



INDEPENDENT AUDITOR'S REPORT

Hunter New England Local Health District

To Members of the New South Wales Parliament

Opinion

I have audited the accompanying financial statements of Hunter New England Local Health District (the District), which comprise the Statement by the Accountable Authority, the Statement of Comprehensive Income for the year ended 30 June 2022, the Statement of Financial Position as at 30 June 2022, the Statement of Changes in Equity and the Statement of Cash Flows for the year then ended, notes comprising a Statement of Significant Accounting Policies and other explanatory information of the District and the consolidated entity. The consolidated entity comprises the District and the entities it controlled at the year's end or from time to time during the financial year.

In my opinion, the financial statements:

- have been prepared in accordance with Australian Accounting Standards and the applicable financial reporting requirements of the *Government Sector Finance Act 2018* (GSF Act), the *Government Sector Finance Regulation 2018* (GSF Regulation) and the Treasurer's Directions
- presents fairly the financial position, financial performance and cash flows of the District and the consolidated entity.

My opinion should be read in conjunction with the rest of this report.

Basis for Opinion

I conducted my audit in accordance with Australian Auditing Standards. My responsibilities under the standards are described in the 'Auditor's Responsibilities for the Audit of the Financial Statements' section of my report.

I am independent of the District and the consolidated entity in accordance with the requirements of the:

- Australian Auditing Standards
- Accounting Professional and Ethical Standards Board's APES 110 'Code of Ethics for Professional Accountants (including Independence Standards)' (APES 110).

I have fulfilled my other ethical responsibilities in accordance with APES 110.

Parliament promotes independence by ensuring the Auditor-General and the Audit Office of New South Wales are not compromised in their roles by:

- providing that only Parliament, and not the executive government, can remove an Auditor-General
- mandating the Auditor-General as auditor of public sector agencies
- precluding the Auditor-General from providing non-audit services.

I believe the audit evidence I have obtained is sufficient and appropriate to provide a basis for my audit opinion.

Emphasis of Matter - Presentation of Budget Information

Without modification to the opinion expressed above, I draw attention to the basis of presenting adjusted budget information detailed in Note 38. The note states that AASB 1055 *Budgetary Reporting* (AASB 1055) is not applicable to the District. It also states that, unlike the requirement in AASB 1055 to present original budget information, the District's financial statements present adjusted budget information.

The Chief Executive's Responsibilities for the Financial Statements

The Chief Executive is responsible for the preparation and fair presentation of the financial statements in accordance with Australian Accounting Standards and the GSF Act, GSF Regulation and Treasurer's Directions. The Chief Executive's responsibility also includes such internal control as the Chief Executive determines is necessary to enable the preparation and fair presentation of the financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Chief Executive is responsible for assessing the ability of the District and the consolidated entity to continue as a going concern, disclosing as applicable, matters related to going concern and using the going concern basis of accounting.

Auditor's Responsibilities for the Audit of the Financial Statements

My objectives are to:

- obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error
- issue an Independent Auditor's Report including my opinion.

Reasonable assurance is a high level of assurance, but does not guarantee an audit conducted in accordance with Australian Auditing Standards will always detect material misstatements. Misstatements can arise from fraud or error. Misstatements are considered material if, individually or in aggregate, they could reasonably be expected to influence the economic decisions users take based on the financial statements.

A description of my responsibilities for the audit of the financial statements is located at the Auditing and Assurance Standards Board website at: www.auasb.gov.au/auditors_responsibilities/ar3.pdf. The description forms part of my auditor's report.

The scope of my audit does not include, nor provide assurance:

- that the District or the consolidated entity carried out their activities effectively, efficiently and economically
- about the assumptions used in formulating the budget figures disclosed in the financial statements
- about the security and controls over the electronic publication of the audited financial statements on any website where they may be presented
- about any other information which may have been hyperlinked to/from the financial statements.



Lisa Berwick
Director, Financial Audit Branch

Delegate of the Auditor-General for New South Wales

14 October 2022
SYDNEY

Hunter New England Local Health District

Statement by the Accountable Authority

for the year ended 30 June 2022



We state, pursuant to section 7.6(4) of the *Government Sector Finance Act 2018* ('GSF Act'):

1. The financial statements of the Hunter New England Local Health District for the year ended 30 June 2022 have been prepared in accordance with:
 - a. Australian Accounting Standards (AAS) (which include Australian Accounting Interpretations);
 - b. applicable requirements of the GSF Act, the *Government Sector Finance Regulation 2018*; and
 - c. Treasurer's Directions issued under the GSF Act.
2. The financial statements present fairly the Hunter New England Local Health District's financial position as at 30 June 2022 and the financial performance and cash flows for the year then ended; and
3. We are not aware of any circumstances which would render any particulars in the financial statements to be misleading or inaccurate.

A handwritten signature in blue ink, appearing to read 'M DiRienzo'.

Michael DiRienzo

Chief Executive

14 October 2022

Hunter New England Local Health District

Statement of Comprehensive Income for the year ended 30 June 2022

	Notes	Consolidated Actual 2022 \$000	Consolidated Budget ¹ 2022 \$000	Consolidated Actual 2021 \$000	Parent Actual 2022 \$000	Parent Actual 2021 \$000
Continuing operations						
Expenses excluding losses						
Employee related expenses	2	1,538,381	1,539,114	1,430,613	-	-
Personnel services	3	-	-	-	1,547,281	1,433,264
Visiting medical officers	4	131,044	132,973	120,986	131,044	120,986
Other expenses	5	777,256	777,173	712,315	777,256	712,315
Depreciation and amortisation	6	109,055	108,648	104,672	109,055	104,672
Grants and subsidies	7	8,784	5,995	9,203	8,784	9,203
Finance costs	8	6,335	7,175	6,440	6,335	6,440
Payments to Affiliated Health Organisations	9	160,577	160,577	165,210	160,577	165,210
Total expenses excluding losses		2,731,432	2,731,655	2,549,439	2,740,332	2,552,090
Revenue						
Ministry of Health recurrent allocations	12	2,216,556	2,206,048	2,113,040	2,216,556	2,113,040
Ministry of Health capital allocations	12	82,580	83,588	179,255	82,580	179,255
Acceptance by the Crown ² of employee benefits	16	(8,900)	(8,794)	(2,651)	-	-
Sale of goods and services from contracts with customers	13	268,685	289,403	276,296	268,685	276,296
Investment revenue	14	1,146	2,565	954	1,146	954
Grants and other contributions	15	105,035	103,922	164,623	105,035	164,623
Other income	17	8,692	10,135	7,857	8,692	7,857
Total revenue		2,673,794	2,686,867	2,739,374	2,682,694	2,742,025
Operating result		(57,638)	(44,788)	189,935	(57,638)	189,935
Gains / (losses) on disposal	18	(216)	(785)	(2,420)	(216)	(2,420)
Impairment losses on financial assets	22	(519)	(825)	(767)	(519)	(767)
Other gains / (losses)	19	(1,205)	(1,203)	-	(1,205)	-
Net result		(59,578)	(47,601)	186,748	(59,578)	186,748
Other comprehensive income						
<i>Items that will not be reclassified to net result in subsequent periods</i>						
Changes in revaluation surplus of property, plant and equipment	25	425,144	-	-	425,144	-
Total other comprehensive income		425,144	-	-	425,144	-
TOTAL COMPREHENSIVE INCOME		365,566	(47,601)	186,748	365,566	186,748

¹ Unaudited adjusted budget, see Note 38.

² Crown represents 'The Crown in right of the State of New South Wales'

The accompanying notes form part of these financial statements.

Hunter New England Local Health District
Statement of Financial Position as at 30 June 2022

		Consolidated Actual 2022 \$000	Consolidated Budget ¹ 2022 \$000	Consolidated Actual 2021 \$000	Parent Actual 2022 \$000	Parent Actual 2021 \$000
	Notes					
ASSETS						
Current assets						
Cash and cash equivalents	21	125,413	111,230	123,871	125,413	123,871
Receivables	22	69,961	66,027	58,124	69,961	58,124
Inventories	24	4,231	3,043	2,790	4,231	2,790
Total current assets		199,605	180,300	184,785	199,605	184,785
Non-current assets						
Receivables	22	566	565	565	566	565
Property, plant & equipment	25					
- Land and buildings		2,878,786	2,458,235	2,457,652	2,878,786	2,457,652
- Plant and equipment		177,566	174,290	159,711	177,566	159,711
- Infrastructure systems		52,163	46,142	44,972	52,163	44,972
Total property, plant & equipment		3,108,515	2,678,667	2,662,335	3,108,515	2,662,335
Right-of-use assets	26	12,096	12,183	14,556	12,096	14,556
Total non-current assets		3,121,177	2,691,415	2,677,456	3,121,177	2,677,456
Total assets		3,320,782	2,871,715	2,862,241	3,320,782	2,862,241
LIABILITIES						
Current liabilities						
Payables	30	204,523	195,159	171,929	204,523	171,929
Contract liabilities	31	4,239	1,226	1,226	4,239	1,226
Borrowings	32	6,334	1,434	5,847	6,334	5,847
Provisions	33	317,858	314,165	260,509	317,858	260,509
Other current liabilities	34	4,003	2,724	2,724	4,003	2,724
Total current liabilities		536,957	514,708	442,235	536,957	442,235
Non-current liabilities						
Borrowings	32	80,904	84,741	87,105	80,904	87,105
Provisions	33	4,910	4,740	5,441	4,910	5,441
Other non-current liabilities	34	5,195	210	210	5,195	210
Total non-current liabilities		91,009	89,691	92,756	91,009	92,756
Total liabilities		627,966	604,399	534,991	627,966	534,991
Net assets		2,692,816	2,267,316	2,327,250	2,692,816	2,327,250
EQUITY						
Reserves		1,424,381	999,403	999,402	1,424,381	999,402
Accumulated funds		1,268,435	1,267,913	1,327,848	1,268,435	1,327,848
Total Equity		2,692,816	2,267,316	2,327,250	2,692,816	2,327,250

¹ Unaudited adjusted budget, see Note 38.

The accompanying notes form part of these financial statements.

Hunter New England Local Health District
Statement of Changes in Equity for the year ended 30 June 2022

PARENT AND CONSOLIDATION

	Notes	Accumulated Funds \$000	Asset Revaluation Surplus \$000	Total \$000
Balance at 1 July 2021		1,327,848	999,402	2,327,250
Net result for the year		(59,578)	-	(59,578)
Other comprehensive income:				
Net change in revaluation surplus of property, plant and equipment	25	-	425,144	425,144
Reclassification of revaluation increments / (decrements) to accumulated funds on disposal of assets		165	(165)	-
Total other comprehensive income		165	424,979	425,144
Total comprehensive income for the year		(59,413)	424,979	365,566
Balance at 30 June 2022		1,268,435	1,424,381	2,692,816

	Notes	Accumulated Funds \$000	Asset Revaluation Surplus \$000	Total \$000
Balance at 1 July 2020		1,138,684	1,001,717	2,140,401
Net result for the year		186,748	-	186,748
Other comprehensive income:				
Reclassification of revaluation increments / (decrements) to accumulated funds on disposal of assets		2,315	(2,315)	-
Total other comprehensive income		2,315	(2,315)	-
Total comprehensive income for the year		189,063	(2,315)	186,748
Transactions with owners in their capacity as owners				
Increase / (decrease) in net assets from equity transfers	35	101	-	101
Balance at 30 June 2021		1,327,848	999,402	2,327,250

The accompanying notes form part of these financial statements.

Hunter New England Local Health District
Statement of Cash Flows for the year ended 30 June 2022

	Notes	Consolidated Actual 2022 \$000	Consolidated Budget ¹ 2022 \$000	Consolidated Actual 2021 \$000	Parent Actual 2022 \$000	Parent Actual 2021 \$000
CASH FLOWS FROM OPERATING ACTIVITIES						
Payments						
Employee related		(1,531,753)	(1,521,841)	(1,451,583)	-	-
Suppliers for goods and services		(909,441)	(951,828)	(879,621)	(909,441)	(879,621)
Grants and subsidies		(186,229)	(183,441)	(192,133)	(186,229)	(192,133)
Finance costs		(6,336)	(6,243)	(6,440)	(6,336)	(6,440)
Personnel services		-	-	-	(1,531,753)	(1,451,583)
Total payments		(2,633,759)	(2,663,353)	(2,529,777)	(2,633,759)	(2,529,777)
Receipts						
Ministry of Health recurrent allocations		2,216,557	2,206,048	2,113,040	2,216,557	2,113,040
Ministry of Health capital allocations		82,580	83,588	179,255	82,580	179,255
Reimbursements from the Crown ²		30,479	30,479	24,255	30,479	24,255
Sale of goods and services		260,296	284,229	270,188	260,296	270,188
Interest received		1,135	2,565	954	1,135	954
Grants and other contributions		98,136	95,489	169,397	98,136	169,397
Other		79,555	78,360	94,780	79,555	94,780
Total receipts		2,768,738	2,780,758	2,851,869	2,768,738	2,851,869
NET CASH FLOWS FROM OPERATING ACTIVITIES	39	134,979	117,405	322,092	134,979	322,092
CASH FLOWS FROM INVESTING ACTIVITIES						
Proceeds from sale of property, plant and equipment		3,138	1,173	5,370	3,138	5,370
Purchases of property, plant and equipment		(130,676)	(124,924)	(312,734)	(130,676)	(312,734)
NET CASH FLOWS FROM INVESTING ACTIVITIES		(127,538)	(123,751)	(307,364)	(127,538)	(307,364)
CASH FLOWS FROM FINANCING ACTIVITIES						
Proceeds from borrowings and advances		-	-	3,681	-	3,681
Repayment of borrowings and advances		(3,473)	(3,932)	(2,950)	(3,473)	(2,950)
Payment of principal portion of lease liabilities		(2,426)	(2,363)	(2,444)	(2,426)	(2,444)
NET CASH FLOWS FROM FINANCING ACTIVITIES		(5,899)	(6,295)	(1,713)	(5,899)	(1,713)
NET INCREASE / (DECREASE) IN CASH AND CASH EQUIVALENTS						
Opening cash and cash equivalents	21	123,871	123,871	110,856	123,871	110,856
CLOSING CASH AND CASH EQUIVALENTS	21	125,413	111,230	123,871	125,413	123,871

¹ Unaudited adjusted budget, see Note 38.

² Crown represents 'The Crown in right of the State of New South Wales'

The accompanying notes form part of these financial statements.

Hunter New England Local Health District

Notes to and forming part of the Financial Statements

for the year ended 30 June 2022

1. Statement of Significant Accounting Policies

a) Reporting entity

The Hunter New England Local Health District (the HNELHD) was established under the provisions of the Health Services Act 1997 with effect from 1 January 2011.

The HNELHD is a NSW Government entity and is controlled by the Ministry of Health, which is the immediate parent. The reporting entity is also controlled by the State of New South Wales (and is consolidated as part of the NSW Total State Sector Accounts), which is the ultimate parent. The reporting entity is a not-for-profit entity (as profit is not its principal objective) and it has no cash generating units.

The HNELHD, as a reporting entity, comprises all the entities under its control, namely:

- * The parent entity comprises all the operating activities of the Hospital Facilities and the Community Health Centres under its control. It also encompasses the Restricted Assets (as disclosed in Note 29), which, while containing assets which are restricted for specified uses by the grantor or the donor, are nevertheless controlled by the parent entity.
- * The Hunter New England Local Health District Special Purpose Service Entity, which was established as a Division of the HNELHD on 1 January 2011 in accordance with the Health Services Act 1997. This Division provides personnel services to enable the HNELHD to exercise its functions.

As a consequence, the values in the financial statements presented herein consist of the parent entity and the consolidated entity which comprises the parent and special purpose service entity. In the process of preparing the consolidated financial statements consisting of the controlling and controlled entities, all inter-entity transactions and balances have been eliminated, and like transactions and other events are accounted for using uniform accounting policies.

These consolidated financial statements for the year ended 30 June 2022 have been authorised for issue by the Chief Executive on 14 October 2022.

b) Basis of preparation

The HNELHD's financial statements are general purpose financial statements which have been prepared on an accrual basis and in accordance with:

- * applicable Australian Accounting Standards (AAS) (which include Australian Accounting Interpretations);
- * the requirements of the *Government Sector Finance Act 2018* ('GSF Act'); and
- * Treasurer's Directions issued under the GSF Act.

The financial statements of the HNELHD have been prepared on a going concern basis.

The Secretary of NSW Health, the Chair of the Hunter New England Local Health District Board and the Chief Executive, through the Service Agreement have agreed to service and funding levels for the forward financial year. The Service Agreement sets out the level of financial resources for public health services under the HNELHD's control and the source of these funds. By agreement, the Service Agreement requires local management to control its financial liquidity and in particular meet benchmarks for the payment of creditors. Where the HNELHD fails to meet Service Agreement performance standards, the Ministry of Health as the state manager can take action in accordance with annual performance framework requirements, including financial support and increased management interaction by the Ministry of Health.

Following the Novel Coronavirus (COVID-19) outbreak in early 2020, the HNELHD has seen a decline in expected hospital activities. The Australian Government imposed restrictions on health systems, including a suspension of non-urgent elective surgeries at different times, to ensure increased public hospital capacity would be available. Ongoing critical resources have been reassigned to treat, test and manage surges of COVID-19 cases. A free COVID-19 vaccination program for all Australian citizens, permanent residents, and most visa-holders commenced during 2021.

The Commonwealth has entered a National Partnership Agreement (NPA), in response to the COVID-19 pandemic, with States and Territories, including NSW, which has been extended through until 31 December 2022. The Agreement delivers funding to public hospitals and provides stability and certainty of funding while ensuring access to health services in public hospitals.

Hunter New England Local Health District

Notes to and forming part of the Financial Statements

for the year ended 30 June 2022

1. Statement of Significant Accounting Policies

The 2022-23 Ministry of Health budget included over \$33.5 billion in expense and capital for the NSW Health Cluster. Appropriation revenue of \$18.7 billion was enshrined in legislation on 21 June 2022 in Part 2, Division 4 and Part 3 of the *Appropriation (Parliament) Bill 2022*.

The HNELHD has received an additional \$151.39 million (2021: \$100.10 million) through Ministry of Health allocations as financial support for COVID-19 activity, see Note 12.

