b>NET CASH INFLOW/(OUTFLOW) FROM OPERATING ACTIVITIES</b>	12	<u>649,963</u>	<u>(230,402)</u>
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>			
(Disposal) / Purchase of Investments*		(1,225,675)	2,235,364
Payments for Non-Financial Assets		(221,301)	(318,295)
<b>NET CASH (OUTFLOW)/INFLOW FROM INVESTING ACTIVITIES</b>		<u>(1,446,976)</u>	<u>1,917,069</u>
<b>CASH FLOWS FROM FINANCING ACTIVITIES</b>			
(Repayment of) / Proceeds from residential accommodation deposits and ingoings (net)		(71,468)	551,226
<b>NET CASH (OUTFLOW)/ INFLOW FROM FINANCING ACTIVITIES</b>		<u>(71,468)</u>	<u>551,226</u>
<b>NET (DECREASE) / INCREASE IN CASH HELD</b>		<u>(868,481)</u>	<u>2,237,893</u>
<b>CASH AND CASH EQUIVALENTS AT BEGINNING OF PERIOD</b>		<u>2,857,616</u>	<u>619,723</u>
<b>CASH AND CASH EQUIVALENTS AT END OF PERIOD</b>	4	<u><u>1,989,135</u></u>	<u><u>2,857,616</u></u>

*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 2020*Contents*

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## HEYFIELD HOSPITAL INCORPORATED

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2020

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## STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES

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 - Reduced 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.

## Accounting Policies

The 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) Cash and Cash Equivalents

Cash and cash equivalents include cash on hand, deposits held at call with banks, other short-term highly liquid investments with original maturities of three months or less, and, if applicable, bank overdrafts. Bank overdrafts are shown within short-term borrowings in current liabilities on the statement of financial position.

## ( c ) 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.

## HEYFIELD HOSPITAL INCORPORATED

## NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2020

## (d) Property, Plant and Equipment

*Crown 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

Class of Plant and Equipment	Depreciation rates	Depreciation method
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 2020

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## (d) 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.

## ( e ) 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.**

## (f) Investments and other financial assets

## Classification

The organisation classifies its financial assets in the following measurement categories:

(i) those to be measured subsequently at fair value (either through OCI or through profit or loss), and

(ii) those to be measured at amortised cost.

**The classification depends on the organisation's business model for managing the financial assets and the contractual terms of the cash flows.**

The organisation measures its investments and other financial assets at amortised cost.

## Recognition and derecognition

Regular way purchases and sales of financial assets are recognised on trade-date, the date on which the organisation commits to purchase or sell the asset. Financial assets are derecognised when the rights to receive cash flows from the financial assets have expired or have been transferred and the organisation has transferred substantially all the risks and rewards of ownership.

## Measurement

At initial recognition, the organisation measures a financial asset at its fair value plus, in the case of a financial asset not at fair value through profit or loss (FVPL), transaction costs that are directly attributable to the acquisition of the financial asset. Transaction costs of financial assets carried at FVPL are expensed in profit or loss.



## HEYFIELD HOSPITAL INCORPORATED

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2020

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## (f) Investments and other financial assets continued

## Impairment

The organisation assesses whether there has been a significant increase in credit risk. For trade receivables, the organisation applies the simplified approach permitted by AASB 9 Financial Instruments, which requires expected lifetime losses to be recognised from initial recognition of the receivables. At 30 June 2020, the organisation did not have any trade receivables.

The organisation classified its financial assets in the following categories:

- **financial assets at fair value through profit or loss;**
- **loans and receivables;**
- **held-to-maturity investments; and**
- **available-for-sale financial assets.**

The classification depended on the purpose for which the investments were acquired. Management determined the classification of its investments at initial recognition and, in the case of assets classified as held-to-maturity, re-evaluated this designation at the end of each reporting period.

*Reclassification*

The organisation could choose to reclassify a non-derivative trading financial asset out of the held for trading category if the financial asset was no longer held for the purpose of selling it in the near term. Financial assets other than loans and receivables were permitted to be reclassified out of the held for trading category only in rare circumstances arising from a single event that was unusual and highly unlikely to recur in the near term. In addition, the organisation could choose to reclassify financial assets that would meet the definition of loans and receivables out of the held for trading or available-for-sale categories if the organisation had the intention and ability to hold these financial assets for the foreseeable future or until maturity at the date of reclassification.

