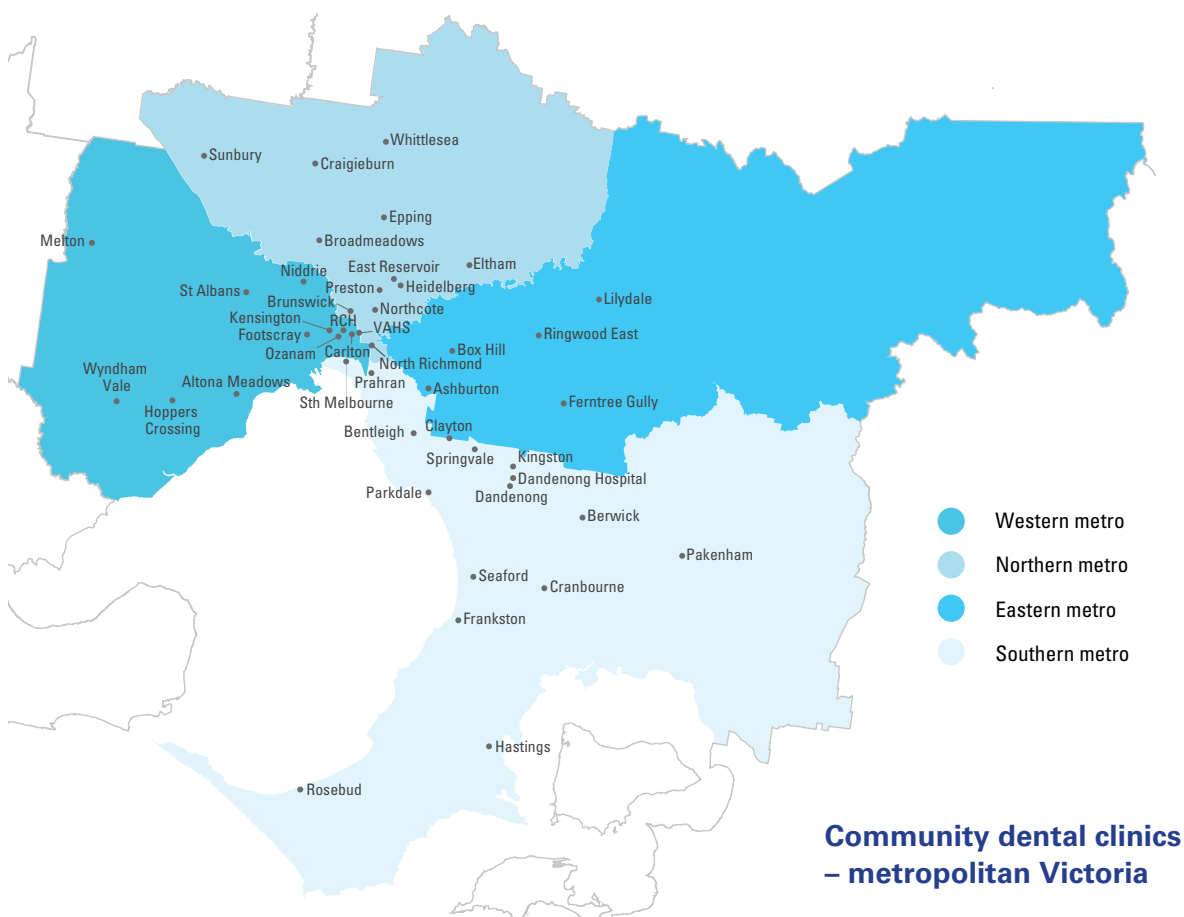
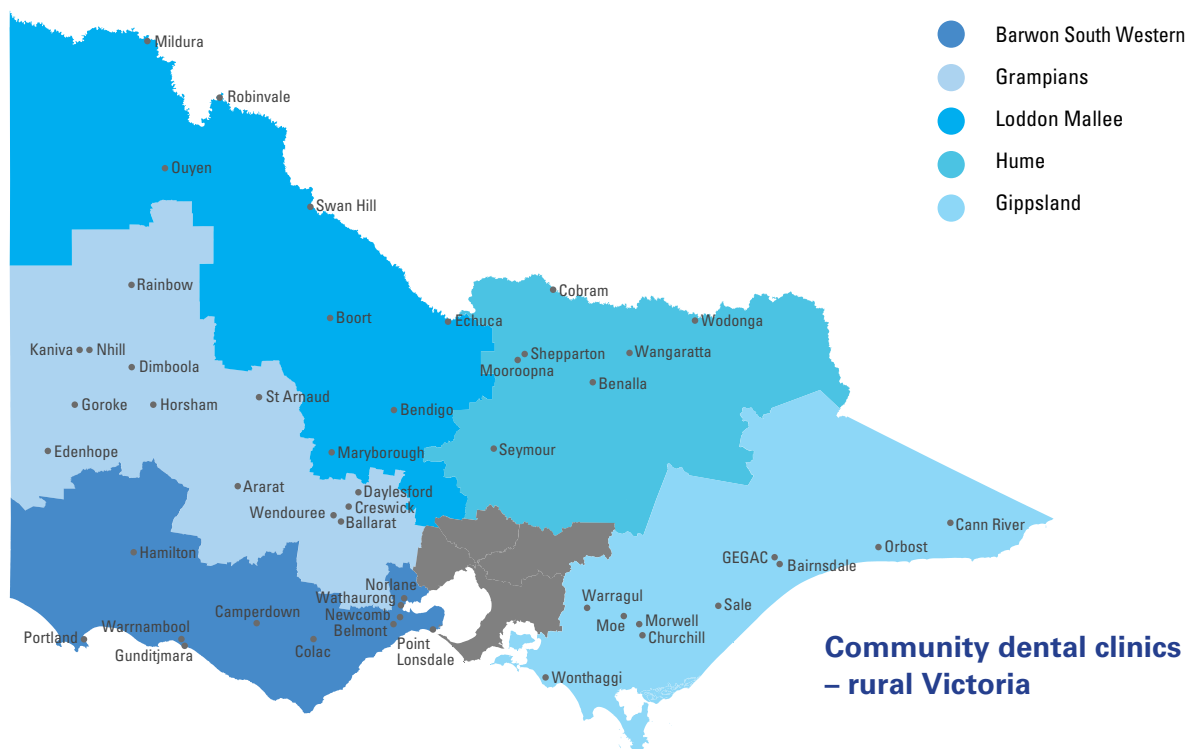




**DENTAL HEALTH  
SERVICES VICTORIA**  
**ANNUAL REPORT**  
2023–24



## ACKNOWLEDGEMENT

In the spirit of reconciliation, DHSV acknowledges the Traditional Custodians of country throughout Australia and their connections to land, sea, and community. We pay our respect to their elders past and present and extend that respect to all Aboriginal and Torres Strait Islander peoples today.

# DENTAL HEALTH SERVICES VICTORIA

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Dental Health Services Victoria (DHSV) is the lead public oral health agency in Victoria. We aim to improve the oral health of all Victorians, particularly vulnerable groups and those most in need.

DHSV was established in 1996 and is funded by the Victorian Government to provide and purchase clinical dental services for eligible Victorians; and improve the planning, integration, coordination, and management of Victoria's public dental services.

We provide Victorians with quality oral healthcare through The Royal Dental Hospital of Melbourne (RDHM) and by purchasing dental services for clients from 47 community dental agencies throughout Victoria.

We support agencies to provide oral health services to as many eligible people as possible.

Responsible to the Victorian Minister for Health, DHSV is a public health service which employs 688 staff who work to an agreed Statement of Priorities. As trusted advisors in public oral health policy, programs, and guideline development, we aim to lead the improvement of oral health across Victoria.

DHSV was established under the Health Services Act 1988. The responsible Minister for Health during the reporting period was The Hon. Mary-Anne Thomas.

DHSV acknowledges the ongoing support of the Victorian Government.

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Where the term 'Aboriginal' is used it refers to both Aboriginal and Torres Strait Islander peoples. Indigenous is retained when it is part of the title of a report, program, or quotation.