Despite the impact of COVID-19, the going concern assumption remains appropriate. Reasons for this include:

- * Allocated funds, combined with other revenues earned, are adequate to pay debts as and when they become due and payable.
- * The HNELHD has the capacity to review the timing of Ministry of Health allocation cash flows to ensure debts can be paid when they become due and payable.
- * The HNELHD has developed an Efficiency and Improvement Plan (EIP) which identifies revenue improvement and cost saving strategies. Benefits from the EIP are retained by the HNELHD and assist in meeting its overall budget target. The EIP is monitored and evaluated by the Ministry of Health throughout the financial year.

Property, plant and equipment and financial assets at fair value are measured using the fair value basis. Other financial statement items are prepared in accordance with the historical cost convention except where specified otherwise.

HNELHD has determined that it is not probable a liability arises to pay superannuation on annual leave loading. This position has been formed based on current inquiries, other information currently available to management, and after considering the facts from a decision in the Federal Court of Australia: *Finance Sector Union of Australia v Commonwealth Bank of Australia* [2022] FedCFamC2G 409. That decision confirmed that, in relation to the industrial agreement considered in that case, annual leave loading did not form part of ordinary time earnings and therefore, did not require superannuation contributions to be made under superannuation guarantee legislation because the obligation to pay annual leave loading was not referable to ordinary hours of work or to ordinary rates of pay. Rather, it was paid by reference to the period of annual leave, and for the purpose of compensating employees for their loss of opportunity to work additional hours at higher rates during this period.

This position will be re-assessed in future reporting periods as new information comes to light on this matter.

Judgements, key assumptions and estimations management have made are disclosed in the relevant notes to the financial statements.

All amounts are rounded to the nearest one thousand dollars (unless otherwise stated) and are expressed in Australian currency, which is the HNELHD's presentation and functional currency.

c) Statement of Compliance

The financial statements and notes comply with Australian Accounting Standards which include Australian Accounting Interpretations.

d) Accounting for the Goods & Services Tax (GST)

Income, expenses and assets are recognised net of the amount of GST, except that the:

- * amount of GST incurred by the HNELHD as a purchaser that is not recoverable from the Australian Taxation Office is recognised as part of an asset's cost of acquisition or as part of an item of expense; and
- * receivables and payables are stated with the amount of GST included.

Cash flows are included in the Statement of Cash Flows on a gross basis. However, the GST components of cash flows arising from investing and financing activities which are recoverable from, or payable to, the Australian Taxation Office are classified as operating cash flows.

Hunter New England Local Health District
Notes to and forming part of the Financial Statements
for the year ended 30 June 2022

1. Statement of Significant Accounting Policies

e) Comparative Information

Except when an Australian Accounting Standard permits or requires otherwise, comparative information is disclosed in respect of the previous period for all amounts reported in the financial statements.

Certain comparative information has been reclassified to ensure consistency with current year presentation and classification.

f) Changes in accounting policy, including new or revised Australian Accounting Standards

(i) Effective for the first time in 2021-22

The accounting policies applied in 2021-22 are consistent with those of the previous financial year.

Several amendments and interpretations apply for the first time in 2021-22, but do not have an impact on the financial statements of the HNELHD.

(ii) Issued but not yet effective

NSW public sector entities are not permitted to early adopt new Australian Accounting Standards, unless NSW Treasury determines otherwise. The HNELHD, has assessed the potential impact of the new standards and interpretations issued but not yet effective and have determined they are unlikely to have a material impact on the financial statements of the HNELHD.

g) Impact of COVID-19 on Financial Reporting for 2021-22

The COVID-19 pandemic has resulted in significant changes in the HNELHD activity and in the way the services are being delivered. The pandemic has also impacted financial reporting in 2021-22 and increased disclosures are presented in the following notes:

- * Note 1b) Basis of preparation
- * Note 5 Other expenses
- * Note 7 Grants and subsidies
- * Note 12 Ministry of Health allocations
- * Note 15 Grants and other contributions
- * Note 19 Other gains / (losses)
- * Note 24 Inventories
- * Note 28 Fair value measurement of non-financial assets
- * Note 33 Provisions
- * Note 38 Adjusted budget review

Hunter New England Local Health District
Notes to and forming part of the Financial Statements
for the year ended 30 June 2022

2. Employee related expenses

	Consolidated 2022 \$000	Consolidated 2021 \$000	Parent 2022 \$000	Parent 2021 \$000
Salaries and wages (including annual leave and allocated days off)	1,404,590	1,291,077	-	-
Superannuation - defined benefit plans	6,796	7,522	-	-
Superannuation - defined contribution plans	130,246	113,350	-	-
Long service leave	(22,205)	(1,121)	-	-
Redundancies	881	2,670	-	-
Workers' compensation insurance	17,954	17,014	-	-
Fringe benefits tax	119	101	-	-
	1,538,381	1,430,613	-	-

Refer to Note 33 for further details on recognition and measurement of employee related expenses.

Employee related costs of \$2.76 million (2021: \$0.93 million) have been capitalised in property, plant and equipment assets and are therefore excluded from the above.

The long service leave in 2021 was impacted by significant changes in actuarial factors decreasing the employee benefit liabilities assumed by the Crown.

3. Personnel services

	Consolidated 2022 \$000	Consolidated 2021 \$000	Parent 2022 \$000	Parent 2021 \$000
Salaries and wages (including annual leave and allocated days off)	-	-	1,404,590	1,291,077
Superannuation - defined contribution plans	-	-	130,246	113,350
Long service leave	-	-	(6,509)	9,052
Redundancies	-	-	881	2,670
Workers' compensation insurance	-	-	17,954	17,014
Fringe benefits tax	-	-	119	101
	-	-	1,547,281	1,433,264

Personnel services of Hunter New England Local Health District were provided by its controlled entity, Hunter New England Local Health District Special Purpose Service Entity.

Personnel services of \$2.76 million (2021: \$0.93 million) have been capitalised in property, plant and equipment assets and are excluded from the above.

4. Visiting medical officers

Visiting medical officers (VMOs) enhance full-time medical specialist services by providing speciality input in a number of disciplines throughout the HNELHD's hospitals. VMO expenses of \$131.04 million (2021: \$120.99 million) represent part of the day-to-day running costs incurred in the normal operations of the HNELHD. These costs are expensed as incurred.

Hunter New England Local Health District
Notes to and forming part of the Financial Statements
for the year ended 30 June 2022

5. Other expenses

	Consolidated 2022 \$000	Consolidated 2021 \$000	Parent 2022 \$000	Parent 2021 \$000
Advertising	656	265	656	265
Auditor's remuneration - audit of financial statements	245	230	245	230
Blood and blood products	12,993	10,358	12,993	10,358
Consultancies	2,475	1,254	2,475	1,254
Domestic supplies and services	85,343	84,842	85,343	84,842
Drug supplies*	97,447	78,931	97,447	78,931
Food supplies	45,501	44,298	45,501	44,298
Fuel, light and power	17,384	16,594	17,384	16,594
Patient transport costs	43,814	42,534	43,814	42,534
Information management expenses	33,917	33,473	33,917	33,473
Insurance	3,463	2,838	3,463	2,838
Maintenance (see Note 5 (b))	79,375	66,014	79,375	66,014
Medical and surgical supplies	131,208	120,981	131,208	120,981
Motor vehicle expenses	3,466	3,228	3,466	3,228
Postal and telephone costs	6,498	5,637	6,498	5,637
Printing and stationery	4,549	4,717	4,549	4,717
Rates and charges	2,864	2,782	2,864	2,782
Hosted services purchased from entities controlled by the immediate parent	(92)	1,299	(92)	1,299
Specialised services (dental, radiology, pathology and allied health)	104,820	111,234	104,820	111,234
Staff related costs	13,048	12,964	13,048	12,964
Travel related costs	11,844	13,124	11,844	13,124
Other (see Note 5 (a))	76,438	54,718	76,438	54,718
	777,256	712,315	777,256	712,315

* Drug supplies includes \$11.81 million (2021: \$Nil) of COVID-19 vaccinations administered by vaccination hubs within the HNELHD. Refer to Note 24 for further details on COVID-19 vaccines.

The majority of the costs in relation to drug supplies and medical and surgical supplies expenses relate to the consumption of inventory held by the HNELHD.

Hunter New England Local Health District
Notes to and forming part of the Financial Statements
for the year ended 30 June 2022

5. Other expenses (continued)

	Consolidated 2022 \$000	Consolidated 2021 \$000	Parent 2022 \$000	Parent 2021 \$000
(a) Other				
Contract for patient services	24,435	13,775	24,435	13,775
Corporate support services	14,483	15,013	14,483	15,013
Courier and freight	1,595	1,387	1,595	1,387
Isolated patient travel and accommodation assistance scheme	4,642	5,743	4,642	5,743
Legal services	612	354	612	354
Membership/professional fees	1,065	965	1,065	965
Public private partnership contracted services	4,502	4,553	4,502	4,553
Quality assurance / accreditation	431	374	431	374
Security services	5,366	960	5,366	960
Expenses relating to short-term leases	8,129	1,860	8,129	1,860
Expenses relating to leases of low-value assets	2,091	1,854	2,091	1,854
Other miscellaneous	9,087	7,880	9,087	7,880
	76,438	54,718	76,438	54,718
(b) Reconciliation of total maintenance expense				
Maintenance contracts	24,282	19,407	24,282	19,407
New / replacement equipment under \$10,000	33,652	25,407	33,652	25,407
Repairs maintenance / non contract	21,551	21,182	21,551	21,182
Other	(110)	18	(110)	18
Maintenance expense - contracted labour and other (non-employee related) in Note 5	79,375	66,014	79,375	66,014
Employee related/personnel services maintenance expense included in Notes 2 and 3.	9,720	9,670	9,720	9,670
	89,095	75,684	89,095	75,684

Hunter New England Local Health District
Notes to and forming part of the Financial Statements
for the year ended 30 June 2022

5. Other expenses (continued)

Recognition and Measurement

Maintenance expense

Day-to-day servicing costs or maintenance are charged as expenses as incurred except where they relate to the replacement or enhancement of a part or component of an asset, in which case the costs are capitalised and depreciated.

Operating expenses

Operating expenses generally represent the day-to-day running costs incurred in the normal operations of the HNELHD. These costs are expensed as incurred. The recognition and measurement policy for non-employee related expenses is detailed in Note 30.

Insurance

The HNELHD's insurance activities are conducted through the NSW Treasury Managed Fund (TMF) Scheme of self-insurance for government entities. The expense / (premium) is determined by the Fund Manager based on past claims experience. The TMF is managed by Insurance for NSW, a controlled entity of the ultimate parent.

Lease expense

The HNELHD recognises the lease payments associated with the following types of leases as an expense on a straight-line basis:

- Leases that meet the definition of short-term, i.e. where the lease term at commencement of the lease is 12 months or less. This excludes leases with a purchase option.
- Leases of assets that are valued at \$10,000 or under when new.

Variable lease payments are not included in the measurement of the lease liability (i.e. variable lease payments that do not depend on an index or a rate, initially measured using the index or rate as at the commencement date). These payments are recognised in the period in which the event or condition that triggers those payments occurs.

Hunter New England Local Health District
Notes to and forming part of the Financial Statements
for the year ended 30 June 2022

6. Depreciation and amortisation

	Consolidated 2022 \$000	Consolidated 2021 \$000	Parent 2022 \$000	Parent 2021 \$000
Depreciation - buildings	80,328	74,653	80,328	74,653
Depreciation - plant and equipment	23,483	24,655	23,483	24,655
Depreciation - infrastructure systems	2,553	2,417	2,553	2,417
Depreciation - right-of-use buildings	2,691	2,814	2,691	2,814
Amortisation - intangible assets	-	133	-	133
	109,055	104,672	109,055	104,672

Refer to Note 25 Property, plant and equipment and Note 26 Leases for recognition and measurement policies on depreciation.

7. Grants and subsidies

	Consolidated 2022 \$000	Consolidated 2021 \$000	Parent 2022 \$000	Parent 2021 \$000
Non-government organisations	5,245	5,188	5,245	5,188
Grants to research organisations	662	1,930	662	1,930
Grants to entities controlled by the immediate parent*	407	274	407	274
Other grants*	2,470	1,811	2,470	1,811
	8,784	9,203	8,784	9,203

* The HNELHD granted COVID-19 vaccines to other NSW Health entities and to third parties for nil consideration at current replacement cost. Refer to Note 24 for further details on COVID-19 vaccines. The total value of COVID-19 vaccines provided to NSW Health entities under grants to entities controlled by the immediate parent was \$0.10 million (2021: \$Nil) and to external third parties under other grants was \$0.05 million (2021: \$Nil).

Recognition and Measurement

Grants and subsidies expense generally comprise contributions in cash or in kind to various local government authorities and not-for-profit community organisations to support their health-related objectives and activities. The grants and subsidies are expensed on the transfer of the cash or assets. The transferred assets are measured at their fair value.

Hunter New England Local Health District
Notes to and forming part of the Financial Statements
for the year ended 30 June 2022

8. Finance costs

	Consolidated 2022 \$000	Consolidated 2021 \$000	Parent 2022 \$000	Parent 2021 \$000
Interest expense from lease liabilities	276	322	276	322
Interest expense from financial liabilities at amortised cost	6,059	6,118	6,059	6,118
	6,335	6,440	6,335	6,440

Recognition and Measurement

Finance costs consist of interest and other costs incurred in connection with the borrowing of funds. Borrowing costs are recognised as expenses in the period in which they are incurred, in accordance with NSW Treasury's mandate to not-for-profit NSW General Government Sector entities.

9. Payments to Affiliated Health Organisations

	Consolidated 2022 \$000	Consolidated 2021 \$000	Parent 2022 \$000	Parent 2021 \$000
(a) Recurrent sourced				
Calvary Mater Newcastle	158,751	152,149	158,751	152,149
	158,751	152,149	158,751	152,149
(b) Capital sourced				
Calvary Mater Newcastle	1,826	13,061	1,826	13,061
	1,826	13,061	1,826	13,061
	160,577	165,210	160,577	165,210

Recognition and Measurement

Payments to non-government affiliated health organisations generally comprise contributions in cash or in kind. Non-government affiliated health organisations support the Ministry of Health's role of 'system manager' in relation to the NSW public health system. The payments are expensed on the transfer of the cash or assets. The transferred assets are measured at their fair value.

General operating expenses / revenues of Calvary Mater Hospital (Affiliated Health Organisation) have only been included in the Statement of Comprehensive Income prepared to the extent of the cash payments made to the health organisations concerned. HNELHD is not deemed to own or control the various assets / liabilities of the aforementioned health organisations and such amounts have been excluded from the Statement of Financial Position. Any exceptions are specifically listed in the notes that follow.

Hunter New England Local Health District

Notes to and forming part of the Financial Statements

for the year ended 30 June 2022

10. Revenue

Recognition and Measurement

Income is recognised in accordance with the requirements of AASB 15 Revenue from Contracts with Customers (AASB 15) or AASB 1058 Income of Not-for-Profit Entities (AASB 1058), dependent on whether there is a contract with a customer defined by AASB 15. Comments regarding the accounting policies for the recognition of income are discussed below.

Under the GSF Act 2018, the HNELHD's own source revenue (which includes but is not limited to receipts from operating activities and proceeds from the sale of property, plant and equipment) meets the definition of deemed appropriation money under the GSF Act.

Deemed appropriation money is money received directly by the HNELHD which forms part of the consolidated fund and is not appropriated to the HNELHD by an Act.

11. Summary of compliance

The Appropriation Act 2021 (Appropriations Act) appropriates the sum of \$15,786,793,288 to the Minister for Health out of the Consolidated Fund for the services of the Ministry of Health for the year 2021–22. The spending authority of the Minister from the Appropriations Act has been delegated or subdelegated to officers of the Ministry of Health and entities that it is administratively responsible for, including the HNELHD.

The responsible Minister for each GSF agency is taken to have been given an appropriation out of the Consolidated Fund under the authority s. 4.7 of the *Government Sector Finance Act*, at the time the GSF agency receives or recovers any deemed appropriation money, for an amount equivalent to the money that is received or recovered by the GSF agency. The spending authority of the responsible Minister(s) from deemed appropriation money has been delegated or sub-delegated to officers of HNELHD for its own services.

A summary of compliance is disclosed in the financial statements of the Annual Report of NSW Health. It has been prepared on the basis of aggregating the spending authorities of both the Minister for Health for the services of the Ministry of Health and the responsible Ministers for the services of the entities the principal department is administratively responsible for that receives or recovers deemed appropriation money. It reflects the status at the point in time this disclosure statement is being made. The HNELHD's spending authority and expenditure is included in the summary of compliance.

The delegations and sub-delegations for FY21/22 and FY20/21, authorising officers of the HNELHD to spend Consolidated Fund money, impose limits to the amounts of individual transactions, but not the overall expenditure of the HNELHD. However, as it relates to expenditure in reliance on a sum appropriated through an annual Appropriations Act, the delegation/sub-delegations are referable to the overall authority to spend set out in the relevant Appropriations Act. The individual transaction limits have been properly observed. The information in relation to the limit from the Appropriations Act is disclosed in the summary of compliance table included in the financial statements of the Annual Report of NSW Health.

12. Ministry of Health allocations

Payments are made by the immediate parent as per the Service Agreement to the HNELHD and adjusted for approved supplementations, mostly for salary agreements and approved enhancement projects. The Service Agreement between the immediate parent and the HNELHD does not contain sufficiently specific enforceable performance obligations as defined by AASB 15 and are therefore recognised upon the receipt of cash, in accordance with AASB 1058.

The HNELHD recognised additional Ministry of Health recurrent allocations of \$151.10 million (2021: \$98.45 million) and Ministry of Health capital allocations of \$0.29 million (2021: \$1.65 million) to cover costs incurred for the preparation, diagnosis, treatment and vaccination of COVID-19 patients.

Interstate patient flows are funded through the NSW State Pool Account, based on activity and consistent with the price determined in cross border agreements. The funding is also recognised as part of the Ministry of Health recurrent allocation from the immediate parent.

