Seymour Health

Caring for Our Community

ANNUAL REPORT AND FINANCIAL STATEMENTS 2023-24

Acknowledgement of Traditional Owners

Seymour Health acknowledges the Taungurung People as the Traditional Owners of the land on which we work and recognise their continuing connection to land, waters and community. Seymour Health pays respect to Elders past, present and emerging.

Our History

May 1920	Under a deed of trust, Seymour Soldier's Memorial Hospital opened. The hospital was funded by public subscription and leased to Matron L.C. Rutherford to treat ex-service personnel.
Jun 1951	The hospital became a public community facility and plans developed for a new building.
Nov 1959	The 28-bed facility was opened and officially named Seymour District Hospital.
Sep 1965	The hospital was renamed and gazetted as Seymour District Memorial Hospital.
Feb 1980	The 20 bed Nursing Home opened and operated as Seymour District Nursing Home Society Incorporated with a separate Board.
Sep 1990	The Nursing Home increased to 30 beds with an additional 10 nursing home beds officially opened.
Apr 1994	Hospital and Nursing Home services amalgamated. A Deed of Novation was signed and approval granted to operate both services as Seymour District Memorial Hospital.
Nov 1996	$3.5m hospital expansion including redevelopment of 1959 building opened.
Sep 2006	Official opening of the $5.1m purpose built residential aged care building, Barrabill House and the $1.8m Ambulatory Care Centre.
Feb 2007	Official opening of Community Services building.
Nov 2009	Renovations to improve access to the Emergency Department and Medical Records completed.
Mar 2011	Closing the Health Gap Lower Hume Project official opening of Goranwarrabul House.
Jul 2011	Governor in Council: Seymour District Memorial Hospital amended to Seymour Health.
May 2015	Official opening of the Cancer / Dialysis Services Unit by the Hon Jill Hennessy, MP – Minister for Health.
Dec 2019	Official opening of the Urgent Care Centre / Main Entrance Project.
May 2023	Barrabill House 10-bed extension wing opened.

Life Governors past and present

SEYMOUR SOLDIERS MEMORIAL HOSPITAL

Mr T. Tehan	Mr C. McKenzie	Miss E. Plummer	Miss Gerard	Mr H. Green
Dr J.C. Morton	Mr J Chisholm	Miss M. Lette	Mr G. Mallet	Mrs A. Collopy
Mr E. Hayward	Mr R. Chisholm	Mrs McKeddie	Mrs Herkes	Mr H.E. Clarey
Mr J. Chittick	Mr W. M. Angliss MLC	Mrs Grace Adams	Mr J. Tobin	Mr W.J. Osborne
Mr A. Stewart	Mr J. O'Sullivan	Mr E.G. Finlay	Mr T. Sheehan	Mr W.J. Elliott
Mr H.V. Rose	Mr A.G. Hunter	Archdeacon Carter	Mr L. Carpenter	Mrs A. Rae
Mr S.A.T. Finlay	Mr W. Gilbert	Miss E. O'Sullivan	Mr E. Wilmott	The Rev. C.H. Partridge
Mr J.C. Howard	Mr J. McCormack	Miss B. Moody	Mr E.J. Corboy	Mr D. Chisholm
Mr J.B. Bullen	Mr. R. J. Clydesdale	Miss D. Gronow	Mr W. J. Grieg	
Mr H.A. McKenzie	Miss M. Guild	Mr D. A. Lawrie	Mr A. Smith	

SEYMOUR MEMORIAL HOSPITAL

Rev. C.H. Partridge	G. Diggle	N.L. Bell	C. Geoghegan	Miss E. Kemp
D. Burns	R.J. Browne	Mrs A.B. Whiteman	Mrs K.M. Pollard	J.A. Ware
V. Hall	G.P. Hare	(Newlan)	R.H. Thompson	F.H. English
G.W. Hall	J. Elliott	J.R. Carroll	Mrs L.M. Baker	Mrs A.V. Ansett
E.J. Corboy	J.H. Roberts	Hon Arthur Smith	C.A. Brown	

SEYMOUR DISTRICT MEMORIAL HOSPITAL

C.V. Smith	Sister M.L. Humphries	Mrs M. Walsh	Mrs C. Lewis	Mr R. Muller
Matron G. Stimson	Mrs T. Hall	Mr E. Moylan	Dr C.B. Officer	Mrs V. Kelly
F.H. Cribbes	Mr G. Pope	Mr W.E. Ferris	Dr R.C.I. Russell	Mr M. Deason
L.H.T. Denton	Mr W. Neale	Mrs E. Butt	Mrs H. Sapsford	Miss J. McCarthy ARRC
L.N. Smethurst	Mrs B. Quick	Mrs D. Wright	Mrs J. Smith	Ms N. Ley
Mrs D. Arundale	Mrs I. Sloane	Dr J.R. Bryce	Mr J. Tuckwell	Mr W. Keating
Mrs M. Howard	Mrs M. Andrea	Mrs F. Coulson	Mr J. Davey	Mrs J. Martin

SEYMOUR HEALTH

Mr R. Webster	Mr. M Molony
Dr R. Peterson	Ms. A Fletcher-Nicholls
Mr T. Heinz	
Mr T. Old	

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Relevant Ministers

We are a public health service established under the *Health Services Act 1988* (VIC). The responsible Minister is the Minister for Health.

Minister for Health
The Hon Mary-Anne Thomas
1 July 2023 – 30 June 2024

Minister for Ambulance Services
The Hon. Gabrielle Williams
1 July 2023 – 2 October 2023
The Hon. Mary-Anne Thomas
2 October 2023 – 30 June 2024

Minister for Mental Health
The Hon. Gabrielle Williams
1 July 2023 – 2 October 2023
The Hon. Ingrid Stitt
2 October 2023 – 30 June 2024

Minister for Disability, Ageing and Carers
The Hon. Lizzie Blandthorn
1 July 2023 – 2 October 2023

Minister for Disability/Minister for Children
The Hon. Lizzie Blandthorn
2 October 2023 – 30 June 2024

Minister for Ageing
The Hon. Ingrid Stitt
2 October 2023 – 30 June 2024

Annual reporting

This Annual Report fulfils the statutory reporting requirements regarding annual financial and performance reporting to the Government.

This document is presented to the Annual General Meeting and available to the community on the Seymour Health website at www.seymourhealth.org.au

Corporate Governance

The Governor-in-Council, upon the recommendation of the Minister for Health, appoints the Board of Seymour Health. The capacity of the Board is 12 Directors.

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

- To oversee and manage the organisation, and
- To ensure the services provided comply with the requirements of the Act and the aims of the organisation

Governance by the Board is achieved through:

- Strategic planning to ensure the strategic directions align with the organisational vision, mission and values
- Effective management by the Chief Executive Officer; the Board conducts an annual performance appraisal and sets realistic goals; the Chief Executive Officer is responsible for managing the organisation at an operational level
- Funding of service agreements; the Board endorses plans, strategies and budgets and ensures annual agreements reflect accurate, achievable and ethical outcomes and monitors the performance of the organisation through appropriate budgetary processes
- Effective and efficient Quality and Risk Management; the Board oversees the organisation's programs which ensure a safe working environment, adhering to Legislation, By-Laws and Operational Practices

Responsible bodies declaration

In accordance with the *Financial Management Act 1994,* I am pleased to present the report of operations for Seymour Health for the year ending 30 June 2024.

Helen Hull
Board Chair
Seymour Health
29 August 2024

Vision

To provide a trusted health service that contributes to the health and wellbeing of our community, through integrated clinical practice, education and partnerships.

Our Purpose

To enhance patient and family led health care within our community, so that people live healthier lives.

Our Values

Respect

Accountability and Responsibility

Honesty, Integrity and Trust

Support

Open and Transparent Communication

Our Strategic Pillars

Excellent person-centred healthcare experience

Equitable access to safe, quality and compassionate care

Positive culture through an engaged workforce and community

Viable and sustainable resources

Effective engagement, collaboration and partnerships

Service Profile

Clinical services

- Acute Ward – Medical/Surgical
- Cancer Services
- Renal Dialysis
- Operating Suite Services
- Infection Control Services
- Pre-Admission
- Residential Aged Care
- Urgent Care Centre
- Respiratory Protection Program
- Clinical Education
- Residential In Reach

Community services

- Allied Health Services
- Ambulatory Care Centre
- Chronic Disease Service
- Diabetes Clinic
- Well Women's Clinic
- Cardiac Rehabilitation
- Community Health Checks
- Oral Health Services
- District Nursing Service
- Health Promotion
- Social Support Group
- Palliative Care Services
- Post-Acute Care Services
- Volunteer programs

Support services

- Administration
- Environmental Services
- Facilities
- Finance and Payroll
- Hotel and Food Services
- People and Culture
- Procurement
- Health Information

Chief Executive Officer and Board Chair report

In the face of another challenging year for the health sector, Seymour Health has again performed admirably delivering high quality safe care seamlessly for our community. We would like to thank our dedicated team of doctors, nurses, allied health, support staff and volunteers for their hard work and professionalism.

As we moved from the COVID-19 response to 'business as usual' the workforce shortages hangover from the pandemic persisted and only approached more normal levels late in the second half of the financial year. The staff really pulled together as a team ensuring that the impact to services was minimal and we were able to meet community expectation.

Funding pressures threatened to result in a significant deficit position for Seymour Health however under the guidance and robust governance of the Board of Seymour Health and effective financial management of the Executive and Leadership teams, the organisation successfully implemented a voluntary Financial Management Improvement Plan to achieve a balanced budget, or breakeven position as at 30 June 2024. The Plan achieved substantial cost reductions and savings while having no impact on the level of services available for our local community.

To test us even further in October 2023 we experienced our second flood event in eighteen months with the Goulburn River and Whiteheads Creek levels rising rapidly threatening to inundate the Hospital yet again. Our staff again demonstrated what an amazing team they are, with many electing to remain at work at the risk of being cut off from their own family, to deliver a seamless and effective flood management response and ensure that patient care was not compromised.

Seymour Health remained an active member of the Hume Health Service Partnership while at the same time forging stronger collaborative relationships with our neighbouring South Hume health services. We provided a three-month secondment of our Director Quality, Risk and Safety to Kilmore District Health to assist them through their National Safety and Quality Health Service Standards accreditation survey; and the Board Chairs and CEOs of Seymour Health, Alexandra District Health and Yea District Memorial Hospital commenced regular meetings designed to enhance cooperation and collaboration between our health services in an effort to identify efficiencies to the mutual benefit of our three communities.

During the year the Department of Health announced a health system reform consultation process to develop a Health Services Plan to guide the future structure of healthcare in Victoria. Seymour Health participated in both the Hume region and the North Metropolitan region consultations and provided feedback to the Expert Advisory Group appointed to develop the Plan.

The Board of Seymour Health, over many months, have strategically explored all options open to it in the context of the health system reform and, regardless of the outcome of the reform agenda, have agreed to explore the benefits and risks to the Seymour community of strengthening collaborative efforts with Northern Health. It appears a logical step to strengthen working relations with Northern Health as the vast majority of our patient flows are to Northern Health. There is potential to enhance capability and expand the range of services provided at Seymour Health, especially specialist care and subacute rehabilitation services, meaning our community would not need to travel to get that care.

To support our medical workforce, Seymour Health was successful in securing funding to initiate a Rural Hospitalist program in partnership with Northeast Health Wangaratta as part of the Hume Health Service Partnership. The program which will for the first time see a doctor employed at Seymour Health, on a three-monthly rotation, Monday to Friday during day shift and is scheduled to commence February 2025. Seymour Health is also exploring collaborative workforce approaches with Northern Health to ensure Seymour Health can continue to meet the current, emerging and future health care needs of the Seymour and district community.

Seymour Health has also initiated a longer-term workforce recruitment and retention strategy having purchased two houses adjoining the grounds of the organisation. One of these houses is being used for staff and student accommodation and has facilitated the expansion of our student clinical placement program. The second house will be utilised to accommodate the doctors rotating through Seymour Health on the Rural Hospitalist program or from Northern Health.

Seymour Health has continued to invest in the future of the organisation. The planned theatre redevelopment and expanded capability from one to two theatres, including a new sterilisation unit has progressed with the project having gone to tender. Construction on the new theatre complex is likely to commence earlier in the 2024-25 financial year. Seymour Health continues to work with the Department of Health and the Victorian Health Building Authority to explore further works.

Also, prepared and ready for submission, is a funding application for refurbishment of the commercial kitchen. The addition of the new ten-bed dementia capable wing to Barrabill House, our residential aged care facility, means there is more mouths to feed and we are future-proofing by adding almost 50% capacity lifting meal production capability from the current 55,000 meals per annum to 75,000 meals.

After much negotiation, the additional funding required to facilitate the Callen Street car park resurfacing project to proceed has finally been made available by the Victorian Health Building Authority and this project will go to tender imminently. This project will also deliver upgraded security lighting and CCTV enhancing safety and security for both visitors to Seymour Health and staff.

A significant focus was placed on asset maintenance, replacement and repair over the last twelve months which while improving the infrastructure and work environment has also ensured the staff are well resourced to deliver high quality care.

Given the challenges of the past year, staff wellbeing and ensuring staff have a safe work environment has been a high priority for the Board and management. The health service has had to adapt to remain financially viable and this has led to substantial structural change for the organisation. Some of the changes, while necessary, have been difficult and the staff have to be commended for their resilience. While maintaining morale has at times been difficult, the staff have remained constructive in their feedback to ensure effective change management processes and a just culture prevail.

The Board of Seymour Health is a skills-based Board with a fiduciary duty to govern the health service in a way that ensures the delivery of high-quality safe healthcare for the community it serves. Of the ten Board Directors five live either in Seymour or in the local district, with a sixth that has family that live in Seymour. The Board have a vested interest and responsibility to ensure a sustainable and viable future for health care in Seymour and the Directors have worked tirelessly to achieve this. In the past year we welcomed new directors Maree Feery and Katherine Reeves to the Board, both bring a wealth of knowledge, experience and skill to the Board. As a Registered Nurse with a background in risk management, retiring Director Belinda Scott helped raise clinical governance at Seymour Health to a new level and we would like to thank her for her valuable insights and input delivered over the six years she served on the Board.

As CEO I would also like to thank outgoing Board Chair, Sue van Buuren, for her support, guidance and words of wisdom over the last couple of years. She is an excellent leader who has steered the Board and the organisation through some of the most challenging periods in recent history.

Seymour Health would like to acknowledge that we receive financial support from the Victorian Department of Health, the Commonwealth Department of Health as well as other funding bodies such as the Murray Primary Health Network. We are also fortunate to have received significant donations from community groups and organisations including the Rotary Club of Seymour, the Lions Club of Seymour and Godolphin as well as many generous donations from individuals within our community. The donations are used to purchase vital equipment and support service provision and we are very grateful for this generosity.

Seymour Health exists to serve the healthcare needs of the Seymour and district community. Without the ongoing support of our community and working together we would not be able to achieve good health outcomes for our consumers. The Board, management and staff of Seymour Health greatly appreciate the support provided from the Seymour community.

We recommend our Annual Report 2023-24 to you highlighting the accomplishments and achievements delivered by your health service to your community.

Sue van Buuren
Board Chair

Ward Steet
Chief Executive Officer

Director of Business Services report

In accordance with the *Financial Management Act 1994*, we are pleased to present the Report of Operations and Annual Financial Statements for the year ending 30 June 2024.

Seymour Health provides a range of health services to Seymour and surrounding communities from primary care through to residential care and acute services. Service areas include; acute inpatient, elective surgery, urgent care, dialysis, residential aged care, oral health services, ambulatory care, palliative care and community health.

The operating financial result before capital and specific items for 2023-24 was a deficit of $32,000. The deficit has been covered utilising a portion of Seymour Health's untied cash reserves. Services managed within the available funding and were adequately resourced during the year. Growth in the utilisation of the Urgent Care Centre posed workforce challenges with it proving difficult to recruit specialised staff.

Historically, Seymour Health has had annual surpluses which have enabled the allocation of funds to future capital projects while continuing to invest in replacement and new assets and equipment. A deficit has potential to limit investment in replacing aging infrastructure at the end of its useful life.

The net result for the entity was a deficit of $151,000 after capital and specific items and a surplus of $14,806,000 after changes in property, plant and equipment revaluations. This result includes capital income of $2,580,000 capital expenditure of $366,000 and depreciation expense of $2,285,000. The comprehensive result for the year including revaluations was $14,806,000.

The 2024 Statement of Priorities operating budget target was to achieve an operating break-even position. Exponential demand for Urgent Care Services required additional staffing to ensure ongoing safe emergency care. Financial Management Improvement Plan (FMIP) initiatives were implemented to underwrite this financial cost to avoid a significant deficit position for the year.

The end of financial year result while unfavourable to budget being a small operating deficit of $32,000 was significantly improved on what might otherwise have been the case. The key driver to achieve this financially sustainable result was the agility, adaptability and dedication of staff, who embraced the initiatives in the FMIP while at the same time often doing extra shits or overtime, to ensure quality safe care continued to be delivered. Staff are to be commended for the professional manner with which they conduct themselves in the face of adversity.

Overall income from operating activities (including capital) increased by 12.9% compared with the previous year being predominately capital funding; excluding capital revenue 5.0% increase. Operating expenditure increased by 6.0% including salary expenses which increased by 5.0%. This increase in salary expenses relates to Award increases and additional staff to support the Safe Patient Care Act and staffing at Barrabill House Residential Aged Care following the opening of the additional Beds in March 2023.

The Board of Seymour Health made a strategic decision to purchase a property adjacent to the Barrabill House Residential Aged Care. The property will be utilised for housing doctors rotating to Seymour Health on a three-monthly basis as part of the Rural Hospitalist program being initiated at Seymour Health in partnership with Northeast Health Wangaratta and the Hume Health Service Partnership. This is a strategic investment in a town with a rental vacancy rate of less than 1% and reflects the Board's longer-term strategic vision to secure and retain a skilled workforce for Seymour Health.

The Seymour Community's support of Seymour Health is greatly appreciated. Total donations and fund raising received in 2023-24 was $8,579. Donations will enable funding of new and/or replacement of essential medical equipment.

Effective financial management leading to surplus positions over successive years has resulted in Seymour Health building up a healthy untied cash reserve putting the organisation in a very strong financial position. Working Capital (Current Ratio) is 102% (2023- 100%). Cash and investments of $13,372,000 includes tied funds for capital funded projects and residential aged care deposits. The reserves assist with funding of replacement of ageing infrastructure and equipment. Reserves also supports opportunities for future capital development and enhanced service provision.

Purchase of capital items during 2023-24 included:

- Medical equipment $ valued at, $248,696 including:

- Anaesthetic Machine (Grant Funded) $91,000
- Infusion Pumps, Syringe Pumps, Monitors, Air Purifiers, Hospital Beds with air pressure system - received free of charge from Health Share Victoria valued at $82,390
- Vaccine Fridge
- Medication Trolley
- Defibrillator
- Wheelchairs and cushions
- Bariatric equipment
- Education Sim Pad System
- Washer (Acute Ward)

– Barrabill House Sensory Edible Gardens (Grant Funded) $40,780
– Renewal of Infrastructure (including Plant, equipment, FF&E & ICT) $158,000 including:
  - Air Conditioning
  - Dual Hot/Cold Food Trolleys
  - Industrial kitchen equipment – mixer, slicer and food processor
  - 6000L diesel fuel tank to support generator for emergency electricity supply

Other capital projects, all Department of Health funded, commenced or in progress:

– Refurbishment of Student / Nurse accommodation at 4 Callen Street; completed
– Operating Theatre / CSSD Redevelopment, & Theatre Equipment
– Callen St Carpark
– Air Ventilation Infrastructure Replace heating & cooling systems - Main Building
– Fire Safety Services Upgrade
– Business Case development for potential redevelopment of the main kitchen

* The Net operating result is the result with the health service is monitored against in its Statement of Priorities

	2024	2023	2022	2021	2020
	$'000	$'000	$'000	$'000	$'000
Operating Result*	(32)	(15)	100	161	75
Total revenue	30,626	26,987	27,887	23,767	23,198
Total expenses	30,729	28,897	27,258	24,620	23,026
Net result from transactions	(103)	(1,910)	629	(853)	172
Total other economic flows	(48)	(16)	177	337	(75)
Net result	(151)	(1,926)	806	(516)	97
Total assets	57,436	40,585	42,635	37,524	35,990
Total liabilities	14,948	12,903	13,027	11,187	9,386
Net assets/ Total equity	42,488	27,682	29,609	26,337	26,604

	2024	2023	2022	2021	2020
	$'000	$'000	$'000	$'000	$'000
Net Operating result *	(32)	(15)	100	161	75
Capital purpose income	2,424	293	2,483	803	1,860
Specific income					
COVID-19 State supply arrangements Assets received free of charge or for nil consideration under the State supply	156	214	502	265	22
State supply items consumed up to 30 June 2024	(69)	(191)	(430)	(242)	(15)
Expenditure for capital purpose	(297)	(83)	(126)	(47)	(59)
Depreciation and amortisation	(2,285)	(2,128)	(1,900)	(1,793)	(1,711)
Impairment of non-financial assets	-	-	-	-	-
Financial costs (other)	-	-	-	-	-
Net result from transactions	**103**	**(1,910)**	**629**	**(853)**	**172**

Social Procurement Activity	2023-24	2022-23	2021-22
Total number of suppliers	453	448	-
Total spend with all suppliers	8,066,034	6,526,188	-
Social Benefit suppliers	0	2	-
Total spent with social benefit suppliers	0	24,087	-
Number of Aboriginal businesses engaged	0	2	-
Total expenditure with Victorian Aboriginal businesses (excl. GST)	0	24,087	-

Colin James
Director Business Services

Achievements

Business/Corporate Services

- **Capital**
  - ✓ Theatre redevelopment progressed to detailed design ready for tender and tender in progress
  - ✓ Car park redevelopment progressed to detailed design with planning approval received and additional funding secured with tender pending
  - ✓ Proposed purchase of house adjacent to Seymour Health for Doctor accommodation to strengthen medical workforce
  - ✓ New Anaesthetic Machine secured for theatre supported by via Medical Equipment Replacement Program (MERP) funding
  - ✓ Fire Safety Project (EIRP 21/22) near completion
  - ✓ Mechanical Plant (EIRP 20/21) substantially completed, finalisation opening theatre redevelopment
  - ✓ Infrastructure renewal: plant, equipment, information and communication technology (ICT)

- **Facilities**
  - ✓ Implementation and further utilisation of asset management software system (MEX) continues

- **Finance**
  - ✓ Internal and external audits completed
  - ✓ Compliance requirement met

- **Food and Environmental Services**
  - ✓ Implementation of Electronic Menu System in progress
  - ✓ Implementation of Department of Health's Healthy Choices Framework for staff

- **Health Information Services**
  - ✓ Patient Administration System implementation and training; expected go live date 7 November 2024

- **Information Technology**
  - ✓ Successful disaster recovery testing
  - ✓ Uplift of digital maturity and cybersecurity
  - ✓ Server upgrade, upgrade to NBN and implementation of Clinical Grade Network
  - ✓ Upgrade to audio-visual equipment in the Boardroom and the Education room