Reclassifications were made at fair value as of the reclassification date. Fair value became the new cost or amortised cost as applicable, and no reversals of fair value gains or losses recorded before reclassification date were subsequently made. Effective interest rates for financial assets reclassified to loans and receivables and held-to-maturity categories were determined at the reclassification date. Further increases in estimates of cash flows adjusted effective interest rates prospectively.

*Subsequent measurement*

The measurement at initial recognition did not change on adoption of AASB 9, see description above. Subsequent to the initial recognition, loans and receivables and held-to-maturity investments were carried at amortised cost using the effective interest method.

For financial assets at FVPL, gains or losses arising from changes in the fair value were recognised in profit or loss within other gains/(losses).

## HEYFIELD HOSPITAL INCORPORATED

## NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2020

## (f) Investments and other financial assets continued

*Impairment*

The organisation assessed at the end of each reporting period whether there was objective evidence that a financial asset or group of financial assets was impaired. A financial asset or a group of financial assets was impaired and impairment losses were incurred only if there was objective evidence of impairment as a result of one or more events that occurred after the initial **recognition of the asset (a 'loss event') and that loss event (or events) had an impact on the estimated future cash flows of the financial asset or group of financial assets that could be reliably estimated.**

*Assets carried at amortised cost*

**For receivables, the amount of the loss was measured as the difference between the asset's carrying amount and the present value of estimated future cash flows (excluding future credit losses that had not been incurred) discounted at the financial asset's original effective interest rate.** The carrying amount of the asset was reduced and the amount of the loss was recognised in profit or loss.

If, in a subsequent period, the amount of the impairment loss decreased and the decrease could be related objectively to an event occurring after the impairment was recognised (such as an **improvement in the debtor's credit rating**), the reversal of the previously recognised impairment loss was recognised in profit or loss. At 30 June 2020 and 30 June 2019, the organisation did not have any trade receivables.

## (g) 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.

## (h) 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.

## (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.

## HEYFIELD HOSPITAL INCORPORATED

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2020

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## (i) Revenue Recognition continued

*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.

When grant revenue is received whereby the Association incurs an obligation to deliver economic value directly back to the contributor, this is considered a reciprocal transaction and the grant revenue is recognised in the statement of financial position as a liability until the service has been delivered to the contributor, otherwise the grant is recognised as income on receipt.

*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).

## (j) Goods and Services Tax (GST)

Revenues, expenses and assets are recognised net of the amount of associated GST, unless the GST incurred is not recoverable from the taxation authority. In this case it is recognised as part of the cost of acquisition of the asset or as part of the expense.

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 taxation authority is included with other receivables or payables in the statement of financial position.

Cash flows are presented on a gross basis. The GST components of cash flows arising from investing or financing activities which are recoverable from, or payable to the taxation authority, are presented as operating cash flows.

## HEYFIELD HOSPITAL INCORPORATED

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2020

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**(k) Critical Accounting Estimates and Judgments**

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(g), 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.

**(l) Current and Non-current Classification**

Assets and liabilities are presented in the statement of financial position based on current and non-current classification.

An asset is current when:

- (i) it is expected to be realised or intended to be sold or consumed in normal operating cycle; or
- (ii) it is held primarily for the purpose of trading; or
- (iii) it is expected to be realised within twelve months after the reporting period; or
- (iv) the asset is cash or cash equivalent unless restricted from being exchanged or used to settle a liability for at least twelve months after the reporting period.

All other assets are classified as non-current.

A liability is current when:

- (i) it is expected to be settled in normal operating cycle;
- (ii) it is held primarily for the purpose of trading; it is due to be settled within twelve months after the reporting period; or
- (iii) there is no unconditional right to defer the settlement of the liability for at least twelve months after the reporting period.

All other liabilities are classified as non-current.

## HEYFIELD HOSPITAL INCORPORATED

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2020

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## (m) 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 organisation has decided to early adopt.