Hunter New England Local Health District
Notes to and forming part of the Financial Statements
for the year ended 30 June 2022

13. Sale of goods and services from contracts with customers

(a) Sale of goods comprise the following:

	Consolidated 2022 \$000	Consolidated 2021 \$000	Parent 2022 \$000	Parent 2021 \$000
Sale and recovery of pharmaceutical supplies	44,369	43,115	44,369	43,115
Sale of prostheses	7,412	6,697	7,412	6,697
Other	458	304	458	304
	52,239	50,116	52,239	50,116

(b) Rendering of services comprise the following:

Patients

Patient Fees:

- Inpatient fees	84,204	83,954	84,204	83,954
- Nursing home fees	1,935	1,773	1,935	1,773
- Non inpatient fees	7,399	7,467	7,399	7,467
Department of Veterans' Affairs	16,101	14,301	16,101	14,301
Motor Accident Authority third party	21,262	25,595	21,262	25,595
Multi Purpose Service Centre fees	13,859	13,639	13,859	13,639
Patient transport fees	10	1	10	1

Staff

Private use of motor vehicles	233	198	233	198
Salary packaging fee	374	795	374	795
Meals and accommodation	158	280	158	280
Child care fees	1,408	1,431	1,408	1,431

General community

Car parking	2,252	2,886	2,252	2,886
Clinical services (excluding clinical drug trials)	15,206	15,969	15,206	15,969
Commercial activities	6,768	6,446	6,768	6,446
Fees for conferences and training	461	444	461	444
Fees for medical records	389	426	389	426
Information retrieval	8	22	8	22
Meals on Wheels	10	20	10	20

Non-NSW Health entities

Services to other organisations	3,079	4,194	3,079	4,194
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Entities controlled by the immediate parent

Hosted service revenues	1	125	1	125
Shared corporate service revenues	189	268	189	268

Entities controlled by the ultimate parent

Other

Infrastructure fees - annual charge	4,818	5,529	4,818	5,529
Infrastructure fees - monthly facility charge	23,257	26,760	23,257	26,760
Other	13,065	13,657	13,065	13,657

	216,446	226,180	216,446	226,180
	268,685	276,296	268,685	276,296

Hunter New England Local Health District
Notes to and forming part of the Financial Statements
for the year ended 30 June 2022

13. Sale of goods and services from contracts with customers (continued)

Recognition and Measurement

Sale of goods

Revenue from the sale of goods is recognised when the HNELHD satisfies a performance obligation by transferring the promised goods.

Type of good	Nature of timing of satisfaction of performance obligations, including significant payment terms	Revenue recognition policies
Sale and recovery of pharmaceutical supplies	The performance obligation of transferring pharmaceutical products is typically satisfied at the point in time when the products are dispensed to customers, which denotes acceptance by the customer, and therefore deemed as the point in time when the control is transferred to the customer. The payments are typically due within 30 days after the invoice date.	Revenue from these sales is recognised based on the price specified on the invoice, and revenue is only recognised to the extent that it is highly probable that a significant reversal will not occur. No element of financing is deemed present as the sales are made with a short credit term. No volume discount or warranty is provided on the sale.
Sale of prostheses	Relates to revenue generated for surgically implanted prostheses and medical devices. The performance obligation of transferring these products is typically satisfied at the point in time when the products are implanted in the body of the patient, which denotes acceptance by the customer, and therefore deemed as the point in time when the control is transferred to the customer. The payments are typically due within 30 days after the invoice date.	Revenue from these sales is recognised based on the price specified on the invoice, and revenue is only recognised to the extent that it is highly probable that a significant reversal will not occur. No element of financing is deemed present as the sales are made with a short credit term. No volume discount or warranty is provided on the sale.
Other	Relates to sale of various products including the sale of low value medical equipment, schedule 3 medical equipment, sale of publications, old wares and refuse and other general goods. The performance obligation of transferring these products is typically satisfied at the point in time when the products are purchased by the customer and takes delivery, which denotes acceptance by the customer, and therefore deemed as the point in time when the control is transferred to the customer. The payments are typically due within 30 days after the invoice date.	Revenue from these sales is recognised based on the price specified on the invoice, and revenue is only recognised to the extent that it is highly probable that a significant reversal will not occur. No element of financing is deemed present as the sales are made with a short credit term. No volume discount or warranty is provided on the sale.

Hunter New England Local Health District
Notes to and forming part of the Financial Statements
for the year ended 30 June 2022

13. Sale of goods and services from contracts with customers (continued)

Recognition and Measurement (continued)

Rendering of services

Revenue from rendering of services is recognised when the HNELHD satisfies the performance obligation by transferring the promised services.

Type of service	Nature of timing of satisfaction of performance obligations, including significant payment terms	Revenue recognition policies
Patient services - Inpatient fees, Nursing home fees, Non inpatient fees, Department of Veterans' Affairs, Motor Accident Authority third party	The performance obligations in relation to patient services are typically satisfied as the health services are delivered to the chargeable inpatients and non-inpatients. Public patients are not charged for health services provided at public hospitals. Chargeable patients, including Medicare ineligible patients, privately insured patients, eligible veterans, compensable patients are billed for health services provided under various contractual arrangements. Billings are typically done upon patient discharge and is based on the rates specified by the Ministry of Health. The payments are typically due within 30 days after the invoice date.	Revenue is recognised on an accrual basis when the service has been provided to the patient. In limited circumstances the price is not fully recovered, e.g. due to inadequate insurance policies, overseas patients returning to their home country before paying, etc. The likelihood of their occurrences is considered on a case by case basis. In most instances revenue is initially recognised at full amounts and subsequently adjusted when more information is provided. No element of financing is deemed present as majority of the services are made with a short credit term.
Non-Patient services provided to staff, General community, Non-NSW Health entities and Entities controlled by the immediate parent	Various non-patient related services are provided to the members of staff, general community, non-NSW health entities and entities controlled by the immediate parent. The performance obligations for these services are typically satisfied by transferring the promised services to its respective customers. The payments are typically due within 30 days after the invoice date.	Revenue is recognised when promised services are delivered. No element of financing is deemed present as the services are made with a short credit term.

Hunter New England Local Health District
Notes to and forming part of the Financial Statements
for the year ended 30 June 2022

13. Sale of goods and services from contracts with customers (continued)

Recognition and Measurement (continued)

Rendering of services (continued)

Type of service	Nature of timing of satisfaction of performance obligations, including significant payment terms	Revenue recognition policies
Infrastructure fees	Specialist doctors with rights of private practice are subject to an infrastructure charge, including service charges where applicable for the use of hospital facilities at rates determined by the Ministry of Health. The performance obligations for these services are typically satisfied when the hospital facilities are made available and used by the doctors and staff specialists. The payments are typically due when monies are collected from patient billings for services provided under the arrangement.	Revenue is recognised when promised services are delivered. No element of financing is deemed present as the services are made with a short credit term.

Refer to Note 31 for the disclosure of the aggregate amount of the transaction price allocated to performance obligations that are unsatisfied (or partially unsatisfied) at the end of the reporting period, and when the HNELHD expects to recognise the unsatisfied portion as revenue.

Hunter New England Local Health District
Notes to and forming part of the Financial Statements
for the year ended 30 June 2022

14. Investment revenue

	Consolidated 2022 \$000	Consolidated 2021 \$000	Parent 2022 \$000	Parent 2021 \$000
Interest income from financial assets at amortised cost	1,135	954	1,135	954
Royalties	11	-	11	-
	1,146	954	1,146	954

Recognition and Measurement

Interest income

Interest income is calculated by applying the effective interest rate to the gross carrying amount of a financial asset except for financial assets that subsequently become credit impaired. For financial assets that become credit impaired, the effective interest rate is applied to the amortised cost of the financial asset (i.e. after deducting the loss allowance for expected credit losses).

Royalties

Royalties are usually recognised when the underlying performance obligation is satisfied. It is recognised at the estimated amount if the consideration is variable.

Hunter New England Local Health District
Notes to and forming part of the Financial Statements
for the year ended 30 June 2022

15. Grants and other contributions

	Consolidated 2022 \$000	Consolidated 2021 \$000	Parent 2022 \$000	Parent 2021 \$000
Grants to acquire / construct a recognisable non-financial asset to be controlled by the entity				
Grants to acquire / construct non-financial asset	510	-	510	-
Other grants with sufficiently specific performance obligations				
Cancer Institute grants received from an entity controlled by the immediate parent	10,164	9,635	10,164	9,635
Clinical trials and research grants	3,487	2,921	3,487	2,921
Commonwealth government grants received for community based services	10,779	10,617	10,779	10,617
Commonwealth government grants other	5,249	6,118	5,249	6,118
Grants from entities controlled by the ultimate parent	-	40	-	40
Other grants from entities controlled by the immediate parent	124	126	124	126
Other grants	6,857	10,123	6,857	10,123
Grants without specific performance obligations				
Clinical trial and research grants	422	426	422	426
Commonwealth government grants other*	15,501	2,669	15,501	2,669
Grants from entities controlled by the ultimate parent	43,510	114,935	43,510	114,935
Other grants from entities controlled by the immediate parent*	3,617	1,593	3,617	1,593
Other grants*	808	1,124	808	1,124
Donations	4,007	4,296	4,007	4,296
	105,035	164,623	105,035	164,623

* The HNELHD received the majority of COVID-19 vaccines directly from the Commonwealth government and the remainder were received from other NSW Health entities and external third parties. All COVID-19 vaccines were received for nil consideration and recorded at current replacement cost at the time of receipt. Refer to Note 24 for further details on COVID-19 vaccines. The total value of COVID-19 vaccines received from the Commonwealth government under Commonwealth government grants other was \$12.74 million (2021: \$Nil), from NSW Health entities under other grants from entities controlled by the immediate parent was \$0.00 million (2021: \$Nil) and from external third parties under other grants was \$0.67 million (2021: \$Nil).

Hunter New England Local Health District
Notes to and forming part of the Financial Statements
for the year ended 30 June 2022

15. Grants and other contributions

Recognition and Measurement

Grants and other contributions

Income from grants to acquire / construct a recognisable non-financial asset to be controlled by the HNELHD are recognised when the HNELHD satisfies its obligations under the transfer. The HNELHD satisfies the performance obligation under the transfer over time as the non-financial assets are being constructed. The percentage of cost incurred is used to recognise income, because this most closely reflects the progress to completion.

Revenue from grants with sufficiently specific performance obligations are recognised when the HNELHD satisfies a performance obligation by transferring the promised goods or services. The HNELHD typically receives grants in respect of research, clinical drug trials and other community, health and wellbeing related projects. The HNELHD uses various methods to recognise revenue over time, depending on the nature and terms and conditions of the grant contract. The payments are typically based on agreed timetable or on achievement of different milestones set up in the contract.

Revenue from these grants is recognised based on the grant amount specified in the funding agreement / funding approval, and revenue is only recognised to the extent that it is highly probable that a significant reversal will not occur. No element of financing is deemed present as funding payments are usually received in advance or shortly after the relevant obligation is satisfied.

Refer to Note 31 for the transaction price allocated to the performance obligations that have not been satisfied at the end of the year and when it is expected to be recognised as revenue.

Income from grants without sufficiently specific performance obligations is recognised when the HNELHD obtains control over the granted assets (e.g. cash).

Volunteer services

Receipt of volunteer services is recognised when and only when the fair value of those services can be reliably determined and the services would have been purchased if not donated. Volunteer services recognised are measured at fair value. The HNELHD receives volunteer services for the below activities:

- | | |
|--------------------------------------|------------------------------------------------------------|
| - Chaplaincies and Pastoral Care | - Patient and Family Support |
| - Pink Ladies / Hospital Auxiliaries | - Patient Services, Fund Raising |
| - Patient Support Groups | - Practical Support to Patients and Relatives |
| - Community Organisations | - Counselling, Transport, Home Help and Patient Activities |
| - Health Education | - COVID-19 Contact Tracing |

Receipt of these services, while important, is not recognised because typically such services would not have been purchased if not donated.

Hunter New England Local Health District
Notes to and forming part of the Financial Statements
for the year ended 30 June 2022

16. Acceptance by The Crown in right of the State of New South Wales (Crown) of employee benefits

The following liabilities and / or expenses have been assumed by the Crown:

	Consolidated 2022 \$000	Consolidated 2021 \$000	Parent 2022 \$000	Parent 2021 \$000
Superannuation - defined benefit plans	6,796	7,522	-	-
Long service leave provision	(15,696)	(10,173)	-	-
	(8,900)	(2,651)	-	-

17. Other income

	Consolidated 2022 \$000	Consolidated 2021 \$000	Parent 2022 \$000	Parent 2021 \$000
Other income comprises the following:				
Bad debts recovered	3	1	3	1
Commissions	800	946	800	946
Discounts	8	-	8	-
Insurance refunds	627	477	627	477
Rental income				
- other rental income	4,146	2,815	4,146	2,815
Sponsorship	-	12	-	12
Unclaimed deposits	1	-	1	-
Other	3,107	3,606	3,107	3,606
	8,692	7,857	8,692	7,857

Recognition and Measurement

Other Income

Other income includes rental income arising from operating leases which is accounted for on a straight-line basis over the lease term under AASB 16 Leases. The rental income is incidental to the purpose for holding the property.

Forgiveness of liabilities

The gross amount of a liability forgiven by a credit provider is recognised by the borrower as other income.

Hunter New England Local Health District
Notes to and forming part of the Financial Statements
for the year ended 30 June 2022

18. Gains / (losses) on disposal

	Consolidated 2022 \$000	Consolidated 2021 \$000	Parent 2022 \$000	Parent 2021 \$000
Gains / (losses) on disposals of:				
Property, plant and equipment				
Written down value of assets disposed	3,400	7,226	3,400	7,226
Less: proceeds from disposal	3,138	5,370	3,138	5,370
Net gains / (losses) on disposal	(262)	(1,856)	(262)	(1,856)
Right-of-use assets				
Less: lease liabilities extinguished	46	-	46	-
Net gains / (losses) on disposal	46	-	46	-
Intangible assets				
Written down value of assets disposed	-	564	-	564
Net gains / (losses) on disposal	-	(564)	-	(564)
Total gains / (losses) on disposal	(216)	(2,420)	(216)	(2,420)

19. Other gains / (losses)

	Consolidated 2022 \$000	Consolidated 2021 \$000	Parent 2022 \$000	Parent 2021 \$000
Inventory write down*	(1,203)	-	(1,203)	-
Foreign exchange gains / (losses)	(2)	-	(2)	-
	(1,205)	-	(1,205)	-

* Inventory write down includes COVID-19 vaccine wastage of \$0.13 million (2021: \$Nil) and impairment of \$1.07 million (2021: \$Nil). Refer to Note 24 for further details on COVID-19 vaccines.

Recognition and Measurement

Impairment losses on non-financial assets

Impairment losses may arise on non-financial assets held by the entity from time to time. Accounting for impairment losses is dependent upon the individual asset (or group of assets) subject to impairment. Accounting Policies and events giving rise to impairment losses are disclosed in the following notes:

- Note 22 Receivables
- Note 23 Contract assets
- Note 24 Inventories
- Note 25 Property, plant and equipment
- Note 26 Leases
- Note 27 Intangible assets

Hunter New England Local Health District
Notes to and forming part of the Financial Statements
for the year ended 30 June 2022

20. Conditions and restrictions on income of not-for-profit entities

The HNELHD receives various types of grants and donations from different grantors / donors, some of which may not have enforceable performance obligations. The HNELHD determines the grantor / donor expectations in determining the externally imposed restrictions and discloses them in accordance with different types of restrictions. The types of restrictions and income earned with restrictions are detailed in Note 29 Restricted assets.

Hunter New England Local Health District
Notes to and forming part of the Financial Statements
for the year ended 30 June 2022

21. Cash and cash equivalents

	Consolidated 2022 \$000	Consolidated 2021 \$000	Parent 2022 \$000	Parent 2021 \$000
Cash at bank and on hand	125,413	123,871	125,413	123,871
	125,413	123,871	125,413	123,871

For the purposes of the Statement of Cash Flows, cash and cash equivalents includes cash at bank, cash on hand, short-term deposits with original maturities of three months or less, which are subject to an insignificant risk of changes in value.

Cash and cash equivalent assets recognised in the Statement of Financial Position are reconciled at the end of the financial year to the Statement of Cash Flows as follows:

Cash and cash equivalents (per Statement of Financial Position)	125,413	123,871	125,413	123,871
	125,413	123,871	125,413	123,871

Refer to Note 43 for details regarding credit risk and market risk arising from financial instruments.

Most cash and cash equivalents held by the HNELHD are restricted assets and are not held for operating and capital expenditure.

HealthShare NSW, a controlled entity of the immediate parent makes all payments to employees and most payments to suppliers of goods and services and grants and subsidies on behalf of the HNELHD. These payments are reported as expenses and operating cash outflows in the financial statements of the HNELHD.

HealthShare NSW receives payments directly from the Ministry of Health on behalf of the HNELHD to fund these payments. These payments are reported as revenue (Ministry of Health recurrent allocations) and operating cash inflows in the financial statements of the HNELHD when HealthShare NSW makes these payments on behalf of the HNELHD.

Health Infrastructure, a controlled entity of the immediate parent makes most payments to purchase property, plant and equipment on behalf of the HNELHD. These payments are reported as additions to property, plant and equipment and investing cash outflows in the financial statements of the HNELHD.

Health Infrastructure receives payments directly from the Ministry of Health on behalf of the HNELHD to fund these payments. These payments are reported as revenue (Ministry of Health capital allocations) and operating cash inflows in the financial statements of the HNELHD.

Hunter New England Local Health District
Notes to and forming part of the Financial Statements
for the year ended 30 June 2022

22. Receivables

	Consolidated 2022 \$000	Consolidated 2021 \$000	Parent 2022 \$000	Parent 2021 \$000
Current				
Trade receivables from contracts with customers	32,578	31,536	32,578	31,536
Intra health receivables	14,549	2,314	14,549	2,314
Goods and Services Tax	17,121	19,151	17,121	19,151
Other receivables	6,407	3,554	6,407	3,554
Sub total	70,655	56,555	70,655	56,555
<i>Less: Allowance for expected credit losses*</i>				
- Trade receivables from contracts with customers	(1,851)	(1,880)	(1,851)	(1,880)
- Other receivables	(593)	(485)	(593)	(485)
Sub total	68,211	54,190	68,211	54,190
Prepayments	1,750	3,934	1,750	3,934
	69,961	58,124	69,961	58,124

(a) * Movement in the allowance for expected credit losses

	Consolidated 2022 \$000	Consolidated 2021 \$000	Parent 2022 \$000	Parent 2021 \$000
Trade receivables from contracts with customers				
Balance at the beginning of the year	(1,880)	(2,297)	(1,880)	(2,297)
Amounts written off during the year	407	1,220	407	1,220
(Increase) / decrease in allowance recognised in the net result ¹	(378)	(803)	(378)	(803)
Balance at the end of the year	(1,851)	(1,880)	(1,851)	(1,880)
Other receivables				
Balance at the beginning of the year	(485)	(604)	(485)	(604)
Amounts written off during the year	31	84	31	84
Amounts recovered during the year	3	-	3	-
(Increase) / decrease in allowance recognised in the net result	(141)	35	(141)	35
Balance at the end of the year	(593)	(485)	(593)	(485)
	(2,444)	(2,365)	(2,444)	(2,365)

	Consolidated 2022 \$000	Consolidated 2021 \$000	Parent 2022 \$000	Parent 2021 \$000
Non-current				
Prepayments	566	565	566	565
	566	565	566	565

Hunter New England Local Health District
Notes to and forming part of the Financial Statements
for the year ended 30 June 2022

22. Receivables (continued)

(b) The current and non-current trade receivables from contracts with customers balances above include the following patient fee receivables:

Current and non-current include:

	Consolidated 2022 \$000	Consolidated 2021 \$000	Parent 2022 \$000	Parent 2021 \$000
Patient fees - compensable	2,033	1,983	2,033	1,983
Patient fees - ineligible	1,968	1,911	1,968	1,911
Patient fees - inpatient & other	17,126	15,907	17,126	15,907
	21,127	19,801	21,127	19,801

Details regarding credit risk of receivables that are neither past due nor impaired, are disclosed in Note 43.