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## Our mission

To deliver the world's best oral and dental healthcare

## Our vision

A future where every Victorian is disease and cavity-free

## Our values

### Respect

Act with respect towards every person or idea we encounter

### Accountable

Be accountable to the people we care for and those we work with

### Collaboration

Embrace collaboration with all partners that help us achieve our goals

### Transform

Transform ourselves and our organisation to achieve better health outcomes

## Our strategic pillars

### Empower

Focus on prevention and early intervention

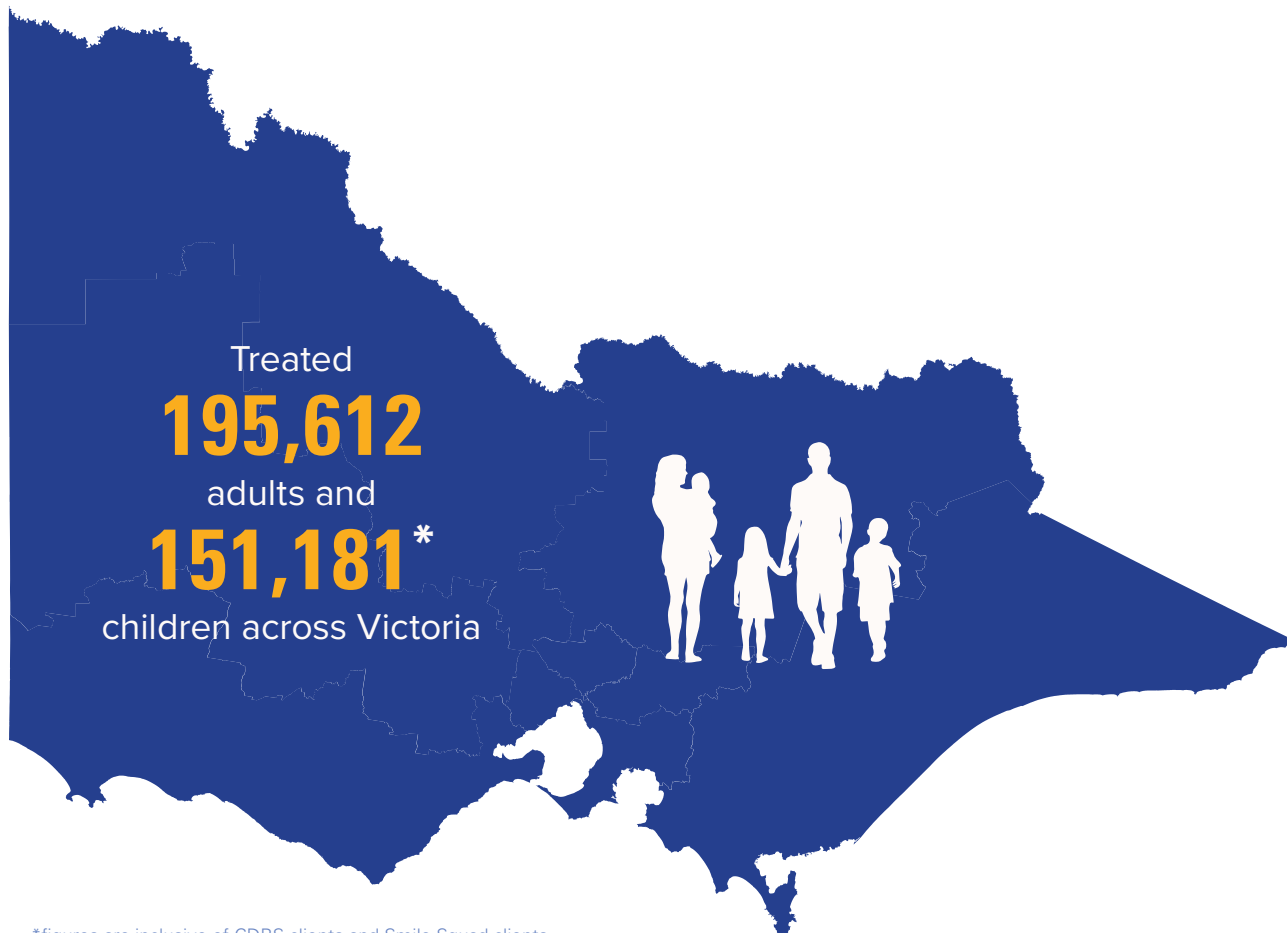
### Care

Deliver world-class oral and dental healthcare

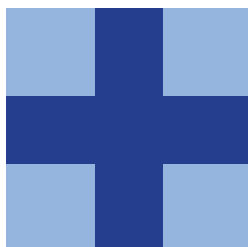
### Lead

Reform, build, and improve oral healthcare through key partnerships.

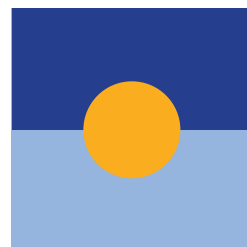
# HIGHLIGHTS



\*figures are inclusive of CDBS clients and Smile Squad clients



**120,236**  
people received emergency  
care across the state



**15,973**  
Aboriginal people were  
treated statewide



**127**

children were treated at the first specialist regional hub



**190**

GPs completed the new oral cancer module



Smile Squad distributed more than

**191,000**

dental packs to students



Smiles 4 Miles reached more than

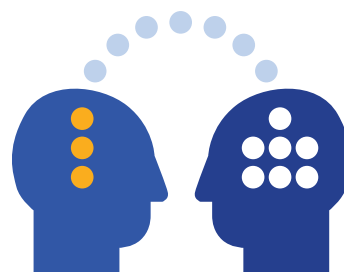
**60,600**

children



**14,451**

refugees and people seeking asylum received treatment statewide



Oral health capacity building for more than

**1,000**

non-dental professionals

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We apply the Victorian public sector values of responsiveness, integrity, impartiality, accountability, respect, leadership and human rights.

In accordance with the Financial Management Act 1994, I am pleased to present the Report of Operations for Dental Health Services Victoria for the year ending 30 June 2024.



David Stevenson  
Chair, Board of Directors  
Dental Health Services Victoria Carlton VIC

**29 August 2024**

Consistent with the DataVic Access Policy issued by the Victorian Government in 2012, the information included in this Annual Report will be available at [www.data.vic.gov.au](http://www.data.vic.gov.au) in machine readable format.

# FROM THE BOARD CHAIR AND CEO

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The Dental Health Services Victoria (DHSV) Annual Report is an opportunity for us to reflect on the achievements of 2023–24 and celebrate all the people who made them possible. It's also an opportunity to reaffirm our commitment to partnering with our patients to provide world-class care that improves oral health outcomes. During the year, we continued to go beyond 'business as usual' to develop new partnerships, programs and models of care with one aim – to create a Victoria that is disease and cavity-free.

We continued to pioneer value-based models of care ensuring Victorians receive the right care in the right place at the right time. Thanks to the ongoing support of the Victorian Government and our community dental agencies, the Smile Squad school dental program visited 508 schools delivering free oral health care to 60,213 students – an increase of 58% compared to 2022–23. We also opened two regional specialised hubs in Bendigo and Geelong to provide local access to specialist care for children in regional and rural areas – a significant milestone.

Through our Beacon on the Hill strategy, we started transforming The Royal Dental Hospital into a centre of clinical and operational excellence. This included a redesign of patient scheduling to improve patient flow and access to care, and a continuous improvement program to enhance the safety and performance of our Day Surgery Unit. Through operational efficiencies and improved communication, we helped more people access emergency and primary care while reducing the number of people failing to attend appointments in our paediatric, oral medicine and oral surgery clinics.

With the support of the Department of Health, we refurbished our Radiology Department and commenced a full renovation of the ground floor of the hospital. We are looking forward to unveiling the new space which will dramatically improve the visitor experience with the inclusion of patient liaison areas, prayer rooms and quiet spaces.

Together with our partners, we continued to find new and innovative ways to extend our impact. We collaborated with the Department of Education to distribute our toothbrushing chart to 65,000 prep students and delivered free oral health check-ups and education to hundreds of kids through our partnership with Melbourne Zoo. In its second year, our groundbreaking Aboriginal Health Practitioner (AHP) Fluoride Varnish Program trained a further six AHPs to apply fluoride varnish – a simple and effective way to reduce tooth decay.

With the support of our esteemed university partners – The University of Melbourne, La Trobe University and RMIT University – we continued to train the next generation of oral health professionals, inspiring them to think outside the parameters of the past and lead with a commitment to clinical excellence and a strong sense of social justice.

In November, we were delighted to be recognised at the Victorian Public Healthcare Awards where we won the esteemed Excellence in Value-Based Healthcare Award and were a finalist for the Premier's Primary Health Care Service of the Year.

While we continued to face workforce challenges across the state, we focused on enhancing the employee experience and building our future workforce. In partnership with our staff, we developed a new People Plan to ensure DHSV is a great place to work and advance careers. Our People Matter survey showed that we are on the right track with an increase in employee engagement and satisfaction.

We hope you enjoy reading about our many achievements over the 2023–24 year. None of them would have been possible without the ongoing dedication and tenacity of all the unsung heroes working in the public oral health sector.

We are fortunate to have strong relationships with 47 community dental agencies at 85 sites who help us deliver safe, quality care across Victoria. The unwavering commitment of agency staff helped us advance our projects and programs while providing care to 346,793 Victorians. Thanks to every community dental agency staff member who shared their time, ideas and expertise to make that happen.

We are also immensely grateful for the guidance and support of the Minister for Health, the Department of Health, the DHSV board and subcommittees, our university partners, staff and contractors as well as our partners across health, education, early childhood, diversity and cultural advancement.

Finally, to our patients – thank you for trusting us with your care and collaborating with our staff to make the public oral health sector even better in 2023–24.

This annual report is proof that when we come together with a shared vision for improved oral health, incredible things can happen. Whether it's around the family dinner table or on a global stage, let's all keep talking about the importance of oral health for overall health and wellbeing. We value your support as we head into another busy and exciting year of growth and transformation. We are confident that we have the vision, plan, partners and team to reach new levels of excellence and redefine what's possible.

A handwritten signature in dark ink, appearing to read 'DSE'.

**David Stevenson**  
Board Chair

A handwritten signature in dark ink, appearing to read 'Susan McKee'.

**Susan McKee**  
Chief Executive Officer  
(CEO)



# YEAR IN REVIEW: REPORT OF OPERATIONS



## IMPROVING ORAL HEALTH OUTCOMES

### Smile Squad School Dental Program

Smile Squad reached two important milestones this year, marking the delivery of more than 200,000 individual appointments to more than 100,000 students since the program began in 2019.

Smile Squad is the Victorian Government's free school dental program. It offers students in government primary, secondary and specialist schools free, high-quality oral health care, saving families valuable time and money. The program is designed to improve children's oral health and is staffed by highly skilled oral health professionals with extensive experience in treating children and a passion for improving their oral health for life.

Appointments are generally delivered on school grounds, during school hours. Students also have the choice to access Smile Squad services at their local community dental clinic, and specialised dental care is available to all children referred through Smile Squad.

DHSV leads the delivery of Smile Squad services through partnerships with community dental agencies across the state. The program's ongoing development is being led by DHSV and the Department of Health in partnership with the Department of Education. Smile Squad has a strong focus on education and prevention, and teaches school children to eat well, drink well and clean well every day to achieve lasting oral health.

### Providing specialist care closer to home

Smile Squad specialist services expanded beyond metropolitan Melbourne this year, with two regional hubs going live. The specialist hubs have been set up to offer a range of specialist paediatric services that not all general dentists are able to provide, including treatment under nitrous sedation and general anaesthetic where needed.

The first specialist hub launched in Bendigo in September 2023 and has treated 127 children this year. A second hub opened in Geelong in May 2024. Children can be referred to these new services through the Smile Squad program. A third hub will be established in the Latrobe Valley in the second half of 2024.

These hubs mean children in regional areas will no longer have to travel long distances to Melbourne to receive treatment through the public health system. Families will save hours of travel time and more kids will get the specialist dental care they need, closer to home, at no cost.





### Partnering to promote good oral health at Melbourne Zoo

DHSV has a proud history of working with organisations to promote good oral health in the community. Our unique partnership with Zoos Victoria allows us to engage with families from across the state. During the September 2023 and April 2024 school holidays, the Smile Squad teams rolled into Melbourne Zoo in their bright orange vans to deliver free oral health screenings, empowering oral health advice and free dental packs for hundreds of kids.