Clinical Services

- **Aged Care**
  - ✓ Extremely successful Aged Care Employee Day where staff and consumers celebrated the '5 Star' rating
  - ✓ Introduction of an exercise program to assist with prevention of function decline and falls prevention
  - ✓ Community kitchen garden project completed to engage residents in outdoor activity

- **Acute Clinical & Urgent Care**
  - ✓ 100% of respondents to the Victorian Hospital Experience Survey reported positive experiences of their hospital stay

- **Operating Suite Services**
  - ✓ Additional surgical activity achieved to reduce waiting list demand
  - ✓ Strengthened collaboration with Northern Health; received support through loan of essential medical equipment to ensure continuity of services when anaesthetic machine failed

Community Services & Ambulatory Care

- **Community Dental**
  - ✓ Capital works to refurbish and update work spaces

- **Palliative Care**
  - ✓ Expanded Palliative Care services utilising Better at Home funding
  - ✓ Introduction of Palliative Care Nurse Practitioner position
  - ✓ Palliative Care and District Nursing Services involvement in the palliative care documentary; “The last two weeks at Longlee”
- **Leisure & Lifestyle**
  - ✓ Restructured leadership and support to enhance the Barrabill House leisure and lifestyle program

Medical Services

- **Credentialing**
  - ✓ Implemented regional credentialing platform; Cgov
- **Nurse Practitioner (NP) workforce**
  - ✓ Two new NP Candidate positions
  - ✓ Expansion of NP pool through a further Seymour Health supported NP Candidate graduating
- **Medical workforce**
  - ✓ Successful submission to implement the Rural Hospitalist Program at Seymour Health commencing February 2025 in partnership with Northeast Health Wangaratta

People & Culture

- **Staff**
  - ✓ Staff Excellence Awards and staff recognition events and wellbeing initiatives implemented
  - ✓ New Consumer and Staff Engagement Coordinator position recruited and appointed; a direct conduit for staff engagement
- **Volunteers**
  - ✓ Volunteer of the Year Award at Annual General Meeting
  - ✓ New Consumer and Staff Engagement Coordinator position recruited and appointed; sources, appoints and coordinates our Volunteers
  - ✓ New Volunteer Management Software ‘Better Impact’ sourced and implemented to better manage volunteer records, maintain compliance and coordinate and communicate with Volunteers
- **Consumers**
  - ✓ Community Reference Committee consultation and coordination
  - ✓ Expanded consumer feedback opportunities with Google Business Profile and Care Opinion platform
  - ✓ A consumer appointed to the Board Clinical Governance Committee
- **Communications**
  - ✓ Leadership Listens All Staff forums implemented
  - ✓ Implementation of a new role to support staff, volunteer and consumer engagement
  - ✓ Introduction of six-monthly staff wellbeing pulse surveys
  - ✓ New Smartsign software implemented to increase functionality of ‘DigiScreens’ used as communications tools across the organisation
- **Gender Equality**
  - ✓ Gender Equality Action Plan developed and implemented
  - ✓ Gender Equality impact policy review undertaken
- **Safety**
  - ✓ Introduction of a new Safety and Wellbeing Coordinator role
  - ✓ Effective emergency management response to the October 2023 flood event

Quality, Risk & Safety

- **Accreditation**
  - ✓ Extensive preparation for short notice NSQHS Standards
- **Education**
  - ✓ A total of 1926 staff attended 341 education sessions during 2023-24
- **Infection Prevention & Control**
  - ✓ Achieved 96% compliance rate with Hand Hygiene requirements
  - ✓ Achieved 99% staff vaccination rate for COVID-19, the remaining one percent had valid medical exemptions
  - ✓ Achieved 99% staff vaccination rate for Influenza, the remaining one percent had valid medical exemptions
- **Risk Management**
  - ✓ Comprehensive review and upgrade of the risk management framework and risk register
- **Aboriginal Health**
  - ✓ Unveiling of Aboriginal art in the main foyer in recognition of National Close the Gap Day
  - ✓ Significant staff participation in the NAIDOC week Welcome to Country, smoking ceremony and parade

Executive staff

Chief Executive Officer

Ward Steet
B. App Sc (Physiotherapy), Grad. Dip (Bus. Admin), MBA (Strategic Operations), GAICD

The Chief Executive Officer (CEO) is responsible to the Board for the efficient and effective management of Seymour Health.

Director Clinical Services

Anne Daley
RN, Grad. Dip. App. Science (Critical Care Nursing)

The Director of Clinical Services has professional responsibility for all clinical staff and operational responsibility for all clinical services across the organisation. The role involves community engagement.

Director Quality, Risk & Safety

Vickie Callaghan
RN, B. App. Science, Cert. Critical Care

The Director Quality, Risk and Safety has responsibility for quality activities, management of accreditation processes, safety and quality of patient care, organisational improvement, risk management, consumer feedback, legislative compliance and policy development and review.

Director Business Services

Colin James
CA, B.FA

The Director of Business Services has overall responsibility for the effective delivery of corporate and operational support services. The role includes Chief Finance Officer and Chief Procurement Officer responsibilities.

Director People & Culture

Jason King
BA (Law & Legal Studies), CAHRI FIML

The Director People & Culture and Communications oversees People & Culture (HR), Administration and Communications. This includes employee and industrial relations, talent management, staff safety and wellbeing, and fostering a culture of engagement so Seymour Health is an employer of choice. The Administrative and Communications functions are integrated into the Directorate to support Clinical Services across the breadth of health service delivery.

Director Medical Services

Dr. Dean Pritchard
MBBS (Hons.) FACEM AFRACMA CCPU CEDE

The Director of Medical Services has professional responsibility for the credentialing and management of Visiting Medical Officers and oversight of clinical governance.

Seymour Health Board of Directors

The Board of Seymour Health has overall responsibility for the strategic direction and operational efficiency of the organisation. Board Directors are formally appointed by the State Minister for Health.

The Board provides guidance and direction to the (Board appointed) Chief Executive Officer and senior hospital management staff. The Board meets on the last Thursday of the month, in addition to attending other nominated sub-committee meetings, community meetings and training, development and business activities.

Sue van Buuren – Chair Appointment 2019| Term expiry 30 June 2024

ANZIIF (snr Assoc) CIP

Nomination & Remuneration Committee Chair |Credentialing Committee Chair

Sue is an experienced risk management and compliance specialist, with a background in general insurance and health insurance. Sue has strong skills in influencing, communication and stakeholder engagement. Sue holds a Diploma in Integrated Risk Management and a Certificate IV in Workplace Training and Assessment.

Helen Hull – Deputy Chair Appointment 2020 | Term expiry 30 June 2026

BBus

Nomination & Remuneration Committee |Credentialing Committee

Helen is a senior consultant that specialises in governance and information technology management. Helen has extensive experience with state government in corporate roles including information technology, risk and audit, governance, and strategy. She utilises this expertise for the Seymour community through her Board participation. Helen is keen to ensure the hospital's patients receive the highest possible service, and the staff are acknowledged for their dedicated service.

Laura Jeffery Appointment 2021 | Term expiry 30 June 2024

B.Comm, CPA, GAICD

Finance Risk & Audit Committee – Chair

Laura is a Certified Practising Accountant who has used her 15+ years' experience in the Mining Industry to build her company, providing asset management, financial modelling, project management and acquisition and divestment services to the Resources industry. Laura has held Non-Executive Director and committee positions for a number of organisations, including the peak body of a federated organisation in the early childhood industry.

Belinda Scott Appointment 2018 | Term expiry 30 June 2024

Finance, Risk & Audit Committee |Credentialing Committee

RN, MN, Grad Dip Mgt, MACN, MAICD

With over 25 years' experience in public health service provision, Belinda brings to the Board a wide range of experience on health service governance and operational committees. Belinda is committed to rural health and improving the health outcomes of communities through partnerships with consumers.

Russell Harrison Appointment 2019 | Term expiry 30 June 2024

Clinical Governance Committee | Credentialing Committee | Nomination & Remuneration

BVSc DipPracMgt, GradCertHSM, GAICD

Dr. Russell Harrison is currently the GM Dog and Vision Services at Guide Dogs Victoria. With experience in disability support services, Russell has a passion for improving systems and supporting staff to ensure that consumers are at the centre of everything we do. Russell has held non-executive and committee positions in the aged care, disability and animal health sector.

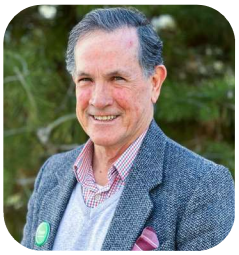
Julie Paul, OAM Appointment 2020 | Term expiry 30 June 2026

Clinical Governance Committee - Chair

RN, BaAppSc., MPHC, GradCertHlth, GradDipHlthSc.

Julie has a nursing background with extensive experience in clinical, education and management roles. She has worked in the public, private and not-for-profit health sectors. Julie is passionate about providing best practice health care which meets the needs of the local community and has a strong interest in communities partnering with services to achieve this.

Ewan McDonald Appointment 2021 | Term expiry 30 June 2026



Nomination & Remuneration Committee | Community Reference Committee

Ewan has a background in public safety and emergency management. His interests are centred upon the importance of building resilient communities and the relevance of social justice indicators in measuring performance of public sector agencies.

Andrew Jaworski Appointment 2022 | Term expiry 30 June 2025

Finance, Risk & Audit Committee | Credentialing Committee

LLB(Hons) BScOptom GradDipLaw(Comm) GradCert TMLP AFCHSM CHM MAICD CIPT CIPM FGIA

Andrew is a solicitor with almost 20 years' experience in corporate and commercial law and a focus on health and technology. Admitted in Australia and England and Wales, Andrew has worked in top tier private practice, consulting firms and in senior in-house roles in the UK, throughout APAC and ASEAN. He holds non-executive and committee positions on several Boards in the NFP/health sectors. Andrew has a strong interest in public health, with a clinical and research background prior to studying law.

Maree Feery Appointment 2023 | Term expiry 30 June 2026

Clinical Governance | Nomination & Remuneration Committee

BHlthSci, GradDipHlthAdmin, GradDipBusMgt, MBusL'ship, MAICD

Maree has over 25 year's extensive senior executive experience in public, private and not for profit healthcare. She brings to the Board her broad expertise in culture, strategy, governance, leadership and workforce development, people experience, diversity and inclusion and health, safety and wellbeing across various strategic horizons. Maree's passion lies with continually improving the consumer healthcare experience and the employee experience and overall performance and outcomes for the community.

Katherine Reeves Appointment 2023 | Term expiry 30 June 2026

Finance Risk & Audit Committee | Community Reference Committee

BSc, CA, GAICD

Katherine is a chartered accountant with over 25 years of strategic and leadership experience across three countries (UK, New Zealand and Australia). Initially working for KPMG (one of the big four global accountancy practices) in transaction services for over 14 years focusing on due diligence and capital raising processes, she has subsequently focused on education and health. Katherine has significant experience in public sector governance, audit processes and risk management frameworks and has first-hand experience with rural and remote organisations. Katherine has a strong focus on maximising services to the community whilst ensuring long term financial viability of the entity.

Organisational Chart

SEYMOUR HEALTH
Organisational Chart

BOARD OF DIRECTORS

Executive Administration
- Board Governance
- Policy control
- Credentialing support

Director Clinical Services

Acute Services
- Acute Ward
- Cancer Care
- Renal Dialysis
- Urgent Care Centre

Aged Care
- Barrabill House

Ambulatory Care Centre
- Allied Health
- Health Independence Programs
- Health Promotion
- Post-Acute Care

Community Dental Service
- Adult & Paediatric Dental
- Smiles 4 Miles
- Smile Squad

Community Services
- District Nursing Service
- Lower Hume Palliative Care
- Social Support Group

Contract Services
- Nurse Practitioner Locum Service
- Pharmacy
- Non-emergency Patient Transport

Peri-Operative Care
- Central Sterile Support Department
- Operating Suite Services
- Pre-Admission

Sub-Acute Care
- Palliative Care
- Transition Care Program

Director Quality, Risk & Safety

Accreditation Management
- Aged Care
- NSQHS
- NDIS
- Palliative Care

Clinical Audit

Clinical Governance

Complaints Management

Education
- Barrabill House Residents' Program
- Clinical & Non- Clinical
- Staff Competency Compliance
- Student Placements
- Work Experience & School Based Apprenticeships

Feedback Management

Incident Management
Riskman

Infection Prevention & Control
- Audit Program Hand Hygiene Staff Education Program
- Staff Health Vaccination Programs

Legislative Compliance Management

Policy Management

Quality Improvement

Risk Management

Director Business Services

Capital Projects

Facilities / Chief Warden
- Contractor Management
- Emergency Management
- Environmental Sustainability
- Fleet Management
- Grounds Maintenance
- Insurance Claims
- Maintenance (infrastructure)
- Security
- Supply & Procurement

Finance
- Asset Management
- Contracts
- Administration
- Finance
- Payroll
- Salary Packaging

Food & Environmental Services

Health Information Services
- Coding
- Electronic Medical Record
- Freedom of Information
- Patient Administration System
- Performance Reporting

ICT
- HRHA Liaison
- Information Technology Support

Director People & Culture

Employee Relations
- Employee Benefits
- Worker Wellbeing
- Workforce & Succession Planning
- Performance Development

Industrial Relations
Enterprise Bargaining
Workplace Investigations

Talent Management
- Recruitment
- Orientation
- Contracts

Work Health & Safety
- OHS
- Injury Management
- Return to Work Program
- Workcover

HR Metrics

Climate & Culture Surveying

Administrative Services
- Acute Ward & Renal Dialysis
- Main Reception
- HR Information Systems

Communications
- Media & Marketing Event Management
- Community Engagement
- Consumer Engagement

Volunteer Support

Director Medical Services

Clinical Governance

Contract Services
- Pathology
- Radiology

Credentialing

Medical Contracts & Workforce

Specialist Contracts & Workforce

Recognition of service

10 years	15 years	35 years
Margaret Wright	Vickie Callaghan	Lesley Asquith
Emily Pell		Joanne Pell
Lisa Kerr	**20 years**	Carolyn Grattan
Roxanne Searle	Elizabeth Bellette	
Christine Griffiths		
Sarah Freeman	**25 years**	**40 years**
Rebecca Kilgour	Melissa Eddy	Anne Green
Christine Freeman	Leanne Canobie	

Statutory statements

Employment and conduct principles

Seymour Health ensures a fair and transparent process for recruitment, selection, transfer and promotion of staff. It bases its employment selection on merit and complies with the relevant legislation. Policies and procedures are in place to ensure staff are treated fairly, respected and provided with avenues for grievance and complaint processes.

Seymour Health is committed to the application of the employment and conduct principles and all employees have been correctly classified in workforce data collections.

Workforce data

Labour Category	JUNE Current Month FTE		AVERAGE MONTHLY FTE	
	2024	2023	2024	2023
Nursing	102.19	96.93	100.15	92.51
Administration and clerical	32.63	25.86	29.87	28.35
Medical support	5.18	5.41	5.01	5.47
Hotel and allied services	29.18	31.87	29.07	29.01
Sessional Clinicians	0.25	0.30	0.25	0.30
Ancillary staff (allied health)	13.94	15.08	13.55	14.01
Total	**183.37**	**175.45**	**177.90**	**169.65**

The FTE figures in this table exclude overtime and do not include contracted staff who are not regarded as employees for this purpose (i.e. agency nurses, Nurse Practitioners, Visiting Medical Officers).

Occupational Health and Safety (OHS)

Seymour Health is committed to supporting a strong safety culture that proactively works to improve on practices and comply with the legislation. This is achieved through monitoring safety management systems and by regular consultation with employees, management, contractors, visitors and consumers to identify, assess and reduce risks, with the aim to prevent injuries within the workplace. The OHS Committee evaluate all safety matters and provide recommendations for improvements in practices to the Executive team.
The OHS Committee is comprised of two Directors (as Executive representatives of the PCBU – the persons conducing a business or undertaking), the Safety and Wellbeing Coordinator and the Health and Safety

Representatives (HSRs), across all departments within the organisation. HSRs are elected by their peers. All new HSRs undertake the initial five day legislated OHS training and internal Manual Handling Assessor training is conducted to provide valuable knowledge and skills in supporting staff to assist with facilitating training and prevent risks within the workplace.

Projects completed during the past twelve months to improve safety include:

- Consulted on wide range of OH&S issues, significantly including the built environment safety and duress response systems
- Prevention initiatives, including the appointment of a new Safety and Wellbeing Coordinator who is an AHPRA registered Health Professional
- Reviewed and updated relevant policies and procedures
- Expert support by the continued engagement of an external firm who specialise in end-to-end Workers Compensation programs and WH&S, aiding Seymour Health to fulfil its obligations and effectively manage Workers Compensation costs

Occupational violence

Occupational violence statistics	2023-24
WorkCover accepted claims with an occupational violence cause per 100 FTE	-
Number of accepted WorkCover claims with lost time injury with an occupational violence cause per 1,000,000 hours worked	-
Number of occupational violence incidents reported	62
Number of occupational violence incidents reported per 100 FTE	34.85
Percentage of occupational violence incidents resulting in a staff injury, illness or condition	1.64

Definitions of occupation violence

Occupational violence: any incident where an employee is abused, threatened or assaulted in circumstances arising out of, or in the course of their employment.

Incident: an event or circumstance that could have resulted in, or did result in, harm to an employee. Incidents of all severity rating must be included. Code Grey reporting is not included, however, if an incident occurs during the course of a planned or unplanned Code Grey, the incident must be included.

Accepted WorkCover claims: Accepted WorkCover claims that were lodged in 2023-24.

Lost time: is defined as greater than one day.

Injury, illness or condition: this includes all reported harm as a result of the incident, regardless of whether the employee required time off work or submitted a claim.

WorkCover

Seymour Health's WorkCover claims have been well managed through prompt intervention following an injury with engagement of the injured worker, managers, treating practitioners and WorkCover Agent working collaboratively for successful rehabilitation. Seymour Health have had three standard claims and nil minor claims with minimal time lost and minimal claims costs, which is a positive achievement and reduction from seven claims from the previous year.

	2023-24	2022-23	2021-22
The number of reported hazards/incidents for the year per 100 full-time equivalent staff members	63.94	52	36.53
The number of 'lost time' standard WorkCover claims for the year per 100 full-time equivalent staff members	1.64	3.3	2.4
The average cost per WorkCover claim for the year ('000)	$79	$903	$21

Consultancies

Details of consultancies (under $10,000)

In 2023-24, Seymour Health engaged with seven consultancies where the total fees payable to the consultants were less than $10,000. The total expenditure incurred in relation to this consultancy was $37,138 (excl. GST).

Details of consultancies (valued at $10,000 or greater)

In 2023–24, nine consultants were engaged where the total fees payable to the consultants were $10,000 or greater. The total expenditure incurred in relation to these consultancies was $385,710 (excl. GST).

Consultant	Purpose of consultancy	Start date	End date	Total approved project fee (excluding GST)	Expenditure 2023-24 (excluding GST)	Future expenditure (excluding GST)
Evidence Based Design	Barrabill House Architect / Superintendent	Nov-18	Aug-23	$275,186	$4,840	$0
Erbas	Barrabill House Service Engineers	Apr-19	Aug-23	$47,370	$1,500	$0
Chris Smith & Associates	Carpark Upgrades	Jan-21	Mar-25	$54,050	$6,300	$19,300
LEHR Consultants	Mechanical Plant	Apr-22	Aug-24	$46,800	$17,900	16,800
LEHR Consultants	Theatre Redevelopment – Stage 1	May-22	Dec-24	$76,500	$45,300	$23,200
Baldasso Cortese	Theatre Redevelopment – Stage 1	Feb-22	Dec-24	$164,250	$114,967	$12,383
Baldasso Cortese	Hospital Kitchen Refurbishment – Architect	Jul-23	Dec-23	$141,645	$139,500	$2,145
LEHR Consultants	Fire Equipment Mechanical Fire Consultant	Dec-21	Aug-24	$28,500	$19,903	$8,598
Beattie Vass Design PYT LTD	Wayfaring and Signage Consultancy	May-24	Oct-24	$50,000	$35,500	$14,500

Information and Communication Technology (ICT) expenditure

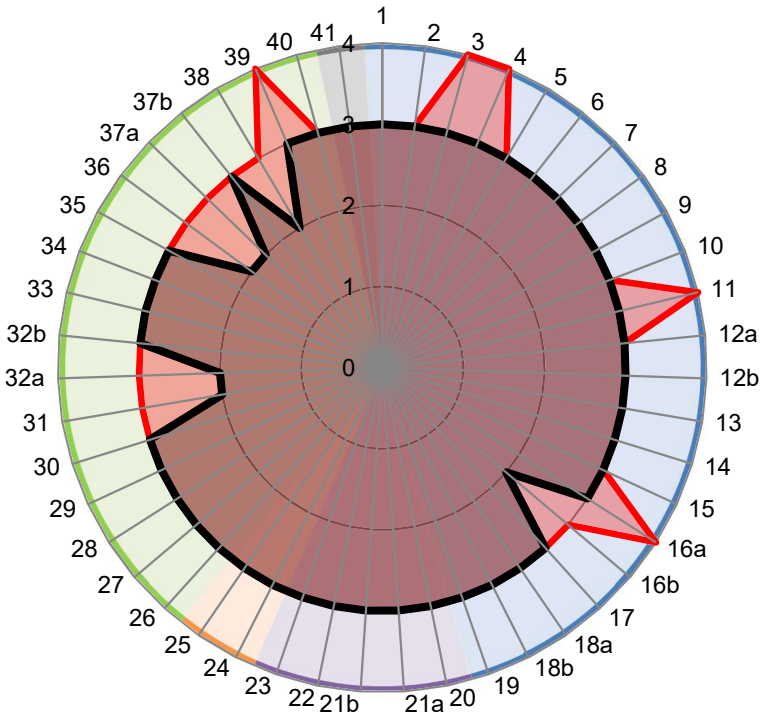
The total ICT expenditure incurred during 2023-24 was $759,046 (excl. GST) with the details shown below:

Business as Usual (BAU) ICT expenditure	Non-Business as Usual (non-BAU) ICT expenditure		
Total (excluding GST)	Total=Operational expenditure and Capital Expenditure (excluding GST) (a) + (b)	Operational expenditure (excluding GST) (a)	Capital expenditure (excluding GST) (b)
$759,046	Nil	Nil	Nil

Asset Management Accountability Framework

Asset Management Accountability Framework (AMAF) maturity assessment. The following sections summarise Seymour Health's assessment of maturity against the requirements of the AMAF. The AMAF is a non-prescriptive, devolved accountability model of asset management that requires compliance with 41 mandatory requirements. These requirements can be found on the Department of Treasury and Finance website.
https://www.dtf.vic.gov.au/infrastructure-investment/asset-management-accountability-framework

Seymour Health's target maturity rating is 'competence'; meaning systems and processes are in place, consistently applied and systematically meeting the AMAF requirement. This includes a continuous improvement process to expand system performance above AMAF minimum requirements.



Leadership and Accountability (requirements 1-19)
Seymour Health has met or exceeded its target maturity level under most requirements within this category.

Planning (requirements 20-23)
Seymour Health has met or exceeded its target maturity level in this category.

Acquisition (requirements 24 and 25)
Seymour Health has met or exceeded its target maturity level in this category.