The following Accounting Standards and Interpretations are most relevant to the Association:

*AASB 15 Revenue from Contracts with Customers*

The Association has adopted AASB 15 from 1 July 2019. The standard provides a single comprehensive model for revenue recognition. The core principle of the standard is that an entity shall recognise revenue to depict the transfer of promised goods or services to customers at an amount that reflects the consideration to which the entity expects to be entitled in exchange for those goods or services. The standard introduced a new contract-based revenue recognition model with a measurement approach that is based on an allocation of the transaction price. This is described further in the accounting policies below. Credit risk is presented separately as an expense rather than adjusted against revenue. Contracts with customers are presented in an entity's statement of financial position as a contract liability, a contract asset, or a receivable, depending on the relationship between the entity's performance and the customer's payment. Customer acquisition costs and costs to fulfil a contract can, subject to certain criteria, be capitalised as an asset and amortised over the contract period.

*AASB 16 Leases*

The Association has adopted AASB 16 from 1 July 2019. The standard replaces AASB 117 'Leases' and for lessees eliminates the classifications of operating leases and finance leases. Except for short-term leases and leases of low-value assets, right-of-use assets and corresponding lease liabilities are recognised in the statement of financial position. Straight-line operating lease expense recognition is replaced with a depreciation charge for the right-of-use assets (included in operating costs) and an interest expense on the recognised lease liabilities (included in finance costs). In the earlier periods of the lease, the expenses associated with the lease under AASB 16 will be higher when compared to lease expenses under AASB 117. However, EBITDA (Earnings Before Interest, Tax, Depreciation and Amortisation) results improve as the operating expense is now replaced by interest expense and depreciation in profit or loss. For classification within the statement of cash flows, the interest portion is disclosed in operating activities and the principal portion of the lease payments are separately disclosed in financing activities. For lessor accounting, the standard does not substantially change how a lessor accounts for leases.

## HEYFIELD HOSPITAL INCORPORATED

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2020

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(m) New, revised or amending Accounting Standards and Interpretations adopted continued

*AASB 1058 Income of Not-for-Profit Entities*

The Association has adopted AASB 1058 from 1 July 2019. The standard replaces AASB 1004 'Contributions' in respect to income recognition requirements for not-for-profit entities. The timing of income recognition under AASB 1058 is dependent upon whether the transaction gives rise to a liability or other performance obligation at the time of receipt. Income under the standard is recognised where: an asset is received in a transaction, such as by way of grant, bequest or donation; there has either been no consideration transferred, or the consideration paid is significantly less than the asset's fair value; and where the intention is to principally enable the entity to further its objectives. For transfers of financial assets to the entity which enable it to acquire or construct a recognisable non-financial asset, the entity must recognise a liability amounting to the excess of the fair value of the transfer received over any related amounts recognised. Related amounts recognised may relate to contributions by owners, AASB 15 revenue or contract liability recognised, lease liabilities in accordance with AASB 16, financial instruments in accordance with AASB 9, or provisions in accordance with AASB 137. The liability is brought to account as income over the period in which the entity satisfies its performance obligation. If the transaction does not enable the entity to acquire or construct a recognisable non-financial asset to be controlled by the entity, then any excess of the initial carrying amount of the recognised asset over the related amounts is recognised as income immediately. Where the fair value of volunteer services received can be measured, a private sector not-for-profit entity can elect to recognise the value of those services as an asset where asset recognition criteria are met or otherwise recognise the value as an expense.

**Impact of adoption**

AASB 15, AASB 16 and AASB 1058 were adopted using the modified retrospective approach and as such comparatives have not been restated. There was no impact on opening retained profits as at 1 July 2019.

The following Accounting Standards and Interpretations are due for implementation: it is expected the implementation will have no impact.

- **AASB 17 Insurance Contracts**
- **AASB 2020-1 Amendments to Australian Accounting Standards – Classification of Liabilities as Current or Non-Current**
- **AASB 2018-7 Amendments to Australian Accounting Standards – Definition of Material**

(n) 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.

(o) Comparative Figures

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

## HEYFIELD HOSPITAL INCORPORATED

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2020

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**(p) 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.

**(q) Independent Living Unit Resident Loans**

Resident loan liabilities represent the amount payable to a resident on the termination of the resident's occupation rights to an independent living unit. The liability is recognised as the value of the loan at balance date, and recognised on the balance sheet accordingly. Changes in the resident loan liability are recorded in the comprehensive income statement.