	Consolidated 2022 \$000	Consolidated' 2021 \$000	Parent 2022 \$000	Parent' 2021 \$000
Contract receivables (included in Note 22)	47,127	33,850	47,127	33,850
Total contract receivables	47,127	33,850	47,127	33,850

¹ Prior year figures have been restated lower by \$0.351 million as a result of items previously classified under contract receivables in error.

Recognition and Measurement

All 'regular way' purchases or sales of receivables are recognised and derecognised on a trade date basis. Regular way purchases or sales are purchases or sales of receivables that require delivery of assets within the time frame established by regulation or convention in the marketplace.

Receivables are initially recognised at fair value plus any directly attributable transaction costs. Trade receivables that do not contain a significant financing component are measured at the transaction price.

Subsequent measurement

The HNELHD holds receivables with the objective to collect the contractual cash flows and therefore measures them at amortised cost using the effective interest method, less any impairment. Changes are recognised in the net result for the year when impaired, derecognised or through the amortisation process.

Impairment

The HNELHD recognises an allowance for expected credit losses (ECLs) for all debt financial assets not held at fair value through profit or loss. ECLs are based on the difference between the contractual cash flows and the cash flows that the HNELHD expects to receive, discounted at the original effective interest rate.

In response to the COVID-19 pandemic, the HNELHD has changed the terms and conditions with its counterparties to offer deferred payment terms and rent relief to some tenants. The HNELHD has a rental receivables balance amount of \$0.20 million as at 2022 (2021: \$Nil). The expected impacts on the recoverability of these receivables is not considered significant.

For trade receivables, the HNELHD applies a simplified approach in calculating ECLs. The HNELHD recognises a loss allowance based on lifetime ECLs at each reporting date. The HNELHD has established a provision matrix based on its historical credit loss experience for trade receivables, adjusted for forward looking factors specific to the receivable.

Hunter New England Local Health District

Notes to and forming part of the Financial Statements

for the year ended 30 June 2022

23. Contract assets

Recognition and Measurement

Contract assets relate to the HNELHD's right to consideration in exchange for goods and services transferred to customers / works completed, but not billed at the reporting date. The contract assets are transferred to receivables when the rights become unconditional. This usually occurs when the HNELHD issues an invoice to the customer. The balance of the contract assets relates to grants and other contributions for work completed but not yet invoiced as future work is required to be completed before the HNELHD has the rights to invoice. Once all performance obligations are met and the HNELHD has rights to invoice for the payment to be made, the contract asset is transferred to receivables.

The contract asset balance has significantly increased during the year due to the timing of the rights to invoice and the obligations met.

	Consolidated 2022 \$000	Consolidated¹ 2021 \$000	Parent 2022 \$000	Parent¹ 2021 \$000
Contract receivables (included in Note 22)	47,127	33,850	47,127	33,850
	47,127	33,850	47,127	33,850

¹ Prior year figures have been restated lower by \$0.351 million as a result of items previously classified under contract receivables in error.

Hunter New England Local Health District
Notes to and forming part of the Financial Statements
for the year ended 30 June 2022

24. Inventories

	Consolidated 2022 \$000	Consolidated 2021 \$000	Parent 2022 \$000	Parent 2021 \$000
Current				
Held-for-distribution				
Drug supplies	5,300	2,790	5,300	2,790
Sub total	5,300	2,790	5,300	2,790
<i>Less: Allowance for impairment</i>				
- Drug supplies	(1,069)	-	(1,069)	-
	4,231	2,790	4,231	2,790

The increase in medical and surgical supplies is a result of the HNELHD's increased purchases to protect, test and treat suspected and confirmed COVID-19 patients. Inventories held for distribution for COVID-19 are also consumed as part of the normal services provided by the HNELHD.

Recognition and Measurement

Inventories held for distribution are stated at cost, adjusted when applicable, for any loss of service potential. A loss of service potential is identified and measured based on the existence of a current replacement cost that is lower than the carrying amount or any loss of operating capacity due to obsolescence. Inventories (other than those held for distribution) are stated at the lower of cost and net realisable value. Cost is calculated using the weighted average cost method.

Market demand has increased the weighted average cost of inventories in medical and surgical supplies since the outbreak of COVID-19. Market demand for these items is expected to continue and as a result the carrying amount and current replacement cost are aligned. At the 30 June 2022, the HNELHD has determined that it plans to use the remaining medical and surgical supplies inventory in a relatively short time period, well before expiry, and there is no available alternative that is more efficient or effective nor a likelihood of an alternative being on the market in the foreseeable future.

At the beginning of 2021, the rollout of the Commonwealth government's COVID-19 vaccine program began, with the aim of offering free vaccines to all Australians. The HNELHD played a key role in the rollout within NSW, including in relation to logistics, vaccination delivery, safety and reporting. The Commonwealth assumed the responsibility for procuring and distributing vaccines to all states and territories. COVID-19 vaccines were received for nil consideration and were provided to the public free of charge. On the basis that the HNELHD controls the inventory once it is received from the Commonwealth, the value of the inventory received, administered / granted and wasted were recognised by the HNELHD.

The value attributable to the vaccines received was measured at its fair value based on replacement cost. The HNELHD was unsuccessful in obtaining cost information from the Commonwealth because of non-disclosure agreements signed by the Commonwealth and the pharmaceutical companies supplying the COVID-19 vaccines. An internal valuation was undertaken based on publicly available information to estimate the replacement cost of the COVID-19 vaccines received by the HNELHD.

The value of the vaccines received and administered / granted during the financial year ended 30 June 2022 was \$13.41 million (2021: \$Nil) and \$11.95 million (2021: \$Nil), respectively. \$0.13 million (2021: \$Nil) of vaccines were written-off and another \$1.07 million (2021: \$Nil) impaired during the year. COVID-19 vaccine closing inventory balance as at 30 June 2022 was \$1.32 million (2021: \$Nil) which is included as part of the inventory drug supplies.

The cost of inventories acquired at no cost or for nominal consideration is the current replacement cost as at the date of acquisition. Current replacement cost is the cost the HNELHD would incur to acquire the asset. Net realisable value is the estimated selling price in the ordinary course of business less the estimated costs of completion and the estimated costs necessary to make the sale.

Obsolete items are disposed of in accordance with instructions issued by the Ministry of Health.

Hunter New England Local Health District
Notes to and forming part of the Financial Statements
for the year ended 30 June 2022

25. Property, plant and equipment

(a) Total property, plant and equipment

PARENT AND CONSOLIDATION

	Land and Buildings \$000	Plant and Equipment ¹ \$000	Infrastructure Systems \$000	Total \$000
At 1 July 2020 - fair value				
Gross carrying amount	3,218,992	312,353	96,169	3,627,514
Less: accumulated depreciation and impairment	955,517	164,811	48,888	1,169,216
Net carrying amount	2,263,475	147,542	47,281	2,458,298
	Land and Buildings \$000	Plant and Equipment \$000	Infrastructure Systems \$000	Total \$000
Year ended 30 June 2021				
Net carrying amount at beginning of year	2,263,475	147,542	47,281	2,458,298
Additions	272,943	39,643	175	312,761
Disposals	(2,305)	(4,854)	(67)	(7,226)
Equity transfers - transfers in / (out)	-	101	-	101
Transfers within NSW Health entities through Statement of Comprehensive Income	-	126	-	126
Depreciation expense	(74,653)	(24,655)	(2,417)	(101,725)
Reclassifications	(1,808)	1,808	-	-
Net carrying amount at end of year	2,457,652	159,711	44,972	2,662,335

¹ For non-specialised assets with short useful lives, recognition at depreciated historical cost is regarded as an acceptable approximation of fair value, in accordance with Treasury Policy Paper 21-09.

Further details regarding the fair value measurement of property, plant and equipment are disclosed in Note 28.

Hunter New England Local Health District
Notes to and forming part of the Financial Statements
for the year ended 30 June 2022

25. Property, plant and equipment (continued)

(a) Total property, plant and equipment (continued)

PARENT AND CONSOLIDATION

	Land and Buildings \$000	Plant and Equipment ¹ \$000	Infrastructure Systems \$000	Total \$000
At 1 July 2021 - fair value				
Gross carrying amount	3,483,657	332,371	95,903	3,911,931
<i>Less: accumulated depreciation and impairment</i>	1,026,005	172,660	50,931	1,249,596
Net carrying amount	2,457,652	159,711	44,972	2,662,335

	Land and Buildings \$000	Plant and Equipment \$000	Infrastructure Systems \$000	Total \$000
Year ended 30 June 2022				
Net carrying amount at beginning of year	2,457,652	159,711	44,972	2,662,335
Additions	87,506	43,167	3	130,676
Disposals	(516)	(2,885)	1	(3,400)
Transfers within NSW Health entities through Statement of Comprehensive Income	-	124	-	124
Net revaluation increments less revaluation decrements	416,399	-	8,745	425,144
Depreciation expense	(80,328)	(23,483)	(2,553)	(106,364)
Reclassifications	(1,927)	932	995	-
Net carrying amount at end of year	2,878,786	177,566	52,163	3,108,515

	Land and Buildings \$000	Plant and Equipment ¹ \$000	Infrastructure Systems \$000	Total \$000
At 30 June 2022 - fair value				
Gross carrying amount	4,095,079	347,436	114,639	4,557,154
<i>Less: accumulated depreciation and impairment</i>	1,216,293	169,870	62,476	1,448,639
Net carrying amount	2,878,786	177,566	52,163	3,108,515

¹ For non-specialised assets with short useful lives, recognition at depreciated historical cost is regarded as an acceptable approximation of fair value, in accordance with Treasury Policy Paper 21-09.

Further details regarding the fair value measurement of property, plant and equipment are disclosed in Note 28.

(b) Property, plant and equipment held and used by the HNELHD

PARENT AND CONSOLIDATION

The HNELHD has no property, plant and equipment where it is the lessor under operating leases. All property, plant and equipment balances are for items held and used by the HNELHD.

Hunter New England Local Health District
Notes to and forming part of the Financial Statements
for the year ended 30 June 2022

25. Property, plant and equipment (continued)

(b) Property, plant and equipment held and used by the HNELHD

PARENT AND CONSOLIDATION

	Land and Buildings \$000	Plant and Equipment ¹ \$000	Infrastructure Systems \$000	Total \$000
At 1 July 2020 - fair value				
Gross carrying amount	3,214,397	312,353	96,169	3,622,919
Less: accumulated depreciation and impairment	953,975	164,811	48,888	1,167,674
Net carrying amount	2,260,422	147,542	47,281	2,455,245

	Land and Buildings \$000	Plant and Equipment \$000	Infrastructure Systems \$000	Total \$000
Year ended 30 June 2021				
Net carrying amount at beginning of year	2,260,422	147,542	47,281	2,455,245
Additions	272,943	39,643	175	312,761
Disposals	(2,305)	(4,854)	(67)	(7,226)
Equity transfers - transfers in / (out)	-	101	-	101
Transfers within NSW Health entities through Statement of Comprehensive Income	-	126	-	126
Depreciation expense	(74,500)	(24,655)	(2,417)	(101,572)
Reclassifications	(2,427)	1,808	-	(619)
Net carrying amount at end of year	2,454,133	159,711	44,972	2,658,816

Further details regarding the fair value measurement of property, plant and equipment are disclosed in Note 28.

Hunter New England Local Health District
Notes to and forming part of the Financial Statements
for the year ended 30 June 2022

25. Property, plant and equipment (continued)

(b) Property, plant and equipment held and used by the HNELHD (continued)

PARENT AND CONSOLIDATION

	Land and Buildings \$000	Plant and Equipment ¹ \$000	Infrastructure Systems \$000	Total \$000
At 1 July 2021 - fair value				
Gross carrying amount	3,477,563	332,371	95,903	3,905,837
<i>Less: accumulated depreciation and impairment</i>	1,023,430	172,660	50,931	1,247,021
Net carrying amount	2,454,133	159,711	44,972	2,658,816

	Land and Buildings \$000	Plant and Equipment \$000	Infrastructure Systems \$000	Total \$000
Year ended 30 June 2022				
Net carrying amount at beginning of year	2,454,133	159,711	44,972	2,658,816
Additions	87,506	43,167	3	130,676
Disposals	(516)	(2,885)	1	(3,400)
Transfers within NSW Health entities through Statement of Comprehensive Income	-	124	-	124
Net revaluation increments less revaluation decrements	415,546	-	8,744	424,290
Depreciation expense	(80,105)	(23,483)	(2,553)	(106,141)
Reclassifications	(6,747)	932	995	(4,820)
Net carrying amount at end of year	2,869,817	177,566	52,162	3,099,545

	Land and Buildings \$000	Plant and Equipment \$000	Infrastructure Systems \$000	Total \$000
At 30 June 2022 - fair value				
Gross carrying amount	4,080,649	347,436	114,639	4,542,724
<i>Less: accumulated depreciation and impairment</i>	1,210,830	169,870	62,478	1,443,178
Net carrying amount	2,869,819	177,566	52,161	3,099,546

Further details regarding the fair value measurement of property, plant and equipment are disclosed in Note 28.

Hunter New England Local Health District
Notes to and forming part of the Financial Statements
for the year ended 30 June 2022

25. Property, plant and equipment (continued)

(c) Property, plant and equipment where the HNELHD is the lessor under operating leases

PARENT AND CONSOLIDATION

	Land and Buildings \$000	Plant and Equipment' \$000	Infrastructure Systems \$000	Total \$000
At 1 July 2020 - fair value				
Gross carrying amount	4,595	-	-	4,595
Less: accumulated depreciation and impairment	1,542	-	-	1,542
Net carrying amount	3,053	-	-	3,053

	Land and Buildings \$000	Plant and Equipment \$000	Infrastructure Systems \$000	Total \$000
Year ended 30 June 2021				
Net carrying amount at beginning of year	3,053	-	-	3,053
Depreciation expense	(153)	-	-	(153)
Reclassifications	619	-	-	619
Net carrying amount at end of year	3,519	-	-	3,519

Hunter New England Local Health District
Notes to and forming part of the Financial Statements
for the year ended 30 June 2022

25. Property, plant and equipment (continued)

(c) Property, plant and equipment where the HNELHD is the lessor under operating leases (continued)

PARENT AND CONSOLIDATION

	Land and Buildings \$000	Plant and Equipment ¹ \$000	Infrastructure Systems \$000	Total \$000
At 1 July 2021 - fair value				
Gross carrying amount	6,094	-	-	6,094
<i>Less: accumulated depreciation and impairment</i>	2,575	-	-	2,575
Net carrying amount	3,519	-	-	3,519

	Land and Buildings \$000	Plant and Equipment \$000	Infrastructure Systems \$000	Total \$000
Year ended 30 June 2022				
Net carrying amount at beginning of year	3,519	-	-	3,519
Net revaluation increments less revaluation decrements	853	-	-	853
Depreciation expense	(223)	-	-	(223)
Reclassifications	4,820	-	-	4,820
Net carrying amount at end of year	8,969	-	-	8,969

	Land and Buildings \$000	Plant and Equipment \$000	Infrastructure Systems \$000	Total \$000
At 30 June 2022 - fair value				
Gross carrying amount	14,432	-	-	14,432
<i>Less: accumulated depreciation and impairment</i>	5,463	-	-	5,463
Net carrying amount	8,969	-	-	8,969

Further details regarding the fair value measurement of property, plant and equipment are disclosed in Note 28.

Hunter New England Local Health District
Notes to and forming part of the Financial Statements
for the year ended 30 June 2022

25. Property, plant and equipment (continued)

Recognition and Measurement

Acquisition of property, plant and equipment

Property, plant and equipment acquired are initially recognised at cost and subsequently revalued at fair value less accumulated depreciation and impairment. Cost is the amount of cash or cash equivalents paid or the fair value of the other consideration given to acquire the asset at the time of its acquisition or construction or, where applicable, the amount attributed to that asset when initially recognised in accordance with the requirements of other Australian Accounting Standards.

Health Infrastructure, a controlled entity of the immediate parent, manages the approved major capital works program for the Ministry of Health and its controlled entities. Health Infrastructure receives Ministry of Health Capital Allocations and grants on behalf of the HNELHD and makes payments to contractors and suppliers. Health Infrastructure initially records all costs incurred as work in progress or expenses and subsequently transfers to the HNELHD. The costs are then accordingly reflected in the HNELHD's financial statements. The HNELHD acquires most assets in this manner.

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

Where payment for an asset is deferred beyond normal credit terms, its cost is the cash price equivalent, i.e. the deferred payment amount is effectively discounted over the period of credit.

Assets acquired at no cost, or for nominal consideration, are initially recognised at their fair value at the date of acquisition (see also assets transferred as a result of an equity transfer - Note 35).

Land and buildings are owned by the Health Administration Corporation. Land and buildings which are operated / occupied by the HNELHD are deemed to be controlled by the HNELHD and are reflected as such in the financial statements.

Capitalisation thresholds

Property, plant and equipment assets costing \$10,000 and above individually (or forming part of a network costing more than \$10,000) are capitalised.

Major inspection costs

When a major inspection is performed, its cost is recognised in the carrying amount of the plant and equipment as a replacement if the recognition criteria are satisfied.

Restoration costs

The present value of the expected cost for the restoration or cost of dismantling of an asset after its use is included in the cost of the respective asset if the recognition criteria for a provision are met.

Hunter New England Local Health District
Notes to and forming part of the Financial Statements
for the year ended 30 June 2022

25. Property, plant and equipment (continued)

Depreciation of property, plant and equipment

Except for certain non-depreciable assets, depreciation is provided for on a straight-line basis so as to write off the depreciable amount of each asset as it is consumed over its useful life to the HNELHD.