#### Key activities

- Launched Bendigo and Geelong regional specialist hubs under the Specialised Care Program.
- Development and implementation of alternate service delivery models, including trialling a pop-up clinic during school holidays.
- Engaged with the University of Melbourne, La Trobe University and Holmesglen Institute/Charles Sturt University to provide clinical placements for 167 oral health students.
- Commenced the rollout of primary school nurse training to school nurses across the state. During the sessions school nurses are shown how to carry out a basic dental screen for prep students using the 'lift the lip' method and how to identify common oral health conditions.
- Delivery of webinar and full day continuing professional development (CPD) course designed to increase clinical staff confidence and competence when working with students with a range of additional needs.
- Fleet management system procured to meet the needs of the Smile Squad fleet of 102 vehicles.
- Development and delivery of online and face-to-face oral health education, Q&A webinar, and telehealth services for secondary school students.
- Provided 311 free oral health checks and handed out 1,000 oral health packs at Smile Squad events at Melbourne Zoo.



#### Key statistics

- 508 schools received a visit
- 60,213 students received an examination in 101,690 visits
- more than 191,000 dental packs were distributed to students
- fluoride varnish was provided to more than 40,400 students
- fissure sealants were provided to more than 16,200 students
- 766 students were referred and 578 students received specialist care
- 38 agencies provided Smile Squad services.



## ROYAL DENTAL HOSPITAL OF MELBOURNE

### Beacon on the Hill

In late 2023, RDHM developed a 3-year strategy for the hospital, to clarify our vision and specific purpose in support of the overall strategic direction for DHSV.

**Our purpose:** RDHM is the centre of excellence in public oral health services for our community and the lead teaching and training organisation for the oral health workforce in Victoria.

**Our vision:** RDHM is a 'Beacon on the Hill' in public dental and oral health. As part of this vision, we have leading clinical staff delivering best practice, integrated, patient-centred end-to-end care. We provide the best place to work, learn, and develop; and we drive research and innovation in oral health clinical practice and outcomes.

The 3-year strategy sets out goals and a series of priorities for RDHM across 3 pillars:

1. **Care:** Deliver world class, high-quality, safe and integrated oral health care that improves patient outcomes
2. **Teaching:** Build and nurture the current and future oral health workforce
3. **Research:** Drive a research agenda that advances oral health clinical practice and population health outcomes.

Delivery of the program of work is led by the RDHM Transformation team, in partnership with clinical and operational leaders, our frontline teams, and consumer representatives.

### Key activities

**Patient Scheduling Re-design project:** We have undertaken a significant program of improvement work over the past 12 months to review and re-design our end-to-end patient scheduling model. The aim of this work is

to improve patient access to care at the hospital and reduce waiting times, streamline our processes, reduce the administrative workload for our teams, and improve the overall patient experience.

The work commenced with a comprehensive evaluation of the current state practices and identification of key opportunities for improvement. The diagnosis was informed by extensive consultation with all staff groups across the hospital, consumer focus groups, process mapping and data analysis.

We identified and implemented the following suite of improvement initiatives:

- changed the structure of patient flow through our emergency department, to increase capacity to treat walk-in patients requiring urgent care
- restructured our clinic appointment books to streamline bookings and enable ongoing bookings for a course of care
- re-designed appointment confirmations to provide earlier reminders to patients of their upcoming appointments and follow-up phone calls to those who may not have received our reminder messages
- developed a new waitlisting and bookings procedure to improve our waitlist management and communications with patients along their care journey.

These improvements have increased our capacity to provide care. During 2023–24, RDHM provided 93,000 visits to more than 33,000 patients. When compared to the 2022–23 financial year, this is an increase of 7,000 patient visits and includes an additional 4,000 visits to our specialist units and 500 more patients accessing care through our Day Surgery Unit.

**The Productive Operating Theatre program:** The Productive Operating Theatre is a structured continuous improvement program developed by the National Health

Service England, designed specifically to support theatre teams improve the quality, safety and efficiency of surgical services and enhance the experience of patients and staff working in theatre.

We have developed a set of foundation modules and are currently implementing this program in the Day Surgery Unit at RDHM. We have:

- established measures and collected data to understand current performance and opportunities for improvement
- organised theatre workspaces to ensure teams have everything in the right place, at the right time, ready to provide high-quality care
- developed visual management tools to enable teams to proactively manage and mitigate any operational risks as they arise.

Through consultation with theatre teams, the project team has prioritised and commenced work on an initial set of focus areas for improvement, including our patient preparation and pre-anaesthetic pathways, theatre scheduling, and our session start-up processes.



## Family violence response and social work service

The Strengthening Hospital Responses to Family Violence (SHRFV) initiative at DHSV has continued to consolidate our organisation's alignment to the Multi-Agency Risk Assessment and Management (MARAM) Framework. The DHSV Social Work role continues to provide a clinical service and support multi-disciplinary care for patients who present with intersecting psychosocial issues at RDHM. Working collaboratively with staff, patients and their families, this role provides secondary consultation, advocacy, psychosocial assessment, support, and linkage to community services.

We again joined the public campaign against family violence by participating in the 16 Days of Activism Against Gender-Based Violence movement and regularly provided staff with information on the resources, support services, and flexible working arrangements available to those impacted by gender-based violence.

### Key activities

- DHSV hosted activist and gender-based violence campaigner Tarang Chawla for a 'Lunch and Learn' session highlighting the importance of gender equality.

- More than 60 staff members and consumers walked in solidarity to show their support and commitment to help end violence against women and children at the annual DHSV Walk Against Family Violence.
- DHSV has been supporting and implementing the SHRFV initiative since 2018. We joined fellow SHRFV precinct hospital sites – The Royal Women's Hospital, The Royal Children's Hospital, The Royal Melbourne Hospital, and Peter MacCallum Cancer Centre – to walk together against family violence.



## Culturally responsive care

The Aboriginal Liaison Officer (ALO) role provides culturally safe and supportive care for Aboriginal and Torres Strait Islander patients and their families accessing oral health services at RDHM. The ALO acts as an advocate for Aboriginal and Torres Strait Islander patients and empowers them to navigate the hospital system and make informed decisions about their oral health. The Aboriginal Community Development Lead (ACDL) drives DHSV's commitment to achieve better oral health outcomes for all Aboriginal and Torres Strait Islander peoples in Victoria. This role works closely with Aboriginal Community Controlled Organisations, Aboriginal and Torres Strait Islander communities, community dental agencies, and the broader sector to improve oral health outcomes.

This role is shared between DHSV and Victorian Aboriginal Community Controlled Health Organisation Inc (VACCHO) and plays a key role in strengthening partnerships with the Aboriginal community and improving the staff experience. The ACDL is also integral to the progression and implementation of DHSV's Reconciliation Action Plan.



## Capital works project

The Department of Health fully funded an expansive \$13 million project to improve efficiencies and ensure we are a modern, fit for purpose health service. The works will make RDHM more accessible to patients, provide a better environment to deliver healthcare, and offer an enhanced work environment for staff and students.

The capital projects have been informed by consultation with staff, consumers, and representatives from the Aboriginal and Torres Strait Islander community. Our in-house team have conducted procurements and contracted for architecture and design, equipment supply, equipment installation, and construction services.

### Key activities

During this reporting period, we conducted the following works aimed at improving the patient and staff experience and enhancing our environmental sustainability.

- The RDHM Ground Floor redevelopment will transform the foyer into a modern space with a more welcoming environment, including better wayfinding for patients and improved patient flows. Work on this stage of the project commenced in April 2024, with the demolition of the former ground floor common room and onsite café, and preparations for the creation of a temporary entrance.
- Upgrade of the Radiology Department, including the installation of new equipment and the remodeling of the front desk and administration areas. We recommissioned the orthopantomogram and lateral cephalogram machines and recommenced radiology services that had been diverted to an alternative service provider for the duration of the refurbishment.

- Finalised a project to install new surgical pendants and lights in all 4 theatres in the Day Surgery Unit and replace the existing sterilising equipment.
- Completed a project to upgrade ventilation in the Day Surgery Unit to ensure the highest standards of care are delivered within an optimally safe environment.
- Completed an upgrade of our audiovisual systems to enhance the functionality and effectiveness of the Lecture Theatre and Simulation Labs and improve the quality of presentations, lectures, and training sessions for all staff and students.
- Completed an upgrade to our mechanical plant, including an overhaul of our boilers, chillers, and compressors.
- Commenced the optimisation of RDHM's Building Management System to reduce power consumption and related carbon emissions.
- Introduced tinting to windows to more efficiently manage ambient temperatures internally and replaced hospital lighting with LEDs to reduce power consumption and related carbon emissions.

## Supporting the community dental agencies

DHSV continues to work closely with our 47 community dental agency partners to provide safe, high-quality care across 85 sites in Victoria.

Our Agency Relationships Team has built strong relationships with the agencies through the provision of advice and leadership on a wide range of issues. Throughout 2023–24, the team supported the agencies on areas including governance, clinical leadership, infection control and prevention, and accreditation.



## OUR PEOPLE

DHSV is committed to building a workplace that is safe, inclusive, high-performing and in which all individuals are valued, respected, and supported to contribute their best and grow a fulfilling career in oral health.

### DHSV 2024–26 People Plan

The People and Culture team consulted widely to gather feedback and generate ideas to inform the DHSV 2024–26 People Plan, hosting multiple workshops and focus groups which included our Board, Community Advisory Committee, senior leadership team, and more than 200 staff from across the organisation.

The DHSV People Plan is aligned to our Strategic Direction and aims to make DHSV a great place to work and an ideal place for people to advance their careers.

The People Plan has 4 pillars:

1. **Come and stay** – a great place to work and contribute
2. **Learn and grow** – a teaching and learning organisation
3. **Well and safe** – a well workforce, a safe workplace
4. **Engage and belong** – an inclusive culture where all people belong.

The structure of the People Plan provides us with a workplace roadmap to help us achieve DHSV's mission and vision.

### Come and stay

During this reporting period, we conducted numerous initiatives aimed at making DHSV a great place to work and contribute.

### Workforce strategy

We continue to build the oral health workforce by creating new training and professional development opportunities. DHSV's workforce strategy aims to address workforce shortages across the state and improve the delivery of care.

#### Key activities

- Introduced new incentives to attract oral health professionals to the public sector including a regional relocation payment and a word of mouth referral program.
- Implemented a new recruitment management system that built our talent community to over 2,000 candidates.
- Upskilled 45 leaders across the state in inclusive leadership.