Independent living unit resident loans are classified as current liabilities, as payment to the resident occurs upon the resident vacating the unit.

**( r ) Economic dependence**

Heyfield Hospital Inc. is dependent on the contributed financial support of the Government and in particular, the Department of Health and Human Services.

**(s) Working Capital Deficiency**

The financial statements have been prepared on a going concern basis which contemplates the continuity of normal business activities and the realisation of assets and the settlement of liabilities in the ordinary course of business. For the year ended 30 June 2020, the entity recorded an operating profit of \$290,436 (2019: loss of \$339,758), and had cash inflows from operating activities of \$649,963 (2019: (\$230,402) outflow). It does have a current-asset deficiency of \$247,053 (2019: \$564,638 deficiency). The Board is of the view the current trends will continue into the 2021 financial year.

This provides the Board with reasonable grounds to be of the view that the entity will be able to pay its debts as and when they fall due. As is typical for the aged care industry, accommodation bonds and refundable accommodation deposits are classified as current, however the board is of the view that these will not be paid out all at once in a lump sum, and of those that are paid out periodically they will be replaced with new incoming refundable deposits. Employee provisions are also classified as current as Heyfield Hospital Inc. does not have the unconditional right to defer settlement, however these are not expected to be fully paid out in the next 12 months.

## HEYFIELD HOSPITAL INCORPORATED

## NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2020

## NOTE 2: REVENUE

	Total 2020 \$	Total 2019 \$
(a) Care Income		
Subsidies and Supplements - Commonwealth *	1,855,023	1,616,510
Resident Fees - Means Tested Care Fees	134,356	49,215
Total Residential Care Income	<u>1,989,379</u>	<u>1,665,725</u>
(b) Accommodation Income		
Subsidies and Supplements - Commonwealth *	400,460	265,898
Resident Accommodation Payments and Charges	140,333	142,938
Accommodation Bond Retention Amounts	-	2,317
Total Residential Accommodation Income	<u>540,793</u>	<u>411,153</u>
(c) Other Resident Fee Income		
Basic Daily Fee	803,213	788,225
Total Other Resident Fee Income	<u>803,213</u>	<u>788,225</u>
(d) Financing Income		
Interest Income	18,407	67,770
Total Financing Income	<u>18,407</u>	<u>67,770</u>
(e) Heyfield Hospital Income		
Public Bed Contract Activity Fees	594,651	603,230
Government Grants	345,259	89,163
Patient Fees	432,316	509,806
Total Heyfield Hospital Income	<u>1,372,226</u>	<u>1,202,199</u>
TOTAL OPERATING INCOME	<u>4,724,018</u>	<u>4,135,072</u>
(f) Other Income		
Donations and Fundraising	850	509
Rental Income	40,895	48,449
Other income	58,378	34,072
Total Other Income	<u>100,123</u>	<u>83,030</u>
(g) Capital Income		
Capital Donations	15,000	10,000
	<u>15,000</u>	<u>10,000</u>
TOTAL REVENUE	<u>4,839,141</u>	<u>4,228,102</u>

\* Adjustment to prior year figures for allocation correction



## HEYFIELD HOSPITAL INCORPORATED

## NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2020

## NOTE 3: EXPENDITURE

	Total 2020 \$	Total 2019 \$
(a) Employee Benefits		
Salaries and Wages	2,930,249	2,982,507
Workcover	68,323	96,675
Superannuation	256,170	253,144
	<u>3,254,742</u>	<u>3,332,326</u>
(b) Supplies and Consumables		
Medical and Surgical Supplies	38,460	43,494
Patient Expenses	19,360	41,307
Drug Supplies	12,613	12,617
Food Supplies	225,830	217,549
	<u>296,263</u>	<u>314,967</u>
(c) Other Expenses		
Domestic Services and Supplies	117,995	115,703
Fuel, Light, Power and Water	146,911	135,171
Repairs and Maintenance	65,392	54,374
Administration Expenses	332,819	288,741
Insurances	39,087	39,087
Audit Fee	8,056	7,200
	<u>710,260</u>	<u>640,276</u>
	Total 2020 \$	Total 2019 \$
(d) Depreciation		
Buildings	248,214	233,596
Plant and Equipment		
Plant	14,647	14,451
Medical	9,847	17,158
Non Medical	3,981	4,084
Motor Vehicles	2,000	2,000
Communications	8,054	8,001
Furniture and Fittings	697	1,001
	<u>287,440</u>	<u>280,291</u>
TOTAL EXPENDITURE	<u>4,548,705</u>	<u>4,567,860</u>