Operation (requirements 26-40)
Seymour Health has met or exceeded its target maturity level under most requirements within this category. This is an area of improvement with further investment required in the automated Asset Management System with manual processes and systems continuing to be utilised.

Disposal (requirement 41)
Seymour Health has met its target maturity level in this category.

Review and study expenses

Seymour Health conducted zero reviews or studies in relation to service provision and patient care during the reporting period.

Freedom of Information Act 1982

The *Freedom of Information Act 1982* provides for members of the public to access their medical records for the purpose of viewing, amending incorrect notations or copying parts of the record. In accordance with the Act an application fee is payable upon request and administration charges apply.

During 2023-24, Seymour Health received 43 applications. All requests were from the general public.
Seymour Health made 43 FOI decisions during the 12 months ended 30 June 2024.
There were 43 decisions made within the statutory time periods and zero decisions made outside the statutory time periods. A total of 42 FOI access decisions were made where access to documents was granted in full and one that was granted in part.
Of requests finalised, the average number of (including extended timeframes) to decide the request was nine days.
During 2023-24, zero requests were subject to a complaint/internal review by Office of the Victorian Information Commissioner.

Building Act 1993

All renovations and maintenance to existing buildings conform to the *Buildings Act 1993*. All existing buildings comply with regulations in force at the time of construction. There are no orders to cease occupancy or to undertake urgent works. The site is subject to a Fire Safety Audit and Risk Assessment according to revised standards as directed by the Department of Health.

- Mechanisms to ensure that buildings conform with building standards are managed via regular inspections, audits and continual monitoring of the Essential Safety Measures Maintenance Requirements as required by the National Construction Code and other relevant standards
- There are a total of nine Building Permits and associated Occupancy Permits for Seymour Health
- There are zero emergency orders and building orders issued in relation to buildings
- There are zero buildings that have been brought into conformity with building standards during the reporting period

Public Interest Disclosures Act 2012

Seymour Health is an agency subject to the *Public Interest Disclosures Act 2012,* which enables people to make disclosures about improper conduct within the public sector without fear of reprisal. The Act aims to ensure openness and accountability by encouraging people to make disclosures and protecting them when they do. Policies and guidelines are in place to protect people against actions that might be taken against them if they choose to make a protected disclosure. Complaints regarding improper conduct and corruption in the Victorian public sector can be reported to the Independent Broad-based Anticorruption Commission (IBAC); www.ibac.vic.gov.au

There were no disclosures to IBAC under section 21(2) during 2023-24.

National Competition Policy Reform Act 1995

Seymour Health complied with the National Competition Policy, including compliance with the requirements of the policy statement 'Competitive Neutrality Policy Victoria', and any subsequent reforms. No complaints or issues were received regarding Competitive Neutrality.

Carers Recognition Act 2012

The *Carers Recognition Act 2012* provides a framework for transparency between the hospital and carers as defined in the Act to ensure open communication at all times and improve healthcare outcomes for the community. Seymour Health has taken all practical measures to comply with its obligations under the Act. These include:

- Promoting the principles of the Act to people in care relationships who receive our services and to the wider community
- Ensuring our staff have an awareness and understanding of the care relationship principles set out in the Act

Safe Patient Care Act 2015

Seymour Health has no matters to report in relation to its obligations under section 40 of the *Safe Patient Care Act 2015.*

Local Jobs First Act 2003

Seymour Health complies with the regulations of the *Local Jobs First Act 2003.* In 2023-24, there were no contracts entered into to which Local Jobs First (previously VIPP) plan was required. Seymour Health continues to engage with local contactors to support the local community.

Gender Equality Act 2020

The *Gender Equality Act 2020* came into effect in March 2021, bringing with it a requirement for Victorian health services to conduct workplace gender audits, translate the findings into a five-year Gender Equality Action Plan (GEAP) and submit progress reports every two years.

The Seymour Health Gender Equality Action Plan 2021-2025 was submitted to the Commission for Gender Equality in the Public Sector in 2024 and is publicly available on the Seymour Health website.

The following gender equality principles in the *Gender Equality Act 2020, Part One (section 6)* were used to guide the preparation of the Seymour Health GEAP and will be embedded in future policies, programs and services:

- All Victorians should live in a safe and equal society, have access to equal power, resources and opportunities and be treated with dignity, respect and fairness
- Gender equality benefits all Victorians regardless of gender
- Gender equality is a human right and precondition to social justice
- Gender equality brings significant economic, social and health benefits for Victoria
- Gender equality is a precondition for the prevention of family violence and other forms of violence against women and girls
- Advancing gender equality is a shared responsibility across the Victorian community
- All human beings, regardless of gender, should be free to develop their personal abilities, pursue their professional careers and make choices about their lives without being limited by gender stereotypes, gender roles or prejudices
- Gender inequality may be compounded by other forms of disadvantage or discrimination that a person may experience on the basis of Aboriginality, age, disability, ethnicity, gender identity, race, religion, sexual orientation and other attributes
- Women have historically experienced discrimination and disadvantage on the basis of sex and gender
- Special measures may be necessary to achieve gender equality

Key financial and service performance reporting

Service and Activity data	2023-24	2022-23	2021-22
Admitted patient separations			
Acute			
Same day	2,759	2,416	2,696
Overnight stay	338	374	437
Palliative care	45	37	40
Total separated patients	**3,142**	**2,827**	**3,175**
Admitted patient days			
Acute	4,562	5,818	5,267
Palliative care	582	488	435
Total patient days	**5,144**	**6,306**	**5,702**
Total Acute NWAU	1,033.8	1,086.4	1,281.7
Separation per available bed	103.2	101.5	102.8
ALOS of admitted patient (days)	4.37	1.9	1.83
Occupancy rate; admitted patients – acute beds	24.1	59.57	52.07
Organisation data			
Inpatients treated	3,089	3,045	3,175
Daily average occupancy (acute beds)	24.1	17.28	15.23
Average stay in days	4.37	1.9	1.84
Urgent Care Centre attendances	7,409	7,835	11,690
Surgical procedures	1,151	1,178	1,209
District Nursing			
Occasions of service	7,158	7,053	7,055
Hours of service	6,372	6,018	5,681
Number of clients seen	259	223	238
Residential Aged Care			
Bed days – nursing home resident (inc. respite)	12,967	11,365	10,292
Food services			
Meals prepared	56,805	55,511	49,538
Social Support Group			
Attendances	2,999	2,719	2,546
Hours of service	12,603	10,780	7,692
Number of clients seen	60	48	57
Health Independent Programs			
Sub-Acute Ambulatory (SACS)			
Client contacts	3,912	5,202	4,616
Group sessions	426	228	200
Home-based rehabilitation	112	111	122
HARP (Hospital Admission Risk Program) contacts	1,864	1,721	2,254
HARP new referrals	182	153	126
Post-Acute Care completed episodes	761	595	521
Post-Acute Care client contacts	5,566	4,286	7,316
Lower Hume services			
Palliative Care contacts	6,501	6,681	4,707
Dental services			
Attendances	2,592	3,311	2,166
Treatments	8,705	12,013	7,167
Emergency treatments and vouchers	1,015	1,139	1,060
Smile Squad contacts	1,174	717	-
Smile Squad treatments	3,115	2,120	-
Community Health			
Referrals	153	86	135
Attendances	599	468	540

Environmental Performance

Seymour Health reports on environmental performance on a regular basis to the Department of Health through the Department's Environmental Data Management System. We recognise that conserving and protecting the environment for future generations is critical. We are focused on the key challenges of climate change, reducing greenhouse gas emissions, energy and water use and resources.

The recent residential aged care wing extension at Barrabill House incorporated appropriate environmental planning with natural and energy efficient lighting and enhanced technology.

Seymour Health's Environmental Report will be reviewed for the 2023-24 year to improve compliance with the new Financial Reporting Direction 24 (FRD24).

Efficiencies during 2023-24 include:

- Solar arrays installed, supplementing grid energy supply
- Further replacement of combustion engines with hybrid vehicles
- Implementation of Chef-Max Food Management System
- LED lighting replacement completed
- Strategy of better segregating recyclables
- Upgrade of boilers to high efficiency units

Greenhouse Gas Emissions			
Total greenhouse gas emissions (tonnes CO2e)	**2023-24**	**2022-23**	**2021-22**
Scope 1	272	273	259
Scope 2	879	1,054	1,056
Scope 3	211	-	-
Total greenhouse gas emissions (tonnes CO2e)	**1,363**	**1,327**	**1,315**

Stationary Energy			
Total stationary energy purchased by energy type (GJ)	**2023-24**	**2022-23**	**2021-22**
Electricity	*4,621	4,465	4,178
Natural Gas	4,622	5,301	5,021
Total	**9,243**	**9,766**	**9,199**

*Electricity related activities uses the market-based method as opposed to the location-based method used in previous FRD24 reports.

Embedded Generation			
Total embedded stationary energy generated by energy type (GJ)	**2023-24**	**2022-23**	**2021-22**
Solar Power	238	274	46
Total	**238**	**274**	**46**

Water			
Total water consumption by type (kL)	**2023-24**	**2022-23**	**2021-22**
Class A Recycled water	N/A	N/A	N/A
Potable water	12,571	12,409	12,069
Reclaimed water	N/A	N/A	N/A
Total	**12,571**	**12,409**	**12,069**

Water re-use and recycling	2023-24	2022-23	2021-22
Re-use or recycling rate % (Class A + Reclaimed/Potable+Class A+Reclaimed	N/A	N/A	N/A

Waste & Recycling			
Waste	2023-24	2022-23	2021-22
Total waste generated *(kg clinical waste+kg general +kg recycling waste)*	51,062	105,324	108,938
Total waste to landfill generated *(kg clinical waste+kg general waste)*	35,903	74,471	77,294
Total waste to landfill per patient treated *(kg clinical waste+kg general waste)/PPT)*	1.54	3.8013	3.9701
Recycling rate % *(kg recycling / (kg general waste+kg recycling))*	29.69	30.9879	31.3902

Factors influencing environmental impacts	2023-24	2022-23	2021-22
Floor space (m^2)	7,067	7,067	7,067
Separations	3,089	2,827	3,175
In-patient Bed Days	5,129	6,306	5,702
Aged Care Bed Days	13,200	11,365	10,292

Normalised greenhouse gas emissions	2023-24	2022-23	2021-22
Emissions per unit of floor space (kgCO2e/m2)	193.96	187.8405	186.0599
Emissions per unit of Separations (kgCO2e/Separations)	441.24	435.8073	404.3313
Emissions per unit of bed-day (LOS+Aged Care OBD) (kgCO2e/OBD)	74.36	80.2339	81.0807

Normalised stationary energy consumption	2023-24	2022-23	2021-22
Energy per unit of floor space (GJ/m2)	1.421	1.3819	1.3017
Energy per unit of Separations (GJ/Separations)	3.252	3.2062	2.8287
Energy per unit of bed-day (LOS+Aged Care OBD) (GJ/OBD)	0.548	0.5903	0.5672

Normalised embedded generation	2023-24	2022-23	2021-22
Embedded generation per unit of floor space (GJ/m2)	0.0337	0.0387	0.0065
Embedded generation per unit of Separations (GJ/Separations)	0.0770	0.0898	0.0141
Embedded generation per unit of bed-day (LOS+Aged Care OBD) (GJ/OBD)	0.00	0.0165	0.0028

Normalised water consumption (Potable + Class A)	2023-24	2022-23	2021-22
Water per unit of floor space (kL/m2)	1.78	1.7559	1.7078
Water per unit of Separations (kL/Separations)	4.07	4.0738	3.7113
Water per unit of bed-day (LOS+Aged Care OBD) (kL/OBD)	0.69	0.7500	0.7442

Normalised expenditure rates (Electricity, Natural Gas, Potable Water)	2023-24	2022-23	2021-22
Expenditure per unit of floor space ($ thousand/m2)	-	0.055	0.049
Expenditure per unit of Separations ($ thousand/separation)	-	0.127	0.107
Expenditure per unit of bed-day ($ thousand/(LOS+Aged Care OBD))	-	0.023	0.021
Expenditure per unit of Aged Care Bed Day ($ thousand/Aged Care OBD)	-	0.036	0.033

*Expenditure rates not included in FRD24 Report for 2023-24.

Additional information available on request

Details in respect of the items listed below have been retained by Seymour Health and are available to the relevant Ministers, Members of Parliament and the public on request (subject to the freedom of information requirements, if applicable):

- a statement that declarations of pecuniary interests have been duly completed by all relevant officers;
- details of shares held by senior officers as nominee or held beneficially in a statutory authority or subsidiary;
- details of publications produced by the entity about itself, and how these can be obtained;
- details of changes in prices, fees, charges, rates and levies charged by the entity;
- details of any major external reviews carried out on the entity;
- details of major research and development activities undertaken by the entity;
- details of overseas visits undertaken including a summary of the objectives and outcomes of each visit;
- details of major promotional, public relations and marketing activities undertaken by the entity to develop community awareness of the entity and its services;
- details of assessments and measures undertaken to improve the occupational health and safety of employees;
- a general statement on industrial relations within the entity and details of time lost through industrial accidents and disputes;
- a list of major committees sponsored by the entity, the purposes of each committee and the extent to which those purposes have been achieved; and
- details of all consultancies and contractors including:

(i) consultants/contractors engaged;
(ii) services provided; and
(iii) expenditure committed for each engagement

Strategic Priorities

In 2023-24 Seymour Health contributed to the achievement of the Victorian Government's commitments by:

EXCELLENCE IN CLINICAL GOVERNANCE	
We aim for the best patient experience and care outcomes by assuring safe practice, leadership of safety, an engaged and capable workforce, and continuing to improve and innovate care.	
GOAL	
MA10 Implementation of the nutrition and quality food standards for health services.	
Health Service Deliverables	Achievements/Outcome
MA10 Consultation with dietitians to formulate strategies to ensure all food provided to patients and residents is of optimal nutritional quality, appealing, offers variety and is culturally diverse, to sustain their nutritional intake, quality of life and wellbeing.	**Achieved** Commentary: Seymour Health employs a Dietitian, who as part of their role, undertakes an annual review of the nutritional content of the meals produced in our commercial kitchen, ensuring that we comply with the Department of Health's Healthy Choice policy and the applicable Standards in each area for staff, patient and residential aged care meals.
MA10 Provide a greater focus on the needs of aged care residents and paediatric patients by implementing nutrition and quality food standards that align with the National Safety and Quality Health Service (NSQHS) Standards and Aged Care Quality Standards (ACQS) accreditation requirements.	**Achieved** Commentary: The annual menu review undertaken by the Seymour Health Dietitian ensures food production complies with the relevant standards for aged care and paediatrics.
MA10 Implementation of an electronic food services management solution to ensure staff, visitor and aged care meals provided by Seymour Health align the Victorian Department of Health Healthy Choices guidelines.	**Achieved** Commentary: Seymour Health has implemented ChefMax, an electronic menu management software solution to assist attaining compliance with nutritional standards and the Department of Health's Healthy Choices guidelines while delivering a broad range of menu options tailored to preference of staff, visitors, patients and consumers in our Residential Aged Care facility. Menu adaption to consumers' needs is an ongoing process.
GOAL	
MA11 Develop strong and effective systems to support early and accurate recognition and management of deterioration of paediatric patients.	
Health Service Deliverables	Achievements/Outcome
MA11 Partner with Safer Care Victoria and relevant multidisciplinary groups to establish protocols and auditing processes to manage effective monitoring and escalation of deterioration in paediatric patients via ViCTOR charts.	**Achieved** Commentary: Seymour Health initiated the use of ViCTOR charts many years ago and have robust protocols and auditing processes in place. The audits are included as part of the regular and systematic audit schedule.
MA11 Improve paediatric patient outcomes through implementation of the "ViCTOR track and trigger" observation chart and escalation system, whenever children have observations taken.	**Achieved** Commentary: The ViCTOR track and trigger tool has been in place at Seymour Health for many years and is utilised for paediatric patient observations on a daily basis.

MA11 Implement staff training on the "ViCTOR track and trigger" tool to enhance identification and prompt response to deteriorating paediatric patient conditions.	**Achieved** Commentary: Training on the ViCTOR track and trigger tool is provided at staff orientation. The tool is in daily use and is well socialised amongst the staff that utilise it.
WORKING TO ACHIEVE LONG TERM FINANCIAL SUSTAINABILITY	
MB1 Co-operate with and support Department-led reforms that look towards reducing waste and improving efficiency to address financial sustainability, operational and safety performance, and system management.	
Health Service Deliverables	Achievements/Outcome
MB1 Collaborative partnerships: Collaborate with other health service providers, community organisations, the department and stakeholders to explore opportunities for shared services, joint procurement, and resource sharing to reduce costs and improve efficiency.	**Achieved/Ongoing** Commentary: Seymour Health has established partnership arrangements across a broad range of back of house support services as well as clinical services. Support services include payroll, linen, supply and procurement. Clinical areas supported through arrangements with partners include, home care package provision, palliative care pharmacy services, renal dialysis and oncology services. Seymour Health has just entered into a partnership arrangement with Northeast Health Wangaratta, through the Hume Health Service Partnership, to secure a rotating medical workforce through the Rural Hospitalist program. Seymour Health has also been a key partner in the Revitalise Seymour initiative led by the Mitchell Shire Council that has recently secured $15M to build a Community and Wellbeing Hub in Seymour. We will deliver a range of healthcare services, including the community dental program from the new Hub when it commences operations.
MB1 Data-driven decision-making: Utilise data analytics and performance metrics to identify areas of inefficiency and waste, and make evidence-based decisions to improve financial sustainability and operational performance.	**Part Achieved/Ongoing** Commentary: Seymour Health established an Environment and Sustainability Committee to drive sustainability and energy efficiency initiatives within the organisation. Energy usage data is utilised to identify areas where strategies can have the greatest impact. The foundation document guiding our work is the *Global Green and Healthy Hospitals: A comprehensive Environmental Health Agenda for Hospitals and Health Systems Around the World.* A number of initiatives including enhanced recycling of clinical waste, water usage efficiency, LED lighting, and solar power have been implemented. All capital works and developments incorporate environmentally sustainable design within the construction parameters to maximise energy efficiency and reduce our environmental footprint.
MB1 Implement an electronic asset management solution to guide capital expenditure and facilitate a more robust rolling three-year asset management, maintenance and replacement plan to ensure Seymour Health infrastructure and equipment remains current and fit-for-purpose.	**Achieved** Commentary: Seymour Health has implemented the asset management platform 'MEX' and added an additional Supply & Procurement module to the core product to facilitate asset tagging and lifecycle management. An audit of all Seymour Health assets has been undertaken. The three-year rolling asset maintenance and replacement plan is under development.

IMPROVING EQUITABLE ACCESS TO HEALTHCARE AND WELLBEING	
MC3 Enhance the provision of appropriate and culturally safe services, programs and clinical trials for and as determined by Aboriginal people, embedding the principles of self-determination.	
Health Service Deliverables	Achievements/Outcome
MC3 Promote a culturally safe welcoming environment with Aboriginal cultural symbols and spaces demonstrating, recognising, celebrating and respecting Aboriginal communities and culture.	**Achieved** Commentary: Seymour Health is committed to culturally safe and inclusive practice meeting the needs of our community. We welcome and embrace cultural and gender diversity and have implemented numerous strategies to create a welcoming and competent workplace and care environment to encourage access to services. Among the initiatives implemented are flying the Aboriginal, Torres Strait Islander and LGBTQI+ flags at the entrance to the organisation, Aboriginal artwork positioned strategically throughout the organisation, an acknowledgement of country and a diversity inclusion statement attached to our email tag, an acknowledgement of country at the commencement of all staff, committee and board meetings, the execution of a self-determination memorandum of understanding with Taungurung Land and Waters Corporation (TLaWC), Seymour Health participation in the Taungurung NAIDOC week celebrations , Smoking Ceremony and Parade, a flag raising ceremony and event on National Close the Gap Day each year. The supply of Aboriginal and Torres Strait Islander badges for staff to wear on their lanyards. Annual cultural safety training for staff as part of their annual competency requirements. The Seymour Health Strategic Plan includes the development of a Reconciliation Action Plan among several other initiatives to ensure Seymour Health delivers culturally safe care.
MC3 Develop and implement a cultural safety framework at Seymour Health.	**Part Achieved/Ongoing** Commentary: There has been numerous initiatives implemented to ensure Seymour Health is a culturally safe environment and that we deliver culturally safe care are the foundation elements of a cultural safety framework. However, a formal document has yet to be completed.
A STRONGER WORKFORCE	
MD1 Improve employee experience across four initial focus areas to assure safe, high- quality care: leadership, health and safety, flexibility, and career development and agility.	
Health Service Deliverables	Achievements/Outcome
MD1 Deliver programs to improve employee experience across four initial focus areas: leadership, safety and wellbeing, flexibility, and career development and agility.	**Achieved/Ongoing** Commentary: Seymour Health has had a strong focus on these four domains with a particular emphasis on staff safety and wellbeing in the context of workforce shortages following on from the pandemic as we move towards business as usual. We have a Workforce Development Committee with oversight and remit to coordinate, resource and deliver initiatives in this space. Leadership domain: Seymour Health has numerous programs in place to support learning and development not just for leadership and emerging leaders but for the broader staff. We provide executive coaching support and Clinician to Manager training programs. There is a comprehensive array of training modules available via an online platform which is complemented by our Education Department delivering hands-on face-to-face education sessions. We have a

	comprehensive Workforce Plan that guides succession planning and training and development needs within the organisation. Safety & Wellbeing domain: Seymour Health has a performance-oriented culture that actively monitors and maintains a safe workplace environment. Policies and procedures are updated regularly to reflect changes in legislation and ensure psychological safety of our staff is considered. There are multiple strategies to mitigate Occupational Violence and aggression in the workplace including security measures such as CCTV, duress alarms and de-escalation training for staff. We have an active Occupational Health and Safety Committee. Our positions descriptions clearly identify performance and behavioural expectations including 'above the line' and 'below the line' behaviours. Poor behaviour is not tolerated and actively addressed. Bullying and harassment training is mandatory for all staff. From a wellbeing perspective Seymour Health has implemented regular staff recognition and appreciation events throughout the year and managers are encouraged to provide ongoing feedback and support in addition to annual performance appraisal processes. Our capital expenditure program ensures staff are well-resourced to do their jobs. Flexibility domain: Seymour Health has implemented a Flexible Working Arrangements policy for staff to accommodate personal circumstances that arise. We also have transition to retirement processes available to staff and have work from home arrangements also available to staff where appropriate. Career development and agility domain: Seymour Health actively promotes and support career progression. We have annual scholarship programs designed to support staff development, in addition to our leadership development programs. We offer Enrolled Nurse to Registered Nurse transition programs as well as supporting RNs to upskill to become Clinical Nurse Specialists, RIPRN, and Advanced Practice nurses. We offer financial support each year for Nurse Practitioner Candidates. We are flexible with rosters to facilitate staff who need to undertake clinical placements to do so. Our Workforce Plan includes succession planning and identification and support for emerging leaders. Our nursing roster is designed to ensure new and inexperienced Associate Nurse Unit Managers can be supported and mentored by Nurse Unit Managers and other experienced RNs. We ensure all vacancies are internally advertised to provide staff the opportunities to apply and we actively encourage staff with potential to seek out these opportunities. We provide secondment opportunities where possible and appropriate.
MD1 Implement and/or evaluate new/expanded programs that uplift workforce flexibility such as a flexibility policy for work arrangements.	**Achieved** Commentary: Seymour Health nurtures innovation and service development. We have embraced virtual models of care which in turn have expanded the care boundaries for our team. A number of new models of care and services have been introduced such as the utilisation of Victorian Virtual Emergency Department (VVED) in the Urgent Care and Residential Aged Care settings and we are about to introduce specialist care via the same platform. We implemented remote monitoring and have community-based consumers