### Dental Assistant Traineeship Initiative

We partnered with the Department of Health and Jobs Victoria to engage job seekers from priority cohorts to undertake their Certificate III in Dental Assisting. This earn-and-learn program has successfully onboarded 87 trainees into RDHM and community dental agencies across regional and metropolitan settings. As at 30 June 2024, 83 per cent of graduating trainees have retained employment within the public oral health sector.

Through this program, DHSV has coordinated statewide training and recruitment with jobs to support people who have experienced challenges securing employment, including women aged over 45, Aboriginal and Torres Strait Islander people, culturally and linguistically diverse Victorians, and young people.

### Oral Health Therapist Graduate program

DHSV launched the Oral Health Therapist Graduate program in March 2024. The strategic workforce initiative is designed to provide attractive career opportunities to Bachelor of Oral Health students from across the state. The aim of the 12-month program is to strengthen and support the workforce pipeline into careers in the public oral health sector, particularly within Smile Squad.

Structured around 3 principles – continuous learning, connection, and coaching – the program supports graduates to upskill, gain experience, and build careers within the sector. This is achieved through individual clinical coaching from senior clinicians and connection opportunities with peers and clinicians via online and in-person networking.

We recruited 34 graduates to the program, with participation from regional and metropolitan community dental agencies. Graduates also benefit from a structured partnership with the Australian Dental and Oral Health Therapists' Association and Dental Hygienists Association of Australia, providing them with free membership for up to 18 months and access to learning and development resources.

### Oral Health Therapist Coaching program

We recruited 25 experienced oral health therapists to the Oral Health Therapist Coaching program, which runs in parallel to the graduate program. This structured coaching program is supported by a capability framework and toolkit specifically designed by DHSV to assist oral health therapists through their first year of work.



## Refugee Talent Scholarship

In April 2024, we launched the Refugee Talent Scholarship to help refugee dentists gain registration to work in Australia. The scholarship financially supports overseas-trained clinicians who have had (or currently hold) refugee status to complete their Australian Dental Council examinations and achieve accreditation to practice dentistry in Australia. Five recipients were awarded the scholarship. This initiative reflects our commitment to diversity, inclusion, and to boosting the oral health workforce in Victoria.

## Enhanced recruitment systems

We procured and implemented 2 new recruitment systems, the Live Hire applicant tracking system and Culture Amp employee engagement experience system. Including these platforms helps reduce unnecessary administration and enables us to capture data and insights to continually inform and improve our processes.

## Learn and grow

Over the past 12 months, we have continued to foster professional development and leadership opportunities for our staff that align with our commitment to ensuring DHSV continues to strengthen our brand and culture as a teaching and learning organisation.

### New Learning Management System

We introduced a new Learning Management System designed to provide staff with a range of digital and in-person learning opportunities. In response to feedback from our staff, the system features clinical and professional development options that support staff to reach their learning goals.

### Leadership Capability Framework

In collaboration with leaders across DHSV, we developed a Leadership Capability Framework to guide our

strategies for attraction, recruitment, development, and succession planning. The framework includes self-assessments and manager-led assessments aimed at fostering a culture of continuous improvement and leadership excellence.

## Scholarship programs

DHSV supports the ongoing professional development and leadership ambitions of our staff through a diverse range of scholarship programs:

- **Women and Leadership Scholarship:** In support of our work on gender equity and inclusion, this scholarship supports staff to develop their skills in preparation for taking on leadership roles. Now in its third year, 12 women were awarded scholarships during 2023–24 to participate in the Executive Ready program run by Women and Leadership Australia.
- **CEO Professional Development Scholarship:** Also in its third year, the CEO Professional Development Scholarship supports our staff to improve their skills and advance their careers by participating in a learning activity of their choice. This year, 12 staff members received funding of \$2,000 each to contribute towards an education program.
- **Colin Riley Scholarship:** Open to clinicians across the Victorian public oral health sector, the Colin Riley Scholarship provides clinical placement and training opportunities in Tonga and the Solomon Islands. Four clinicians participated in the capacity-building scholarship this year.
- **Luisa Hungerford-Morgan Scholarship:** In its second year, the Luisa Hungerford-Morgan Scholarship supports Bachelor of Oral Health students in achieving their educational and professional goals. Named for its first recipient, the scholarship highlights the impact of transformative care.



## DHSV Public Oral Health Innovation Conference

More than 600 participants attended DHSV's Public Oral Health Innovation Conference at the Melbourne Showgrounds in September 2023, our first in-person conference since 2019. The event featured a range of expert speakers and engaging breakout sessions and was attended by oral health professionals, policy makers, and health advocates.

The 2023 theme, 'Inclusion: Improving the Oral Health of all Victorians' provided a springboard for rich dialogue and discussion on improving oral health across the state.

## Overseas Trained Clinicians program

DHSV provides tailored courses in a purpose-built simulation laboratory at RDHM, to assist overseas trained clinicians in preparing for the Australian Dental Council examinations and seeking registration to practice in Australia. Throughout 2023–24, we had 121 participants take part in our programs, which included practical technical training, lectures, and demonstrations.

## Well and safe

During 2023–24, we provided a range of health and wellbeing support options to staff to contribute to a workforce that is well and safe.

## WorkCover and injury management system review

Following an internal review of our WorkCover and injury systems and processes, we made a range of significant improvements to better support injured workers and achieve improved outcomes. These WorkCover changes include:

- a new WorkCover payment system to document WorkCover and Accident Makeup Payments by the claimant
- updated WorkCover and injury management templates and processes to ensure best practice processes are used.



## Wellbeing activities for staff

Over the past 12 months, we held a range of wellbeing events and activities to promote healthy living and improved mental and physical wellbeing for staff, including:

- skin cancer checks, body composition scans, general health checks, neck and shoulder massages, and a visit from a group of therapy dogs.
- social events including staff barbecues and recognition of notable events including International Nurses Day and National Reconciliation Week
- healthy cooking demonstrations and financial wellbeing sessions
- the DHSV Healthy Body and Mind Hub was relaunched to support the wellbeing of our workforce. Staff can access resources that are updated monthly, including webinars, live online exercise classes, and healthy recipes.
- staff now have access to the new digital wellbeing platform hosted by our Employee Assistance Program provider, TELUS Health. Resources include personalised support, comprehensive wellness solutions, and educational tools.





## Engage and belong

During the design of the Culture and Engagement Plan, staff told us they wanted DHSV to continue to seek their views on plans that impacted staff. DHSV continues to build a culture where all people belong, and we engage staff and consumers to co-design our programs.

### People Matter survey

We had a record 80 per cent participation rate in the People Matter survey in 2023, which was an increase from 70 per cent the previous year. Our overall annual employee engagement index also increased by 5 points (up to 68 from 63). Our staff told us that they:

- find their work meaningful
- feel strong job enrichment
- are experiencing much greater psychological safety
- are seeing greater collaboration across work groups.

### Gender Equality Action Plan

Our focus on diversity and inclusion includes the development of gender impact statements and continuation of the work included in our Gender Equality Action Plan.

Over the past 12 months we have demonstrated progress towards all 7 gender equity indicators and saw a reduction of our gender pay gap by 4 per cent. Another highlight is the incorporation of gender inclusive design as part of the RDHM Ground Floor redesign project.

### Reconciliation Action Plan

The second DHSV Innovate Reconciliation Action Plan (RAP) was co-designed with our staff, patients, and Aboriginal Community Controlled Organisation partners. The DHSV Reconciliation Action Plan Working Group was reestablished and includes 11 members who identify as Aboriginal or Torres Strait Islander.

An Innovate RAP focuses on developing and strengthening relationships with Aboriginal and Torres Strait Islander peoples; engaging staff and stakeholders in reconciliation; and developing and piloting innovative strategies to empower Aboriginal and Torres Strait Islander peoples.

The RAP was submitted to Reconciliation Australia for endorsement in February 2024. It was developed to provide a framework to guide our work towards reconciliation in an ongoing journey towards historical acceptance, real equity, and meaningful change.

### Enhanced communication with staff

During 2023, the Brand and Communications team conducted an internal engagement initiative to boost communication and staff wellbeing – with a particular focus on improving communication with clinical staff. The team conducted activities including vox pops, data analysis, and targeted consultation with a cross-section of staff to assess levels of engagement, propose and evaluate solutions.

### Key activities

Introduced electronic screens throughout corporate and RDHM staff areas to provide clear, consistent news and updates to all staff – particularly clinical staff who do not have easy access to computers and can now receive messaging in real time.

- Revised the monthly Town Hall format to increase attendance and engagement, by highlighting strategically significant projects that align with DHSV's Strategic Direction.
- Improved staff engagement through internal communication and events.
- Conducted a thorough review of the intranet to ensure all information is current and relevant for staff.

Team profiles were introduced to highlight the quality work being done across all departments and promote a culture of inclusivity and togetherness. Staff stories were also shared across internal channels and via social media posts.

New staff recognition awards were launched to celebrate high achievers across the organisation. A total of 49 nominations were submitted and the winners of the DHSV Staff Awards were recognised at the Annual General Meeting in the following categories:

- Quality Patient Care
- All Star
- Outstanding Team Player.

## WORKING IN PARTNERSHIP TO IMPROVE ORAL HEALTH

DHSV highlights the importance of education, prevention, and early detection through its collaborative work with organisations that support families to prioritise good oral health.

### Community engagement

DHSV continues to partner with consumers to improve the experience for patients and employees. Our Community Advisory Committee and Consumer Advisory Network play an active role in supporting improvements across our services. The valuable lived experiences of our consumers contribute to the enhancement of a range of key projects throughout 2023–24.

#### Key activities

- Shaped the priorities for a re-design of our end-to-end patient scheduling practices at RDHM by sharing experiences of current processes and identifying opportunities for improvement.
- Engaged in the development of RDHM's new waitlist procedure and revised set of patient communications.
- Gathered insights on the care received by adults on the general dental waiting lists across the state, focusing on experience, access, communication, timeliness, and alternative care pathways including digital preventive interventions.
- Actively participated as members of the Safety and Quality, Population Health, and Inclusion and Diversity committees.
- Participated as members of the Executive Recruitment panel for the Chief People and Culture Officer and the Chief Oral Health Advisor.
- Supported the testing and design of multiple consumer pamphlets, letters, and oral health educational material.

### Smiles 4 Miles

Smiles 4 Miles is a settings-based award program delivered by DHSV in partnership with community organisations to improve the oral health of children (0 to 5 years) and their families in areas identified as higher risk for oral disease. It supports early childhood services to create environments that promote good oral health through 3 key messages: eat well, drink well, and clean well. The program aligns with other statewide health promotion initiatives, including the Achievement Program (Cancer Council Victoria) and Healthy Eating Advisory Service (Nutrition Australia).