## HEYFIELD HOSPITAL INCORPORATED

## NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2020

## NOTE 4: 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 6)

These funds form part of the working capital of the Hospital

Cash on Hand	900	900
Cash at Bank	978,546	621,352
Term Deposits	1,009,689	2,235,364
	<u>1,989,135</u>	<u>2,857,616</u>

## NOTE 5: RECEIVABLES

Current		
Patient and Resident Fees	138,838	198,363
Other Debtors	183,173	145,422
Accrued Income	35,351	185,376
GST Receivable	-	8,866
TOTAL	<u>357,362</u>	<u>538,027</u>
Less Provision for Doubtful Debts		
Patient and Resident Fees	(5,022)	(5,022)
TOTAL RECEIVABLES	<u>352,340</u>	<u>533,005</u>

Movement in the Allowance for doubtful debts

Balance at beginning of year	5,022	5,879
Amounts written off during the year	(19,014)	(857)
Increase in allowance recognised in profit or loss	<u>19,014</u>	<u>-</u>
Balance at end of year	<u>5,022</u>	<u>5,022</u>

## NOTE 6: FINANCIAL ASSETS

Term Deposits	<u>513,683</u>	<u>-</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 2020

## NOTE 7: MONIES HELD IN TRUST

Refundable Deposits and Accommodation Bonds		
Amounts due and payable	350,000	1,115,000
Amounts payable within 12 months (Est)	472,616	627,803
Amounts payable after 12 months (Est)	<u>1,563,387</u>	<u>1,426,659</u>
Resident Monies received and amounts owing	<u><u>2,386,003</u></u>	<u><u>3,169,462</u></u>

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

Short Term Investments	1,009,690	2,235,364
Financial Assets	<u>513,683</u>	<u>-</u>
TOTAL	<u><u>1,523,373</u></u>	<u><u>2,235,364</u></u>

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 2020

## NOTE 8: PROPERTY, PLANT AND EQUIPMENT

	2020 \$	2019 \$
Land		
Freehold Land at Valuation	375,000	375,000
Total Land	375,000	375,000
Buildings		
Works in Progress	9,809	295,763
Buildings at Cost	496,603	-
Less Accumulated Depreciation	(814)	-
	505,598	295,763
Buildings at Valuation	12,370,000	12,370,000
Less Accumulated Depreciation	(5,142,400)	(4,895,000)
Total Buildings	7,733,198	7,770,763
Plant and Equipment at Cost		
-Plant	293,092	287,157
Less Accumulated Depreciation	(88,240)	(73,593)
-Major Medical	225,040	225,040
Less Accumulated Depreciation	(186,129)	(176,282)
-Computers and Communications	116,319	116,319
Less Accumulated Depreciation	(111,650)	(103,595)
-Vehicles	20,000	20,000
Less Accumulated Depreciation	(6,668)	(4,668)
-Other Equipment	154,963	150,245
Less Accumulated Depreciation	(126,660)	(122,679)
Total Plant and Equipment	290,067	317,944
Furniture and Fittings at Cost	145,014	145,014
Less Accumulated Depreciation	(143,048)	(142,351)
Total Furniture and Fittings	1,966	2,663
Total Property, Plant and Equipment	8,400,231	8,466,370

	Land \$	Buildings \$	Plant and Equipment \$	Furniture and Fittings \$	Total \$
Balance as at 1 July 2018	375,000	6,153,907	341,106	3,664	6,873,677
Additions	-	295,763	22,532	-	318,295
Depreciation (refer Note 3d)	-	(233,596)	(45,694)	(1,001)	(280,291)
Revaluation	-	1,554,689	-	-	1,554,689
Balance as at 1 July 2019	375,000	7,770,763	317,944	2,663	8,466,370
Additions	-	210,649	10,652	-	221,301
Depreciation (refer Note 3d)	-	(248,214)	(38,529)	(697)	(287,440)
Balance as at 30 June 2020	375,000	7,733,198	290,067	1,966	8,400,231