All material identifiable components of assets are depreciated separately over their useful life.

Land is not a depreciable asset. Certain heritage assets including original artworks and collections and heritage buildings may not have a limited useful life because appropriate curatorial and preservation policies are adopted. Such assets are not subject to depreciation. The decision not to recognise depreciation for these assets is reviewed annually.

Details of depreciation rates initially applied for major asset categories are as follows:

	Useful lives
Buildings	40 years
Buildings - leasehold improvements	3-10 years
Plant and equipment	4-20 years
Infrastructure Systems	40 years

'Plant and equipment' comprises, among others, medical, computer and office equipment, motor vehicles, furniture and fittings and PODS (a detachable or self-contained unit on ambulances used for patient treatment).

'Infrastructure Systems' comprises public facilities which provide essential services and enhance the productive capacity of the economy including roads, bridges, water infrastructure and distribution works, sewerage treatment plants, seawalls and water reticulation systems.

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

Right-of-use assets acquired by lessees

AASB 16 Leases (AASB 16) requires a lessee to recognise a right-of-use asset for most leases. The HNELHD has elected to present right-of-use assets separately in the Statement of Financial Position.

Further information on leases is contained in Note 26.

Service concession assets

Service concession arrangements (SCAs) are contracts between a grantor and an operator where an operator provides public services related to a service concession asset on behalf of a public sector grantor for a specified period of time and manages at least some of those services.

25. Property, plant and equipment (continued)

Revaluation of property, plant and equipment

Physical non-current assets are valued in accordance with the 'Valuation of Physical Non-Current Assets at Fair Value' Policy and Guidelines Paper (TPP 21-09) and Treasurer's Direction, 'Valuation of Physical Non-Current Assets at Fair Value' (TD 21-05). TPP 21-09 and TD 21-05 adopt fair value in accordance with AASB 13 Fair Value Measurement, AASB 116 Property, Plant and Equipment and AASB 140 Investment Property.

Property, plant and equipment is measured at the highest and best use by market participants that is physically possible, legally permissible and financially feasible. The highest and best use must be available at a period that is not remote and takes into account the characteristics of the asset being measured, including any socio-political restrictions imposed by government. In most cases, after taking into account these considerations, the highest and best use is the existing use. In limited circumstances, the highest and best use may be a feasible alternative use, where there are no restrictions on use or where there is a feasible higher restricted alternative use.

Fair value of property, plant and equipment is based on a market participants' perspective, using valuation techniques (market approach, cost approach, income approach) that maximise relevant observable inputs and minimise unobservable inputs. Also refer to Note 28 for further information regarding fair value.

Revaluations are made with sufficient regularity to ensure the carrying amount of each asset in the class does not differ materially from its fair value at reporting date. The HNELHD conducts a comprehensive revaluation at least every three years for its land and buildings and infrastructure.

The last comprehensive revaluation was completed on 31 December 2021 and was based on an independent assessment.

Indicies were subsequently obtained from Opteon Property Group Pty Ltd as at 31 March 2022, which suggested a cumulative increase in market price of 1.01% for land, 7.00% for buildings and 7.00% for infrastructure. The HNELHD has applied these indicies to perform an interim revaluation and has recognised the resulting revaluation increment of \$108.26 million for land, buildings & infrastructure.

Non-specialised assets with short useful lives are measured at depreciated historical cost, as an approximation of fair value. The HNELHD has assessed that any difference between fair value and depreciated historical cost is unlikely to be material.

For other assets valued using other valuation techniques, any balances of accumulated depreciation existing at the revaluation date in respect of those assets are credited to the asset accounts to which they relate. The net asset accounts are then increased or decreased by the revaluation increments or decrements.

25. Property, plant and equipment (continued)

Revaluation of property, plant and equipment (continued)

Revaluation increments are recognised in other comprehensive income and credited to revaluation surplus in equity. However, to the extent that an increment reverses a revaluation decrement in respect of the same class of asset previously recognised as a loss in the net result, the increment is recognised immediately as a gain in the net result.

Revaluation decrements are recognised immediately as a loss in the net result, except to the extent that it offsets an existing revaluation surplus on the same class of assets, in which case, the decrement is debited directly to the revaluation surplus.

As a not-for-profit entity, revaluation increments and decrements are offset against one another within a class of non-current assets, but not otherwise.

When revaluing non-current assets using the cost approach, the gross amount and the related accumulated depreciation are separately restated. Where the income approach or market approach is used, accumulated depreciation is eliminated against the gross carrying amount of the asset and the net amount restated to the revalued amount of the asset.

Where an asset that has previously been revalued is disposed of, any balance remaining in the revaluation surplus in respect of that asset is transferred to accumulated funds.

The residual values, useful lives and methods of depreciation of property, plant and equipment are reviewed at each financial year end and adjusted if appropriate.

Impairment of property, plant and equipment

As a not-for-profit entity with no cash generating units, impairment under AASB 136 Impairment of Assets is unlikely to arise. As property, plant and equipment is carried at fair value or an amount that approximates fair value, impairment can only arise in the rare circumstances such as where the costs of disposal are material.

The HNELHD assesses, at each reporting date, whether there is an indication that an asset may be impaired. If any indication exists, or when annual impairment testing for an asset is required, the HNELHD estimates the asset's recoverable amount. When the carrying amount of an asset exceeds its recoverable amount, the asset is considered impaired and is written down to its recoverable amount.

Specialised assets held for continuing use of their service capacity are rarely sold and their cost of disposal is typically negligible. Their recoverable amount is expected to be materially the same as fair value, where they are regularly revalued under AASB 13.

As a not-for-profit entity, an impairment loss is recognised in the net result to the extent the impairment loss exceeds the amount in the revaluation surplus for the class of asset.

After an impairment loss has been recognised, it is reversed only if there has been a change in the assumptions used to determine the asset's recoverable amount. The reversal is limited so that the carrying amount of the asset does not exceed its recoverable amount, nor exceed the carrying amount that would have been determined, net of depreciation, had no impairment loss been recognised for the asset in prior years. The reversal is recognised in other comprehensive income and is treated as a revaluation increase, except to the extent that an impairment loss on the same class of asset was previously recognised in net result, where a reversal of that impairment loss is also recognised in net result.

Derecognition of property, plant and equipment

Property, plant and equipment is derecognised upon disposal or when no further future economic benefits are expected from its use or disposal. Gains and losses on disposals are determined by comparing the proceeds with the carrying amount of the asset and are included in the consolidated Statement of Comprehensive Income.

Hunter New England Local Health District
Notes to and forming part of the Financial Statements
for the year ended 30 June 2022

26. Leases

(a) Entity as a lessee

The HNELHD leases various property and equipment. Lease contracts are typically made for fixed periods of 1 to 8 years, but may have extension options. Lease terms are negotiated on an individual basis and contain a wide range of different terms and conditions. The lease agreements do not impose any covenants but leased assets may not be used as security for borrowing purposes. The HNELHD does not provide residual value guarantees in relation to leases.

Extension and termination options are included in a number of property and equipment leases. These terms are used to maximise operational flexibility in terms of managing contracts. The majority of extension and termination options held are exercisable only by the HNELHD 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 if the lease is reasonably certain to be extended (or not terminated).

Potential future cash outflows of \$35.80 million have not been included in the lease liability because it is not reasonably certain that the leases will 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.

AASB 16 Leases (AASB 16) requires a lessee to recognise a right-of-use asset and a corresponding lease liability for most leases.

The HNELHD has elected to recognise payments for short-term leases and low value leases as expenses on a straight line basis, instead of recognising a right-of-use asset and lease liability. Short-term leases are leases with a lease term of 12 months or less. Low value assets are assets with a fair value of \$10,000 or less when new and comprise mainly of small office and medical equipment items.

Right-of-use assets under leases

The following table presents right-of-use assets. There are no right-of-use assets that meet the definition of investment property.

PARENT AND CONSOLIDATION

	Land and Buildings \$'000	Plant and Equipment \$'000	Total \$'000
Balance at 1 July 2021	14,556	-	14,556
Additions	185	-	185
Reassessments	46	-	46
Depreciation expense	(2,691)	-	(2,691)
Balance at 30 June 2022	12,096	-	12,096

PARENT AND CONSOLIDATION

	Land and Buildings \$'000	Plant and Equipment \$'000	Total \$'000
Balance at 1 July 2020	17,345	-	17,345
Additions	14	-	14
Reassessments	11	-	11
Depreciation expense	(2,814)	-	(2,814)
Balance at 30 June 2021	14,556	-	14,556

Hunter New England Local Health District
Notes to and forming part of the Financial Statements
for the year ended 30 June 2022

26. Leases (continued)

(a) Entity as a lessee (continued)

Lease liabilities

The following table presents liabilities under leases.

PARENT AND CONSOLIDATION

	2022	2021
	\$000	\$000
Balance at 1 July	15,108	17,527
Additions	185	14
Interest expenses	276	322
Payments	(2,702)	(2,766)
Terminations / derecognition	(46)	-
Other adjustments	46	11
Balance at 30 June	12,867	15,108

The following amounts were recognised in the Statement of Comprehensive Income during the period in respect of leases where the HNELHD is the lessee:

PARENT AND CONSOLIDATION

	2022	2021
	\$000	\$000
Depreciation expense of right-of-use assets	2,691	2,814
Interest expense on lease liabilities	276	322
Expenses relating to short-term leases	8,129	1,860
Expenses relating to leases of low-value assets	2,091	1,854
(Gains) / losses on disposal*	(46)	-
Total amount recognised in the statement of comprehensive income	13,141	6,850

The HNELHD had total cash outflows for leases of \$12.92 million for the year ended 30 June 2022 (2021: \$6.48 million).

Leases at significantly below market terms and conditions principally to enable the entity to further its objectives

The HNELHD entered into a number of leases, with lease terms ranging from 5 to 28 years with various local councils and the Calvary Mater Newcastle for the use of hospital campus and community health buildings. The contract specifies lease payments of \$1 per annum. The leased premise is be used by the HNELHD to provide different community health services. The hospital campus and community health buildings account for a small portion of the similar assets the HNELHD is using for the purpose of providing community services. Therefore it does not have a significant impact on the HNELHD's operations.

Recognition and Measurement

The HNELHD assesses at contract inception whether a contract is, or contains, a lease. That is, if the contract conveys the right to control the use of an identified asset for a period of time in exchange for consideration.

The HNELHD recognises lease liabilities to make lease payments and right-of-use assets representing the right to use the underlying assets, except for short-term leases and leases of low-value assets.

26. Leases (continued)

(a) Entity as a lessee (continued)

i. Right-of-use assets

The HNELHD recognises right-of-use assets at the commencement date of the lease (i.e. the date the underlying asset is available for use). Right-of-use assets are initially measured at the amount of initial measurement of the lease liability (refer (ii) below), adjusted by any lease payments made at or before the commencement date, lease incentives, any initial direct costs incurred, and estimated costs of dismantling and removing the asset or restoring the site.

The right-of-use assets are subsequently measured at cost. They are depreciated on a straight-line basis over the shorter of the lease term and the estimated useful lives of the assets, as follows:

	Useful lives
Buildings	1 to 8 years

If ownership of the leased asset transfers to the HNELHD at the end of the lease term or the cost reflects the exercise of a purchase option, depreciation is calculated using the estimated useful life of the asset.

The right-of-use assets are also subject to impairment. The HNELHD assesses, at each reporting date, whether there is an indication that an asset may be impaired. If any indication exists, or when annual impairment testing for an asset is required, the HNELHD estimates the asset's recoverable amount. When the carrying amount of an asset exceeds its recoverable amount, the asset is considered impaired and is written down to its recoverable amount. After an impairment loss has been recognised, it is reversed only if there has been a change in the assumptions used to determine the asset's recoverable amount. The reversal is limited so that the carrying amount of the asset does not exceed its recoverable amount, nor exceed the carrying amount that would have been determined, net of depreciation, had no impairment loss been recognised for the asset in prior years. Such reversal is recognised in the net result.

ii. Lease liabilities

At the commencement date of the lease, the HNELHD recognises lease liabilities measured at the present value of lease payments to be made over the lease term. Lease payments include:

- fixed payments (including in substance fixed payments) less any lease incentives receivable;
- variable lease payments that depend on an index or a rate;
- amounts expected to be paid under residual value guarantees;
- exercise price of a purchase option reasonably certain to be exercised by the HNELHD; and
- payments of penalties for terminating the lease, if the lease term reflects the HNELHD exercising the option to terminate.

26. Leases (continued)

(a) Entity as a lessee (continued)

ii. Lease liabilities (continued)

Variable lease payments that do not depend on an index or a rate are recognised as expenses (unless they are incurred to produce inventories) in the period in which the event or condition that triggers the payment occurs.

The lease payments are discounted using the interest rate implicit in the lease. If that rate cannot be readily determined, which is generally the case for real estate leases, the incremental borrowing rate is used. The HNELHD does not borrow funds in the market. Instead they receive an allocation of the appropriations from the Crown and where the Crown needs additional funding, Treasury Corporation (TCorp) goes to the market to obtain these funds. As a result, the HNELHD is using TCorp rates as their incremental borrowing rates. These rates are published by NSW Treasury on a regular basis.

After the commencement date, the amount of lease liabilities is increased to reflect the accretion of interest and reduced for the lease payments made. In addition, the carrying amount of lease liabilities is remeasured if there is a modification, a change in the lease term, a change in the lease payments (e.g. changes to future payments resulting from a change in an index or rate used to determine such lease payments) or a change in the assessment of an option to purchase the underlying asset.

The HNELHD's lease liabilities are included in borrowings in Note 32.

iii. Short-term leases and leases of low-value assets

The HNELHD applies the short-term lease recognition exemption to its short-term leases of buildings, machinery, motor vehicles and equipment (i.e., those leases that have a lease term of 12 months or less from the commencement date and do not contain a purchase option). It also applies the lease of low-value assets recognition exemption to leases of office equipment that are considered to be low value. Lease payments on short-term leases and leases of low value assets are recognised as an expense on a straight-line basis over the lease term.

iv. Leases that have significantly below-market terms and conditions principally to enable the entity to further its objectives

The initial and subsequent measurement of right-of-use assets under leases at significantly below-market terms and conditions that are entered into principally to enable the HNELHD to further its objectives is the same as normal right-of-use assets. They are measured at cost, subject to impairment.

Hunter New England Local Health District
Notes to and forming part of the Financial Statements
for the year ended 30 June 2022

26. Leases (continued)

(b) Entity as a lessor

The HNELHD leases few retail spaces located within the hospital precincts under operating leases with rental payable monthly. Lease payments generally contain uplift clauses to align to the market conditions.

The HNELHD also leases land to NGO's under operating leases arrangements. Generally there are no rental payments as the HNELHD provides market rental assistance grants to offset the rental payments.

Lessor for operating leases

Future minimum rentals receivable (undiscounted) under non-cancellable operating lease as at 30 June 2022 are, as follows:

PARENT AND CONSOLIDATION

	2022	2021
	\$'000	\$'000
Within one year	942	1,150
One to two years	49	770
Two to three years	30	24
Three to four years	25	9
Four to five years	25	-
Later than five years	492	-
Total (excluding GST)	1,563	1,953

Recognition and Measurement

Lessor for operating leases

An operating lease is a lease other than a finance lease. Rental income arising is accounted for on a straight-line basis over the lease terms and is included in revenue in the Statement of Comprehensive Income due to its operating nature. Initial direct costs incurred in negotiating and arranging an operating lease are added to the carrying amount of the underlying asset and recognised over the lease term on the same basis as rental income. Contingent rents are recognised as revenue in the period in which they are earned.

Hunter New England Local Health District
Notes to and forming part of the Financial Statements
for the year ended 30 June 2022

27. Intangible assets

PARENT AND CONSOLIDATION

	Software \$000	Total \$000
At 1 July 2020		
Cost (gross carrying amount)	2,071	2,071
Less: accumulated amortisation and impairment	1,374	1,374
Net carrying amount	697	697
Year ended 30 June 2021		
Net carrying amount at beginning of year	697	697
Disposals	(564)	(564)
Amortisation (recognised in depreciation and amortisation)	(133)	(133)
Net carrying amount at end of year	-	-

Recognition and Measurement

The HNELHD recognises intangible assets only if it is probable that future economic benefits will flow to the HNELHD and the cost of the asset can be measured reliably. Intangible assets are measured initially at cost. Where an asset is acquired at no or nominal cost, the cost is its fair value as at the date of acquisition. Following initial recognition, intangible assets are subsequently measured at fair value only if there is an active market. As there is no active market for the HNELHD's intangible assets, the assets are carried at cost less any accumulated amortisation and impairment losses.

All research costs are expensed. Development costs are only capitalised when certain criteria are met.

The useful lives of intangible assets are assessed to be finite.

The HNELHD's intangible assets are amortised using the straight-line method over a period of four years.

Computer software developed or acquired by the HNELHD are recognised as intangible assets. Most computer software is acquired from eHealth NSW, a controlled entity of the immediate parent. The amortisation period and the amortisation method for an intangible asset with a finite useful life are reviewed at least at the end of each reporting period.

Intangible assets with indefinite useful lives are not amortised, but are tested for impairment annually. The assessment of indefinite life is reviewed annually to determine whether the indefinite life continues to be supportable. If not, the change in useful life from indefinite to finite is made on a prospective basis.

Intangible assets are tested for impairment where an indicator of impairment exists. If the recoverable amount is less than its carrying amount, the carrying amount is reduced to recoverable amount and the reduction is recognised as an impairment loss.

Hunter New England Local Health District
Notes to and forming part of the Financial Statements
for the year ended 30 June 2022

28. Fair value measurement of non-financial assets

PARENT AND CONSOLIDATION

Fair value measurement and hierarchy

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 fair value measurement is based on the presumption that the transaction to sell the asset or transfer the liability takes place either in the principal market for the asset or liability or in the absence of a principal market, in the most advantageous market for the asset or liability.

When measuring fair value, the valuation technique used maximises the use of relevant observable inputs and minimises the use of unobservable inputs. Under AASB 13 Fair Value Measurement, the HNELHD categorises, for disclosure purposes, the valuation techniques based on the inputs used in the valuation techniques as follows:

- Level 1 – quoted (unadjusted) prices in active markets for identical assets / liabilities that the entity can access at the measurement date.
- Level 2 – inputs other than quoted prices included within Level 1 that are observable, either directly or indirectly.
- Level 3 – inputs that are not based on observable market data (unobservable inputs).