#### Key activities

This year, Smiles 4 Miles worked in partnership with 34 community organisations to implement the program locally in 775 early childhood services across 55 local



government areas. Smiles 4 Miles reached 60,657 children and their families, distributing tooth packs across the 775 services.

Through Smiles 4 Miles, early childhood services partnered with 19 local community dental agencies to provide 10,159 children with an oral health screening. As part of these oral health screenings, 40 per cent of children received fluoride varnish applications and 24 per cent required follow-up care and were referred to their local clinic.

Oral health training was provided to:

- 83 health promotion professionals through the annual forum and one-on-one training
- 689 early childhood educators.

Health promotion professionals and early childhood educators were supported to enhance their understanding of the Smiles 4 Miles program through the development of resources, including:

- an updated Smiles 4 Miles toolkit to promote the program's key messages
- a guide to provide in-service menus meeting the Australian dietary guidelines using the Healthy Eating Advisory Service 'FoodChecker' tool
- a regulator-specific guide to support services' understanding of the links between statewide programs like Smiles 4 Miles with the National Quality Standard and regulatory requirements.

### Healthy Families, Healthy Smiles

The Healthy Families, Healthy Smiles program aims to improve the oral health of young children and pregnant people by building the capacity of health and early childhood professionals to embed oral health promotion into daily practice.

#### Key activities

During 2023–24, the program delivered professional development to 411 professionals, including:

- maternal and child health nurses and early parenting centre clinicians
- Aboriginal Health Practitioners and disability support workers
- supported playgroup facilitators, early childhood educators, and librarians
- midwives who completed the Midwifery Initiated Oral Health Education program via scholarships.

To support the translation of oral health promotion into the home environment, the program distributed tooth packs containing more than 30,000 toothbrushes and 17,500 tubes of toothpaste to services working with at-risk and vulnerable families, reaching more than 5,600 families. This work is supported by the Mrs Marsh oral health education initiative, a partnership between DHSV and Colgate that is now in its 10th year.

We improved access to oral health education for culturally and linguistically diverse families through the expansion of our library of translated oral health information. Our toothbrushing videos are now available in 19 languages with the introduction of Malay and Nepalese. Our 'Caring for Teeth and Gums 0–6' fact sheet is also now available in 19 languages and includes QR codes directing families to relevant matching videos in their language to help them care for their children's teeth from infancy.

### Victorian Oral Cancer Screening and Prevention Program

The Victorian Oral Cancer Screening and Prevention Program is an initiative under the Victorian Cancer Plan 2020–2024, which supports oral health professionals and other health professionals such as General Practitioners (GPs) to play a key role in oral cancer screening, prevention, and early detection.

#### Key activities

- Launched the CPD-accredited National GP Oral Cancer Learning Module via The Royal Australian College of General Practitioners' website to equip GPs with the necessary skills for oral cancer screening, prevention, and early detection. Since its launch in November 2023, more than 190 GPs have completed the module.
- Accepted for publication a paper titled 'Promoting oral cancer screening by general practitioners in Australia: Strengthening primary healthcare' by the Australian Journal of General Practice.
- Launched the bi-annual Oral Cancer Screening and Prevention newsletter in May 2024.
- Delivered a statewide webinar on oral cancer screening and prevention in primary healthcare settings targeted at GPs and practice nurses in June 2024. The webinar was a collaboration with the Victorian-Tasmanian Primary Health Network Collaborative.
- Since launching in 2021, the Oral Cancer Learning Hub has been visited by more than 15,060 users with 49,542 page views. More than 1,170 oral health professionals have completed the training.



### Aboriginal Health Practitioner Fluoride Varnish Program

DHSV is working to improve the health and wellbeing of Aboriginal and Torres Strait Islander people as one of our priority patient groups. Aboriginal children experience significantly higher instances of decayed tooth surfaces than non-Aboriginal children. To address this, we launched the Aboriginal Health Practitioner Fluoride Varnish Program.

Fluoride varnish is an important preventive intervention that can significantly reduce the risk of tooth decay. The program is a workforce redesign initiative to help deliver cost-effective preventive oral health services to children in culturally safe settings, supporting self-determined prevention.

Six Aboriginal Health Practitioners (AHPs) were trained in May 2024 to apply fluoride varnish, bringing the total number of AHP graduates to 14. This training follows regulation changes in 2022 enabling AHPs to obtain, possess, and administer fluoride varnish. The program is funded by the Department of Health, coordinated by DHSV, and delivered in partnership with Aboriginal Community Controlled Organisations and RMIT University.

### genU Oral Health Champions Program

We continued our partnership with genU through the delivery of the Oral Health Champions program. We delivered face-to-face induction and training sessions to 33 Disability Support Workers, empowering them to support their residents to make healthy choices and improve their oral health. One hundred per cent of participants stated they agreed or strongly agreed that the training met their expectations and was directly relevant to their professional role.

### Oral Health Promotion Forum

We delivered DHSV's first Oral Health Promotion Forum to more than 100 attendees from maternal child health, early childhood, health promotion, and community dental agencies. Expert speakers discussed oral health improvement topics including nutrition messaging, disordered eating prevention, promoting positive food environments in early childhood settings, asthma and oral health, and more.



The Forum created collaborative opportunities and the integration of oral health promotion into the practices of non-dental professionals, including:

- Our partners at Murrumbek Casey Early Parenting Centre have recruited 2 oral health champions to work with families. Resource packs including oral health information, toothbrushes, toothpaste, reward charts, bedtime routines, and dental check information are provided to families during their residential stay.
- Partnered with the Better Health Network through their health promotion community of practice. This group focuses on size inclusive and food neutral approaches, supporting a broader project to audit existing oral health promotion resources to ensure alignment with current evidence-based and best practice approaches.

### Oral health at the zoo

Our partnership with Zoos Victoria continues to provide exciting opportunities to highlight the importance of oral health to families with young children. In mid-2023, we signed a new 3-year partnership agreement with Zoos Victoria to deliver health promotion through oral health messaging and activities, with a focus on expanding our reach through targeted media and communications aimed at families.

#### Key activities

- Held a Smile Squad activity at Melbourne Zoo during the September 2023 school holidays, providing oral health screenings to 144 children and distributing 450 oral health packs.
- Pre-school aged children were the focus of a health promotion activity at Werribee Zoo in December 2023, where we provided 107 screenings with partner IPC Health and distributed 200 oral health packs.
- Smile Squad and the Population Health team hosted health promotion activities at Melbourne Zoo in April 2024, delivering 167 oral health screenings, distributing 550 oral health packs, and providing fun health promotion activities to families.

### Oral health resources for professionals

We provided a range of resources to support early years professionals in promoting oral health to families and children.



#### Key activities

- Launched the quarterly 'Everyday Habits for Healthy Little Smiles' newsletter that provides activity ideas, resources, professional development opportunities, and incorporates local stories to inspire early years professionals to promote oral health in their communities.
- Reviewed and released updated oral health pregnancy and early years factsheets for GPs and practice nurses to support healthcare providers in offering oral health information, preventative advice, and screenings for pregnant patients and young children.
- Launched a value-based messaging guide for early childhood educators to support the delivery of meaningful oral health promotion messaging.

### Improving oral health promotion knowledge

We continued to nurture strong relationships with our esteemed university partners at the University of Melbourne and RMIT. Throughout 2023–24, we worked together to provide learning and professional development opportunities to a new generation of oral health professionals.

We delivered training and professional development workshops at various universities, enabling the inclusion of oral health promotion content in tertiary curriculums, including:

- 30 Graduate Diploma students from RMIT and La Trobe University participating in the 'Baby Teeth Count Too!' workshop.
- 51 Bachelor of Oral Health students from the University of Melbourne participating in the 'Real-World' workshop, focusing on capacity building in oral health programs.
- 50 early childhood and Bachelor of Education students from Flinders University on the fundamentals of oral health and promotion.
- 50 Bachelor of Oral Health students from the University of Melbourne on oral health promotion.

We also worked with RMIT to provide a range of training opportunities to oral health professionals, including Certificate IV in Dental Assisting (Oral Health Education).





## LEADING REFORM TO IMPROVE ORAL HEALTH OUTCOMES

DHSV is committed to transforming the way oral health care is delivered in Australia.

### Value-based health care

DHSV is at the forefront of adopting and implementing value-based health care (VBHC) across the public oral health sector. We integrate VBHC principles in our decision-making, patient care design, and resource allocation. Over the past 12 months we have reinforced our commitment to patient-centred care by focusing on increasing access to public oral health services for eligible Victorians and improving the oral health outcomes that matter to patients.

#### Key activities

- Embedded VBHC principles across our service delivery models, including Smile Squad.
- Conducted research and advocated for value-based health care with articles published in journals and conference presentations.
- Partnered with the University of Melbourne and Sprink on the development of the program for the upcoming 2024 Australasian Forum on Person-Centred Value-Based Health Care Forum. Sprink is a centre that supports the implementation of the principles that underpin value-based health care.
- Reviewed our data collection processes to better monitor outcomes and understand patient experiences.

### Electronic Oral Health Record

The Electronic Oral Health Record (EOHR) project will transition Victoria's public oral health system by establishing a single statewide oral health patient record and identifier.

Each community dental agency currently has their own individual configuration of the clinical management application. The EOHR project will consolidate each of these different versions into a single, consistent instance of the clinical management system.

The establishment of a single statewide oral health patient record will enable efficient and coordinated care and provide clinicians with the most up-to-date clinical information for a patient at the point-of-care.

#### Key activities

- Undertaken a rigorous project health check to identify activities to deliver a positive outcome to all stakeholders.
- Actioned the areas identified during the health check, including configuration of workflows, improved quality checks, and testing of data migration between systems.
- Developed comprehensive arrangements to mitigate disruptions and allow for a seamless transition and an enhanced user experience.
- Established a testing environment or 'sand box' practice environment which includes the Smile Squad imaging system, that will allow agencies to practice using the Smile Squad service workflow.
- Commenced the optimisation and load testing of the sandbox, and prepared training materials for agencies to follow and provide feedback and insights ahead of the clinical go-live of the EOHR.

The EOHR project is funded by the Department of Health and supports the capability of Victoria's public oral health digital records management system.