## 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 2019.

HEYFIELD HOSPITAL INCORPORATED  
NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2020

## NOTE 9: PAYABLES

	Total 2020 \$	Total 2019 \$
Current		
Trade Creditors	1,194	13,324
Accrued Expenses	55,170	55,131
<b>TOTAL</b>	<b>56,364</b>	<b>68,455</b>

## NOTE 10: EMPLOYEE PROVISIONS

Current		
Long Service Leave	314,097	345,644
Accrued Wages and Salaries	86,789	111,042
Annual Leave	258,186	260,182
Accrued Days Off	772	474
	<b>659,844</b>	<b>717,342</b>
Non-Current		
Long Service Leave	<b>79,942</b>	<b>118,932</b>
<b>TOTAL PROVISIONS</b>	<b>739,786</b>	<b>836,274</b>

The following assumptions were adopted in measuring present value:

Wage Inflation Rate	4.25%	4.31%
On-Cost Factor	11.00%	11.00%

## (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(h).

## HEYFIELD HOSPITAL INCORPORATED

## NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2020

## NOTE 11: EQUITY AND RESERVES

	Total 2020 \$	Total 2019 \$
(a) Reserves		
Asset Revaluation Reserve		
Land		
Balance at the beginning of the reporting period	300,000	300,000
Revaluation Increments	-	-
Balance at the end of the reporting period	<u>300,000</u>	<u>300,000</u>
Building		
Balance at the beginning of the reporting period	4,848,412	3,293,723
Revaluation Increments	-	1,554,689
Balance at the end of the reporting period	<u>4,848,412</u>	<u>4,848,412</u>
Balance Asset Revaluation Reserve at the end of the reporting period	<u>5,148,412</u>	<u>5,148,412</u>
Total Reserves at the end of the reporting period	<u>5,148,412</u>	<u>5,148,412</u>
(b) Accumulated Surpluses		
Balance at the beginning of the reporting period	2,634,388	2,974,146
Net Result for the Year	290,436	(339,758)
Transfer from Reserves	-	-
Balance at the end of the reporting period	<u>2,924,824</u>	<u>2,634,388</u>
(c) Equity		
Total Equity at the Beginning of the reporting period	7,782,800	6,567,869
Total Changes in Equity Recognised in the Comprehensive Operating Statement	290,436	(339,758)
Revaluation Increments	-	1,554,689
Total Equity at the reporting date	<u>8,073,236</u>	<u>7,782,800</u>

## NOTE 12: RECONCILIATION OF NET RESULT FOR THE YEAR TO NET CASH INFLOW/(OUTFLOW) FROM OPERATING ACTIVITIES

	Total 2020 \$	Total 2019 \$
Net Result for the Year	290,436	(339,758)
NON CASH MOVEMENTS		
Depreciation	287,440	281,016
Provision for Doubtful Debts	-	2,429
Change in Operating Assets and Liabilities		
Decrease in Payables	(12,091)	(83,750)
(Decrease)/Increase in Employee Benefits	(96,488)	44,983
Decrease/(Increase) in Receivables	180,666	(51,819)
NET CASH OUTFLOW FROM OPERATING ACTIVITIES	<u>649,963</u>	<u>(146,899)</u>

## HEYFIELD HOSPITAL INCORPORATED

## NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2020

## NOTE 13: SEGMENT REPORTING

	Hospital		Residential Aged Care		Total	
	2020	2019	2020	2019	2020	2019
	\$	\$	\$	\$	\$	\$
Segment Revenue	1,391,924	1,223,450	3,447,218	3,004,652	4,839,142	4,228,102
Total Revenue	1,391,924	1,223,450	3,447,218	3,004,652	4,839,142	4,228,102
Segment Expense	777,561	710,602	3,483,706	3,576,967	4,261,267	4,287,569
Depreciation and Amortisation	40,168	42,438	247,271	237,853	287,439	280,291
Total Expense	817,729	753,040	3,730,977	3,814,820	4,548,706	4,567,860
Net Result for Year	574,195	470,410	(283,759)	(810,168)	290,436	(339,758)
Segment Assets	1,800,422	1,780,001	9,454,967	10,076,990	11,255,389	11,856,991
Total Assets	1,800,422	1,780,001	9,454,967	10,076,990	11,255,389	11,856,991
Segment Liabilities	147,287	167,375	3,034,866	3,906,816	3,182,153	4,074,191
Total Liabilities	147,287	167,375	3,034,866	3,906,816	3,182,153	4,074,191
Net Assets	1,653,135	1,612,626	6,420,101	6,170,174	8,073,236	7,782,800