	participating in therapy via virtual platforms. Two new community-based dental programs have been implemented and we have implemented Nurse Practitioner Residential In Reach services into aged care along with Nurse Practitioner support for palliative care services. The organisation has remained agile, flexible and responsive to staff needs through the implementation of a number of policies that include work from home, flexible work arrangements and transition to retirement. We are also receptive to requests around long service leave arrangements and planned leave tailored to the specific needs of the staff member.
MD1 Develop a Consumer and Staff engagement role at Seymour Health. That role to develop a Workforce Plan that includes leadership development, recruitment and retention strategies, diversity and inclusiveness, gender equity, training and development, and succession planning.	**Achieved** Commentary: A Consumer and Staff Engagement Officer role has been established. The role also has carriage of volunteer programs and has worked closely with the Director People and Culture to develop and deliver the Workforce Plan. The position also plays an essential role in our Community and Staff Communication strategy.
MOVING FROM COMPETITION TO COLLABORATION	
ME2 Engage in integrated planning and service design approaches, whilst assuring consistent and strong clinical governance, with partners to join up the system to deliver seamless and sustainable care pathways and build sector collaboration.	
Health Service Deliverables	Achievements/Outcome
ME2 Undertake joint clinical service plans with an agreed approach to coordinating the delivery of health services at a regional level as opposed to individual health service planning.	**Achieved** Commentary: A joint Strategic Service Plan developed by the sixteen health services in the Hume Health Service Partnership has been endorsed by the Board of Seymour Health. The Chief Executive Officer of Seymour Health was a member of the Strategic Service Planning Project Control Board representing the South Hume health services.
ME2 Actively engage and collaborate with the South Hume health services (ADH & YDMH), Goulburn Valley Health and other health services in the Hume Health Service Partnership to improve self-sufficiency in South Hume with the aim of providing improved access to medical workforce, specialist care and subacute services for the local community.	**Achieved** Commentary: Over the past year the three South Hume health services have met regularly to develop strategies to improve health outcomes for our communities. There is shared workforce and numerous shared services between our organisations and we actively support each other where issues and areas of need arise. The Board Chairs and Chief Executive Officers have met on a regular basis to share ideas and strategies. Seymour Health has been an active participant in the Hume Health Service Partnership (HHSP) and a member of the Strategic Service Planning Project Control Board developing the regional service plan identifying initiatives to improve self-sufficiency across the region. In conjunction with the HHSP and Northeast Health Wangaratta Seymour Health is implementing a Rural Hospitalist Pilot Program with the view to establishing a more sustainable medical model of care at the organisation to support the fragile Visiting Medical Officer (VMO) workforce model. The Board of Seymour Health has agreed that it would be in the best interests of the Seymour community to strengthen collaborations with Northern Health to secure a more sustainable medical model of care as well as expanded capability and access to a range of subacute

	and specialist services. The aim is to enhance equity of access to care locally, in line with the Government's 'Care Closer to Home' policy, while simultaneously increasing self-sufficiency. Enhancing capability at Seymour Health will have a flow-on benefit for Northern Health by relieving pressure points through improved bed management, discharge planning, patient information exchange and reduced ambulance transfers.
CARE CLOSER TO HOME	
EB4 Improve health and wellbeing outcomes for people living in rural and regional areas by increasing access to care delivered remotely, closer to, or in their homes.	
Health Service Deliverables	Achievements/Outcome
EB4 Establish or further develop relationships between health services so that patients can be easily referred for care closer to, or in their homes.	**Achieved** Commentary: Significant effort over the last year has gone into developing collaborative partnerships across the south Hume region health services along with other key partners such as Northern Health, Goulburn Valley Health, the Hume Health Service Partnership health services and the Mitchell Shire Council. The Board has deliberated at length to ensure it makes sound strategic decisions to position Seymour Health to capitalise on the current health reform agenda and achieve real and demonstrable benefit for the Seymour community. A key objective of the collaborative efforts is to enhance capability locally, expand the range of services delivered from Seymour Health, especially subacute rehabilitation and specialist care, which in turn will drive up self-sufficiency and provide improved equity of access to care locally and ultimately Care Closer to Home. The more services available locally, the less our community has to travel to receive care and the best health outcomes.
EB4 Implement programs addressing barriers for rural and regional cohorts receiving care remotely, closer to, or in their homes.	**Achieved** Commentary: Seymour Health has implemented a Remote Monitoring program to facilitate virtual care in the community in both a group setting and for individual one-to-one treatment sessions. Virtual platforms for emergency care and Residential In Reach have also been instigated. Collaborative arrangements with Northern Health hold the promise of increased local capability and capacity which will translate into more care being available locally.
EB4 Strengthen Seymour Health community-based services and develop a stronger partnership with Nexus Primary Health to facilitate improved access to services in the community to ensure a safe and effective discharge following an episode of acute care.	**Not Achieved/Ongoing** Commentary: Seymour Health is committed to working in partnership with the Department of Health on the availability of community health services across Mitchell Shire. The small contingent of Seymour Health community service clinicians have done a great job filling the void wherever it has been possible to ensure our community continue to get the care they deserve.
A HEALTH SYSTEM THAT TAKES EFFECTIVE CLIMATE ACTION	
EC1 Reduce clinical and operational practices that are wasteful and environmentally harmful to effectively contribute towards achieving net zero emissions across the health, wellbeing, and care system, including by delivering more energy efficient health services.	
Health Service Deliverables	Achievements/Outcome
EC1 Incorporate the measurement of environmental outcomes (including avoided greenhouse gas emissions) within initiatives undertaken as part of	**Achieved /Ongoing** Commentary: The establishment of the Environment and Sustainability Committee has supported numerous initiatives to reduce Seymour Health's environmental footprint and reduce the

other health service priorities including value-based care initiatives.	volume of carbon emissions. Our Environmental Management Plan has a wide of range initiatives with metrics demonstrating improvement and increased energy utilisation efficiency.
EC1 Establish an Environmental Sustainability Committee and develop an Environmental Sustainability Plan that will guide Seymour Health towards zero emissions by 2045.	**Achieved** Commentary: An Environment and Sustainability Committee has been established with broad representation from across the whole organisation from staff, leadership and Executive. The Committee is resourced and has delegation to make decisions and implement initiatives that will reduce our environmental footprint.
LOCAL PRIORITIES	
Local Goal: Develop a co-design framework with a view of moving towards a co-design system and clinical service review.	
Health Service Deliverables	Achievements/Outcome
Local Deliverable 1: Consumer and staff engagement to inform framework.	**Part Achieved/Ongoing** Commentary: Seymour Health has instigated having consumers as members across the majority of its internal and governance committees to assist with service planning and design. Our Community Reference Committee is very active in this space. The establishment of Leadership Listens forums has facilitated a mechanism for real time feedback from staff on service and system changes.
Local Deliverable 2: Establish plan to achieve a co-design system.	**Part Achieved /Ongoing** Commentary: A co-design framework has been sourced from another health service to guide the development of a co-design framework at Seymour Health. Finalisation of a documented framework and application of co-design processes will develop over time and will require a significant mindset shift and a change of process to achieve actual real co-design in partnership with the consumer. Seymour Health remains committed to achieving true co-design.

Performance Priorities

Strong governance, leadership and culture

Key performance indicator	Target	Actual Achievement
Organisational culture		
People matter survey – Percentage of staff with an overall positive response to safety culture survey questions	62%	72%

High quality and safe care

Key performance indicator	Target	Actual Achievement
Infection prevention and control		
Compliance with the Hand Hygiene Australia program	85%	96.4%
Percentage of healthcare workers immunised for influenza	94%	99%
Patient experience		
Victorian Healthcare Experience Survey – percentage of positive patient experience responses – Quarter 1	95%	100%
Victorian Healthcare Experience Survey – percentage of positive patient experience responses – Quarter 2	95%	100%
Victorian Healthcare Experience Survey – percentage of positive patient experience responses – Quarter 3	95%	100%
Victorian Healthcare Experience Survey – percentage of positive patient experience responses – Quarter 4	95%	94.5%
Aboriginal Health		
Percentage of Aboriginal admitted patients who left against medical advice	25% reduction in gap based on prior year's annual rate	There were no Aboriginal admitted patients who left against medical advice

**The data included in this annual report was accurate at the time of publication and is subject to validation by official sources from the Department of Health.*

Effective financial management

Key performance indicator	Target	Actual Achievement
Operating result ($M)	0.00	(0.032)
Average number of days to pay trade creditors	60 days	56
Average number of days to receive patient fee debtors	60 days	30
Adjusted current asset ratio	0.7 or 3% improvement from health service base target	1.19
Variance between forecast and actual Net result from transactions (NRFT) for the current financial year ending 30 June.	Variance ≤ $250,000	Achieved
Actual number of days of available cash, measured on the last day of each month	14 days	61.67

Activity and Funding

**The data included in this annual report was accurate at the time of publication and is subject to validation by official sources from the*

Funding Type	2023-24 Activity Achievement
Consolidated Activity Funding	
Acute admitted, subacute admitted, emergency services, non-admitted NWAU	890
Acute Admitted	
National Bowel Cancer Screening Program NWAU	17 separations / 5.61 NWAU
Acute admitted DVA	26 separations / 21.01 NWAU
Acute admitted TAC	1 separation / 8.2487 NWAU
Other Admitted	2742
Small Rural	
Small Rural Primary Health & HACC	2,503
Small Rural Residential Care	13,218

Department of Health.

Attestations and declarations

Data integrity declaration

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

Ward Steet
Chief Executive Officer
Seymour Health
29 August 2024

Conflict of interest declaration

I, Ward Steet, certify that Seymour Health has put in place appropriate internal controls and processes to ensure that it has implemented a 'Conflict of Interest' policy consistent with the minimum accountabilities required by the VPSC. Declaration of private interest forms have been completed by all executive staff within Seymour Health and members of the board, and all declared conflicts have been addressed and are being managed. Conflict of interest is a standard agenda item for declaration and documenting at each executive board meeting.

Ward Steet
Chief Executive Officer
Seymour Health
29 August 2024

Compliance with Health Share Victoria (HSV) Purchasing Policies

I, Ward Steet, certify that Seymour Health has put in place appropriate internal controls and processes to ensure that it has materially complied with all requirements set out in the HSV Purchasing Policies including mandatory HSV collective agreements as required by the *Health Services Act 1988* (Vic) and has critically reviewed these controls and processes during the year.

Ward Steet
Chief Executive Officer
Seymour Health
29 August 2024

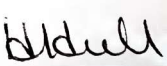
Integrity, fraud and corruption declaration

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

Ward Steet
Chief Executive Officer
Seymour Health
29 August 2024

Financial Management Compliance Attestation

I, Helen Hull, on behalf of the Responsible Body, certify that Seymour Health has no Material Compliance Deficiency with respect to the applicable Standing Directions under the *Financial Management Act 1994* and Instructions.



Helen Hull
Board Chair
Seymour Health
29 August 2024

Disclosure Index

The Annual Report of Seymour Health is prepared in accordance with all relevant Victorian legislation.
This index has been prepared to facilitate identification of the Department's compliance with statutory disclosure requirements.

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Seymour Health
Financial Report

How this report is structured

Seymour Health presents its audited general-purpose financial statements for the financial year ended 30 June 2024 in the following structure to provide users with the information about Seymour Health's stewardship of the resources entrusted to it.

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Financial Statements
Financial Year ended 30 June 2024

Board member's, accountable officer's, and chief finance & accounting officer's declaration

The attached financial statements for Seymour Health have been prepared in accordance with Direction 5.2 of the Standing Directions of the Assistant Treasurer under the *Financial Management Act 1994,* applicable Financial Reporting Directions, Australian Accounting Standards including Interpretations, and other mandatory professional reporting requirements.

We further state that, in our opinion, the information set out in the comprehensive operating statement, balance sheet, statement of changes in equity, cash flow statement and accompanying notes, presents fairly the financial transactions during the year ended 30 June 2024 and the financial position of Seymour Health at 30 June 2024.

At the time of signing, we are not aware of any circumstance which would render any particulars included in the financial statements to be misleading or inaccurate.

We authorise the attached financial statements for issue on 26 September 2024.

Helen Hull
Board Chair
Seymour Health
26 September 2024

Ward Steet
Chief Executive Officer
Seymour Health
26 September 2024

Colin James
Chief Finance and Accounting Officer
Seymour Health
26 September 2024

Independent Auditor's Report

Victorian Auditor-General's Office

To the Board of Seymour Health

Opinion	I have audited the financial report of Seymour Health (the health service) which comprises the: • balance sheet as at 30 June 2024 • comprehensive operating statement for the year then ended • statement of changes in equity for the year then ended • cash flow statement for the year then ended • notes to the financial statements, including material accounting policy information • board member's, accountable officer's and chief finance & accounting officer's declaration. In my opinion the financial report presents fairly, in all material respects, the financial position of the health service as at 30 June 2024 and their financial performance and cash flows for the year then ended in accordance with the financial reporting requirements of Part 7 of the *Financial Management Act 1994* and applicable Australian Accounting Standards.
Basis for Opinion	I have conducted my audit in accordance with the *Audit Act 1994* which incorporates the Australian Auditing Standards. I further describe my responsibilities under that Act and those standards in the *Auditor's Responsibilities for the Audit of the Financial Report* section of my report. My independence is established by the *Constitution Act 1975.* My staff and I are independent of the health service in accordance with the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants* (the Code) that are relevant to my audit of the financial report in Victoria. My staff and I have also fulfilled our other ethical responsibilities in accordance with the Code. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.
Other Information	The Board of the health service is responsible for the Other Information, which comprises the information in the health service's annual report for the year ended 30 June 2024 but does not include the financial report and my auditor's report thereon. My opinion on the financial report does not cover the Other Information and accordingly, I do not express any form of assurance conclusion on the Other Information. However, in connection with my audit of the financial report, my responsibility is to read the Other Information and in doing so, consider whether it is materially inconsistent with the financial report or the knowledge I obtained during the audit, or otherwise appears to be materially misstated. If, based on the work I have performed, I conclude there is a material misstatement of the Other Information, I am required to report that fact. I have nothing to report in this regard.
Board's responsibilities for the financial report	The Board of the health service is responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards and the *Financial Management Act 1994*, and for such internal control as the Board determines is necessary to enable the preparation of a financial report that is free from material misstatement, whether due to fraud or error. In preparing the financial report, the Board is responsible for assessing the health service's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless it is inappropriate to do so.

Auditor's responsibilities for the audit of the financial report

As required by the *Audit Act 1994,* my responsibility is to express an opinion on the financial report based on the audit. My objectives for the audit 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 my 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, I exercise professional judgement and maintain professional scepticism throughout the audit. I also:

- identify and assess the risks of material misstatement of the financial report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for my opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the health service's internal control
- evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the Board
- conclude on the appropriateness of the Board's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the health service's ability to continue as a going concern. If I conclude that a material uncertainty exists, I am required to draw attention in my auditor's report to the related disclosures in the financial report or, if such disclosures are inadequate, to modify my opinion. My conclusions are based on the audit evidence obtained up to the date of my auditor's report. However, future events or conditions may cause the health service to cease to continue as a going concern.
- evaluate 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.

I communicate with the Board regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that I identify during my audit.

MELBOURNE
17 October 2024

Dominika Ryan
as delegate for the Auditor-General of Victoria

Comprehensive Operating Statement

Seymour Health
Comprehensive Operating Statement
For the Financial Year Ended 30 June 2024

	Note	2024 $'000	2023 $'000
Revenue and income from transactions			
Operating activities	2.1	30,057	26,616
Non-operating activities	2.1	569	371
Total revenue and income from transactions		**30,626**	**26,987**
Expenses from transactions			
Employee expenses	3.1	(21,658)	(20,567)
Supplies and consumables	3.1	(3,088)	(2,900)
Finance costs	3.1	(22)	(26)
Depreciation and amortisation	4.3	(2,285)	(2,128)
Other administrative expenses	3.1	(2,128)	(1,835)
Other operating expenses	3.1	(1,479)	(1,250)
Other non-operating expenses	3.1	(69)	(191)
Total Expenses from transactions		**(30,729)**	**(28,897)**
Net result from transactions - net operating balance		**(103)**	**(1,910)**
Other economic flows included in net result			
Net gain/(loss) on sale of non-financial assets	3.2	6	11
Net gain/(loss) on financial instruments	3.2	(48)	(11)
Other gain/(loss) from other economic flows	3.2	(6)	(16)
Total other economic flows included in net result		**(48)**	**(16)**
Net result for the year		**(151)**	**(1,926)**
Other comprehensive income			
Items that will not be reclassified to net result			
Changes in property, plant and equipment revaluation surplus	4.1(b)	14,957	(1)
Items that may be reclassified subsequently to net result			
Changes to financial assets revaluation surplus		-	-
Total other comprehensive income		**14,957**	**(1)**
Comprehensive result for the year		**14,806**	**(1,927)**

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

Balance Sheet

Seymour Health
Balance Sheet as at 30 June 2024

	Note	2024 $'000	2023 $'000
Current assets			
Cash and cash equivalents	6.2	13,372	11,063
Receivables	5.1	751	667
Inventories	4.4	66	61
Other non financial assets		414	150
Total current assets		**14,603**	**11,941**
Non-current assets			
Receivables	5.1	958	1,066
Property, plant and equipment	4.1(a)	41,645	27,326
Right of use assets	4.2(a)	230	252
Total non-current assets		**42,833**	**28,644**
Total assets		**57,436**	**40,585**
Current liabilities			
Payables and contract liabilities	5.2	4,431	4,120
Contract liabilities	5.3	35	80
Borrowings	6.1	209	221
Employee benefits	3.3	4,890	4,542
Other liabilities	5.4	4,770	3,032
Total current liabilities		**14,335**	**11,995**
Non-current liabilities			
Contract liabilities	5.3	-	-
Borrowings	6.1	119	173
Employee benefits	3.3	494	735
Total non-current liabilities		**613**	**908**
Total liabilities		**14,948**	**12,903**
Net assets		**42,488**	**27,682**
Equity			
Property, plant and equipment revaluation surplus	SCE	36,392	21,435
Contributed capital	SCE	6,832	6,832
Accumulated surplus/(deficit)	SCE	(736)	(585)
Total equity		**42,488**	**27,682**

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

Statement of Changes in Equity

Seymour Health
Statement of Changes in Equity
For the Financial Year Ended 30 June 2024

	Note	Property, Plant and Equipment Revaluation Surplus $'000	Contributed Capital $'000	Accumulated Surplus/ (Deficit) $'000	Total $'000
Balance at 30 June 2022		**21,436**	**6,832**	**1,341**	**29,609**
Net result for the year		-	-	(1,926)	(1,926)
Other comprehensive income for the year		(1)	-	-	(1)
Transfer from/(to) accumulated deficits		-	-	-	-
Balance at 30 June 2023		**21,435**	**6,832**	**(585)**	**27,682**
Net result for the year		-	-	(151)	(151)
Other comprehensive income for the year		14,957	-	-	14,957
Transfer from/(to) accumulated surplus		-	-	-	-
Balance at 30 June 2024		**36,392**	**6,832**	**(736)**	**42,488**

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

Cash flow statement

Seymour Health
Cashflow Statement
For the Financial Year Ended 30 June 2024

	Note	2024 $'000	2023 $'000
Cash Flows from operating activities			
Operating grants from State Government		19,337	19,836
Operating grants from Commonwealth Government		4,909	3,293
Capital grants from government - State		2,604	125
Patient fees received		1,855	1,478
Donations and bequests received		4	12
Capital donations and bequests received		5	20
Interest received		569	371
Other receipts		1,050	1,121
Total receipts		**30,333**	**26,256**
Payments to employees		(19,827)	(18,702)
Payments to VMOs		(1,350)	(1,362)
Payments for supplies and consumables		(2,457)	(2,177)
Finance Costs		(22)	(26)
Cash outflow for leases		(172)	(244)
Other payments		(4,333)	(3,270)
Total payments		**(28,161)**	**(25,781)**
Net cash flows from/(used in) operating activities	8.1	**2,172**	**475**
Cash Flows from investing activities			
Purchase of property, plant and equipment		(1,612)	(1,440)
Proceeds from disposal of property, plant and equipment		75	32
Net cash flows from/(used in) investing activities		**(1,537)**	**(1,408)**
Cash flows from financing activities			
Repayment of borrowings		(66)	(80)
Receipt of accommodation deposits		2,210	730
Repayment of accommodation deposits		(470)	(1,140)
Net cash flows from /(used in) financing activities		**1,674**	**(490)**
Net increase/(decrease) in cash and cash equivalents		**2,309**	**(1,423)**
Cash and cash equivalents at beginning of year		11,063	12,486
Cash and cash equivalents at end of year	6.2	**13,372**	**11,063**

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

Notes to the Financial Statements

Structure

1.1 Basis of preparation of the financial statements
1.2 Abbreviations and terminology used in the financial statements
1.3 Material accounting estimates and judgements
1.4 Accounting standards issued but not yet effective
1.5 Goods and Services Tax (GST)
1.6 Reporting entity

Note 1: Basis of preparation

These financial statements represent the audited general-purpose financial statements for Seymour Health for the year ended 30 June 2024. The report provides users with information about Seymour Health's stewardship of the resources entrusted to it.

This section explains the basis of preparing the financial statements.

Note 1.1 Basis of preparation of the financial statements

These financial statements are general purpose financial statements which have been prepared in accordance with the Financial Management Act 1994 and applicable Australian Accounting Standards, which include interpretations issued by the Australian Accounting Standards Board (AASB). They are presented in a manner consistent with the requirements of AASB 101 Presentation of Financial Statements.

The financial statements also comply with relevant Financial Reporting Directions (FRDs) issued by the Department of Treasury and Finance (DTF), and relevant Standing Directions (SDs) authorised by the Assistant Treasurer.

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

The financial statements have been prepared on a going concern basis (refer to Note 8.10 Economic Dependency). The financial statements are in Australian dollars.

The amounts presented in the financial statements have been rounded to the nearest thousand dollars. Minor discrepancies in tables between totals and sum of components are due to rounding.

The annual financial statements were authorised for issue by the Board of Seymour Health on 26 September 2024

Note 1.2 Abbreviations and terminology used in the financial statements

The following table sets out the common abbreviations used throughout the financial statements:

REFERENCE	TITLE
AASB	Australian Accounting Standards Board
AASS	Australian Accounting Standards, which include Interpretations
DH	Department of Health
DTF	Department of Treasury and Finance
FMA	Financial Management Act 1994
FRD	Financial Reporting Direction
NWAU	National Weighted Activity Unit
SD	Standing Direction
VAGO	Victorian Auditor General's Office
SH	Seymour Health

Note 1.3 Material accounting estimates and judgements

Management make estimates and judgements when preparing the financial statements.