The HNELHD recognises transfers between levels of the fair value hierarchy at the end of the reporting period during which the change has occurred.

(a) Fair value hierarchy

	Level 1	Level 2	Level 3	Total Fair Value
	\$000	\$000	\$000	\$000
2022				
Property, plant and equipment (Note 25)				
- Land and buildings	-	6,855	2,318,473	2,325,328
- Infrastructure systems	-	-	51,055	51,055
	-	6,855	2,369,528	2,376,383

There were no transfers between level 1 and 2 during the year ended 30 June 2022.

The above figures exclude leasehold improvements, work in progress and newly completed projects which are carried at cost, and as a result they will not agree to Note 25.

	Level 1	Level 2	Level 3	Total Fair Value
	\$000	\$000	\$000	\$000
2021				
Property, plant and equipment (Note 25)				
- Land and buildings	-	7,435	1,842,850	1,850,285
- Infrastructure systems	-	-	40,137	40,137
	-	7,435	1,882,987	1,890,422

There were no transfers between level 1 and 2 during the year ended 30 June 2021.

The above figures exclude leasehold improvements, work in progress and newly completed projects which are carried at cost, and as a result they will not agree to Note 25.

28. Fair value measurement of non-financial assets (continued)

(b) Valuation techniques, inputs and processes

For land, buildings and infrastructure systems the HNELHD obtains external valuations by independent valuers at least every three years. The last revaluation was performed by Opteon Property Group Pty Ltd for the 2021-22 financial year. Opteon Property Group Pty Ltd is an independent entity and is not an associated entity of the HNELHD.

At the end of each reporting period a fair value assessment is made on any movements since the last revaluation, and a determination as to whether any adjustments need to be made. These adjustments are made by way of application of indices (refer Note 25 reconciliation).

The non-current assets categorised in (a) above have been measured as either level 2 or level 3 based on the following valuation techniques and inputs:

- For land, the valuation by the valuer is made on a market approach, comparing similar assets (not identical) and observable inputs. The most significant input is price per square metre.

All commercial and non-restricted land is included in level 2 as these land valuations have a high level of observable inputs although these lands are not identical.

All of the restricted land has been classified as level 3 as, although observable inputs have been used, a significant level of professional judgement is required to adjust inputs in determining the land valuations. Certain parcels of land have zoning restrictions, for example hospital grounds, and values are adjusted accordingly.

- For buildings and infrastructure, many assets are of a specialised nature or use, including some modified residential properties and thus the most appropriate valuation method is depreciated replacement cost. These assets are included as level 3 as these assets have a high level of unobservable inputs. However some residential properties are valued on a market approach and included in level 2.
- Non-current assets held for sale is a non-recurring item that is measured at the lower of its fair value less cost to sell or its carrying amount. These assets are categorised as level 2.

The property market is being impacted by the uncertainty that the COVID-19 outbreak has caused. Sales evidence have been utilised across the HNELHD to assess the land and non-specialised properties, in line with the valuation by the valuers made on a market approach.

Hunter New England Local Health District
Notes to and forming part of the Financial Statements
for the year ended 30 June 2022

28. Fair value measurement of non-financial assets (continued)

(c) Reconciliation of recurring Level 3 fair value measurements

PARENT AND CONSOLIDATION

2022	Land and Buildings \$000	Infrastructure Systems \$000	Total Level 3 Recurring \$000
Fair value as at 1 July 2021	1,842,850	40,137	1,882,987
Additions*	241,702	7,071	248,773
Revaluation increments / (decrements) recognised in other comprehensive income – included in line item 'Changes in revaluation surplus of property, plant and equipment' (Note 25)	310,301	6,306	316,607
Transfers from Level 2	2,226	-	2,226
Transfers to Level 2	(2,042)	-	(2,042)
Disposals	(519)	-	(519)
Depreciation expense	(76,045)	(2,459)	(78,504)
Fair value as at 30 June 2022	2,318,473	51,055	2,369,528

* Additions include assets previously carried at cost which have been revalued under the level 3 fair value hierarchy for the first time as a result of a comprehensive revaluation or an interim desktop revaluation.

There were \$2.226 million of land and buildings transferred from level 2 to level 3 and \$2.042 million of land and buildings transferred from level 3 to level 2 during the period ended 30 June 2022.

2021	Land and Buildings \$000	Infrastructure Systems \$000	Total Level 3 Recurring \$000
Fair value as at 1 July 2020	1,916,773	42,467	1,959,240
Additions*	-	29	29
Disposals	(2,305)	(67)	(2,372)
Depreciation expense	(71,618)	(2,292)	(73,910)
Fair value as at 30 June 2021	1,842,850	40,137	1,882,987

* Additions include assets previously carried at cost which have been revalued under the level 3 fair value hierarchy for the first time as a result of a comprehensive revaluation or an interim desktop revaluation.

There were no transfers between level 2 or 3 during the year ended 30 June 2021.

Hunter New England Local Health District
Notes to and forming part of the Financial Statements
for the year ended 30 June 2022

29. Restricted assets

PARENT AND CONSOLIDATION

The HNELHD's financial statements include the following assets which are restricted for stipulated purposes and / or by externally imposed conditions, eg. donor requirements. The assets are only available for application in accordance with the terms of the donor restrictions. They consist of cash assets and rights and obligations to receive and make payments as at 30 June 2022.

Category	1 July 2021	Revenue	Expense	2022
	Opening			Closing
	\$000	\$000	\$000	\$000
Community welfare ¹	3,306	2,121	1,951	3,476
Facility improvements	38,416	20,318	9,430	49,304
Holds funds in perpetuity	525	-	4	521
Patient welfare	14,923	5,143	3,583	16,483
Private practice disbursements (No.2 Accounts)	27,663	4,953	4,533	28,083
Public contributions	1,747	290	187	1,850
Research	13,841	4,607	4,941	13,507
Section 19(2) exemption funds	867	547	418	996
Staff welfare	717	99	220	596
Training and education including conferences	8,908	1,060	380	9,588
	110,913	39,138	25,647	124,404

¹ Community welfare 1 July 2021 opening balance has been restated as Section 19(2) exemption funds have been separately disclosed from 1 July 2021. The balances of Section 19(2) exemption funds was previously included in the Community welfare category.

Restricted assets are held for the following purpose and cannot be used for any other purpose.

Category	Purpose
Community welfare	Improvements to service access, health literacy, public and preventative health care.
Facility improvements	Repairs, maintenance, renovations and/or new equipment or building related expenditure.
Holds funds in perpetuity	Donor has explicitly requested funds be invested permanently and not otherwise expended.
Patient welfare	Improvements such as medical needs, financial needs and standards for patients' privacy and dignity.
Private practice disbursements (No.2 Accounts)	Staff specialists' private practice arrangements to improve the level of clinical services provided.
Public contributions	Donations or legacies received without any donor-specified conditions as to its use.
Research	Research to gain knowledge, understanding and insight.
Section 19(2) exemption funds	Improving access to primary care in rural and remote areas.
Staff welfare	Staff benefits such as staff recognition awards, functions and staff amenity improvements.
Training and education including conferences	Professional training, education and conferences.
Other	Does not meet the definition of any of the above categories.

Unclaimed monies

All money and personal effects of patients which are left in the custody of the HNELHD by any patient who is discharged or dies in the hospital and which are not claimed by the person lawfully entitled thereto within a period of twelve months are recognised as the property of the HNELHD.

All such money and the proceeds of the realisation of any personal effects are lodged to the credit of the Samaritan Fund which is used specifically for the benefit of necessitous patients or necessitous outgoing patients.

Hunter New England Local Health District
Notes to and forming part of the Financial Statements
for the year ended 30 June 2022

30. Payables

	Consolidated 2022 \$000	Consolidated 2021 \$000	Parent 2022 \$000	Parent 2021 \$000
Current				
Accrued salaries, wages and on-costs	25,493	27,902	-	-
Salaries and wages deductions	240	329	-	-
Payroll and fringe benefits tax	129	142	-	-
Accrued liability - purchase of personnel services	-	-	25,862	28,373
Creditors	52,272	53,331	52,272	53,331
Other creditors				
- Payables to entities controlled by the immediate parent	38,612	27,922	38,612	27,922
- Other	87,777	62,303	87,777	62,303
	204,523	171,929	204,523	171,929

Details regarding liquidity risk, including a maturity analysis of the above payables are disclosed in Note 43.

Recognition and Measurement

Payables represent liabilities for goods and services provided to the HNELHD and other amounts. Short-term payables with no stated interest rate are measured at the original invoice amount where the effect of discounting is immaterial.

Payables are financial liabilities at amortised cost, initially measured at fair value, net of directly attributable transaction costs. These are subsequently measured at amortised cost using the effective interest method. Gains and losses are recognised in the net result when the liabilities are derecognised as well as through the amortisation process.

Hunter New England Local Health District
Notes to and forming part of the Financial Statements
for the year ended 30 June 2022

31. Contract liabilities

	Consolidated 2022 \$000	Consolidated 2021 \$000	Parent 2022 \$000	Parent 2021 \$000
Current				
Contract liabilities	4,239	1,226	4,239	1,226
	4,239	1,226	4,239	1,226

Recognition and Measurement

Contract liabilities relate to consideration received in advance from customers. The balance of the contract liabilities at 30 June 2022 was impacted by the timing of payments received for grants and other contributions. The satisfaction of the specific performance obligations within the contract had not been met at the 30 June 2022. Revenue from the contract liabilities will be recognised when the specific performance obligations have been met.

The contract liability balance has significantly increased during the year because of the timing of payments received.

	Consolidated 2022 \$000	Consolidated 2021 \$000	Parent 2022 \$000	Parent 2021 \$000
Revenue recognised that was included in the contract liability balance at the beginning of the year	1,226	3,190	1,226	3,190
Revenue recognised from performance obligations satisfied in previous periods	(143)	(140)	(143)	(140)
Transaction price allocated to the remaining performance obligations from contracts with customers	8,023	31,106	8,023	31,106

The transaction price allocated to the remaining performance obligations relates to the following revenue classes and is expected to be recognised as follows:

	2023 \$'000	2024 \$'000	2025 \$'000	≥ 2026 \$'000
Specific revenue class				
Grants and other contributions	5,306	1,678	743	296
	5,306	1,678	743	296

Hunter New England Local Health District
Notes to and forming part of the Financial Statements
for the year ended 30 June 2022

32. Borrowings

	Consolidated 2022 \$000	Consolidated 2021 \$000	Parent 2022 \$000	Parent 2021 \$000
Current				
Other loans and deposits	1,334	1,303	1,334	1,303
Lease liabilities (see Note 26)	2,443	2,375	2,443	2,375
Public Private Partnerships	2,557	2,169	2,557	2,169
	6,334	5,847	6,334	5,847
Non-current				
Other loans and deposits	8,115	9,450	8,115	9,450
Lease liabilities (see Note 26)	10,424	12,733	10,424	12,733
Public Private Partnerships	62,365	64,922	62,365	64,922
	80,904	87,105	80,904	87,105

No assets have been pledged as security / collateral for liabilities and there are no restrictions on any title to property.

Final repayment date for 'Other loans and deposits' is June 2031. Final repayment to Novacare for Calvary Mater Newcastle Hospital Public Private Partnership is 2033/34.

Other loans still to be extinguished represent monies to be repaid to the Health Administration Corporation, an entity controlled by the immediate parent; the immediate parent itself; and the NSW Treasury, which is controlled by the ultimate parent.

The Public, Private Partnership relate to the provision of service-enabling infrastructure that includes private sector delivering a combination of design, construction, financing, maintenance, operations and delivery of clinical and non-clinical services. Payments are made by the HNELHD to the private sector entities on the basis of delivery of assets or service delivery. The liability to pay the private sector entities is based on financing arrangements involving Consumer Price Index (CPI)-linked finance and fixed finance.

In 2005-06, the Health Administration Corporation entered into a contract with a private sector provider, NovaCare Project Partnership for financing, design, construction and commissioning of a new Mater Hospital, a mental health facility and refurbishment of existing buildings, and facilities management and delivery of ancillary non-clinical services on the site until November 2033. The redevelopment was completed in three stages. Stage 1 was completed in January 2008 followed by Stage 2 in February 2009. Construction of Stage 3 was completed on 16 June 2009.

When Stage 1 construction was completed in January 2008, the former Hunter New England Area Health Service (HNEAHS) transferred the Mater Hospital to Calvary Mater Newcastle and recognised the transfer as a grant expense of \$71.33M. The recognition was based on the fact that services are delivered by Little Company of Mary Health Care being a Third Schedule Hospital health care provider which is outside the accounting control of either the former HNEAHS or the Ministry of Health. Upon completion of the project, the former HNEAHS transferred the other parts of the new hospital and recognised the transfer of a grant expense of \$35.48M in June 2009.

The former HNEAHS recognised the new mental health facility as an asset of \$39.29M. The refurbished Convent and McAuley buildings at the Mater Hospital site as occupied by the former HNEAHS, was also recognised as an asset and offsetting liability of \$11.08M. The basis for the accounting treatment is that services will be delivered by the former HNEAHS on the site of the Mater Hospital for the duration of the Head Lease of these facilities until November 2033.

In addition, the former Hunter New England Area Health Service recognised the liability to NovaCare, payable over the period to 2033, for the construction of both hospitals. The liability transferred from the former HNEAHS to the HNELHD on 1 January 2011.

Details regarding liquidity risk, including a maturity analysis of the above borrowings are disclosed in Note 43.

32. Borrowings (continued)

Recognition and Measurement

Borrowings represents interest bearing liabilities mainly raised through NSW Treasury Corporation, lease liabilities, service concession arrangement liabilities, public private partnerships and other interest bearing liabilities.

Financial liabilities at amortised cost

Borrowings classified as financial liabilities at amortised cost are initially measured at fair value, net of directly attributable transaction costs. These are subsequently measured at amortised cost using the effective interest method. Gains and losses are recognised in the net result when the liabilities are derecognised as well as through the amortisation process.

Borrowings are classified as current liabilities unless the HNELHD has an unconditional right to defer settlement of the liability for at least 12 months after the reporting date. Refer to Note 43 (b) for derecognition policy.

Financial liabilities at fair value through profit or loss

Financial liabilities at fair value through profit or loss include financial liabilities held-for-trading such as derivative financial liabilities designated upon initial recognition as at fair value through profit or loss.

Financial liabilities are classified as held-for-trading if they are incurred for the purpose of repurchasing in the near term or on initial recognition are part of a portfolio of identified financial instruments that are managed together and for which there is evidence of a recent actual pattern of short-term profit-taking. Derivatives are economic hedges classified as at fair value through profit or loss unless they are designated as effective hedging instruments.

Derivatives are carried as financial liabilities when the fair value is negative. Gains or losses on derivative liabilities are recognised in the net result as the HNELHD has elected not to apply hedge accounting.

Management only designates an instrument at FVPL upon initial recognition when one of the following criteria are met. Such designation is determined on an instrument-by-instrument basis:

- the designation eliminates, or significantly reduces, the inconsistent treatment that would otherwise arise from measuring the assets or liabilities or recognising gains or losses on them on a different basis; or
- the liabilities are part of a group of financial liabilities, that are managed and their performance evaluated on a fair value basis, in accordance with a documented risk management or investment strategy; or
- the liabilities contain one or more embedded derivatives, unless they do not significantly modify the cash flows that would otherwise be required by the contract, or it is clear with little or no analysis when a similar instrument is first considered that separation of the embedded derivative(s) is prohibited.

The HNELHD has not designated any financial liability as at fair value through profit or loss.

The changes in fair value of liabilities designated at fair value through profit or loss are recorded in profit or loss with the exception that movements in fair value due to changes in the entity's own credit risk are recorded in other comprehensive income and do not get recycled to net result.

Financial guarantees

A financial guarantee contract is a contract that requires the issuer to make specified payments to reimburse the holder for a loss it incurs because a specified debtor fails to make payment when due in accordance with the original or modified terms of a debt instrument.

Recognition and Measurement

Financial guarantee contracts are recognised as a financial liability at the time the guarantee is issued. The liability is initially measured at fair value, being the premium received. Subsequent to initial recognition, the HNELHD's liability under each guarantee is measured at the higher of the amount initially recognised less cumulative amortisation, and an expected credit loss provision.

The HNELHD has reviewed its financial guarantees and determined that there is no material liability to be recognised for financial guarantee contracts as at 30 June 2022 and as at 30 June 2021.

Hunter New England Local Health District
Notes to and forming part of the Financial Statements
for the year ended 30 June 2022

Changes in liabilities arising from financing activities

PARENT AND CONSOLIDATION

	Derivatives \$000	Service concession arrangements \$000	Other loans and deposits \$000	Leases \$000	Total liabilities from financing activities \$000
1 July 2020	-	-	77,113	17,527	94,640
Cash flows	-	-	731	(2,444)	(1,713)
New leases	-	-	-	14	14
Lease reassessments	-	-	-	11	11
30 June 2021	-	-	77,844	15,108	92,952
1 July 2021	-	-	77,844	15,108	92,952
Cash flows	-	-	(3,473)	(2,426)	(5,899)
New leases	-	-	-	185	185
Lease terminations*	-	-	-	(46)	(46)
Lease reassessments	-	-	-	46	46
30 June 2022	-	-	74,371	12,867	87,238

* Lease terminations include the derecognition of lease liabilities of \$Nil with Property NSW as at the 30 June 2022. Please refer to Note 26 for further details on the derecognition.

Cash flows from derivatives in the above table will not reconcile to the Statement of Cash Flows as the Statement of Cash Flows presents a net cash movement of financial assets and liabilities.

Hunter New England Local Health District
Notes to and forming part of the Financial Statements
for the year ended 30 June 2022

33. Provisions

	Consolidated 2022 \$000	Consolidated 2021 \$000	Parent 2022 \$000	Parent 2021 \$000
Current				
Employee benefits and related on-costs				
Annual leave - obligations expected to be settled within 12 months	141,567	136,565	-	-
Annual leave - obligations expected to be settled after 12 months	83,941	69,772	-	-
Long service leave consequential on-costs - obligations expected to be settled within 12 months	3,287	3,823	-	-
Long service leave consequential on-costs - obligations expected to be settled after 12 months	38,031	43,417	-	-
Provision for other employee benefits*	43,520	5,851	-	-
Provision for personnel services liability	-	-	310,346	259,428
	310,346	259,428	310,346	259,428
Other Provisions				
Restoration costs	1,822	1,081	1,822	1,081
Other	5,690	-	5,690	-
	7,512	1,081	7,512	1,081
Total current provisions	317,858	260,509	317,858	260,509
Non-current				
Employee benefits and related on-costs				
Long service leave consequential on-costs	4,086	4,672	-	-
Provision for personnel services liability	-	-	4,086	4,672
	4,086	4,672	4,086	4,672
Other Provisions				
Restoration costs	824	769	824	769
	824	769	824	769
Total non-current provisions	4,910	5,441	4,910	5,441
Aggregate employee benefits and related on-costs				
Provisions - current	310,346	259,428	-	-
Provisions - non-current	4,086	4,672	-	-
Accrued salaries, wages and on-costs and salaries and wages deductions (Note 30)	25,733	28,231	-	-
Liability - purchase of personnel services	-	-	340,165	292,331
	340,165	292,331	340,165	292,331

* Provision for other employee benefits includes a one-off payment to employees of \$37.14 million (2021: \$Nil) for the recognition of service during the COVID-19 pandemic.