## Clinical leadership

Our clinical leadership helps guide public oral health service delivery across Victoria. The team provides responsive, expert advice to the Executive, DHSV Board, and the Department of Health on clinical matters, including emerging evidence and opportunities, the development of service delivery models, and clinician engagement. During 2023–24, the team incorporated the support of the Statewide Quality and Safety team.

### Key activities

- Completed the Statewide Clinical Leadership project, which will inform the development of clinical leadership resources and the establishment of a clinical advisory group and communities of practice around the state.
- Strengthened clinical leadership and governance through the Oral Health Clinical Council, Clinical Leadership in Practice (CLiP), and the RDHM Quality and Safety Committee. All clinically focused procedures, guidelines, and policies were reviewed by the clinical leadership group. These documents guide sustainable practice and continuous improvements across the state.
- Contributed to significant changes to the DHSV credentialing process and the Radiation Management Plan to ensure safety for clients and staff in the delivery of quality care.
- Built clinician capacity through peer advice and mentoring and led professional development opportunities including the Smile Squad Specialist Schools CPD program.
- Provided expertise to the Electronic Oral Health Record project, the establishment of the Smile Squad Specialised Care Program, and the Smile Squad Oral Health Questionnaire.

The Statewide Quality and Safety and Clinical Leadership team increased the frequency of communication with community dental agencies to provide additional support in areas including infection control and accreditation.

Built clinical partnerships with national and regional clinical networks and continued engagement with community dental agencies, universities, and the Department of Climate Change, Energy, the Environment and Water (supporting the Antarctic Doctors Program).

## Policy and advocacy

DHSV is committed to leading system reform and improving oral health outcomes through policy, advocacy, research, and partnerships.

DHSV advocates for oral health reform including universal access to essential oral healthcare and important population health interventions like community water fluoridation.

### Key activities

- Met with 13 Federal members of parliament, senators, and ministerial staff to advocate for oral health reform.
- Contributed to 5 Commonwealth oral health reform working groups.
- Made submissions to state, national, and international plans and policies including to the Therapeutic Goods Administration's proposed reforms to the regulation of vapes, the Commonwealth Government COVID-19 Response Inquiry, and the World Health Organization (WHO) 24th Expert Committee on Selection and Use of Essential Medicines.
- Continued to promote water fluoridation by updating DHSV resources and contacting local councils, water agencies and community dental agencies outlining opportunities to support water fluoridation.
- Participated in National Dental Directors meetings to share learnings across jurisdictions, identify areas for collaboration, and engage with Commonwealth and WHO colleagues.

## Research and evidence

- Established the DHSV Research and Evaluation Strategy Committee to develop our research agenda in alignment with our Strategic Direction, increase research visibility and translation, and streamline research application and approval processes.
- Published 3 papers in peer-reviewed journals on oral health promotion, value-based health care, and oral health policy, with a further 2 papers accepted for publication.
- Presented at state, national, and international conferences on DHSV oral health research and policy.
- Undertook a range of data insights and evidence projects such as a Smile Squad oral health questionnaire analysis to inform policy, advocacy and oral health promotion opportunities.
- Partnered with Melbourne Dental School to deliver vaping research and health promotion projects.



## Partnerships with other providers

We have continued to find new and innovative ways to create meaningful partnerships and advocate for improved oral health.

### Key activities

- Developed partnership with North Western Melbourne Primary Health Network to share insights and identify opportunities to promote oral health across acute and community health settings.
- Established collaboration with the Mercy Hospital for Women to promote the importance of oral health to midwives and pregnant women.
- Coordinated a Health Pathways Partnership engaging with GP networks to support the management and referral of patients requiring dental care, including the review of guidelines for the North Western and Eastern Primary Health Networks.
- Collaborated with the Department of Education to add the Smile Squad interactive toothbrushing chart to the bags that were distributed to 65,000 prep students in Victorian Government schools across the state in 2024. The chart features oral health promotion messages and reminds families about the importance of brushing teeth twice a day.
- Signed a Memorandum of Understanding with the Victorian Comprehensive Cancer Centre and an agreement with Royal Australian College of General Practitioners to promote our Oral Cancer Screening and Prevention Program. We also presented at 3 general practitioner events.
- Contributed to the Disability and Oral Health Collaboration.

## Expanding our reach to improve oral health

Throughout 2023–24, DHSV promoted the importance of oral health to the public through media and social media content while raising awareness of our public oral health programs and services.

### Key activities

- Generated media content targeted at raising awareness of the importance of oral health, public health programs and activities, and empowering Victorians with oral health advice. Stories have run in major metropolitan

and regional news outlets including Nine News, the Herald Sun, The Age, the Bendigo Advertiser and WIN News.

- Smile Squad team visit to Victorian MPs at Parliament House on World Oral Health Day to support them to help spread oral health advice to their constituents.
- As part of our partnership with Zoos Victoria, promoted free oral health screenings and health promotion activities for kids at Melbourne and Werribee Zoos, and shared oral health advice through mainstream media stories and the Zoo's channels.
- Generated a children's oral health story published on a school literacy and education website, which reaches more than 166,000 school children across Australia.
- Oral health messaging and key resources were shared across our social media channels, including through an 'Ask the Dentist' campaign featuring oral health advice from RDHM dentists. The 2-month digital campaign reached more than 29,000 people and engaged with 19,500 social media users.

## RDHM refreshed rebrand rollout

In mid-2023, DHSV's Brand and Communications team commenced rolling out updated RDHM branding across the hospital following a comprehensive review informed by staff and stakeholders. The refreshed branding includes:

- a new RDHM logo along with a modern and accessible colour palette
- updated hospital uniforms and lanyards
- digital forms and templates
- signage and wayfinding for patients.

Central to the rollout of the refreshed RDHM brand was the launch of a new, standalone RDHM-specific website in November 2023. The website was developed to improve the patient experience by helping our clients more easily access the information they need. All patient information directs patients to the site at [www.rdhm.org.au](http://www.rdhm.org.au).





# PURPOSE, FUNCTIONS, POWERS AND DUTIES

DHSV is the lead public oral health agency in Victoria. The organisation coordinates statewide oral health promotion programs and leads research to reduce the prevalence of oral disease and inform best practice.

We are committed to ensuring that public dental services are sustainable, cost-effective, and high quality while continuing to improve the oral health outcomes of all Victorians, particularly those most in need.

We work to educate the community and broader health sector about the links between oral health and general health. We use our position as leaders in oral health and our partnerships with other health organisations to better the oral health outcomes for all Victorians.

## DHSV:

- provides dental services through RDHM
- purchases dental services from 47 community dental agencies across Victoria
- develops the current workforce and supports the education and training of future oral health professionals
- supports and participates in oral health research
- advises government on policy, funding, and service development
- supports oral health promotion programs across Victoria
- provides clinical leadership to the public oral health sector.

## The following groups are eligible for public dental services:

- all children aged 0–12 years
- young people aged 13–17 years who hold a healthcare or pensioner concession card, or who are dependants of concession card holders

- people aged 18 years and over, who are health care or pensioner concession card holders or dependants of concession card holders
- all children and young people in out-of-home care provided by the Department of Families, Fairness and Housing (DFFH), up to 18 years of age (including kinship and foster care)
- all people in youth justice custodial care
- all Aboriginal and Torres Strait Islander people
- all refugees and asylum seekers.

People who are eligible for public dental services may also have priority access to general dental care. People who have priority access are not required to go on a waiting list. They are offered the next available appointment for general care.

## The following groups have priority access:

- Aboriginal and Torres Strait Islander people
- children and young people
- people who are homeless or at risk of homelessness
- pregnant women
- refugees and asylum seekers
- people registered with mental health or disability services, who have a letter of recommendation from their case manager or a special developmental school.

# SUMMARY OF SERVICES

## The Royal Dental Hospital of Melbourne

The Royal Dental Hospital of Melbourne (RDHM) provides emergency, general and specialist outpatient services to eligible Victorians through 140 dental chairs and a day procedure facility. RDHM is also a teaching facility working closely with partners at the University of Melbourne and RMIT University to educate and train future dental professionals.

## Community dental agencies

There are 47 community dental agencies in 85 sites located throughout metropolitan Melbourne and regional Victoria.

Community dental agencies can be independent entities or part of larger health services, community health services, and hospitals. DHSV purchases services from these agencies to ensure eligible Victorians have access to public dental services.

## Services

### Emergency care

Emergency dental care is available to current Victorian healthcare and pensioner concession cardholders at RDHM and community dental clinics. Emergency care is also available to the public at RDHM on a fee-for-service basis. All children aged 0–12 are eligible to receive emergency care. Children aged 13–17 with CDBS can also access emergency care.

### General care

General dental care including fillings, dentures and preventive care is available to current healthcare and pensioner concession cardholders, as well as children and young people who are eligible for care under the Child Dental Benefit Schedule at RDHM and community dental clinics across Victoria.

### Specialist care

Eligible people may be referred to RDHM for specialist dental care including orthodontics, special needs dentistry, oral and maxillofacial surgery, endodontics, periodontics, prosthodontics, paediatric dentistry, and oral medicine.

### Oral health promotion

Integrated health promotion programs deliver benefits for the community by promoting wellbeing, strengthening community capacity, and minimising the burden of disease. DHSV's statewide health promotion team supports key policy objectives including the prevention of oral disease for those in highest need and building capacity to improve oral health outcomes.

### Education

RDHM's specialist and teaching clinics support the University of Melbourne's education programs for dentists, specialists, and oral health therapists. The

teaching clinics also support RMIT University's education programs for dental assistants, technicians, prosthetists, and hygienists. In addition, RDHM provides training for overseas-trained clinicians seeking to sit for the Australian Dental Council exams to gain professional registration. DHSV works closely with La Trobe University's dentists and oral health therapists to support its rural oral health teaching program in several community dental agencies.

## Purchased services

DHSV purchases oral health services from 47 community dental agencies. DHSV ensures there is a fair and equitable distribution of public money used in the most effective and efficient way to improve public oral health. DHSV has developed policies and procedures to ensure that defined levels of community dental agency support are provided.

## Safety and quality

The DHSV safety and quality team works in partnership with members of the community to identify and drive improvement of processes to solve problems and improve patient experience and outcomes; and to consistently deliver safe, quality care for every person. It also ensures maintenance of processes and standards of care to minimise risk to patients and staff including monitoring compliance with National Safety and Quality Healthcare Standards and quality indicators.