These estimates and judgements are based on historical knowledge and the best available current information and assume any reasonable expectation of future events. Actual results may differ.

Revisions to estimates are recognised in the period in which the estimate is revised and also in future periods that are affected by the revision.

The material accounting judgements and estimates used, and any changes thereto, are identified at the beginning of each section where applicable and relate to the following disclosures:

- Note 2.1: Revenue and income from transactions
- Note 3.3: Employee benefits and related on-costs
- Note 4.1: Property, plant and equipment
- Note 4.2: Right-of-use assets
- Note 4.3: Depreciation and amortisation
- Note 5.1: Receivables
- Note 5.2: Payables
- Note 5.3: Contract liabilities
- Note 6.1(a): Lease liabilities
- Note 7.4: Fair value determination

Note 1.4 Accounting standards issued but not yet effective

An assessment of accounting standards and interpretations issued by the AASB that are not yet mandatorily applicable to Seymour Health and their potential impact when adopted in future periods is outlined below:

AASB 2022-5: *Amendments to Australian Accounting Standards -Lease Liability in a Sale and Leaseback*	Reporting periods beginning on or after 1 January 2024.	Adoption of this standard is not expected to have a material impact.
AASB 2022-9: *Amendments to Australian Accounting Standards – Insurance Contracts in the Public Sector*	Reporting periods beginning on or after 1 January 2026.	Adoption of this standard is not expected to have a material impact.

AASB 2022-10: *Amendments to Australian Accounting standards – Fair Value Measurement of Non-Financial Assets of Not-for-Profit Public Sector Entities*	Reporting periods beginning on or after 1 January 2024.	Adoption of this standard is not expected to have a material impact.

There are no other accounting standards and interpretations issued by the AASB that are not yet mandatorily applicable to Seymour Health in future periods.

Note 1.5 Goods and Services Tax (GST)

Income, expenses assets and liabilities are recognised net of the amount of GST, except where the GST incurred is not recoverable from the Australian Taxation Office (ATO). In these circumstances the GST recognised as part of the cost of acquisition of the asset or as part of the expense.

Receivables and payables in the balance sheet are stated inclusive of the amount of GST. The net amount of GST recoverable from, or payable to, the ATO is included within other receivables or payables in the balance sheet.

Cash flows are included in the cash flow statement on a gross basis, except for the GST components of the cash flows arising from investing and/or financing activities, which are recoverable from, or payable to the ATO. These GST components are disclosed as operating cash flows.

Commitments, contingent assets and contingent liabilities are presented on a gross basis.

Note 1.6 Reporting Entity

The financial statements include all the controlled activities of Seymour Health.
Seymour Health's principal address is:

1 Bretonneux Street
Seymour, Victoria 3660

A description of the nature of Seymour Health's operations and its principal activities is included in the report of operations, which does not form part of these financial statements.

Note: 2 Funding delivery of our services

Seymour Health's overall objective is to provide quality health service that support and enhance the wellbeing of the community. Seymour Health is predominantly funded by grant funding for the provision of outputs. Seymour Health also receives income from the supply of services.

Structure

2.1 Revenue and income from transactions

2.2 Fair value of assets and services received free of charge or for nominal consideration

Material judgements and estimates

This section contains the following material judgements and estimates:

Identifying performance obligations	Seymour Health applies material judgment when reviewing the terms and conditions of funding agreements and contracts to determine whether they contain sufficiently specific and enforceable performance obligations. If this criterion is met, the contract/funding agreement is treated as a contract with a customer, requiring Seymour Health to recognise revenue as or when the health service transfers promised goods or services to the beneficiaries. If this criterion is not met, funding is recognised immediately in the net result from operations.
Determining timing of revenue recognition	Seymour Health applies material judgement to determine when a performance obligation has been satisfied and the transaction price that is to be allocated to each performance obligation. A performance obligation is either satisfied at a point in time or over time.
Determining time of capital grant income recognition	Seymour Health applies material judgement to determine when its obligation to construct an asset is satisfied. Costs incurred is used to measure the health service's progress as this is deemed to be the most accurate reflection of the stage of completion.
Assets and services received free of charge or for nominal consideration	Seymour Health applies material judgement to determine the fair value of assets and services provided free of charge or for nominal value.

Note 2.1: Revenue and income from transactions

	Note	2024 $'000	2023 $'000
Operating Activities			
Revenue from contracts with customers			
Government grants (State) - Operating		2,452	2,790
Government grants (Commonwealth) - Operating		4,889	3,391
Patient and resident fees		1,870	1,557
Commercial activities [(i)]		118	210
Total revenue from contracts with customers	2.1(a)	**9,329**	**7,948**
Other sources of income			
Government grants (State) - Operating		17,248	17,328
Government grants (State) - Capital		2,275	248
Other capital purpose income		149	45
Assets received free of charge	2.1(b)	156	214
Other revenue from operating activities (including non-capital donations)		900	833
Total other sources of income		**20,728**	**18,668**
Total revenue and income from operating activities		**30,057**	**26,616**
Other interest		569	371
Total income from non-operating activities		**569**	**371**
Total revenue and income from transactions		**30,626**	**26,987**

[(i)] Commercial activities represent business activities which Seymour Health enters into to support their operations.

Note 2.1(a): Timing of revenue from contracts with customers

	2024 $'000	2023 $'000
Seymour Health disaggregates revenue by the timing of revenue recognition.		
Goods and services transferred to customers:		
At a point in time	6,877	5,158
Over time	2,452	2,790
Total revenue from contracts with customers	**9,329**	**7,948**

How we recognise revenue and income from operating activities

Government operating grants

To recognise revenue, Seymour Health assesses each grant to determine whether there is a contract that is enforceable and has sufficiently specific performance obligations in accordance with AASB 15: Revenue from Contracts with Customers.

When both these conditions are satisfied, the health service:

- Identifies each performance obligation relating to the revenue
- recognises a contract liability for its obligations under the agreement
- recognises revenue as it satisfied its performance obligations, at a point in time or over time as and when services are rendered.

If a contract liability is recognised, Seymour Health recognises revenue in profit or loss as and when it satisfies its obligations under the contract.

Where the contract is not enforceable and/or does not have sufficiently specific performance obligations, the health service:

- recognises the asset received in accordance with the recognition requirements of other applicable Accounting Standards (for example, AASB 9, AASB 16, AASB 116 and AASB 138)
- recognises related amounts (being contributions by owners, lease liabilities, financial instruments, provisions, revenue or contract liabilities from a contract with a customer), and
- recognises income immediately in profit or loss as the difference between the initial carrying amount of the asset and the related amount in accordance with AASB 1058.

In contracts with customers, the 'customer' is typically a funding body, who is the party that promises funding in exchange for Seymour Health's goods or services. Seymour Health's funding bodies often direct that goods or services are to be provided to third party beneficiaries, including individuals or the community at large. In such instances, the customer remains the funding body that has funded the program or activity, however the delivery of goods or services to third party beneficiaries is a characteristic of the promised good or service being transferred to the funding body.

This policy applies to each of Seymour Health's revenue streams, with information detailed below relating to Seymour Health's significant revenue streams:

Government grant	Performance obligation
Activity Based Funding (ABF) paid as National Weighted Activity Unit (NWAU)	NWAU is a measure of health service activity expressed as a common unit against which the national efficient price (NEP) is paid. The performance obligations for NWAU are the number and mix of admissions, emergency department presentations and outpatient episodes, and is weighted for clinical complexity. Revenue is recognised at point in time, which is when a patient is discharged.
Dental Health Services Activity paid as Dental Weighted Activity Units (DWAUs)	The dental funding is to provide public dental health services to children and adults. Seymour Health is required to provide a set number of dental services measured in DWAUs. Revenue is recognised over time, as and when the services are delivered.
Elective Surgery Funding	The elective surgery program supports additional elective surgery activity. Seymour Health is required to provide a set number of elective surgery activity. Revenue is recognised over time, as and when the services are delivered.

Capital grants

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

Income is recognised progressively as the asset is constructed which aligns with Seymour Health's obligation to construct the asset. The progressive percentage of costs incurred is used to recognise income, as this most accurately reflects the stage of completion.

Patient and resident fees

Patient and resident fees are charges that can be levied on patients for some services they receive. Patient and resident fees are recognised at a point in time when the performance obligation, the provision of services, is satisfied, except where the patient and resident fees relate to accommodation charges. Accommodation charges are calculated daily and are recognised over time, to reflect the period accommodation is provided.

Commercial activities

Revenue from commercial activities includes items such as property rental income are recognised at a point in time, upon provision of the or service to the customer.

Interest Income

Interest income is recognised on a time proportionate basis that considers the effective yield of the financial asset, which allocates interest over the relevant period.

Note 2.1(b): Fair value of assets and services received free of charge or for nominal consideration

	2024 $'000	2023 $'000
Cash donations and gifts	5	23
Personal protective equipment - State supply	69	191
Assets received free of charge	82	-
Total fair value of assets and services received free of charge or for nominal consideration	**156**	**214**

How we recognise the fair value of assets and services received free of charge or for nominal consideration

Donations and bequests

Donations and bequests are generally recognised as income upon receipt (which is when Seymour Health usually obtains control of the asset) as they do not contain sufficiently specific and enforceable performance obligations. Where sufficiently specific and enforceable performance obligations exist, revenue is recorded as and when the performance obligation is satisfied.

Personal protective equipment

Under the State Supply Arrangement, Health Share Victoria supplies personal protective equipment to Seymour Health for nil consideration.

Contributions of resources

Seymour Health may receive resources for nil or nominal consideration to further its objectives. The resources are recognised at their fair value when Seymour Health obtains control over the resources, irrespective of whether restrictions or conditions are imposed over the use of the contributions.

The exception to this policy is when an asset is received from another government agency or department as a consequence of a restructuring of administrative arrangements, in which case the asset will be

recognised at its carrying value in the financial statements of Seymour Health as a capital contribution transfer.

Volunteer Services

Seymour Health receives volunteer services from members of the community in the following areas:

- Social Support Group
- Barrabill House
- Palliative Care

Seymour Health recognises contributions by volunteers in its financial statements, if the fair value can be reliably measured and the services would have been purchased had they not been donated.

Seymour Health greatly values the services contributed by volunteers but it does not depend on volunteers to deliver its services.

Seymour Health has considered the services provided by volunteers and has determined the value of volunteer services cannot be reliably measured and therefore has not recorded any income related to volunteer services.

Non-cash contributions from the Department of Health

The DH makes some payments on behalf of Seymour Health as follows:

Supplier	Description
Victorian Managed Insurance Authority	The Department of Health purchases non-medical indemnity insurance for Seymour Health which is paid directly to the Victorian Managed Insurance Authority. To record this contribution, such payments are recognised as income with a matching expense in the net result from transactions.
Department of Health	Long Service Leave (LSL) revenue is recognised upon finalisation of movements in LSL liability in line with the long service leave funding arrangements with the DH.

Note 3: The cost of delivering our services

This section provides an account of the expenses incurred by the health service in delivering services and outputs. In Section 2, the funds that enable the provision of services were disclosed and in this note the costs associated with provision of services are disclosed.

Structure

3.1 Expenses from transactions
3.2 Other economic flows
3.3 Employee benefits and related on-costs
3.4 Superannuation

Material judgements and estimates

This section contains the following material judgements and estimates:

Key judgements and estimates	Description
Classifying employee benefit liabilities	Seymour Health applies material judgment when classifying its employee benefit liabilities. Employee benefit liabilities are classified as a current liability if Seymour Health does not have an unconditional right to defer payment beyond 12 months. Annual leave, accrued days off and long service leave entitlements (for staff who have exceeded the minimum vesting period) fall into this category. Employee benefit liabilities are classified as a non-current liability if Seymour Health has a conditional right to defer payment beyond 12 months. Long service leave entitlements (for staff who have not yet exceeded the minimum vesting period) fall into this category.
Measuring employee benefit liabilities	Seymour Health applies material judgment when measuring its employee benefit liabilities. Seymour Health applies judgement to determine when it expects its employee entitlements to be paid. With reference to historical data, if Seymour Health does not expect entitlements to be paid within 12 months, the entitlement is measured at its present value, being the expected future payments to employees. Expected future payments incorporate: • an inflation rate of 4.45%, reflecting the future wage and salary levels • duration of service and employee departures, which are used to determine the estimated value of long service leave that will be taken in the future, for employees who have not yet reached the vesting period. The estimated rates are between 28.7% and 88.3% • discounting at the rate of 4.35%, as determined with reference to market yields on government bonds at the end of the reporting period. All other entitlements are measured at their nominal value.

Note 3.1: Expenses from transactions

	Note	2024 $'000	2023 $'000
Salaries and wages		15,559	15,132
On-costs		4,339	3,927
Agency expenses		151	23
Fee for service medical officer expenses		1,375	1,345
Workcover premium		234	140
Total employee expenses		**21,658**	**20,567**
Medical and surgical supplies (including Prostheses)		1,353	1,293
Other supplies and consumables		1,735	1,607
Total supplies and consumables		**3,088**	**2,900**
Finance costs		22	26
Total finance costs		**22**	**26**
Other administrative expenses		2,128	1,835
Total other administrative expenses		**2,128**	**1,835**
Fuel, light, power and water		423	388
Repairs and maintenance		537	467
Medical indemnity insurance		218	206
Expenses related to leases of low value assets		95	140
Expenditure for capital purposes		206	49
Total other operating expenses		**1,479**	**1,250**
Total operating expense		**28,375**	**26,578**
Depreciation and amortisation	4.3	2,285	2,128
Total depreciation and amortisation		**2,285**	**2,128**
Assets and services provided free of charge		69	191
Total other non-operating expenses		**69**	**191**
Total non-operating expense		**2,354**	**2,319**
Total expenses from transactions		**30,729**	**28,897**

How we recognise expenses from transactions

Expense recognition

Expenses are recognised as they are incurred and reported in the financial year to which they relate.

Employee expenses

Employee expenses include:

- Salaries and wages (including fringe benefits tax, leave entitlements, termination payments);

- On-costs
- Agency expenses
- Fee for service medical officer expenses
- Work cover premiums.

Supplies and consumables

Supplies and consumable costs are recognised as an expense in the reporting period in which they are incurred. The carrying amounts of any inventories held for distribution are expensed when distributed.

Finance costs

Finance costs include:

- interest on bank overdrafts and short-term and long-term borrowings (interest expense is recognised in the period in which it is incurred);
- amortisation of discounts or premiums relating to borrowings;
- amortisation of ancillary costs incurred in connection with the arrangement of borrowings; and
- finance charges in respect of leases which are recognised in accordance with AASB 16 *Leases*.

Other operating expenses

Other operating expenses generally represent the day-to-day running costs incurred in normal operations and include such things as:

- Fuel, light and power
- Repairs and maintenance
- Other administrative expenses
- Expenditure for capital purposes (represents expenditure related to the purchase of assets that are below the capitalisation threshold of $1,000).

The Department of Health also makes certain payments on behalf of Seymour Health. These amounts have been brought to account in determining the operating result for the year, by recording them as revenue and recording a corresponding expense.

Non-operating expenses

Other non-operating expenses generally represent expenditure outside normal operations such as depreciation and amortisation, and assets and services provided free of charge or for nominal consideration.

Note 3.2: Other Economic Flows

	2024 $'000	2023 $'000
Net gain/(loss) on disposal of property plant and equipment	6	11
Total net gain/(loss) on non financial assets	**6**	**11**
Allowance for impairment losses of contractual receivables	(48)	(11)
Total net gain/(loss) on financial instruments	**(48)**	**(11)**
Net gain/(loss) arising from revaluation of long service liability	(6)	(16)
Total other gains/(losses) from other economic flows	**(6)**	**(16)**
Total gains/(losses) from other economic flows	**(48)**	**(16)**

How we recognise other economic flows

Other economic flows are changes in the volume or value of an asset or liability that do not result from transactions. Other gains/(losses) from other economic flows include the gains or losses from:

- the revaluation of the present value of the long service leave liability due to changes in the bond interest rates; and
- reclassified amounts relating to equity instruments from the reserves to retained surplus/(deficit) due to a disposal or derecognition of the financial instrument. This does not include reclassification between equity accounts due to machinery of government changes or 'other transfers' of assets.

Note 3.3: Employee benefits and related on-costs

	2024 $'000	2023 $'000
Current provisions		
Accrued days off		
Unconditional and expected to be settled wholly within 12 months [i]	44	38
	44	**38**
Annual leave		
Unconditional and expected to be settled wholly within 12 months [i]	1,365	1,143
Unconditional and expected to be settled wholly after 12 months [ii]	572	844
	1,937	**1,987**
Long service leave		
Unconditional and expected to be settled wholly within 12 months [i]	315	285
Unconditional and expected to be settled wholly after 12 months [ii]	2,077	1,769
	2,392	**2,054**
Provisions related to employee benefit on-costs		
Unconditional and expected to be settled within 12 months [i]	192	150
Unconditional and expected to be settled after 12 months [ii]	325	313
	517	**463**
Total current employee benefits	**4,890**	**4,542**
Non-current provisions		
Conditional long service leave	439	651
Provisions related to employee benefit on-costs	55	84
Total non-current employee benefits	**494**	**735**
Total employee benefits	**5,384**	**5,277**

[i] The amounts disclosed are nominal amounts.
[ii] The amounts disclosed are discounted to present values.

Note 3.3 a) Consolidated employee benefits and related on-costs

	2024 $'000	2023 $'000
Current employee benefits and related on-costs		
Unconditional accrued days off	44	38
Unconditional annual leave entitlements	2,155	2,189
Unconditional long service leave entitlements	2,691	2,315
Total current employee benefits and related on-costs	**4,890**	**4,542**
Non-current employee benefits and related on-costs		
Conditional long service leave entitlements	494	735
Total non-current employee benefits and related on-costs	**494**	**735**
Total employee benefits and related on-costs	**5,384**	**5,277**
Attributable to:		
Employee benefits	4,812	4,730
Provision for related on-costs	572	547
Total employee benefits and related on-costs	**5,384**	**5,277**

Note 3.3 b) Provision for related on-costs movement schedule

	2024 $'000	2023 $'000
Carrying amount at start of year	547	550
Additional provisions recognised	299	193
Amounts incurred during the year	(275)	(198)
Net gain/(loss) arising from revaluation of long service liability	1	2
Carrying amount at end of year	**572**	**547**

How we recognise employee benefits

Employee Benefit Recognition

Employee benefits are accrued for employees in respect of accrued days off, annual leave and long service leave, for services rendered to the reporting date.

No provision has been made for sick leave as all sick leave is non-vesting and it is not considered probable that the average sick leave taken in the future will be greater than the benefits accrued in the future. As sick leave is non-vesting, an expense is recognised in the Statement of Comprehensive Income as sick leave is taken.

Annual Leave and Accrued Days Off

Liabilities for annual leave and accrued days off are recognised in the provision for employee benefits as current liabilities because Seymour Health does not have an unconditional right to defer settlements of these liabilities.

Depending on the expectation of the timing of settlement, liabilities for annual leave and accrued days off are measured at:

- Nominal value – if Seymour Health expects to wholly settle within 12 months; or

- Present value – if Seymour Health does not expect to wholly settle within 12 months.

Long Service Leave

The liability for long service leave (LSL) is recognised in the provision for employee benefits.

Unconditional LSL is disclosed in the notes to the financial statements as a current liability even where Seymour Health does not expect to settle the liability within 12 months because it will not have the unconditional right to defer the settlement of the entitlement should an employee take leave within 12 months. An unconditional right arises after a qualifying period.

The components of this current LSL liability are measured at:

- Nominal value – if Seymour Health expects to wholly settle within 12 months; or
- Present value – if Seymour Health does not expect to wholly settle within 12 months.

Conditional LSL is measured at present value and is disclosed as a non-current liability. Any gain or loss followed revaluation of the present value of non-current LSL liability is recognised as a transaction, except to the extent that a gain or loss arises due to changes in estimations e.g. bond rate movements, inflation rate movements and changes in probability factors which are then recognised as other economic flows.

Termination Benefits

Termination benefits are payable when employment is terminated before the normal retirement date or when an employee decides to accept an offer of benefits in exchange for the termination of employment.

Provision for on-costs related to employee benefits

Provision for on-costs such as workers compensation and superannuation are recognised separately from employee benefits.

Note 3.4: Superannuation

	2024 $'000	2023 $'000
Defined benefit plans:[i]		
First State Super	13	12
Defined contribution plans:		
First State Super	1,904	1,731
Total	**1,917**	**1,743**

[i] The basis for determining the level of contributions is determined by the various actuaries of the defined benefit superannuation plans.
Note: all superannuation contributions are paid via the First State Super Clearing House.

How we recognise superannuation

Employees of Seymour Health are entitled to receive superannuation benefits and it contributes to both defined benefit and defined contribution plans.

Defined Benefit Superannuation Plans

A defined benefit plan provides benefits based on years of service and final average salary. The amount charged to the Comprehensive Operating Statement in respect of defined benefit superannuation plans represents the contributions made by Seymour Health to the superannuation plans in respect of the services of current Seymour Health's staff during the reporting period. Superannuation contributions are made to the plans based on the relevant rules of each plan and are based upon actuarial advice.

Seymour Health does not recognise any unfunded defined benefit liability in respect of the plans because the health service has no legal or constructive obligation to pay future benefits relating to its employees; its only obligation is to pay superannuation contributions as they fall due.

The Department of Treasury and Finance discloses the State's defined benefits liabilities in its disclosure for administered items. Superannuation contributions paid or payable for the reporting period however, are included as part of employee benefits in the Comprehensive Operating Statement of Seymour Health.

The name, details and amounts that have been expensed in relation to the major employee superannuation funds and contributions made by Seymour Health are disclosed above.

Defined Contribution Superannuation Plans

Defined contributions (i.e. accumulation) superannuation plan expenditure is simply the employer contributions that are paid or payable in respect of employees who are members of these plans during the reporting period. Contributions to defined contribution superannuation plans are expensed when incurred.

The name, details and amounts that have been expensed in relation to the major employee superannuation funds and contributions made by Seymour Health are disclosed above.

Note 4: Key Assets to support service delivery

Seymour Health controls infrastructure and other investments that are utilised in fulfilling its objectives and conducting its activities. They represent the key resources that have been entrusted to Seymour Health to be utilised for delivery of those outputs.

Structure

4.1 Property, plant & equipment
4.2 Right-of-use assets
4.3 Depreciation and amortisation
4.4 Inventories
4.5 Impairment of assets

Material judgements and estimates

This section contains the following material judgements and estimates:

Key judgements and estimates	Description
Estimating useful life of property, plant and equipment	Seymour Health assigns an estimated useful life to each item of property, plant and equipment. This is used to calculate depreciation of the asset. The health service reviews the useful life and depreciation rates of all assets at the end of each financial year and where necessary, records a change in accounting estimate.
Estimating useful life of right-of-use assets	The useful life of each right-of-use asset is typically the respective lease term, except where the health service is reasonably certain to exercise a purchase option contained within the lease (if any), in which case the useful life reverts to the estimated useful life of the underlying asset. Seymour Health applies material judgement to determine whether or not it is reasonably certain to exercise such purchase options.