Hunter New England Local Health District
Notes to and forming part of the Financial Statements
for the year ended 30 June 2022

33. Provisions (continued)

Movements in provisions (other than employee benefits)

Movements in other provisions during the financial year, other than employee benefits, are set out below:

	Consolidated 2022 \$000	Consolidated 2021 \$000	Parent 2022 \$000	Parent 2021 \$000
Restoration costs				
Carrying amount at beginning of period	1,850	769	1,850	769
- Additional provisions recognised	796	1,081	796	1,081
Carrying amount at end of period	2,646	1,850	2,646	1,850

The majority of 'restoration costs' represent the expected cost to restore a leased asset at the end of the lease term. Lease end dates vary across the HNELHD's lease portfolio and therefore the timing of the payments to restore the leased asset at the end of the term will vary. The majority of the 'restoration cost' provision is as per the lease contracts.

	Consolidated 2022 \$000	Consolidated 2021 \$000	Parent 2022 \$000	Parent 2021 \$000
Other				
Carrying amount at beginning of period	-	-	-	-
- Additional provisions recognised*	5,690	-	5,690	-
Carrying amount at end of period	5,690	-	5,690	-

* Additional provisions recognised of \$5.69 million in 2022, includes a one-off payment to visiting medical officers of \$2.28 million (2021: \$Nil) and affiliated health organisations of \$3.41 million (2021: \$Nil) for the recognition of service during the COVID-19 pandemic.

The majority of the 'other' provision represent various contractual related obligations. The HNELHD has recognised the provision amount by taking into consideration all available information at the reporting date and making best management estimation of the obligation. The timing of the payments will vary for each contractual related obligations.

Recognition and Measurement

Employee benefits and other provisions

Salaries and wages, annual leave, sick leave, allocated days off (ADO) and on-costs

Salaries and wages (including non-monetary benefits) and paid sick leave that are expected to be settled wholly within 12 months after the end of the period in which the employees render the service are recognised and measured at the undiscounted amounts of the benefits.

Annual leave and ADO are not expected to be settled wholly before 12 months after the end of the annual reporting period in which the employees render the related service. As such, they are required to be measured at present value in accordance with AASB 119 Employee Benefits (although short-cut methods are permitted).

Actuarial advice obtained by NSW Treasury, a controlled entity of the ultimate parent, has confirmed that using the nominal annual leave balance plus the annual leave entitlements accrued while taking annual leave can be used to approximate the present value of the annual leave liability. On-costs of 20.58% are applied to the value of leave payable at 30 June 2022 (comparable on-costs for 30 June 2021 were 20.08%). The HNELHD has assessed the actuarial advice based on the HNELHD's circumstances to both the annual leave and ADO and has determined that the effect of discounting is immaterial. All annual leave and ADO are classified as a current liability even where the HNELHD does not expect to settle the liability within 12 months as the HNELHD does not have an unconditional right to defer settlement.

33. Provisions (continued)

Recognition and Measurement (continued)

Unused non-vesting sick leave does not give rise to a liability as it is not considered probable that sick leave taken in the future will be greater than the benefits accrued in the future.

The majority of employee benefits and related on-cost balances have increased since the beginning of the COVID-19 pandemic. Management of the COVID-19 pandemic, along with state and international border closures at different times have adversely impacted the provision balance.

Long service leave and superannuation

The HNELHD's liability for long service leave and defined benefit superannuation (State Authorities Superannuation Scheme and State Superannuation Scheme) are assumed by The Crown in right of the State of New South Wales. The HNELHD accounts for the liability as having been extinguished, resulting in the amount assumed being shown as part of the non-monetary revenue item described as 'Acceptance by the Crown of employee benefits'.

Specific on-costs relating to long service leave assumed by The Crown in right of the State of New South Wales are borne by the HNELHD.

Long service leave is measured at the present value of expected future payments to be made in respect of services provided up to the reporting date. Consideration is given to certain factors based on actuarial review, including expected future wage and salary levels, experience of employee departures, and periods of service. Expected future payments are discounted using the long-term Commonwealth Government bond rate at the reporting date.

The superannuation expense for the financial year is determined by using the formulae specified in the Treasurer's Directions. The expense for certain superannuation schemes (i.e. Basic Benefit and Aware Super) is calculated as a percentage of the employee's salary. For other superannuation schemes (i.e. State Superannuation Scheme and State Authorities Superannuation Scheme), the expense is calculated as a multiple of the employee's superannuation contributions.

Consequential on-costs

Consequential costs to employment are recognised as liabilities and expenses where the employee benefits to which they relate have been recognised. This includes outstanding amounts of workers' compensation insurance premiums and fringe benefits tax.

Other provisions

Other provisions are recognised when: the HNELHD has a present legal or constructive obligation as a result of a past event; it is probable that an outflow of resources will be required to settle the obligation; and a reliable estimate can be made of the amount of the obligation. When the HNELHD expects some or all of a provision to be reimbursed, for example, under an insurance contract, the reimbursement is recognised as a separate asset, but only when the reimbursement is virtually certain. The expense relating to a provision is presented net of any reimbursement in the Statement of Comprehensive Income.

Any provisions for restructuring are recognised only when the HNELHD has a detailed formal plan, and the HNELHD has raised a valid expectation in those affected by the restructuring that it will carry out the restructuring by starting to implement the plan or announcing its main features to those affected.

If the effect of the time value of money is material, provisions are discounted at a pre-tax rate that reflects the current market assessments of the time value of money and the risks specific to the liability. When discounting is used, the increase in the provision due to the passage of time (i.e. unwinding of discount rate) is recognised as a finance cost.

Hunter New England Local Health District
Notes to and forming part of the Financial Statements
for the year ended 30 June 2022

34. Other liabilities

	Consolidated 2022 \$000	Consolidated 2021 \$000	Parent 2022 \$000	Parent 2021 \$000
Current				
Unearned revenue	1,273	629	1,273	629
Liabilities under transfer to acquire or construct non-financial assets to be controlled by the entity	2,730	2,095	2,730	2,095
	4,003	2,724	4,003	2,724
Non-current				
Unearned revenue	5,195	210	5,195	210
	5,195	210	5,195	210

Unearned revenue was derived from the following:

- Rent received in advance for Armidale Private Hospital for the forty year period ending 2037
- Rent received in advance from the University of Newcastle for floor space at the John Hunter Hospital for the twenty years ending 2042
- Receipts from various higher education providers and medical colleges relating to salary support and student placement arrangements
- Patient fees received in advance of services being provided

PARENT AND CONSOLIDATION

Reconciliation of financial assets and corresponding liabilities arising from transfers to acquire or construct non-financial assets to be controlled by the HNELHD.

	2022 \$'000	2021 \$000
Opening balance of liabilities arising from transfers to acquire / construct non-financial assets to be controlled by the entity	2,095	1,830
<i>Add:</i> receipt of cash during the financial year	1,145	265
<i>Deduct:</i> income recognised during the financial year	510	-
Closing balance of liabilities arising from transfers to acquire / construct non-financial assets to be controlled by the entity	2,730	2,095

Refer to Note 15 for a description of the HNELHD's obligations under transfers received to acquire or construct non-financial assets to be controlled by the HNELHD.

The HNELHD expects to recognise as income any liability for unsatisfied obligations as at the end of the reporting period evenly in the next 1-3 financial years, as the related asset(s) are constructed / acquired.

Hunter New England Local Health District
Notes to and forming part of the Financial Statements
for the year ended 30 June 2022

35. Equity

Revaluation surplus

The revaluation surplus is used to record increments and decrements on the revaluation of non-current assets. This accords with the HNELHD's policy on the revaluation of property, plant and equipment as discussed in Note 25.

Accumulated funds

The category 'accumulated funds' includes all current and prior period retained funds.

Reserves

Separate reserve accounts are recognised in the financial statements only if such accounts are required by specific legislation or Australian Accounting Standards (e.g. revaluation surplus and foreign currency translation reserve).

Increase / (decrease) in net assets from equity transfers

Equity transfers effected in the 2021/22 year were:

(a) Nil

Equity transfers effected in the 2020/21 year were:

(b) As at the 30 June 2021, medical imaging equipment was transferred from Murrumbidgee LHD to HNELHD at \$Nil consideration, an entity of the immediate parent. All corresponding asset and liability balances were transferred across at the carrying amounts from the transferee to the transferor.

Equity transfers effected comprised:

	2022 \$000	2021 \$000
(a) Transfer of medical imaging equipment	-	101
	-	101

Assets and Liabilities transferred are as follows:

	2022 \$000	2021 \$000
Assets		
(a) Medical imaging equipment	-	101
Increase / (Decrease) in Net Assets From Equity Transfers	-	101

Equity transfers

Recognition and Measurement

The transfer of net assets between entities as a result of an administrative restructure, transfers of programs/functions and parts thereof between entities controlled by the ultimate parent are recognised as an adjustment to 'Accumulated Funds'. This treatment is consistent with AASB 1004 Contributions and Australian Accounting Interpretation 1038 Contributions by Owners Made to Wholly-Owned Public Sector Entities.

Transfers arising from an administrative restructure involving not-for-profit entities and for-profit government entities are recognised at the amount at which the asset was recognised by the transferor immediately prior to the restructure. Subject to below, in most instances this will approximate fair value.

All other equity transfers are recognised at fair value, except for intangibles. Where an intangible has been recognised at amortised cost by the transferor because there is no active market, the HNELHD recognises the asset at the transferor's carrying amount. Where the transferor is prohibited from recognising internally generated intangibles, the HNELHD does not recognise that asset.

Hunter New England Local Health District
Notes to and forming part of the Financial Statements
for the year ended 30 June 2022

36. Commitments

(a) Capital commitments

Aggregate capital expenditure for the acquisition of land and buildings, plant and equipment and infrastructure systems, contracted for at balance date and not provided for:

	Consolidated 2022 \$000	Consolidated 2021 \$000	Parent 2022 \$000	Parent 2021 \$000
Within one year	58,129	45,465	58,129	45,465
Later than one year and not later than five years	15,093	28,534	15,093	28,534
Later than five years	569	4,815	569	4,815
Total (including GST)	73,791	78,814	73,791	78,814

(b) Contingent asset related to commitments for expenditure

The total 'Capital expenditure commitments' of \$73.79 million as at 30 June 2022 includes input tax credits of \$6.71 million that are expected to be recoverable from the Australian Taxation Office (2021: \$7.16 million).

37. Contingent liabilities and contingent assets

PARENT AND CONSOLIDATION

The HNELHD is not aware of any contingent liabilities or assets which would have a material effect on the disclosures in these financial statements.

(a) Contingent liabilities

HNELHD has no contingent liabilities (2021: nil) as at 30 June 2022.

(b) Contingent assets

HNELHD has no contingent assets (2021: nil) as at 30 June 2022.

Hunter New England Local Health District

Notes to and forming part of the Financial Statements

for the year ended 30 June 2022

38. Adjusted budget review

NSW Health's budget is shown at a consolidated level when presented in parliament each year (i.e. in the NSW Government Budget Papers). The HNELHD's budget is not presented in parliament, therefore AASB 1055 Budgetary Reporting is not applicable. Unlike the requirement in AASB 1055 Budgetary Reporting to present original budget information, the HNELHD's financial statements present adjusted budget information. The adjusted budgeted amounts are drawn from the initial Service Agreements between the HNELHD and the Ministry of Health at the beginning of the financial year, as well as any adjustments for the effects of additional supplementation provided in accordance with delegations to derive a final budget at year end (i.e. adjusted budget). The budget amounts are not subject to audit and, accordingly, the relevant budget entries in the financial statements are unaudited.

PARENT AND CONSOLIDATION

Net result

The actual Net Result was lower than adjusted budget by \$12 million, primarily due to:

Total Expenses excluding losses variance was \$0.2M favourable (0.01% below budget). Most categories had variances of less than 5% except for Grants and Subsidies which were \$2.8M (46.5%) above budget, and finance costs which were \$0.8M (11.7%) below budget.

Total Revenue variance was \$13.1M unfavourable (0.5% below budget). Unfavourability was reported in Revenue from contracts with customers \$20.7M (7.2% below budget), Investment Revenue \$1.4M (55.3% below budget) and in Other income \$1.4M (14.3% below budget).

Gain/(Loss) on disposal was favourable \$0.6M (72.5%) and Impairment losses on financial assets was favourable \$0.3M (37.1% lower than budget)

Assets and liabilities

Total Assets were \$449.1M favourable (15.6% above budget)

Current Assets were \$19.3M favourable (10.7% above budget). Cash and Cash Equivalents \$14.2M favourable (12.8% above budget) and Receivables \$3.9M favourable (6.0% above budget)

Non Current Assts were \$429.8M favourable (16.0% above budget) due to the impact of the comprehensive revaluation of land, building and infrastructure performed during the year.

Total Liabilities were \$23.6M unfavourable (3.9% above budget)

Current Liabilities were \$22.2M unfavourable (4.3% above budget). Unfavourabilities were reported in Contract liabilities \$3.0M (245.8% above budget), Borrowings \$4.9M (341.7% above budget) and Other Current Liabilities \$1.3M (47.0% above budget).

Non Current Liabilities were \$1.3M unfavourable (1.5% above budget). Most categories had variances of less than 5% except for Other Non-Current Liabilities which were \$5.0M unfavourable (2374% above budget).

Hunter New England Local Health District

Notes to and forming part of the Financial Statements

for the year ended 30 June 2022

38. Adjusted budget review (continued)

Cash flows

Net Cash Flows From Operating Activities were \$17.6M favourable (15.0% above budget). The only category with a variance above 5% was Receipts from the Sale of Goods and Services were \$23.9M unfavourable (8.4% below budget).

Net Cash Flows From Investing Activities were \$3.8M unfavourable (3.1% below budget). The only category with a variance above 5% was Proceeds from Sale of Property, Plant & Equipment, which was \$2.0M favourable (167.5% above budget).

Net Cash Flows From Financing Activities were \$0.4M favourable (2.3% above budget). Repayment of Borrowings and Advances were \$0.5M favourable (11.7% below budget).

Movements in the level of the Ministry of Health Recurrent Allocation that have occurred since the time of the initial allocation on 22 June 2021 are as follows:

	\$000	\$000
Initial Allocation, including escalation, excluding award increases		1,975,513
Escalations and Growth Funding		83,909
Allocated Savings		(13,625)
Covid-19 funding	140,400	
Mental Health Initiatives	3,004	
IPTAAS	1,970	
Defined Benefit Super	1,359	
CWU and Co-ordinator funding	1,331	
Various Special Projects	1,180	
Nurse Midwife Strategy Reserve	1,104	
Dental	1,020	
Rural Doctors Incentive Grants	977	
VR's	796	
PPP funding	764	
Other Misc	6,345	160,251
Balance as per Statement of Comprehensive Income		2,206,048

Hunter New England Local Health District
Notes to and forming part of the Financial Statements
for the year ended 30 June 2022

39. Reconciliation of cash flows from operating activities to net result

Reconciliation of cash flows from operating activities to the net result as reported in the Statement of Comprehensive Income as follows:

	Consolidated 2022 \$000	Consolidated ¹ 2021 \$000	Parent 2022 \$000	Parent ¹ 2021 \$000
Net cash used on operating activities	134,979	322,092	134,979	322,092
Depreciation and amortisation expense	(109,055)	(104,672)	(109,055)	(104,672)
Allowance for impairment	(1,722)	(767)	(1,722)	(767)
(Increase) / decrease in other liabilities	(6,263)	(646)	(6,263)	(646)
Decrease / (increase) in provisions	(56,820)	(27,263)	(56,820)	(27,263)
Increase / (decrease) in inventory	1,441	(408)	1,441	(408)
Increase / (decrease) in prepayments and other assets	13,187	9,384	13,187	9,384
Decrease / (increase) in payables	(32,221)	(10,668)	(32,221)	(10,668)
Decrease / (increase) in contract liabilities	(3,012)	1,963	(3,012)	1,963
Net gain / (loss) on sale of property, plant and equipment	(262)	(2,420)	(262)	(2,420)
Net gain / (loss) on disposal of right-of-use assets	46	-	46	-
Assets donated or brought to account (Note 40)	124	153	124	153
Net result	(59,578)	186,748	(59,578)	186,748

¹ 'Increase / (decrease) in Inventory' and 'Increase / (decrease) in financial instruments at fair value' has been disaggregated from 'Increase / (decrease) in prepayments and other assets' in the current year. The prior period comparatives have been restated to reflect this change.

40. Non-cash financing and investing activities

	Consolidated 2022 \$000	Consolidated 2021 \$000	Parent 2022 \$000	Parent 2021 \$000
Assets donated or brought to account	124	153	124	153
Property, plant and equipment acquired by a lease	185	14	185	14
	309	167	309	167

Hunter New England Local Health District
Notes to and forming part of the Financial Statements
for the year ended 30 June 2022

41. Trust funds

PARENT AND CONSOLIDATION

The HNELHD holds trust funds of \$3.1 million (2021: \$3.1 million) which are held for the safe keeping of patients' monies, deposits on hired items of equipment and Private Patient Trusts.

These funds are excluded from the financial statements as the HNELHD cannot use them for the achievement of its objectives. The following is a summary of the transactions in the trust account.

Category	1 July 2021			30 June 2022
	Opening equity \$'000	Revenue \$'000	Expense \$'000	Closing equity \$'000
Patient Trust	42	1	-	43
Refundable Deposits	216	9	(18)	207
Private Patient Trust Funds	2,781	46,418	(46,473)	2,726
Third Party Funds	67	671	(658)	80
Total trust funds	3,106	47,099	(47,149)	3,056

Category	1 July 2020			30 June 2021
	Opening equity \$'000	Revenue \$'000	Expense \$'000	Closing equity \$'000
Patient Trust	592	3	(553)	42
Refundable Deposits	1,936	188	(1,908)	216
Private Patient Trust Funds	2,789	45,122	(45,130)	2,781
Third Party Funds	57	579	(569)	67
Total trust funds	5,374	45,892	(48,160)	3,106

The following list provides a brief description of the purpose of the trust fund categories.