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

Business Segments	Services
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 INC  
HEYFIELD HOSPITAL INCORPORATED

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2020

NOTE 14: 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:

	2020 \$	2019 \$
Financial Assets		
Cash and cash equivalents	1,989,135	2,857,616
Loans and Receivables	352,340	524,139
Loans and Receivables - Term Deposits	513,683	-
Total Financial Assets	<u>2,855,158</u>	<u>3,381,755</u>
Financial Liabilities		
Payables at amortised cost	56,364	68,455
Monies held in Trust at amortised cost	2,386,003	3,169,462
Total Financial Liabilities	<u>2,442,367</u>	<u>3,237,917</u>

## HEYFIELD HOSPITAL INCORPORATED

## NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2020

## NOTE 15: COMMITMENTS

There are no known operating or capital commitments at reporting date. (2019 \$0).

## NOTE 16: CONTINGENT LIABILITIES and CONTINGENT ASSETS

There are no known contingent liabilities or contingent assets at reporting date. (2019 \$0)

## NOTE 17: RESPONSIBLE PERSON RELATED DISCLOSURES

## (a) Responsible Persons

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

	Period from	Period to
Deborah Rogers	Jul-19	Nov-19
Keith Borthwick	Jul-19	Jun-20
Lucy Graham	Jul-19	Jun-20
John Sunderman	Jul-19	Jun-20
Raelene Hanratty (Chair)	Jul-19	Jun-20
Peter Skeels (Vice Chair)	Jul-19	Jun-20
Sarah Christian	Jul-19	Jun-20
Gerry Davis	Jul-19	Jun-20
Ann Wootton	Nov-19	Jun-20

The Accountable Officer was Frank Evans, Chief Executive Officer - Central Gippsland Health Service (until 16 December 2019).

The Accountable Officer is Paul Head, Executive Director of Aged and Ambulatory Care - Central Gippsland Health Service (from 16 December 2019)

## (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.

## HEYFIELD HOSPITAL INCORPORATED

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2020

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## NOTE 18: EVENTS OCCURRING AFTER REPORTING DATE

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

## NOTE 19: 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, 2020 \$35K (2019, \$35K).

## NOTE 20: 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 28, are in accordance with the *Australian Charities and Not-for-profits Commission Act 2012* and:

a. Comply with Australian Accounting Standards Reduced Disclosure Requirements; and

b. Give a true and fair view of the financial position of the Association as at 30 June 2020 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 2013* :



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Raelene Hanratty  
Chair



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Peter Skeels  
Deputy Chair

Dated this 28th day of October 2020.



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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 2020, 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 significant 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 2020 and of its financial performance and cash flows for the year then ended; and
- (b) complying with Australian Accounting Standards – Reduced Disclosure Requirements, the *Associations Incorporation Reform Act 2012* and Division 60 of the *Australian Charities and Not-for-profits Commission Regulation 2013*.

### Basis for Opinion

We conducted our audit in accordance with Australian Auditing Standards. Our responsibilities under those standards are further described in the *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.

### Other Information

The committee of management is responsible for the other information. The other information comprises the information included in the Association's annual report for the year ended 30 June 2020, but does not include the financial report and our auditor's report thereon.

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*The title 'Partner' conveys that the person is a senior member within their respective division, and is among the group of persons who hold an equity interest (shareholder) in its parent entity, Findex Group Limited. The only professional service offering which is conducted by a partnership is the Crowe Australasia external audit division. All other professional services offered by Findex Group Limited are conducted by a privately owned organisation and/or its subsidiaries.*

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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 – Reduced 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.
- 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.

A handwritten signature in black ink that reads "Crowe Vic".

**CROWE VIC**

A handwritten signature in black ink that appears to read "G. Robertson".

**GORDON ROBERTSON**

**Partner**

Dated at Warragul this 29<sup>th</sup> day of October 2020



# CONTACT INFORMATION



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**Chief Executive Officer**

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**General Manager Aged Care**

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