Key judgements and estimates	Description
Estimating restoration costs at the end of a lease	Where a lease agreement requires Seymour Health to restore a right-of-use asset to its original condition at the end of a lease, the health service estimates the present value of such restoration costs. This cost is included in the measurement of the right-of-use asset, which is depreciated over the relevant lease term.
Estimating the useful life of intangible assets	Seymour Health assigns an estimated useful life to each intangible asset with a finite useful life, which is used to calculate amortisation of the asset.
Identifying indicators of impairment	At the end of each year, Seymour Health assesses impairment by evaluating the conditions and events specific to the health service that may be indicative of impairment triggers. Where an indication exists, the health service tests the asset for impairment. The health service considers a range of information when performing its assessment, including considering: ▪ If an asset's value has declined more than expected based on normal use ▪ If a significant change in technological, market, economic or legal environment which adversely impacts the way the health service uses an asset ▪ If an asset is obsolete or damaged ▪ If the asset has become idle or if there are plans to discontinue or dispose of the asset before the end of its useful life ▪ If the performance of the asset is or will be worse than initially expected. Where an impairment trigger exists, the health services applies material judgement and estimate to determine the recoverable amount of the asset.

Note 4.1: Property, plant and equipment

Note 4.1 (a): Gross carrying amount and accumulated depreciation

	2024 $'000	2023 $'000
Land at fair value	3,149	2,197
Less impairment		
Total land at fair value	**3,149**	**2,197**
Buildings at cost	-	3,842
Less accumulated depreciation	-	(109)
Buildings at fair value	35,534	20,964
Less accumulated depreciation	-	(1,620)
Total buildings at fair value	**35,534**	**23,077**
Works in progress at cost	**1,088**	**424**
HRHA alliance plant and equipment	30	24
Plant and equipment at fair value	1,331	1,017
Less accumulated depreciation	(615)	(529)
Total plant and equipment at fair value	**746**	**512**
Motor vehicles at fair value	85	85
Less accumulated depreciation	(85)	(85)
Total motor vehicles at fair value	**-**	**-**
Medical equipment at fair value	2,415	2,247
Less accumulated depreciation	(1,502)	(1,356)
Total medical equipment at fair value	**913**	**891**
Computer equipment at fair value	333	313
Less accumulated depreciation	(231)	(183)
Total computer equipment at fair value	**102**	**130**
Furniture and fittings at fair value	204	168
Less accumulated depreciation	(91)	(73)
Total furniture and fittings at fair value	**113**	**95**
Total property, plant and equipment	**41,645**	**27,326**

Note 4.1 (b): Reconciliations of carrying amount by class of asset

	Note	Land $'000	Buildings $'000	Plant & Equipment $'000	Medical Equipment $'000	Motor Vehicles $'000	Computer Equipment $'000	Furniture and Fittings $'000	Work in progress $'000	Total $'000
Balance at 1 July 2022		**2,042**	**20,965**	**391**	**1,010**	**-**	**94**	**88**	**3,404**	**27,994**
Additions		155	3,842	202	68	-	83	26	(2,980)	1,396
Disposals		-	-	-	(2)	-		(2)	-	(4)
Revaluation increments/(decrements)		-	(1)	-	-	-	-	-	-	(1)
Net transfers between classes		-	-	-	-	-	-	-	-	-
Depreciation	4.3	-	(1,729)	(81)	(185)	-	(47)	(17)	-	(2,059)
Balance at 30 June 2023	**4.1 (a)**	**2,197**	**23,077**	**512**	**891**	**-**	**130**	**95**	**424**	**27,326**
Additions		-	257	353	232	-	21	36	664	1,563
Disposals		-	-	(2)	-	-		-	-	(2)
Revaluation increments/(decrements)		952	14,005	-	-	-	-	-	-	14,957
Net Transfers between classes		-	-	-	-	-	-	-	-	-
Depreciation	4.3	-	(1,805)	(117)	(210)	-	(49)	(18)	-	(2,199)
Balance at 30 June 2024	**4.1 (a)**	**3,149**	**35,534**	**746**	**913**	**-**	**102**	**113**	**1,088**	**41,645**

How we recognise property, plant and equipment

Property, plant and equipment are tangible items that are used by Seymour Health in the supply of goods or services, for rental to others, or for administration purposes, and are expected to be used during more than one financial year.

Initial recognition

Items of property, plant and equipment (excluding right-of-use assets) are initially measured at cost. Where an asset is acquired for no or nominal cost, being far below the fair value of the asset, the deemed cost is its fair value at the date of acquisition. Assets transferred as part of an amalgamation/machinery of government change are transferred at their carrying amounts.

The cost of constructed non-financial physical assets includes the cost of all materials used in construction, direct labour on the project and an appropriate proportion of variable and fixed overheads.

Subsequent measurement

Items of property, plant and equipment are subsequently measured at fair value less accumulated depreciation and impairment losses where applicable.

Fair value is determined with reference to the asset's highest and best use (considering legal or physical restrictions imposed on the asset, public announcements or commitments made in relation to the intended use of the asset).

Revaluation

Fair value is based on periodic valuations by independent valuers, which normally occur once every five years, based upon the asset's Government Purpose Classification, but may occur more frequently if fair value assessments indicate a material change in fair value has occurred.

Where an independent valuation has not been undertaken at balance date, Seymour Health perform a managerial assessment to estimate possible changes in fair value of land and buildings since the date of the last independent valuation with reference to Valuer-General of Victoria (VGV) indices.

An adjustment is recognised if the assessment concludes that the fair value of land and buildings has changed by 10% or more since the last revaluation (whether that be the most recent independent valuation or managerial valuation). Any estimated change in fair value of less than 10% is deemed immaterial to the financial statements and no adjustment is recorded. Where the assessment indicates there has been an exceptionally material movement in the fair value of land and buildings since the last independent valuation, being equal to or in excess of 40%, Seymour Health would obtain an interim independent valuation prior to the next scheduled independent valuation.

An independent valuation of Seymour Health's property, plant and equipment was performed by the VGV on 30 June 2024. The valuation, which complies with Australian Valuation Standards, was determined by reference to the amount for which an orderly transaction to sell the asset or transfer the liability would take place between market participants at the measurement date, under current market conditions.

Revaluation increases (increments) arise when an asset's fair value exceeds its carrying amount. In comparison, revaluation decreases (decrements) arise when an asset's fair value is less than its carrying amount. Revaluation increments and revaluation decrements relating to individual assets within an asset class are offset against one another within that class but are not offset in respect of assets in different classes.

Revaluation increments are recognised in 'Other Comprehensive Income' and are credited directly to the property, plant and equipment revaluation surplus, except that, to the extent that an increment reverses a revaluation decrement in respect of that same class of asset previously recognised as an expense in net result, in which case the increment is recognised as income in the net result.

Revaluation decrements are recognised in 'Other Comprehensive Income' to the extent that a credit balance exists in the asset revaluation reserve in respect of the same class of property, plant and equipment. Otherwise, the decrement is recognised as an expense in the net result.

The revaluation surplus included in equity in respect of an item of property, plant and equipment may be transferred directly to retained earnings when the asset is derecognised.

Note 4.2: Right-of-use assets

Note 4.2 (a): Gross carrying amount and accumulated depreciation

	2024 $'000	2023 $'000
Right of use equipment at fair value	16	16
Less accumulated depreciation	(13)	(10)
Total right of use equipment at fair value	**3**	**6**
Right of use leased vehicle at fair value	429	412
Less accumulated depreciation	(202)	(166)
Total right of use leased equipment at fair value	**227**	**246**
Total right of use assets	**230**	**252**

Note 4.2 (b): Reconciliations of carrying amount by class of asset

	Note	Right of use - PPE, F&V $'000	Right of use - Leased Vehicle $'000	Total $'000
Balance at 1 July 2022		**9**	**285**	**294**
Additions		-	42	42
Disposals		-	(15)	(15)
Revaluation increments/(decrements)		-	-	-
Net transfers between classes		-	-	-
Depreciation	4.3	(3)	(66)	(69)
Balance at 30 June 2023	4.2(a)	**6**	**246**	**252**
Additions		-	131	131
Disposals		-	(67)	(67)
Revaluation increments/(decrements)		-	-	-
Net Transfers between classes		-	-	-
Depreciation	4.3	(3)	(83)	(86)
Balance at 30 June 2024	4.2(a)	**3**	**227**	**230**

How we recognise right-of-use assets

Initial recognition

When a contract is entered into, Seymour Health assesses if the contract contains or is a lease.

Unless the lease is considered a short-term lease or a lease of a low-value asset (refer to Note 6.1 for further information), the contract gives rise to a right-of-use asset and corresponding lease liability.

The right-of-use asset is initially measured at cost and comprises the initial measurement of the corresponding lease liability, adjust for:

- any lease payments made at or before the commencement date
- any initial direct costs incurred and

- an estimate of costs to dismantle and remove the underlying asset or to restore the underlying asset or the site on which it is located, less any lease incentive received.

Seymour Health presents its right-of-use assets as part of property, plant and equipment as if the asset was owned by the health service.

Subsequent measurement

Right-of-use assets are subsequently measured at fair value, with the exception of right-of-use asset arising from leases with significantly below market terms and conditions, which are subsequently measured at cost less accumulated depreciation and accumulated impairment losses where applicable.

Right-of-use assets are also adjusted for certain remeasurements of the lease liability (for example, when a variable lease payment based on an index or rate becomes effective).

Further information regarding fair value measurement is disclosed in Note 7.4

Note 4.3: Depreciation and amortisation

	2024 $'000	2023 $'000
Depreciation		
Property, plant and equipment (PPE)		
Buildings	1,805	1,729
Plant and equipment	107	70
Medical equipment	210	185
Motor Vehicles		
Computer equipment	49	47
Furniture and fittings	18	17
HRHA alliance	10	11
Total depreciation - PPE	**2,199**	**2,059**
Right-of-use assets		
Right of use - equipment	3	3
Right-of-use - Leased equipment	83	66
Total depreciation - right-of-use	**86**	**69**
Total depreciation	**2,285**	**2,128**

How we recognise depreciation

All infrastructure assets, buildings, plant and equipment and other non-financial physical assets (excluding items under operating leases, assets held for sale, land and investment properties) that have finite useful lives are depreciated. Depreciation is generally calculated on a straight-line basis at rates that allocate the asset's value, less any estimated residual value over its estimated useful life.

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

How we recognise amortisation

Amortisation is the systematic allocation of the depreciable amount of an asset over its useful life.

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

	2024	2023
Buildings		
- Structure shell building fabric	25-50 years	25-50 years
- Site engineering services and central plant	36 years	36 years
Central plant		
- Fit out	20 years	20 years
- Trunk reticulated building systems	10-22 years	10-22 years
Plant & equipment	4-25 years	4-25 years
Medical equipment	6-10 years	6-10 years
Computers and communications	3-4 years	3-4 years
Furniture and fittings	4-6 years	4-6 years
Motor vehicles	10-20 years	10-20 years

As part of the building valuation, building values are separated into components and each component assessed for its useful life which is represented above.

Note 4.4: Inventories

	2024 $'000	2023 $'000
Medical and surgical consumables at cost	37	33
Pharmacy supplies at cost	29	28
Total inventories	**66**	**61**

How we recognise inventories

Inventories include goods and other property held either for sale, consumption or for distribution at no or nominal cost in the ordinary course of business operations. It excludes depreciable assets.
Inventories are measured at the lower of cost and net realisable value.

Note 4.5: Impairment of assets

How we recognise impairment

At the end of each reporting period, Seymour Health reviews the carrying amount of its tangible and intangible assets that have a finite useful life, to determine whether there is any indication that an asset may be impaired. The assessment will include consideration of external sources of information and internal sources of information.

If such an indication exists, an impairment test is carried out. Assets with indefinite useful lives (and assets not yet available for use) are tested annually for impairment, in addition to where there is an indication that the asset may be impaired.

When performing an impairment test, Seymour Health compares the recoverable amount of the asset, being the higher of the asset's fair value less costs to sell and value in use, to the asset's carrying amount. Any excess of the asset's carrying amount over its recoverable amount is recognised immediately in net result, unless the asset is carried at a revalued amount.

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

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

Seymour Health did not record any impairment losses on property, plant and equipment for the year ended 30 June 2024 (30 June 2023: Nil).

Note 5: Other assets and liabilities

This section sets out those assets and liabilities that arose from Seymour Health's operations.

Structure

5.1 Receivables

5.2 Payables

5.3 Contract liabilities

5.4 Other liabilities

Material judgements and estimates

This section contains the following material judgements and estimates:

Key judgements and estimates	Description
Estimating the provision for expected credit losses	Seymour Health uses a simplified approach to account for the expected credit loss provision. A provision matrix is used, which considers historical experience, external indicators and forward-looking information to determine expected credit loss rates.
Measuring deferred capital grant income	Where Seymour Health has received funding to construct an identifiable non-financial asset, such funding is recognised as deferred capital grant income until the underlying asset is constructed. Seymour Health applies material judgement when measuring the deferred capital grant income balance, which references the estimated the stage of completion at the end of each financial year.
Measuring contract liabilities	Seymour Health applies material judgement to measure its progress towards satisfying a performance obligation as detailed in Note 2. Where a performance obligation is yet to be satisfied, the health service assigns funds to the outstanding obligation and records this as a contract liability until the promised good or service is transferred to the customer.

Key judgements and estimates	Description
Recognition of other provisions	Other provisions include Seymour Health's obligation to restore leased assets to their original condition at the end of a lease term. The health service applies material judgement and estimate to determine the present value of such restoration costs.

Note 5.1: Receivables

	Notes	2024 $'000	2023 $'000
Current receivables			
Contractual			
Trade debtors		46	72
Patient fees		136	169
Accrued revenue - Sundry Debtors		50	60
Accrued revenue - Other		15	17
Accrued revenue - Commonwealth		60	55
Accrued revenue - Dental Health Services Victoria		90	91
HRHA receivables		126	71
Less allowance for doubtful debts	5.1(a)	(49)	(34)
Total contractual receivables		**474**	**501**
Statutory			
GST receivable		277	166
Total statutory receivables		**277**	**166**
Total current receivables		**751**	**667**
Non-current receivables			
Contractual			
Long service leave - Department of Health		958	1,066
Total contractual receivables		**958**	**1,066**
Total non-current receivables		**958**	**1,066**
Total receivables		**1,709**	**1,733**
(i) Financial assets classified as receivables (Note 7.1(a))			
Total receivables		1,709	1,733
GST receivable		(277)	(166)
Total financial assets classified as receivables	7.1(a)	**1,432**	**1,567**

Note 5.1 (a): Movement in the allowance for impairment losses of contractual receivables

	2024 $'000	2023 $'000
Balance at the beginning of the year	34	41
Increase in allowance	48	12
Amounts written off during the year	(33)	(19)
Balance at the end of the year	**49**	**34**

How we recognise receivables

Receivables consist of:

- **Contractual receivables,** including debtors that relate to goods and services. These receivables are classified as financial instruments and are categorised as 'financial assets at amortised costs'. They are initially recognised at fair value plus any directly attributable transaction costs. Seymour Health holds the contractual receivables with the objective to collect the contractual cash flows and therefore subsequently measured at amortised cost using the effective interest method, less any impairment.

- **Statutory receivables,** including Goods and Services Tax (GST) input tax credits that are recoverable. Statutory receivables do not arise from contracts and are recognised and measured similarly to contractual receivables (except for impairment), but are not classified as financial instruments for disclosure purposes. Seymour Health applies AASB 9 *Financial Instruments* for initial measurement of the statutory receivables and as a result, statutory receivables are initially recognised at fair value plus any directly attributable transaction cost.

Trade debtors are carried at nominal amounts due and are due for settlement within 30 days from the date of recognition.

In assessing impairment of statutory (non-contractual) financial assets, which are not financial instruments, professional judgement is applied in assessing materiality using estimates, averages and other computational methods in accordance with AASB 136 *Impairment of Assets*.

Impairment losses of contractual receivables

Refer to Note 7.1(a) for Seymour Health's contractual impairment losses.

Note 5.2: Payables

	Note	2024 $'000	2023 $'000
Current payables			
Contractual			
Trade creditors		674	369
Accrued salaries and wages		772	571
Accrued expenses		479	608
Deferred grant income	5.2(a)	1,841	1,513
Department of Health		172	600
HRHA alliance payables		325	263
HRHA PAS		103	153
Amounts payable to governments and agencies		45	21
Total contractual payables		**4,411**	**4,098**
Statutory			
GST payable		9	12
FBT payable		11	10
Total statutory payables		**20**	**22**
Total current payables		**4,431**	**4,120**
Non-current payables			
Department of Health		-	-
Total non-current payables		**-**	**-**
Total payables		**4,431**	**4,120**
(i) Financial liabilities classified as payables (Note 7.1(a))			
Total payables		4,431	4,120
Deferred grant income		(1,841)	(1,513)
GST Payable		(9)	(12)
FBT Payable		(11)	(10)
Total financial liabilties classified as payables	7.1(a)	**2,570**	**2,585**

How we recognise payables and contract liabilities

Payables consist of:

- **Contractual payables,** including payables that relate to the purchase of goods and services. These payables are classified as financial instruments and measured at amortised cost. Accounts payable and salaries and wages payable represent liabilities for goods and services provided to Seymour Health prior to the end of the financial year that are unpaid.

- **Statutory payables,** including Goods and Services Tax (GST) payable. Statutory payables are recognised and measured similarly to contractual payables, but are not classified as financial instruments and not included in the category of financial liabilities at amortised cost, because they do not arise from contracts.

The normal credit terms for accounts payable are 21 days from the end of the month.

Note 5.2 (a): Movement in deferred capital grant income

	2024 $'000	2023 $'000
Opening balance of deferred capital grant income	1,513	1,635
Grant consideration for capital works received during the year	1,459	35
Deferred capital grant income recognised as income due to completion of capital works	(1,131)	(157)
Closing balance of deferred capital grant income	**1,841**	**1,513**

How we recognise deferred capital grant income

Grant consideration was received from the Department of Health to support the construction of:

- Theatre redevelopment,
- Asphalt car park
- Fire safety
- Mechanical Plant – Air-conditioning replacement
- Refurbishment of Callen Street property

Capital grant income is recognised progressively as the asset is constructed, since this is the time when Seymour Health satisfies its obligations. The progressive percentage of costs incurred is used to recognise income because this most closely reflects the progress to completion of the building works. As a result, Seymour Health has deferred recognition of a portion of the grant consideration received as a liability for the outstanding obligations.

Seymour Health expects to recognise all of the remaining deferred capital grant revenue for capital works by 30 June 2025.

Note 5.3: Contract liabilities

	Note	2024 $'000	2023 $'000
Current			
Contract liabilities		35	80
Total current contract liabilities		**35**	**80**
Non-Current			
Contract liabilities		-	-
Total current contract liabilities		**-**	**-**
Total contract liabilities	**5.3(a)**	**35**	**80**

Note 5.3(a): Movement in contract liabilities

	2024 $'000	2023 $'000
Opening balance of contract liabilities	80	274
Add: payments received for performance obligations yet to be completed during the period	52	164
Less: revenue recognised in the period for the completion of a performance obligation	(96)	(358)
Total contract liabilities	**35**	**80**

How we recognise contract liabilities

Contract liabilities include consideration received in advance from customers in respect of

- Barrabill House kitchen garden initiative
- Workforce – RUSON
- Minor Capital - WHSAC

The balance of contract liabilities was significantly lower than the previous reporting period due to completion projects.

Contract liabilities are derecognised and recorded as revenue when promised goods and services are transferred to the customer. Refer to Note 2.1.

Maturity analysis of payables

Please refer to Note 7.2(b) for the maturity analysis of payables.

Note 5.4: Other Liabilities

	Notes	2024 $'000	2023 $'000
Current monies held it trust			
Refundable accommodation deposits		4,770	3,030
Other monies		-	2
Total current monies held in trust		**4,770**	**3,032**
Total other liabilities		**4,770**	**3,032**
*** Represented by:**			
- Cash assets	6.2	4,770	3,032
		4,770	**3,032**

How we recognise other liabilities

Refundable Accommodation Deposit (RAD)/Accommodation Bond liabilities

RADs/accommodation bonds are non-interest-bearing deposits made by some aged care residents to Seymour Health upon admission. These deposits are liabilities which fall due and payable when the resident leaves the home. As there is no unconditional right to defer payment for 12 months, these liabilities are recorded as current liabilities.

RAD/accommodation bond liabilities are recorded at an amount equal to the proceeds received, net of retention and any other amounts deducted from the RAD/accommodation bond in accordance with the Aged Care Act 1997.

Note 6: How we finance our operations

This section provides information on the sources of finance utilised by Seymour Health during its operations, along with interest expenses (the cost of borrowings) and other information related to financing activities of Seymour Health.

This section includes disclosures of balances that are financial instruments (such as borrowings and cash balances). Note 7.1 provides additional, specific financial instrument disclosures.

Structure

6.1 Borrowings
6.2 Cash and cash equivalents
6.3 Commitments for expenditure

Material judgements and estimates

This section contains the following material judgements and estimates:

Key judgements and estimates	Description
Determining if a contract is or contains a lease	Seymour Health applies material judgement to determine if a contract is or contains a lease by considering if the health service: ▪ has the right-to-use an identified asset ▪ has the right to obtain substantially all economic benefits from the use of the leased asset and ▪ can decide how and for what purpose the asset is used throughout the lease.
Determining if a lease meets the short-term or low value asset lease exemption	Seymour Health applies material judgement when determining if a lease meets the short-term or low value lease exemption criteria. Seymour Health estimates the fair value of leased assets when new. Where the estimated fair value is less than $10,000, the health service applies the low-value lease exemption. The health service also estimates the lease term with reference to remaining lease term and period that the lease remains enforceable. Where the enforceable lease period is less than 12 months the health service applies the short-term lease exemption.
Discount rate applied to future lease payments	Seymour Health discounts its lease payments using the interest rate implicit in the lease. If this rate cannot be readily determined, which is generally the case for the health service's lease arrangements, Seymour Health uses its incremental borrowing rate, which is the amount the health service would have to pay to borrow funds necessary to obtain an asset of similar value to the right-of-use asset in a similar economic environment with similar terms, security and conditions.

Assessing the lease term	The lease term represents the non-cancellable period of a lease, combined with periods covered by an option to extend or terminate the lease if Seymour Health is reasonably certain to exercise such options. Seymour Health determines the likelihood of exercising such options on a lease-by-lease basis through consideration of various factors including: ▪ If there are significant penalties to terminate (or not extend), the health service is typically reasonably certain to extend (or not terminate) the lease. ▪ If any leasehold improvements are expected to have a significant remaining value, the health service is typically reasonably certain to extend (or not terminate) the lease. ▪ The health service considers historical lease durations and the costs and business disruption to replace such leased assets.

Note 6.1: Borrowings

	Note	2024 $'000	2023 $'000
Current borrowings			
Lease liability [(i)]	6.1 (a)	164	176
Loan - Department of Health [(ii)]		45	45
Total current borrowings		**209**	**221**
Non-current borrowings			
Lease liability [(i)]	6.1 (a)	77	92
Loan - Department of Health [(ii)]		42	81
Total non-current borrowings		**119**	**173**
Total borrowings		**328**	**394**

[(i)] Secured by the assets leased.

[(ii)] These are unsecured loans which bear no interest.