## Partnering with the community

DHSV involves community members in all aspects of its healthcare delivery, including around improving the patient journey through our services. Community members sit on some Board sub-committees and are consulted wherever possible in service and program developments. DHSV consults with the Victorian community on the way services are provided and our strategic goals for the future.

## Information technology

DHSV develops and maintains patient management system solutions and infrastructure to support the activities for Smile Squad, Royal Dental Hospital of Melbourne and community dental agencies across Victoria.

## Management reporting and analysis

DHSV provides management reporting and analysis services to the Department of Health and community dental agencies across Victoria.

## Agency Relationships Team

DHSV works closely with our community dental agency partners to ensure delivery of safe and responsive care within the allocated resources. The team provides leadership, support and advice ensuring statewide consistency with the DHSV Strategic Direction and reinforcing a culture of continuous improvement in public oral health. The Agency Relationships Team is the key link between community dental agencies and DHSV.

# BOARD AND EXECUTIVE

The functions of the Board of a public health service are set by the *Health Services (Governance and Accountability) Act 2004*. On the Minister for Health's recommendation, the Governor in Council appoints the DHSV Board of Directors. Members have a mix of qualifications, skills, and experience, particularly in the areas of oral health, community welfare and finance.



**David Stevenson (Chair)**  
*BBus(Mgt) and GAICD*

Appointed to the Board in July 2018

David has over 20 years' experience as a CEO and Senior Executive, both in Australia and internationally. He has

worked with iconic brands such as Nike, and Foot Locker in the consumer goods and retail sectors. In the sport sector, he is currently the CEO for the National Basketball League, formerly CEO of the Western Bulldogs and General Manager Operations for the AFL. He is also founder and partner of Bold Works, a company that helps businesses develop their Bold future or execute bold ideas. David is passionate about developing people, setting a Bold vision, developing a strong strategic plan and focusing on execution to deliver results.



**Candice Charles**  
*B App Sc, MBA, MPH, GAICD*

Appointed to the Board in July 2022

Candice has had a career in the financial, health and community sectors. She has a deep commitment to the

human service sector, and in ensuring these services are accessible and effective for people in our community who are vulnerable or experiencing disadvantage.

Candice has held senior leadership positions in the financial services sector at National Australia Bank, Transport Accident Commission, in health and community service organisations including Good Shepherd Microfinance and Breast Cancer Network Australia. She is currently Chair of Aruma Services, one of Australia's largest providers of disability support services.

Prior roles include Chair of The Tipping Foundation, Deputy Chair of the North Richmond Community Health Centre. She has served on the board of several other community organisations. Candice has a Master of Public Health and Business Administration from the University of Melbourne.



**Nicole Bartholomeusz (Deputy Chair)**  
*Dip Appl. Sci. (Dental Therapy), GDCH, MBA, GAICD*

Appointed to the Board in July 2020

Nicole Bartholomeusz has worked extensively in public health and

government in executive and non-executive roles for over 20 years and is currently the Chief Executive of cohealth and has a strong interest in health policy and health system redesign. Nicole's background as a clinician, combined with a Master of Business Administration and experience delivering public health services, puts her in a unique position to provide leadership within the health services sector.

Nicole has previously served as a non-Executive Board Director for Macedon Ranges North Western Metropolitan Medicare Local and Western Health. She is also Chair of the Australian Health, Housing & Homelessness Network, and a Council member with the Australian Healthcare & Hospitals Association.



**John Gavens**  
*BCom (Hons), M.Acc., GAICD*

Appointed to the Board in July 2019

John is an experienced board director having held directorships in water, education, coastal asset management,

professional services, and the disability sectors. He has experience chairing or as a member of audit, risk management, customer advisory, executive performance and remuneration, environmental advisory, and reconciliation action plan committees. He is an independent member of several audit committees. John provides strong strategic thinking capability combined with sound technical skills.

John has a background in auditing, risk management and internal audit, specialising in the public sector and local government. He is currently a Disciplinary Tribunal member and Quality Practice Reviewer for Chartered Accountants ANZ. John was a Registered Company Auditor and was a member of the Auditing and Assurance Standards Board. He has been a volunteer member of CAANZ Advisory Group for over 20 years and navigation sports.



**Sue Banks**  
FCCA, MBA, GAICD

Appointed to the Board in July 2019

Sue has over 20 years of board level executive and non-executive director experience across a wide range of service sectors with a recent focus on organisations with a strong community purpose.

Her current boards include Vision Australia, where she also chairs the Finance, Audit and Risk Committee; The Bridge Inc., a significant Melbourne based disability services provider, where she is Chair and member of the Finance and Investment Committee; and South Eastern Melbourne Primary Health Network where she is Chair of the Finance, Audit and Risk Committee.

Sue is a graduate member of the Australian Institute of Company Directors, a qualified accountant and MBA.



**John Donovan**  
GAICD

Appointed to the Board in August 2021

John is Managing Director of AFM Investments Partners. He is a Director of Pensions for Purpose (UK) and was a Director of La Trobe Regional Hospital, Vline, Gippsland Water, and AdminPartners. He was an independent member of the managed funds Compliance Committee of Trustees Australia and was a member of the Advisory Committee of the Australian Centre for Financial Studies.

John is a Graduate Member of the Australian Institute of Company Directors, a Senior Fellow of Finsia, a Fellow of the Australian Institute of Management, a Certified Practising Marketer and Fellow of the Australian Marketing Institute, associate member of the Australasian Investor Relations Association and the Responsible Manager of an Australian Financial Services Licence. John holds a Master of Public Relations, Business and leadership specialist subjects and executive development courses at Melbourne Business School, and a Certificate in Governance Practice from the Australian Institute of Governance.



**Katherine Stevens**  
BN and JD

Appointed to the Board in July 2021

Katherine has worked extensively in public health as a nurse, lawyer, and leader for over 20 years at a variety of public health services across Victoria. Katherine has advised on matters of governance, the law and Board operations. She has also been responsible for the translation of strategy into innovative policy and responsive legal frameworks.

In previous roles, Katherine has been responsible for a wide range of matters across operational and structural change, strategy development, and the delivery of major capital developments.



**Charles Power**  
BEc (Hons) LLB

Appointed to the Board in July 2020

Charles is a legal practitioner with more than 30 years of experience in workplace relations and safety law. He has been partner of the law firm Holding Redlich since 2002. His board experience includes service on the Committee of Early Learning Association Australia between 2014 and 2018.

Charles is accredited by the Law Institute of Victoria as a workplace relations specialist.



**Antony Tobin**  
MBBS, FRACP, FCICM, DTM&H, MEpi, MHM

Appointed to the Board in July 2018

Antony is the Chief Medical Officer at St Vincent's Hospital Melbourne. He trained in respiratory and intensive care medicine and has worked as a consultant in the intensive care unit at St Vincent's since 2003.

Antony chairs a number of quality and planning committees within the hospital and has research interests in clinical outcome analysis. He has post graduate qualifications in epidemiology and health management.

## BOARD MEETINGS

**The Board requires all members to devote sufficient time to the work of the Board and to endeavour to attend meetings.**

In addition to the Annual General Meeting, the Board met 10 times during 2023–24. Attendance at Board meetings was as follows:

Member	Number of meetings eligible for	Number of meetings attended
David Stevenson	10	10
Nicole Bartholomeusz	10	10
Sue Banks	10	9
Candice Charles	10	9
John Donovan	10	8
John Gavens	10	9
Charles Power	10	9
Katherine Stevens	10	9
Antony Tobin	10	9

## SUB-COMMITTEES

The following committees provided advice to the DHSV Board of Directors during the 2023–24 financial year.

### Audit and Risk Committee

The Audit and Risk Committee assists the DHSV Board to fulfil its corporate governance and oversight responsibilities in relation to financial reporting, internal control systems, risk management systems, and the internal and external audit functions.

**Chair:** Charles Power

**Members:** John Donovan, John Gavens, Katherine Stevens, Sue Banks (from September 2023) and Elizabeth Davenport (independent member)

### Community Advisory Committee

The Community Advisory Committee provides advice and leadership on strategies for effective community participation and ensures that community views are reflected in service delivery, planning, and policy development.

**Chair:** John Gavens and Kevyn Morris

**Members:** Andrea Cooper, Billy Park, Rana Ebrahimi, Wolfie Sun, Nicole Bartholomeusz (until September 2023), Charles Power (until September 2023), Jodie Letts, Katherine Stevens (from September 2023), Candice Charles (from September 2023)

### Finance Committee

The Finance Committee advises the Board on matters relating to financial strategies and performance as well as capital management.

**Chair:** Sue Banks

**Members:** David Stevenson and John Donovan

### People and Culture Committee

The People and Culture Committee ensures the continuous and effective functioning of DHSV by monitoring People Matter issues, the performance, remuneration and professional development of the CEO, Executive, and DHSV Board of Directors.

**Chair:** David Stevenson

**Members:** Sue Banks, Nicole Bartholomeusz and John Gavens

### Population Health Committee

The role of the Population Health Committee is to provide advice and recommendations to the Board on health issues affecting the population served by DHSV. The committee supports the achievements of the Victorian Action Plan to Prevent Oral Disease.

**Chair:** Nicole Bartholomeusz

**Members:** Antony Tobin, Candice Charles, Anil Raichur, Kevyn Morris, Mihir Silva (until December 2023), Jonathan Teoh, Pooja Rai, Santosh Tadakamadla (from December 2023), Ankur Singh (from December 2023)

### Safety and Quality Committee

The Safety and Quality Committee provides advice and direction to the Board of Directors of DHSV on the continuous quality improvement of services provided and purchased by DHSV. The committee oversees the implementation and evaluation of safety, quality, and clinical governance activities across these services.

**Chair:** Antony Tobin

**Members:** Sandra Anderson, Keegan Crow, Roxanne Maule, Charles Power, Katherine Stevens, Candice Charles (until September 2023), Felicia Valianatos, Jonathon Teoh

### Compensation arrangements

The Board reviews the compensation arrangements of the CEO and other senior executives via its People and Culture Committee. DHSV complies with the Government Sector Executive Remuneration Panel policies. The remuneration of Board Directors is determined in accordance with government policy.

### Managing risk

The Board retained the services of HLB Mann Judd in 2023–24 as internal auditors and risk consultants as part of our ongoing commitment to risk management.