Category	Purpose
Patient Trust	The safe custody of patients' valuables including monies.
Refundable Deposits	A sum of money held in trust as a security deposit.
Private Patient Trust Funds	The revenue derived from private patient and other billable services provided by Staff Specialists.
Third Party Funds	A sum of money held in trust on behalf of external parties, e.g. external foundations, volunteer groups and auxiliaries.

Any amounts drawn down from trust funds under the private practice arrangements are not included in the key management personnel compensation amounts or disclosed as a related party transaction in Note 44.

Hunter New England Local Health District

Notes to and forming part of the Financial Statements

for the period ended 30 June 2022

42. Interests in associates

Set out below are the associates of HNELHD as at 30 June 2022 which, in the opinion of management, are material to the group. The proportion of ownership interest held by the group equals the voting rights held by the group.

Name of entity	Place of business and country of incorporation	Class of shares	Ownership interest held by HNELHD		Nature of relationship	Measurement method	Carrying Amount	
			2022	2021			2022	2021
			%	%			\$000	\$000
Hunter Medical Research Institute	Australia	Not applicable	25	25	Associate	Equity method	-	-

Hunter Medical Research Institute is a company limited by guarantee, whose constitution prohibits the distribution of funds to its members. Accordingly the carrying amount has been equity accounted at nil value and as such no financial information has been disclosed. Hunter Medical Research Institute has a 31 December reporting period.

Hunter New England Local Health District
Notes to and forming part of the Financial Statements
for the year ended 30 June 2022

43. Financial instruments

The HNELHD's principal financial instruments are outlined below. These financial instruments arise directly from the HNELHD's operations or are required to finance its operations. The HNELHD does not enter into or trade financial instruments, including derivative financial instruments, for speculative purposes.

The HNELHD's main risks arising from financial instruments are outlined below, together with the HNELHD's objectives, policies and processes for measuring and managing risk. Further quantitative and qualitative disclosures are included throughout these financial statements.

The Chief Executive has overall responsibility for the establishment and oversight of risk management and reviews and agrees policies for managing each of these risks. Risk management policies are established to identify and analyse the risks faced by the HNELHD, to set risk limits and controls and to monitor risks. Compliance with policies is reviewed on a continuous basis.

(a) Financial instrument categories

PARENT AND CONSOLIDATION

Class	Category	Carrying Amount 2022 \$000	Carrying Amount 2021 \$000
Financial assets			
Cash and cash equivalents (Note 21)	Amortised cost	125,413	123,871
Receivables (Note 22) ¹	Amortised cost	51,090	35,039
Total financial assets		176,503	158,910
Financial liabilities			
Borrowings (Note 32)	Financial liabilities measured at amortised cost	87,238	92,952
Payables (Note 30) ²	Financial liabilities measured at amortised cost	204,394	171,787
Total financial liabilities		291,632	264,739

Notes

¹ Excludes statutory receivables and prepayments (i.e. not within scope of AASB 7 Financial Instruments: Disclosures).

² Excludes statutory payables and unearned revenue (i.e. not within scope of AASB 7 Financial Instruments: Disclosures).

The HNELHD determines the classification of its financial assets and liabilities after initial recognition and, when allowed and appropriate, re-evaluates this at each financial year end.

(b) Derecognition of financial assets and financial liabilities

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 contractual rights to the cash flows from the financial assets expire; or if the entity transfers its rights to receive cash flows from the asset or has assumed an obligation to pay the received cash flows in full without material delay to a third party under a pass through arrangement and either:

- The HNELHD has transferred substantially all the risks and rewards of the asset; or
- The HNELHD has neither transferred nor retained substantially all the risks and rewards for the asset, but has transferred control.

43. Financial instruments (continued)

(b) Derecognition of financial assets and financial liabilities (continued)

When the HNELHD has transferred its rights to receive cash flows from an asset or has entered into a pass through arrangement, it evaluates if, and to what extent, it has retained the risks and rewards of ownership. Where the HNELHD has neither transferred nor retained substantially all the risks and rewards or transferred control, the asset continues to be recognised to the extent of the HNELHD's continuing involvement in the asset. In that case, the HNELHD also recognises an associated liability. The transferred asset and the associated liability are measured on a basis that reflects the rights and obligations that the HNELHD has retained.

Continuing involvement that takes the form of a guarantee over the transferred asset is measured at the lower of the original carrying amount of the asset and the maximum amount of consideration that the HNELHD could be required to repay.

A financial liability is derecognised when the obligation specified in the contract is discharged or 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 the derecognition of the original liability and the recognition of a new liability. The difference in the respective carrying amounts is recognised in the net result.

(c) Offsetting financial instruments

Financial assets and financial liabilities are offset and the net amount is reported in the Statement of Financial Position if there is a currently enforceable legal right to offset the recognised amounts and there is an intention to settle on a net basis, or to realise the assets and settle the liabilities simultaneously.

(d) Financial risk

i. Credit risk

Credit risk arises when there is the possibility that the counterparty will default on their contractual obligations, resulting in a financial loss to the HNELHD. The maximum exposure to credit risk is generally represented by the carrying amount of the financial assets (net of any allowance for credit losses).

Credit risk arises from financial assets of the HNELHD, including cash, receivables and authority deposits. No collateral is held by the HNELHD. The HNELHD has not granted any financial guarantees.

Credit risk associated with the HNELHD's financial assets, other than receivables, is managed through the selection of counterparties and establishment of minimum credit rating standards. Authority deposits held with NSW TCorp are guaranteed by the State.

The HNELHD considers a financial asset in default when contractual payments are 90 days past due. However, in certain cases, the HNELHD may also consider a financial asset to be in default when internal or external information indicates that the HNELHD is unlikely to receive the outstanding contractual amounts in full before taking into account any credit enhancements held by the HNELHD.

Cash and cash equivalents

Cash comprises cash on hand and bank balances deposited within the NSW Treasury banking system. Interest is earned daily on restricted financial asset cash on hand and bank balances only. The TCorpIM Cash Fund is discussed in market risk below.

Accounting policy for impairment of trade receivables and other financial assets

Receivables - trade receivables, other receivables and contract assets

Collectability of trade receivables, other receivables and contract assets is reviewed on an ongoing basis. Procedures as established in the Treasurer's Directions are followed to recover outstanding amounts, including letters of demand.

The HNELHD applies the AASB 9 simplified approach to measuring expected credit losses which uses a lifetime expected loss allowance for all trade receivables, other receivables and contract assets.

Hunter New England Local Health District
Notes to and forming part of the Financial Statements
for the year ended 30 June 2022

43. Financial instruments (continued)

(d) Financial risk (continued)

i. Credit risk (continued)

Accounting policy for impairment of trade receivables and other financial assets (continued)

Receivables - trade receivables, other receivables and contract assets (continued)

To measure the expected credit losses, trade receivables, other receivables and contract assets have been grouped based on shared credit risk characteristics and the days past due.

The expected loss rates are based on historical observed loss rates. The historical loss rates are adjusted to reflect current and forward-looking information on macroeconomic factors affecting the ability of the customers to settle the receivables. The HNELHD has identified relevant factors, and accordingly has adjusted the historical loss rates based on expected changes in these factors.

Trade receivables, other receivables and contract assets are written off when there is no reasonable expectation of recovery. Indicators that there is no reasonable expectation of recovery include, amongst others a failure to make contractual payments for a period of greater than 90 days past due.

The loss allowance for trade receivables, other receivables and contract assets as at 30 June 2022 and 30 June 2021 was determined as follows:

PARENT AND CONSOLIDATION

	Current	<30 days	30-60 days	61-90 days	>91 days	Total
30 June 2022	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
Expected credit loss rate	0.17%	0.64%	13.39%	13.00%	52.61%	6.27%
Estimated total gross carrying amount ¹	30,533	2,834	978	500	4,140	38,985
Expected credit loss	52	18	131	65	2,178	2,444
30 June 2021	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
Expected credit loss rate	0.19%	1.37%	60.65%	2.67%	63.29%	6.74%
Estimated total gross carrying amount ¹	28,941	1,535	676	1,012	2,926	35,090
Expected credit loss	55	21	410	27	1,852	2,365

Notes

¹ The analysis excludes statutory receivables and prepayments as these are not within the scope of AASB 7 Financial Instruments: Disclosures. Therefore the 'total' will not reconcile to the receivables total in Note 22 and the contract assets total in Note 23.

The HNELHD is not materially exposed to concentrations of credit risk to a single trade debtor or group of debtors as at 30 June 2022 and 30 June 2021.

43. Financial instruments (continued)

(d) Financial risk (continued)

ii. Liquidity risk

Liquidity risk is the risk that the HNELHD will be unable to meet its payment obligations when they fall due. The HNELHD continuously manages risk through monitoring future cash flows and maturities planning to ensure adequate holding of high quality liquid assets. The objective is to maintain a balance between continuity of funding and flexibility through the use of loans and other advances.

The HNELHD has negotiated no loan outside of arrangements with the Ministry of Health or NSW Treasury.

During the current and prior year, there were no defaults of loans payable. No assets have been pledged as collateral. The HNELHD's exposure to liquidity risk is deemed insignificant based on prior periods' data and current assessment of risk.

The HNELHD has exposure to liquidity risk. However, the risk is minimised by the service agreement with the Ministry of Health, as the annual service agreement requires local management to control its financial liquidity and in particular meet benchmarks for the payment of creditors. Where the HNELHD fails to meet service agreement performance standards, the Ministry of Health as the state manager can take action in accordance with annual performance framework requirements, including providing financial support and increased management interaction (refer Note 1).

Liabilities are recognised for amounts due to be paid in the future for goods or services received, whether or not invoiced. For all suppliers, that has a correctly rendered invoice, that has a matched purchase order and where goods have been received, an immediate payment is made irrespective of current contract payment terms.

For small business suppliers, where payment is not made within the specified time period, simple interest must be paid automatically unless an existing contract specifies otherwise.

For other suppliers, where settlement cannot be affected in accordance with the above, e.g. due to short term liquidity constraints, contact is made with creditors and terms of payment are negotiated to the satisfaction of both parties.

Hunter New England Local Health District
Notes to and forming part of the Financial Statements
for the year ended 30 June 2022

43. Financial instruments (continued)

(d) Financial risk (continued)

ii. Liquidity risk (continued)

PARENT AND CONSOLIDATION

The table below summarises the maturity profile of the HNELHD's financial liabilities together with the interest rate exposure.

Maturity Analysis and interest rate exposure of financial liabilities

	EIR ³ %	Nominal Amount ¹ \$000	Interest Rate Exposure			Maturity Dates		
			Fixed Interest Rate \$000	Variable Interest Rate \$000	Non - Interest Bearing \$000	< 1 Yr \$000	1-5 Yr \$000	> 5Yr \$000
2022								
Payables:								
- Creditors ²		204,394	-	-	204,394	204,394	-	-
Borrowings:								
- Other loans and deposits	2.24	10,232	10,232	-	-	1,537	6,149	2,546
- Lease liabilities	1.99	13,500	13,500	-	-	2,673	10,826	-
- Public Private Partnership	8.36	109,215	109,215	-	-	8,387	35,698	65,130
		337,341	132,947	-	204,394	216,991	52,673	67,676
2021								
Payables:								
- Creditors ²		171,787	-	-	171,787	171,787	-	-
Borrowings:								
- Other loans and deposits	2.34	11,769	11,769	-	-	1,537	6,149	4,083
- Lease liabilities	1.99	16,014	16,014	-	-	2,651	10,906	2,457
- Public Private Partnership	8.36	117,397	117,397	-	-	8,182	34,827	74,388
		316,967	145,180	-	171,787	184,157	51,882	80,928

Notes:

¹ The amounts disclosed are the contractual undiscounted cash flows of each class of financial liabilities based on the earliest date on which the HNELHD can be required to pay. The tables include both interest and principal cash flows and therefore will not reconcile to the Statement of Financial Position.

² Excludes statutory payables and unearned revenue (i.e. not within scope of AASB 7 Financial Instruments: Disclosures).

³ Weighted Average Effective Interest Rate (EIR).

Hunter New England Local Health District
Notes to and forming part of the Financial Statements
for the year ended 30 June 2022

43. Financial instruments (continued)

iii. Market risk

Market risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market prices. The HNELHD's exposures to market risk are primarily through interest rate risk on the HNELHD's borrowings and other price risks associated with the movement in the Hour Glass Investment Facilities. The HNELHD has no exposure to foreign currency risk and does not enter into commodity contracts.

The effect on net result and equity due to a reasonably possible change in risk variable is outlined in the information below, for interest rate risk and other price risk. A reasonably possible change in risk variable has been determined after taking into account the economic environment in which the HNELHD operates and the time frame for the assessment (i.e. until the end of the next annual reporting period). The sensitivity analysis is based on risk exposures in existence at the Statement of Financial Position date. The analysis is performed on the same basis as for 2021. The analysis assumes that all other variables remain constant.

Interest Rate Risk

Interest rate risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market interest rates. Exposure to interest rate risk arises primarily through the HNELHD's interest bearing liabilities. This risk is minimised by undertaking mainly fixed rate borrowings, primarily through NSW TCorp. The HNELHD does not account for any fixed rate financial instruments at fair value through profit or loss or at fair value through other comprehensive income. Therefore, for these financial instruments, a change in interest rates would not affect the carrying value or interest paid/earned. A reasonably possible change of +/- 1% is used, consistent with current trends in interest rates (based on official Reserve Bank of Australia interest rate volatility over the last five years). The basis will be reviewed annually and amended where there is a structural change in the level of interest rate volatility.

However, the HNELHD is not permitted to borrow external to the Ministry of Health (except energy loans which are negotiated through NSW Treasury). Both NSW Treasury and the Ministry of Health loans are set at fixed rates and therefore are generally not affected by fluctuations in market rates.

The following table demonstrates the sensitivity to a reasonably possible change in interest rates:

PARENT AND CONSOLIDATION

	2022		2021	
	\$000		\$000	
	-1%	1%	-1%	1%
Net result	(382)	382	(309)	309
Equity	(382)	382	(309)	309

(e) Fair value measurement

i. Fair value compared to carrying amount

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 fair value measurement is based on the presumption that the transaction to sell the asset or transfer the liability takes place either in the principal market for the asset or liability or in the absence of a principal market, in the most advantageous market for the asset or liability.

The amortised cost of financial instruments recognised in the Statement of Financial Position approximates the fair value, because of the short term nature of many of the financial instruments.

Therefore the fair value of the financial instruments does not differ from the carrying amount.

Hunter New England Local Health District
Notes to and forming part of the Financial Statements
for the year ended 30 June 2022

44. Related party disclosures

PARENT AND CONSOLIDATION

(a) Key management personnel compensation

Key management personnel compensation is as follows:

	2022	2021
	\$000	\$000
Short-term employee benefits	393	429
Post-employment benefits	18	22
	411	451

During the financial year, HNELHD obtained key management personnel services from the immediate parent and incurred \$540 thousand (2021: \$520 thousand) for these services. This amount does not form part of the key management personnel compensation disclosed above.

The HNELHD's key management personnel comprise its board members and chief executive (or acting chief executive) from time to time during the year.

Compensation for the Minister for Health is paid by the Legislature and is not reimbursed by the Ministry of Health and its controlled entities. Accordingly no such amounts are included in the key management personnel compensation disclosures above.

Remuneration for the Secretary and Deputy Secretaries are paid by the Ministry of Health and is not reimbursed by the health entities. Accordingly no such amounts are included in the key management personnel compensation disclosures above.

(b) Transactions with key management personnel and their close family members

There were no transactions with key management personnel and their close family members (2021: \$Nil).

(c) Transactions with the ultimate parent

There were no transactions with the ultimate parent during the financial period (2021: \$Nil).

(d) Transactions the HNELHD had with government related entities during the financial year

During the financial year and comparative year, the HNELHD entered into the various transactions with other entities consolidated as part of the Ministry of Health (the immediate parent) and the NSW Total State Sector (the ultimate parent) within the normal course of business.

The following operating expenses were incurred with entities controlled by the immediate parent:

- Health Administration Corporation (includes Ambulance Service of NSW, eHealth NSW, Health Infrastructure, Health System Support Group, HealthShare NSW and NSW Health Pathology) provides shared services for the majority of patient transport services, information management services, domestic supplies and services, food supplies and corporate support services.
- Health Administration Corporation provides some specialised services which includes pathology related costs.
- Staff related costs in relation to various secondments and service arrangements
- Various grants and subsidies towards research and other projects
- Blood & Blood Products
- Special Service Departments
- Domestic Supplies and Services
- Food Supplies
- Hospital Ambulance Transport Costs
- Information Management Expenses
- Motor Vehicle Expenses

Hunter New England Local Health District
Notes to and forming part of the Financial Statements
for the year ended 30 June 2022

44. Related party disclosures (continued)

(d) Transactions the HNELHD had with government related entities during the financial year (continued)

The following operating expenses were incurred with entities controlled by the ultimate parent:

- Payroll and fringe benefits taxes
- Audit of the statutory financial statements
- Legal and consultancy services
- Utilities, including electricity, gas and water expenses
- Motor vehicle toll expenses
- Insurance costs
- Rental costs for Property NSW leased properties
- Various grants and subsidies towards research and other projects
- Consultancies costs - Other
- Repairs and maintenance

The following revenues were earned from entities controlled by the immediate parent:

- Revenue from recurrent and capital allocations
- Various grants and contributions towards research and other projects
- Other Revenue

The following revenues were earned from entities controlled by the ultimate parent:

- Motor Accident Authority third party revenue received from the State Insurance Regulatory Authority (SIRA)
- Various grants and other contributions towards research and other projects
- Motor vehicle rebates
- Insurance refunds

Assets and liabilities as follows:

- Receivables and payables in respect of the above noted related party revenue and expense transactions
- Intra-health loans and advances
- The majority of the construction of property, plant and equipment is managed and overseen by Health Administration Corporation
- The majority of capital commitments contracted but not provided for related to capital works overseen by the Health Administration Corporation.
- Some construction were paid by entities controlled by the ultimate parent

45. Events after the reporting period

No other matters have arisen subsequent to balance date that would require these financial statements to be amended.

END OF AUDITED FINANCIAL STATEMENTS