How we recognise borrowings

Borrowings refer to interest bearing liabilities mainly raised from advances from the Treasury Corporation Victoria (TCV) and other funds raised through lease liabilities, service concession arrangements and other interest-bearing arrangements.

Initial recognition

All borrowings are initially recognised at fair value of the consideration received, less directly attributable transaction costs.

Subsequent measurement

Subsequent to initial recognition, interest bearing borrowings are measured at amortised cost with any difference between the initial recognised amount and the redemption value being recognised in the net result over the period of the borrowing using the effective interest method. Non-interest bearing borrowings are measured at 'fair value through profit or loss'.

Maturity analysis of borrowings

Please refer to Note 7.2(b) Payables and borrowings maturity analysis.

Defaults and breaches

During the current and prior year, there were no defaults and breaches of any of the loans.

Note 6.1 (a) Lease Liabilities

Seymour Health's lease liabilities are summarised below:

	2024 $'000	2023 $'000
Total undiscounted lease liabilities	244	271
Less unexpired finance expenses	(3)	(3)
Net lease liabilities	**241**	**268**

The following table sets out the maturity analysis of lease liabilities, showing the undiscounted lease payments to be made after the reporting date.

	2024 $'000	2023 $'000
Not longer than one year	165	178
Longer than one year but not longer than five years	79	91
Longer than five years	-	2
Minimum future lease liability	**244**	**271**
Less unexpired finance expenses	(3)	(3)
Present value of lease liability	**241**	**268**
*** Represented by:**		
- Current liabilities	164	176
- Non-current liabilities	77	92
	241	**268**

How we recognise lease liabilities

A lease is defined as a contract, or part of a contract, that conveys the right for Seymour Health to use an asset for a period of time in exchange for payment.

To apply this definition, Seymour Health ensures the contract meets the following criteria:

- the contract contains an identified asset, which is either explicitly identified in the contract or implicitly specified by being identified at the time the asset is made available to Seymour Health and for which the supplier does not have substantive substitution rights
- Seymour Health has the right to obtain substantially all of the economic benefits from use of the identified asset throughout the period of use, considering its rights within the defined scope of the contract and Seymour Health has the right to direct the use of the identified asset throughout the period of use and
- Seymour Health has the right to take decisions in respect of 'how and for what purpose' the asset is used throughout the period of use.

Seymour Health's lease arrangements consist of the following:

Type of asset leased	Lease term
Leased plant, equipment, furniture, fittings and vehicles	2 to 5 years

All leases are recognised on the balance sheet, with the exception of low value leases (less than $10,000 AUD) and short-term leases of less than 12 months. The following low value, short term and variable lease payments are recognised in profit or loss:

Type of payment	Description of payment	Type of leases captured
Low value lease payments	Leases where the underlying asset's fair value, when new, is no more than $10,000	ICT equipment – computers, laptops
Short-term lease payments	Leases with a term less than 12 months	Printers / Photocopiers
Variable lease payments not based on an index or rate	Payments which are not based on an index or rate	Nil

Initial measurement

The lease liability is initially measured at the present value of the lease payments unpaid at the commencement date, discounted using the interest rate implicit in the lease if that rate is readily determinable or Seymour Health's incremental borrowing rate. Our lease liability has been discounted by rates of between 0.8% to 5.5%

Lease payments included in the measurement of the lease liability comprise the following:

- fixed payments (including in-substance fixed payments) less any lease incentive receivable;
- variable payments based on an index or rate, initially measured using the index or rate as at the commencement date;
- amounts expected to be payable under a residual value guarantee;
- payments arising from purchase and termination options reasonably certain to be exercised.

The following types of lease arrangements, contain extensions and termination options:

- Postage Meter
- Motor Vehicles

These terms are used to maximise operational flexibility in terms of managing contracts. Extension and termination options held are exercisable only by the health service and not by the respective lessor.

In determining the lease term, management considers all facts and circumstances that create an economic incentive to exercise an extension option, or not exercise a termination option. Extension options (or periods after termination options) are only included in the lease term and lease liability if the lease is reasonably certain to be extended (or not terminated).

The assessment is reviewed if a significant event or a significant change in circumstances occurs which affects this assessment and that is within the control of the lessee.

Subsequent measurement

Subsequent to initial measurement, the liability will be reduced for payments made and increased for interest. It is remeasured to reflect any reassessment or modification, or if there are changes in the substance fixed payments.

When the lease liability is remeasured, the corresponding adjustment is reflected in the right-of-use asset, or profit and loss if the right of use asset is already reduced to zero.

Note 6.2: Cash and cash equivalents

	Note	2024 $'000	2023 $'000
Cash on hand		2	2
Cash at bank - HRHA Alliance		614	617
Cash at bank - CBS (excluding monies held in trust)		7,986	7,412
Total cash held for operations		**8,602**	**8,031**
Cash at bank - CBS (monies held in trust)	5.4	4,770	3,032
Total cash held as monies in trust		**4,770**	**3,032**
Total cash and cash equivalents	7.1 (a)	**13,372**	**11,063**

How we recognise cash and cash equivalents

Cash and cash equivalents recognised on the balance sheet comprise cash on hand and in banks, deposits at call and highly liquid investments (with an original maturity date of three months or less).

Cash and cash equivalents are held for the purpose of meeting short term cash commitments rather than for investment purposes and are readily convertible to known amounts of cash and are subject to insignificant risk of changes in value.

For cash flow statement presentation purposes, cash and cash equivalents include bank overdrafts, which are included as liabilities on the balance sheet. The cash flow statement includes monies held in trust.

Note 6.3: Commitments for expenditure

	2024 $'000	2023 $'000
Capital expenditure commitments		
Less than one year	24	368
Longer than one year but not longer than five years	-	-
Five years or more	-	-
Total capital expenditure commitments	**24**	**368**
Non-cancellable short term and low value lease commitments		
Less than one year	56	79
Longer than one year but not longer than five years	36	57
Five years or more	-	-
Total non-cancellable short term and low value lease commitments	**92**	**136**
Total commitments for expenditure (exclusive of GST)	**116**	**504**

How we disclose our commitments

Our commitments relate to expenditure, Public Private Partnerships (PPP) and short term and low value leases.

Expenditure commitments

Commitments for future expenditure include operating and capital commitments arising from contracts. These commitments are disclosed at their nominal value and are inclusive of the GST payable. In addition, where it is considered appropriate and provides additional relevant information to users, the net present values of significant projects are stated. These future expenditures cease to be disclosed as commitments once the related liabilities are recognised on the Balance Sheet.

Short term and low value leases

Seymour Health discloses short term and low value lease commitments which are excluded from the measurement of right-of-use assets and lease liabilities. Refer to note 6.1 for further information.

Note 7: Risks, contingencies and valuation uncertainties

Seymour Health is exposed to risk from its activities and outside factors. In addition, it is often necessary to make judgements and estimates associated with recognition and measurement of items in the financial statements. This section sets out financial instrument specific information, (including exposures to financial risks) as well as those items that are contingent in nature or require a higher level of judgement to be applied, which for the health service is related mainly to fair value determination.

Structure

7.1 Financial Instruments
7.2 Financial risk management objectives and policies
7.3 Contingent Assets and Contingent Liabilities
7.4 Fair value determination

Material judgements and estimates

This section contains the following material judgements and estimates:

Key judgements and estimates	Description
Measuring fair value of non-financial assets	Fair value is measured with reference to highest and best use, that is, the use of the asset by a market participant that is physically possible, legally permissible, financially feasible, and which results in the highest value, or to sell it to another market participant that would use the same asset in its highest and best use. In determining the highest and best use, Seymour Health has assumed the current use is its highest and best use. Accordingly, characteristics of the health service's assets are considered, including condition, location and any restrictions on the use and disposal of such assets. Seymour Health uses a range of valuation techniques to estimate fair value, which include the following: ▪ Market approach, which uses prices and other relevant information generated by market transactions involving identical or comparable assets and liabilities. The fair value of Seymour Health's specialised land, non-specialised land, non-specialised buildings, are measured using this approach. ▪ Cost approach, which reflects the amount that would be required to replace the service capacity of the asset (referred to as current replacement cost). The fair value of Seymour Health's specialised buildings, furniture, fittings, plant, equipment and vehicles are measured using this approach. The health service selects a valuation technique which is considered most appropriate, and for which there is sufficient data available to measure fair value, maximising the use of relevant observable inputs and minimising the use of unobservable inputs. Subsequently, the health service applies material judgement to categorise and disclose such assets within a fair value hierarchy, which includes: ▪ Level 1, using quoted prices (unadjusted) in active markets for identical assets that the health service can access at measurement date. Seymour Health does not categorise any fair values within this level. ▪ Level 2, inputs other than quoted prices included within Level 1 that are observable for the asset, either directly or indirectly. Seymour Health categorises non-specialised land and right-of-use concessionary land in this level. ▪ Level 3, where inputs are unobservable. Seymour Health categorises specialised land, non-specialised buildings, specialised buildings, plant, equipment, furniture, fittings, vehicles, right-of-use buildings and right-of-use plant, equipment, furniture and fittings in this level.

Note 7.1: Financial instruments

Financial instruments arise out of contractual agreements that give rise to a financial asset of one entity and a financial liability or equity instrument of another entity. Due to the nature of Seymour Health's activities, certain financial assets and financial liabilities arise under statute rather than a contract (for example, taxes, fines and penalties). Such financial assets and financial liabilities do not meet the definition of financial instruments in AASB 132 *Financial Instruments: Presentation*.

Note 7.1(a) Categorisation of financial instruments

30 June 2024	Note	Financial Assets at Amortised Cost $'000	Financial Liabilities at Amortised Cost $'000	Total $'000
Contractual Financial Assets				
Cash and Cash Equivalents	6.2	13,372	-	13,372
Receivables and contract assets	5.1	1,432	-	1,432
Total Financial Assets [i]		**14,804**	**-**	**14,804**
Financial Liabilities				
Payables	5.2	-	2,570	2,570
Borrowings	6.1	-	328	328
Other Financial Liabilities - Refundable Accommodation Deposits	5.4	-	4,770	4,770
Other Financial Liabilities - Other monies held in trust	5.4	-	-	-
Total Financial Liabilities [i]		**-**	**7,668**	**7,668**

(i) The carrying amount excludes statutory receivables (i.e. GST receivable and DHHS receivable) and statutory payables (i.e. Revenue in Advance and DHHS payable).

30 June 2023	Note	Financial Assets at Amortised Cost $'000	Financial Liabilities at Amortised Cost $'000	Total $'000
Contractual Financial Assets				
Cash and cash equivalents	6.2	11,063	-	11,063
Receivables and contract assets	5.1	1,567	-	1,567
Total Financial Assets [i]		**12,630**	**-**	**12,630**
Financial Liabilities				
Payables	5.2	-	2,585	2,585
Borrowings	6.1	-	394	394
Other Financial Liabilities - Refundable Accommodation Deposits	5.4	-	3,030	3,030
Other Financial Liabilities - Patient monies held in trust	5.4	-	2	2
Total Financial Liabilities [i]		**-**	**6,011**	**6,011**

(i) The carrying amount excludes statutory receivables (i.e. GST receivable and DHHS receivable) and statutory payables (i.e. Revenue in Advance and DHHS payable).

How we categorise financial instruments

Categories of financial assets

Financial assets are recognised when Seymour Health becomes party to the contractual provisions to the instrument. For financial assets, this is at the date Seymour Health commits itself to either the purchase or sale of the asset (i.e. trade date accounting is adopted).

Financial instruments (except for trade receivables) are initially measured at fair value plus transaction costs, except where the instrument is classified at fair value through net result, in which case transaction costs are expensed to profit or loss immediately.

Where available, quoted prices in an active market are used to determine the fair value. In other circumstances, valuation techniques are adopted.

Trade receivables are initially measured at the transaction price if the trade receivables do not contain a significant financing component or if the practical expedient was applied as specified in AASB 15 para 63.

Financial assets at amortised cost

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

- the assets are held by Seymour Health solely to collect the contractual cash flows, and
- the assets' contractual terms give rise to cash flows that are solely payments of principal and interests on the principal amount outstanding on specific dates.

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

Seymour Health recognises the following assets in this category:

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

Categories of financial liabilities

Financial liabilities are recognised when Seymour Health becomes a party to the contractual provisions to the instrument. Financial instruments are initially measured at fair value plus transaction costs, except where the instrument is classified at fair value through profit or loss, in which case transaction costs are expensed to profit or loss immediately**.**

Financial liabilities at amortised cost

Financial liabilities are measured at amortised cost using the effective interest method, where they are not held at fair value through net result.

The effective interest method is a method of calculating the amortised cost of a debt instrument and of allocating interest expense in net result over the relevant period. The effective interest is the internal rate of return of the financial asset or liability. That is, it is the rate that exactly discounts the estimated future cash flows through the expected life of the instrument to the net carrying amount at initial recognition.

Seymour Health recognises the following liabilities in this category:

- payables (excluding statutory payables and contract liabilities)
- borrowings and
- other liabilities (including monies held in trust).

Derivative financial instruments

A derivative financial instrument is classified as held for trading financial assets or financial liability. They are initially recognised at fair value on the date on which a derivative contract is entered. Derivatives are carried as assets when their fair value is positive and as liabilities when their fair value is negative. Any gains or losses arising from changes in the fair value of derivatives after initial recognition are recognised in the consolidated comprehensive operating statement as another economic flow included in the net result.

Offsetting financial instruments

Financial instrument assets and liabilities are offset and the net amount presented in the consolidated balance sheet when, and only when, Seymour Health has a legal right to offset the amounts and intend either to settle on a net basis or to realise the asset and settle the liability simultaneously.

Some master netting arrangements do not result in an offset of balance sheet assets and liabilities. Where Seymour Health does not have a legally enforceable right to offset recognised amounts, because the right to offset is enforceable only on the occurrence of future events such as default, insolvency or bankruptcy, they are reported on a gross basis.

Derecognition of financial assets

A financial asset (or, where applicable, a part of a financial asset or part of a group of similar financial assets) is derecognised when

- the rights to receive cash flows from the asset have expired or
- Seymour Health retains the right to receive cash flows from the asset, but has assumed an obligation to pay them in full without material delay to a third party under a 'pass through' arrangement or
- Seymour Health has transferred its rights to receive cash flows from the asset and either:
  - has transferred substantially all the risks and rewards of the asset or
  - has neither transferred nor retained substantially all the risks and rewards of the asset but has transferred control of the asset.

Where Seymour Health has neither transferred nor retained substantially all the risks and rewards or transferred control, the asset is recognised to the extent of Seymour Health 's continuing involvement in the asset.

Derecognition of financial liabilities

A financial liability is derecognised when the obligation under the liability is discharged, cancelled or expires.

When an existing financial liability is replaced by another from the same lender on substantially different terms, or the terms of an existing liability are substantially modified, such an exchange or modification is treated as a derecognition of the original liability and the recognition of a new liability.

The difference in the respective carrying amounts is recognised as an 'other economic flow' in the comprehensive operating statement.

Reclassification of financial instruments

A financial asset is required to reclassified between amortised cost, fair value through net results and fair value through other comprehensive income when and only when Seymour Health's business model for managing its financial assets has changes such that its previous model would no longer apply.

A financial liability reclassification is not permitted.

Note 7.2: Financial risk management objectives and policies

As a whole, Seymour Health's financial risk management program seeks to manage the risks and the associated volatility of its financial performance.

Details of the significant accounting policies and methods adopted, included the criteria for recognition, the basis of measurement, and the basis on which income and expenses are recognised, with respect to each class of financial asset, financial liability and equity instrument above are disclosed throughout the financial statements.

Seymour Health's main financial risks include credit risk, liquidity risk, and interest rate risk. Seymour Health manages these financial risks in accordance with its financial risk management policy.

Seymour Health uses different methods to measure and manage the different risks to which it is exposed. Primary responsibility for the identification and management of financial risks rests with the Accountable Officer. Note

7.2 (a) Credit risk

Credit risk refers to the possibility that a borrower will default on its financial obligations as and when they fall due. Seymour Health's exposure to credit risk arises from the potential default of a counter party on their contractual obligations resulting in financial loss to Seymour Health. Credit risk is measured at fair value and is monitored on a regular basis.

Credit risk associated with Seymour Health's contractual financial assets is minimal because the main debtor is the Victorian Government. For debtors other than the Government, the health service is exposed to credit risk.

In addition, Seymour Health does not engage in hedging for its contractual financial assets and mainly obtains contractual financial assets that are on fixed interest, except for cash and deposits, which are mainly cash at bank. As with the policy for debtors, Seymour Health's policy is to only deal with banks with high credit ratings.

Provision of impairment for contractual financial assets is recognised when there is objective evidence that Seymour Health will not be able to collect a receivable. Objective evidence includes financial difficulties of the debtor, default payments, debtors that are more than 60 days overdue, and changes in debtor credit ratings.

Contractual financial assets are written off against the carrying amount when there is no reasonable expectation of recovery. Bad debt written off by mutual consent is classified as a transaction expense. Bad debt written off following a unilateral decision is recognised as other economic flows in the net result.

Except as otherwise detailed in the following table, the carrying amount of contractual financial assets recorded in the financial statements, net of any allowances for losses, represents Seymour Health's maximum exposure to credit risk without taking account of the value of any collateral obtained.

There has been no material change to Seymour Health's credit risk profile in 2023-24.

Impairment of financial assets under AASB 9 *Financial Instruments*

Seymour Health records the allowance for expected credit loss for the relevant financial instruments by applying AASB 9's Expected Credit Loss approach. Subject to AASB 9 impairment assessment includes Seymour Health's contractual receivables and its investment in debt instruments.

Equity instruments are not subject to impairment under AASB 9. Other financial assets mandatorily measured or designated at fair value through net result are not subject to an impairment assessment under AASB 9.

The credit loss allowance is classified as other economic flows in the net result.

Contractual receivables are written off when there is no reasonable expectation of recovery and impairment losses are classified as a transaction expense. Subsequent recoveries of amounts previously written off are credited against the same line item.

Contractual receivables at amortised cost

Seymour Health applies AASB 9's simplified approach for all contractual receivables to measure expected credit losses using a lifetime expected loss allowance based on the assumptions about risk of default and expected loss rates. Seymour Health has grouped contractual receivables on shared credit risk characteristics and days past due and select the expected credit loss rate based on Seymour Health's past history, existing market conditions, as well as forward looking estimates at the end of the financial year.

On this basis, Seymour Health determines the closing loss allowance at the end of the financial year as follows:

30 June 2024		Current	Less than 1 month	1–3 months	3 months – 1 year	1–5 years	Total
Expected loss rate		0.0%	0.0%	0.0%	56.4%	56.4%	
Gross carrying amount of contractual receivables	5.1	1,366	12	16	57	30	**1,481**
Loss allowance		**-**	**-**	**-**	**(32)**	**(17)**	**(49)**

30 June 2023	Note	Current	Less than 1 month	1–3 months	3 months – 1 year	1 – 5 years	Total
Expected loss rate		0.0%	0.0%	0.0%	42.6%	42.6%	
Gross carrying amount of contractual receivables	5.1	1,453	46	23	47	32	**1,601**
Loss allowance		**-**	**-**	**-**	**(20)**	**(14)**	**(34)**

Statutory receivables and debt investments at amortised cost

Seymour Health's non-contractual receivables arising from statutory requirements are not financial instruments. However, they are nevertheless recognised and measured in accordance with AASB 9 requirements as if those receivables are financial instruments.

Both the statutory receivables and investments in debt instruments are considered to have low credit risk, considering the counterparty's credit rating, risk of default and capacity to meet contractual cash flow obligations in the near term. As the result, no loss allowance has been recognised.

Note 7.2 (b) Liquidity risk

Liquidity risk arises from being unable to meet financial obligations as they fall due.

Seymour Health is exposed to liquidity risk mainly through the financial liabilities as disclosed in the balance sheet and the amounts related to financial guarantees. The health service manages its liquidity risk by:

- close monitoring of its short-term and long-term borrowings by senior management, including monthly reviews on current and future borrowing levels and requirements
- maintaining an adequate level of uncommitted funds that can be drawn at short notice to meet its short-term obligations and
- careful maturity planning of its financial obligations based on forecasts of future cash flows.

Seymour Health's exposure to liquidity risk is deemed insignificant based on prior periods' data and current assessment of risk. Cash for unexpected events is generally sourced from liquidation of investments and other financial assets.

The following table discloses the contractual maturity analysis for Seymour Health's financial liabilities. For interest rates applicable to each class of liability refer to individual notes to the financial statements.

				Maturity Dates				
30 June 2024	Note	Carrying Amount $'000	Nominal Amount $'000	Less than 1 Month $'000	1-3 Months $'000	3 months - 1 Year $'000	1-5 Years $'000	Over 5 years $'000
Payables	**5.2**	2,570	2,570	2,217	329	24	-	-
Borrowings	**6.1**	328	328	14	27	168	117	2
Other Financial Liabilities								
- Refundable Accommodation Deposits	**5.4**	4,770	4,770	4,770	-	-	-	-
Other Financial Liabilities - Other monies held in trus	**5.4**	-	-	-	-	-	-	-
Total Financial Liabilities		**7,668**	**7,668**	**7,001**	**356**	**192**	**117**	**2**

				Maturity Dates				
30 June 2023	Note	Carrying Amount $'000	Nominal Amount $'000	Less than 1 Month $'000	1-3 Months $'000	3 months - 1 Year $'000	1-5 Years $'000	Over 5 years $'000
Financial Liabilities at amortised cost								
Payables	**5.2**	2,585	2,585	2,489	94	2	-	-
Borrowings	**6.1**	394	394	15	29	177	171	2
Other Financial Liabilities								
- Refundable Accommodation Deposits	**5.4**	3,030	3,030	3,030	-	-	-	-
Other Financial Liabilities - Other monies held in trus	**5.4**	2	2	2	-	-	-	-
Total Financial Liabilities		**6,011**	**6,011**	**5,536**	**123**	**179**	**171**	**2**

(i) Ageing analysis of financial liabilities excludes statutory financial liabilities (i.e GST payable)

Note 7.2 (c) Market risk

Seymour Health's exposures to market risk are primarily through interest rate risk and equity price risk. Objectives, policies and processes used to manage each of these risks are disclosed below.

Sensitivity disclosure analysis and assumptions

Seymour Health's sensitivity to market risk is determined based on the observed range of actual historical data for the preceding five-year period. Seymour Health's fund managers cannot be expected to predict movements in market rates and prices. The following movements are 'reasonably possible' over the next 12 months:

- a change in interest rates of 1% up or down

Interest rate risk

Fair value interest rate risk is the risk that the fair value of a financial instrument will fluctuate because of changes in market interest rates. Seymour Health does not hold any interest-bearing financial instruments that are measured at fair value, and therefore has no exposure to fair value interest rate risk.

Cash flow interest rate risk is the risk that the future cash flows of a financial instrument will fluctuate because of changes in market interest rates. Seymour Health has minimal exposure to cash flow interest rate risks through cash and deposits and bank overdrafts that are at floating rate.

Note 7.3: Contingent Assets and Contingent Liabilities

As at the date of this report Seymour Health is not aware of any contingent assets or liabilities.

Note 7.4: Fair Value Determination

How we measure fair value

Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

The following assets and liabilities are carried at fair value:

- Financial assets and liabilities at fair value through net result
- Financial assets and liabilities at fair value through other comprehensive income
- Property, plant and equipment
- Right-of-use assets

In addition, the fair value of other assets and liabilities that are carried at amortised cost, also need to be determined for disclosure.

Valuation hierarchy

In determining fair values, a number of inputs are used. To increase consistency and comparability in the financial statements, these inputs are categorised into three levels, also known as the fair value hierarchy. The levels are as follows:

- Level 1 – quoted (unadjusted) market prices in active markets for identical assets or liabilities
- Level 2 – valuation techniques for which the lowest level input that is significant to the fair value measurement is directly or indirectly observable and
- Level 3 – valuation techniques for which the lowest level input that is significant to the fair value measurement is unobservable.

Seymour Health determines whether transfers have occurred between levels in the hierarchy by reassessing categorisation (based on the lowest level input that is significant to the fair value measurement as a whole) at the end of each reporting period. There have been no transfers between levels during the period.

Seymour Health monitors changes in the fair value of each asset and liability through relevant data sources to determine whether revaluation is required. The Valuer-General Victoria (VGV) is Seymour Health's independent valuation agency for property, plant and equipment.

Identifying unobservable inputs (level 3) fair value measurements

Level 3 fair value inputs are unobservable valuation inputs for an asset or liability. These inputs require significant judgement and assumptions in deriving fair value for both financial and non-financial assets.

Unobservable inputs are used to measure fair value to the extent that relevant observable inputs are not available, thereby allowing for situations in which there is little, if any, market activity for the asset or liability at the measurement date. However, the fair value measurement objective remains the same, i.e., an exit price at the measurement date from the perspective of a market participant that holds the asset or owes the liability. Therefore, unobservable inputs shall reflect the assumptions that market participants would use when pricing the asset or liability, including assumptions about risk.

Note 7.4(a): Fair value determination of non-financial physical assets

	Note	Carrying amount 30 June 2024 $'000	Fair value measurement at end of reporting period using: Level 1 [i] $'000	Level 2 [i] $'000	Level 3 [i] $'000
Non-specialised land		1,575	-	1,575	-
Specialised land		1,574	-	-	1,574
Total land at fair value	4.1 (a)	**3,149**	**-**	**1,575**	**1,574**
Non-specialised buildings		869	-	869	-
Specialised buildings		34,665	-	-	34,665
Total buildings at fair value	4.1 (a)	**35,534**	**-**	**869**	**34,665**
Plant and equipment	4.1 (a)	746	-	-	746
Motor vehicles	4.1 (a)	-	-	-	-
Medical equipment	4.1 (a)	913	-	-	913
Computer equipment	4.1 (a)	102	-	-	102
Furniture and fittings	4.1 (a)	113	-	-	113
Total plant, equipment, furniture, fittings and vehicles at fair value		**1,874**	**-**	**-**	**1,874**
Right-of-use equipment	4.2 (a)	3	-	-	3
Right-of-use leased euipment	4.2 (a)	227	-	-	227
Total right-of-use assets at fair value		**230**	**-**	**-**	**230**
Total non-financial physical assets at fair value		**40,787**	**-**	**2,444**	**38,343**

		Carrying amount 30 June 2023 $'000	Fair value measurement at end of reporting period using: Level 1 [i] $'000	Level 2 [i] $'000	Level 3 [i] $'000
Non-specialised land		1,210	-	1,210	-
Specialised land		987	-	-	987
Total land at fair value	4.1 (a)	**2,197**	**-**	**1,210**	**987**
Non-specialised buildings		783	-	783	-
Specialised buildings		22,294	-	-	22,294
Total buildings at fair value	4.1 (a)	**23,077**	**-**	**783**	**22,294**
Plant and equipment	4.1 (a)	512	-	-	512
Motor vehicles	4.1 (a)	-	-	-	-
Medical equipment	4.1 (a)	891	-	-	891
Computer equipment	4.1 (a)	130	-	-	130
Furniture and fittings	4.1 (a)	95	-	-	95
Total plant, equipment, furniture, fittings and vehicles at fair value		**1,628**	**-**	**-**	**1,628**
Right-of-use equipment	4.2 (a)	6	-	-	6
Right-of-use leased euipment	4.2 (a)	246	-	-	246
Total right-of-use assets at fair value		**252**	**-**	**-**	**252**
Total non-financial physical assets at fair value		**27,154**	**-**	**1,993**	**25,161**

[i] Classified in accordance with the fair value hierarchy

How we measure fair value of non-financial physical assets

The fair value measurement of non-financial physical assets considers the market participant's ability to use the asset in its highest and best use, or to sell it to another market participant that would use the same asset in its highest and best use.

Judgements about highest and best use must consider the characteristics of the assets concerned, including restrictions on the use and disposal of assets arising from the asset's physical nature and any applicable legislative/contractual arrangements.

Seymour Health has assumed the current use of a non-financial physical asset is its highest and best use unless market or other factors suggest that a different use by market participants would maximise the value of the asset.

Theoretical opportunities that may be available in relation to the asset(s) are not considered until it is virtually certain that any restrictions will no longer apply. Therefore, unless otherwise disclosed, the current use of these non-financial physical assets will be their highest and best use.

Non-specialised land, non-specialised buildings, investment properties and cultural assets

Non-specialised land, non-specialised buildings, investment properties and cultural assets are valued using the market approach. Under this valuation method, the assets are compared to recent comparable sales or sales of comparable assets which are considered to have nominal or no added improvement value.

For non-specialised land and non-specialised buildings, an independent valuation was performed by the Valuer-General Victoria to determine the fair value using the market approach. Valuation of the assets was determined by analysing comparable sales and allowing for share, size, topography, location and other relevant factors specific to the asset being valued. An appropriate rate per square metre has been applied to the subject asset. The effective date of the valuation is 30 June 2024.

Specialised land and specialised buildings

Specialised land includes Crown Land which is measured at fair value with regard to the property's highest and best use after due consideration is made for any legal or physical restrictions imposed on the asset, public announcements or commitments made in relation to the intended use of the asset. Theoretical opportunities that may be available in relation to the assets are not taken into account until it is virtually certain that any restrictions will no longer apply. Therefore, unless otherwise disclosed, the current use of these non-financial physical assets will be their highest and best use.

During the reporting period, Seymour Health held Crown Land. The nature of this asset means that there are certain limitations and restrictions imposed on its use and/or disposal that may impact their fair value.

The market approach is also used for specialised land although it is adjusted for the community service obligation (CSO) to reflect the specialised nature of the assets being valued. Specialised assets contain significant, unobservable adjustments; therefore, these assets are classified as Level 3 under the market based direct comparison approach.

The CSO adjustment reflects the valuer's assessment of the impact of restrictions associated with an asset to the extent that is also equally applicable to market participants. This approach is in light of the highest and best use consideration required for fair value measurement and considers the use of the asset that is physically possible, legally permissible and financially feasible. As adjustments of CSO are considered as significant unobservable inputs, specialised land would be classified as Level 3 assets.

For Seymour Health, the depreciated replacement cost method is used for the majority of specialised buildings, adjusting for the associated depreciation. As depreciation adjustments are considered as significant and unobservable inputs in nature, specialised buildings are classified as Level 3 for fair value measurements.

An independent valuation of Seymour Health's specialised land and specialised buildings was performed by the Valuer-General Victoria. The effective date of the valuation is 30 June 2024.

Vehicles

Seymour Health acquires new vehicles and at times disposes of them before completion of their economic life. The process of acquisition, use and disposal in the market is managed by the health service who set relevant depreciation rates during use to reflect the consumption of the vehicles. As a result, the fair value of vehicles does not differ materially from the carrying amount (depreciated cost).

Furniture, fittings, plant and equipment

Furniture, fittings, plant and equipment (including medical equipment, computers and communication equipment) are held at carrying amount (depreciated cost). When plant and equipment is specialised in use, such that it is rarely sold other than as part of a going concern, the depreciated replacement cost is used to estimate the fair value. Unless there is market evidence that current replacement costs are significantly different from the original acquisition cost, it is considered unlikely that current
replacement cost will be materially different from the existing carrying amount.

There were no changes in valuation techniques throughout the period to 30 June 2024.

Reconciliation of level 3 fair value measurement

	Note	Land $'000	Buildings $'000	Plant, equipment, furniture, fittings and $'000	Right-of-use equipment and $'000	Total [(i)] $'000
Balance at 1 July 2022		**987**	**20,425**	**1,583**	**294**	**23,289**
Additions/(Disposals)		-	3,563	375	27	3,965
Assets provided free of charge		-	-	-	-	-
Net Transfers between classes		-	-	-	-	-
Gains/(Losses) recognised in net result		-	-	-	-	-
- Depreciation and amortisation		-	(1,693)	(330)	(69)	(2,092)
- Impairment loss		-	-	-	-	-
Items recognised in other comprehensive income		-	-	-	-	-
- Revaluation		-	(1)	-	-	(1)
Balance at 30 June 2023	7.4(a)	**987**	**22,294**	**1,628**	**252**	**25,161**
Additions/(Disposals)		-	110	640	64	814
Assets provided free of charge		-	-	-	-	-
Net Transfers between classes		-	-	-	-	-
Gains/(Losses) recognised in net result		-	-	-	-	-
- Depreciation and Amortisation		-	(1,768)	(394)	(86)	(2,248)
- Impairment loss		-	-	-	-	-
Items recognised in other comprehensive income		-	-	-	-	-
- Revaluation		587	14,029	-	-	14,616
Balance at 30 June 2024	7.4(a)	**1,574**	**34,665**	**1,874**	**230**	**38,343**

[i] Classified in accordance with the fair value hierarchy, refer Note 7.4

Fair Value determination of level 3 fair value measurement

Asset class	Likely valuation approach	Significant inputs (Level 3 only)
Specialised land	Market approach	Community Service Obligations Adjustments [(i)]
Specialised buildings	Current replacement cost approach	- Cost per square metre - Useful life
Non-specialised buildings	Current replacement cost approach	- Cost per square metre - Useful life
Plant, equipment, furniture, fittings and vehicles	Current replacement cost approach	- Cost per unit - Useful life

[(i)] A Community Service Obligation (CSO) of 25% was applied to the health services specialised land Classified in accordance with the fair value hierarchy

Note 8: Other disclosures

This section includes additional material disclosures required by accounting standards or otherwise, for the understanding of this financial report.

Structure

8.1 Reconciliation of net result for the year to net cash flow from operating activities
8.2 Responsible persons disclosure
8.3 Remuneration of executives
8.4 Related parties
8.5 Remuneration of auditors
8.6 Ex-gratia payments
8.7 Events occurring after the balance sheet date
8.8 Joint arrangements
8.9 Equity
8.10 Economic dependency

Note 8.1: Reconciliation of net result for the year to net cash inflow / (outflow) from operating activities

	Note	2024 $'000	2023 $'000
Net result for the year		(151)	(1,926)
Non-cash movements:			
(Gain)/Loss on sale or disposal of non-financial assets	3.2	(6)	(11)
Depreciation and amortisation of non-current assets	4.3	2,285	2,128
Assets received free of charge	2.1b	(82)	-
Allowance for impairment losses of contractual receivables	5.1a	15	(7)
Adjustment prior year capital contribution		-	-
Movements in Assets and Liabilities:			
(Increase)/Decrease in receivables and contract assets		9	(74)
(Increase)/Decrease in inventories		(5)	(1)
(Increase)/Decrease in prepaid expenses		(264)	(1)
Increase/(Decrease) in payables and contract liabilities		266	(105)
Increase/(Decrease) in employee benefits		107	474
Inrease/(Decrease) in other liabilities		(2)	(2)
Net cash inflow from operating activities		**2,172**	**475**

Note 8.2: Responsible persons disclosures

In accordance with the Ministerial Directions issued by the Assistant Treasurer under the *Financial Management Act 1994*, the following disclosures are made regarding responsible persons for the reporting period.

	Period
The Honourable Mary-Anne Thomas MP:	
Minister for Health	1 Jul 2023 – 30 Jun 2024
Minister for Health Infrastructure	1 Jul 2023 – 30 Jun 2024
Minister for Ambulance Services	2 Oct 2023 – 30 Jun 2024
The Honourable Ingrid Stitt MP:	
Minister for Mental Health	2 Oct 2023 – 30 Jun 2024
Minister for Ageing	2 Oct 2023 – 30 Jun 2024
Minister for Multicultural Affairs	2 Oct 2023 – 30 Jun 2024
The Honourable Gabrielle Williams MP:	
Minister for Mental Health	1 Jul 2023 – 2 Oct 2023
Minister for Ambulance Services	1 Jul 2023 – 2 Oct 2023
The Honourable Lizzy Blandthron MP:	
Minister for Children	2 Oct 2023 – 30 Jun 2024
Minister for Disability	2 Oct 2023 – 30 Jun 2024
Governing Boards	
S. van Buuren (Chair)	1 Jul 2023 - 30 Jun 2024
H. Hull	1 Jul 2023 - 30 Jun 2024
M. Feery	1 Jul 2023 - 30 Jun 2024
B. Scott	1 Jul 2023 - 30 Jun 2024
R. Harrison	1 Jul 2023 - 30 Jun 2024
A. Jaworski	1 Jul 2023 - 30 Jun 2024
J. Paul	1 Jul 2023 - 30 Jun 2024
E. McDonald	1 Jul 2023 - 30 Jun 2024
L. Jeffery	1 Jul 2023 - 30 Jun 2024
K. Reeves	1 Jul 2023 - 30 Jun 2024
Accountable Officers	
W. Steet (Chief Executive Officer)	1 Jul 2023 - 30 Jun 2024

Remuneration of Responsible Persons
The number of Responsible Persons is shown in their relevant income bands:

Income Band	2024 No	2023 No
0 - $9,999	10	10
$210,000 - $219,999	1	1
Total Numbers	**11**	**11**

	2024 $'000	2023 $'000
Total remuneration received or due and receivable by Responsible Persons from the reporting entity amounted	**$263**	**$265**

Amounts relating to the Governing Board Members and Accountable Officer of Seymour Health's controller entities are disclosed in their own financial statements. Amounts relating to Responsible Ministers are reported within the State's Annual Financial Report.

Note 8.3: Remuneration of executives

The number of executive officers, other than Ministers and Accountable Officer, and their total remuneration during the reporting period are shown in the table below. Total annualised employee equivalent provides a measure of full time equivalent executive officers over the reporting period.

Remuneration of executive officers (including Key Management Personnel disclosed in Note 8.4)	Total Remuneration 2024 $'000	2023 $'000
Short-term benefits	607	617
Post-employment benefits	72	74
Other long-term benefits	16	12
Termination benefits	-	9
Total remuneration [i]	**695**	**712**
Total number of executives	5	6
Total annualised employee equivalent [ii]	4.3	4.9

(i) The total number of executive officers includes persons who meet the definition of Key Management Personnel (KMP) of Seymour Health under AASB 124 *Related Party Disclosures* and are also reported within Note 8.4 Related Parties.
(ii) Annualised employee equivalent is based on working 38 ordinary hours per week over the reporting period.

Total remuneration payable to executives during the year included a number of executives who received bonus payments during the year. These bonus payments depend on the terms of individual employment contracts.

Remuneration comprises employee benefits in all forms of consideration paid, payable or provided in exchange for services rendered, and is disclosed in the following categories:

Short-term employee benefits
Salaries and wages, annual leave or sick leave that are usually paid or payable on a regular basis, as well as non-monetary benefits such as allowances and free or subsidised goods or services.

Post-employment benefits
Pensions and other retirement benefits (such as superannuation guarantee contributions) paid or payable on a discrete basis when employment has ceased.

Other long-term benefits
Long service leave, other long-service benefit or deferred compensation.

Termination benefits
Termination of employment payments, such as severance packages.

Note 8.4: Related parties

Seymour Health is a wholly owned and controlled entity of the State of Victoria. Related parties of the health service include:

- all key management personnel (KMP) and their close family members and personal business interests
- cabinet ministers (where applicable) and their close family members
- jointly controlled operation – A member of the Hume Region Health Alliance (HRHA); and
- all health services and public sector entities that are controlled and consolidated into the State of Victoria financial statements.

KMPs are those people with the authority and responsibility for planning, directing and controlling the activities of Seymour Health and its controlled entities, directly or indirectly.

Key management personnel

The Board of Directors and the Executive Directors of Seymour Health are deemed to be KMPs. This includes the following:

KMPs	Position Title
S. van Buuren	Board Chair
H. Hull	Deputy Board Chair
M. Feery	Board Member
A. Jaworski	Board Member
B. Scott	Board Member
R. Harrison	Board Member
J. Paul	Board Member
E. McDonald	Board Member
L. Jeffery	Board Member
K. Reeves	Board Member
W. Steet	Chief Executive Officer
Dr. D. Pritchard	Director Medical Services
C. James	Director Business Services/CFO
A. Daley	Director Clinical Services
V. Callaghan	Director Quality Risk and Safety
J. King	Director People & Culture

The compensation detailed below excludes the salaries and benefits the Portfolio Ministers receive. The Minister's remuneration and allowances is set by the *Parliamentary Salaries and Superannuation Act 1968*, and is reported within the State's Annual Financial Report.

	2024 $'000	2023 $'000
Compensation - KMPs		
Short-term Employee Benefits [i]	840	849
Post-employment Benefits	97	96
Other Long-term Benefits	21	24
Termination Benefits		9
Total [ii]	**958**	**978**

(i) Total remuneration paid to KMPs employed as a contractor during the reporting period through accounts payable has been reported under short-term employee benefits.
(ii) KMPs are also reported in Note 8.2 Responsible Persons or Note 8.3 Remuneration of Executives.

Significant Transactions with Government Related Entities

Seymour Health received funding from the Department of Health of $20.7m (2023: $18.9m) and indirect contributions of $-0.01m (2023: $0.06m).

Expenses incurred by Seymour Health in delivering services and outputs are in accordance with HealthShare Victoria requirements. Goods and services including procurement, diagnostics, patient meals and multi-site operational support are provided by other Victorian Health Service Providers on commercial terms.

Professional medical indemnity insurance and other insurance products are obtained from the Victorian Managed Insurance Authority.

The Standing Directions of the Assistant Treasurer require Seymour Health to hold cash (in excess of working capital) in accordance with the State of Victoria's centralised banking arrangements. All borrowings are required to be sourced from Treasury Corporation Victorian unless an exemption has been approved by the Minister for Health and Human Services and the Treasurer.

Transactions with KMPs and Other Related Parties

Given the breadth and depth of State government activities, related parties transact with the Victorian public sector in a manner consistent with other members of the public e.g. stamp duty and other government fees and charges. Further employment of processes within the Victorian public sector occur on terms and conditions consistent with the *Public Administration Act 2004* and Codes of Conduct and Standards issued by the Victorian Public Sector Commission. Procurement processes occur on terms and conditions consistent with the HealthShare Victoria and Victorian Government Procurement Board requirements.

Outside of normal citizen type transactions with Seymour Health, there were no related party transactions that involved key management personnel, their close family members and their personal business interests. No provision has been required, nor any expense recognised, for impairment of receivables from related parties. There were no related party transactions with Cabinet Ministers required to be disclosed in 2024 (2023: none).

There were no related party transactions required to be disclosed for Seymour Health Board of Directors, Chief Executive Officer and Executive Directors in 2024 (2023: none).

Note 8.5: Remuneration of auditors

	2024 $'000	2023 $'000
Victorian Auditor-General's Office		
Audit of the financial statements	26	25
Total remuneration of auditors	**26**	**25**

Note 8.6: Ex-gratia expenses

Seymour Helath did not make any ex-gratia payments.

Note 8.7: Events occurring after the balance sheet date

There are no events occurring after the Balance Sheet date.

Note 8.8: Joint Arrangements

	Principal Activity	Ownership Interest 2024 %	Ownership Interest 2023 %
Hume Rural Health Alliance	Information Communications	5.364	4.946

Seymour Health's interest in the above joint arrangements are detailed below. The amounts are included in the financial statements under their respective categories.

	2024 $'000	2023 $'000
Current assets		
Cash and cash equivalents	615	617
Receivables	125	71
Other assets	16	15
Total current assets	**756**	**703**
Non-current assets		
Property, plant and equipment	30	24
Total non-current assets	**30**	**24**
Total assets	**786**	**727**
Current liabilities		
Payables	325	264
Lease liability	3	3
Other Liabilities	103	153
Total current liabilities	**431**	**420**
Non-current liabilities		
Lease liability	12	13
Total non-current liabilities	**12**	**13**
Total liabilities	**443**	**433**
Net assets	**343**	**294**
Equity		
Accumulated surplus	343	294
Total equity	**343**	**294**

(i) Figures obtained from the audited Hume Region Health Alliance's (HRHA) financial statements.

Seymour Health's interest in revenues and expenses resulting from joint arrangements are detailed below.

	2024 $'000	2023 $'000
Revenue		
Operating activities	174	156
Income from member contributions	196	172
Non-operating activities	27	16
Capital purpose income	42	11
Total revenue	**439**	**355**
Expenses		
Employee Benefits	154	128
Other Expenses from Continuing Operations	239	197
Depreciation and amortisation	10	11
Capital expenditure	23	29
Total expenses	**426**	**365**
Net result	**13**	**(10)**

(i) Figures obtained from the audited Hume Region Health Alliance's (HRHA) financial statements.

Contingent Liabilities and Capital Commitments

There are no known contingent liabilities or capital commitments held by the jointly controlled entities at balance date.

Note 8.9 Equity

Contributed capital

Contributions by owners (that is, contributed capital and its repayment) are treated as equity transactions and, therefore, do not form part of the income and expenses of the Seymour Health.

Transfers of net assets arising from administrative restructurings are treated as distributions to or contributions by owners. Transfers of net liabilities arising from administrative restructurings are treated as distributions to owners.

Other transfers that are in the nature of contributions or distributions or that have been designated as contributed capital are also treated as contributed capital.

General Purpose surplus

The general-purpose reserve represents funds set aside by Seymour Health for specific purpose, where the funds have been internally generated.

Property, plant and equipment revaluation surplus

The property, plant and equipment revaluation surplus arises on the revaluation of infrastructure, land and buildings. The revaluation surplus is not normally transferred to the accumulated surpluses/(deficits) or derecognise of the relevant assets.

Financial assets at fair value through comprehensive income revaluation reserve

The financial assets at fair value through other comprehensive income revaluation reserve arises on the revaluation of financial assets (such as equity instruments) measured at fair value through other comprehensive income. Where such a financial asset is sold, that portion of the reserve which relates to that financial asset may be transferred to accumulated surplus/deficit.

Restricted specific purpose reserve

Restricted specific purpose reserves are funds where Seymour Health have possession or title to the funds, but have no discretion to amend or vary the restriction and/or condition underlying the funds.

Note 8.10: Economic dependency

Seymour Health is a public health service governed and managed in accordance with the Health Services Act 1988 and its results form part of the Victorian General Government consolidated financial position. Seymour Health provides essential services and is predominately dependent on the continued financial support of the State Government, particularly the Department of Health, and the Commonwealth funding via the National Health Reform Agreement (NHRA). The State of Victoria plans to continue Seymour Health's operations and, on that basis, the financial statements have been prepared on a going concern basis.