## EXECUTIVE

The DHSV Executive oversees all activity and ensures services provided are as efficient and effective as possible within the allocated resources.



### **Susan McKee**

Chief Executive Officer

*RN, BSC (HMS), MBA, GAICD*

Susan is a forward-thinking CEO and non-executive director on a mission to make quality healthcare more

accessible, safe, and patient-centred. Since starting her career as a Registered Nurse, she has spent over 40 years working to improve healthcare systems across the public, not-for-profit and private sectors. She holds an MBA, a Bachelor of Applied Science in Human Movement Studies, and is a graduate of the Australian Institute of Company Directors.

Susan's strategic and values-driven approach inspires creative thinking, bold innovation, and a collaborative workplace culture. She is a highly respected thought leader and expert advisor in the delivery of value-based health care. She is leading the transformational change required to shift the provision of oral health care from outputs to outcomes and volume to value across the Victorian public health system. Never one to pull the ladder up behind her, she mentors aspiring healthcare leaders and strongly advocates for gender equity, cultural diversity, and social justice for all.

Sue lives by the motto, "If not now, when? If not you, who?"



### **Rebecca Paterson**

Chief Operating Officer – RDHM

*B.Nurs, Grad Dip ICU Nursing, MBA*

Rebecca has held director and senior leadership positions in the health sector for over 25 years at GenesisCare, Peter

MacCallum Cancer Centre and The Alfred Hospital. Rebecca has led organisational change, driven continuous improvement and prioritised collaboration with staff and partners. Rebecca is skilled in building and leading high performing teams; leading large-scale change and transformation; achieving operational excellence; and achieving high levels of patient satisfaction. After beginning her studies with a Bachelor of Nursing, Rebecca went on to complete a Graduate Diploma in Intensive Care Nursing and a Master of Business Administration.



### **Tim Hogan**

Chief Financial Officer

*BBus, FCPA, FAICS, GAICD*

Tim has over 25 years' experience managing corporate administration functions. As Chief Financial Officer he

provides financial and corporate management leadership and is responsible for the achievement of Statement of Priority performance targets and annual business plan goals. He also provides leadership and operational management oversight for the operations of finance and accounting, governance and corporate services and asset management. Tim is a Board Director and Chair of the Finance Committee at Catholic Ladies' College Ltd (CLC) in Eltham.



### **Nuno Goncalves**

Chief Information Officer

*MAICD, BchA Psyc, AdvDip IT, Dip IT Serv, Dip Netwk Mgm, ITIL V3 Serv Mgmt, Cert IV Workpl Training/Assessment*

Nuno has 17 years' experience in health information technology, and over 25 years of ICT experience across numerous industries. He has held the following positions – CTO at the Peter MacCallum Cancer Centre, CIO at the Eye and Ear Hospital and the Senior Director of ICT for Health Support Queensland at Queensland Health. As Chief Information Officer he provides leadership in the adoption of innovative technologies that deliver improved experiences and outcomes for our consumers, staff, and partners.



### **Mark Sullivan**

Chief Operating Officer

*MHIthAdmin, GradDipHIthAdmin, Cert Purchasing/Planning, AFCHSM, CHM*

Mark has over 30 years' experience in the public health sector. He is

responsible for purchasing services and administering funding for statewide public oral health services, as well as service provision through the Royal Dental Hospital of Melbourne. Mark is responsible for overseeing health promotion and service performance, service improvement and statewide safety and quality. He is also the executive lead for the Smile Squad school dental program. Mark has expertise in project management, continuous improvement and customer service and has held senior executive positions in regional and specialist hospitals.

**Stephanie Milione**

Chief Strategy and Engagement Officer  
BA, JD, GDLP

Stephanie has held director and senior leadership positions in the public, private and not-for-profit sectors for over 10 years. Her roles included Senior Adviser to the Treasurer of Victoria, Deputy Chief of Staff to the Health Minister and Director at consulting firm Nous Group. An inclusive leader and adept communicator, Stephanie has expertise in strategic planning, policy development, and building high performing teams. She completed a Bachelor of Arts and Juris Doctor at the University of Melbourne, followed by a Graduate Diploma in Legal Practice at the ANU.

**Rania Spooner**

Acting Chief Strategy and Engagement Officer (from January 2024)  
BJourn

Rania is a media and communications professional, with 15 years' experience across journalism, media relations and politics – delivering impactful content and strategies that drive engagement and manage risk, while leading strong teams. She has led media strategy for and advised senior government ministers including the Victorian Health Minister and the Victorian Attorney General, as well as leading public figures including the Australian Human Rights Commissioner and the Commissioner for Children. As a journalist, Rania has reported on a wide range of issues including health, justice, and business for leading mainstream news publications in Victoria, Western Australia, and the US.

**Werner Bischof AM**

Acting Chief Oral Health Officer  
B.D.Sc., M.D.Sc., Grad.Dip.QS (Health and Safety), M.R.A.C.D.S. (PERIO), F.R.A.C.D.S., F.I.C.D., F.P.F.A.

Werner has over 35 years of experience of dental practice, academia, health care regulation and accreditation. He has clinical experience across general care and periodontics and a deep understanding of health systems, quality and safety. Joining DHSV in 2014, Werner has held numerous leadership positions including Director of Specialist Care and Clinical Governance (statewide), Clinical Director of Specialist Care (RDHM) and Director of Clinical Governance. In 2019, Werner received a Member of the Order of Australia (AM) for his significant services to dentistry and professional dental organisations.

Werner leads our clinical governance, clinical leadership, and quality and safety systems so we can deliver best practice care to Victorians.

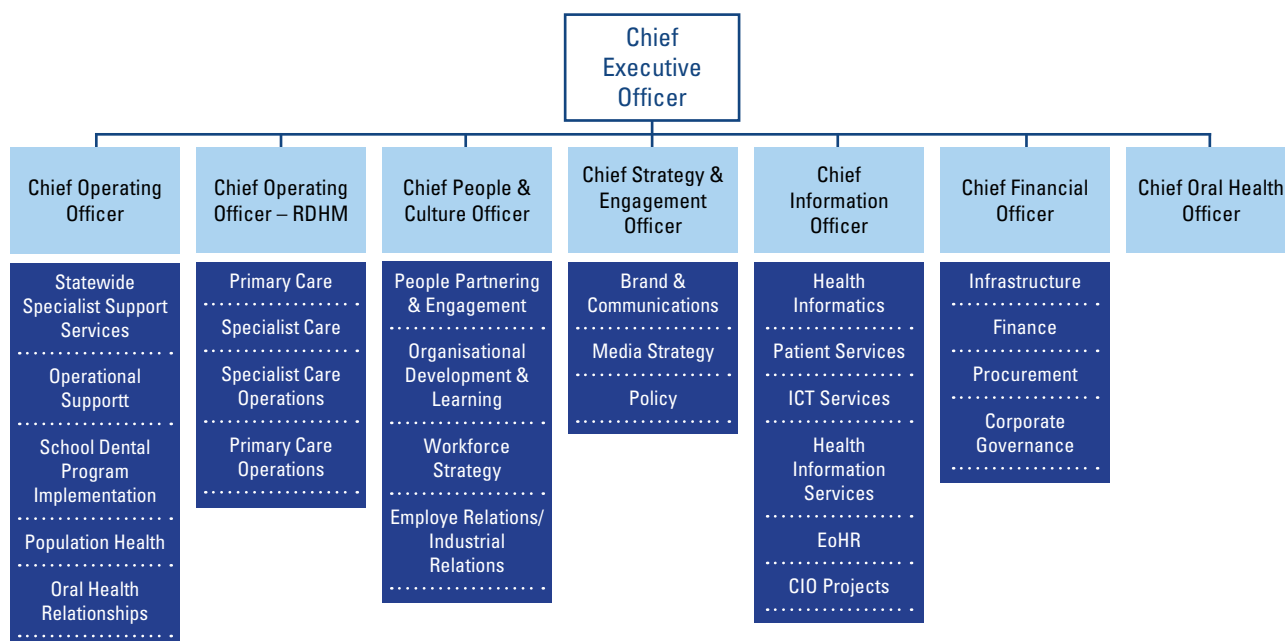
**Zemeel Saba**

Chief People and Culture Officer  
(from August 2023)  
MBus(HRM), AICD

Zemeel brings a wealth of experience and a vibrant energy to DHSV which resonates strongly with our vision for the future. Over the past two decades, Zemeel has successfully led the People and Culture and Executive General Management portfolios across a broad range of sectors including health, statutory authorities, higher education, state government and in the not-for-profit sector.

With a Business (HRM) and AICD certification, Zemeel has been formally recognised nationally as an award winner in leading high performing People and Culture teams and bespoke strategies that have delivered cultural transformation. Zemeel understands that a diverse, inclusive, capable, and well-supported workforce is vital in delivering our Strategic Direction.

## ORGANISATIONAL CHART





## Buildings management

DHSV buildings are maintained in accordance with the *Building Act 1993*, the Building Code of Australia and Department of Health guidelines: Fire Safety Compliance Series 7.

## Purchasing and tendering

DHSV purchasing and tendering complies with HealthShare Victoria's mandated purchasing policies.

## Probity

DHSV has undertaken public tenders for contracts in accordance with Victorian Government Across all procurement and tendering, DHSV behaves ethically and upholds public values and ensures impartiality, accountability and transparency. When necessary DHSV utilises the services of an independent probity practitioner.

## Social Procurement Framework

DHSV has embedded the requirements of the Victorian Social Procurement Framework (SPF) in the planning phase of individual procurements. DHSV seeks opportunities, and where available, clearly communicates identified social outcomes to potential suppliers from the outset of the market approach through the Invitation to Supply (ITS) suite of documents. For this reporting period, DHSV's procurements fell within the below and lower SPF bands. Most procurements fell within the below band; however, two procurements were commenced that fell in the lower band. The two procurements were the School Dental Program Water Bottles and RDHM Ground Floor remodel.

Across the 2023–2024 financial reporting period DHSV purchased from 4 social benefit suppliers. The aggregate spend was approximately \$392,610. DHSV's approach to the SPF is one of continuous improvement.

## Local Jobs First

The *Local Jobs First Act 2003* introduced in August 2018 brings together the Victorian Industry Participation Policy (VIPP) and Major Project Skills Guarantee (MPSG) policy which were previously administered separately. Departments and public sector bodies are required to apply the Local Jobs First policy in all projects valued at \$3 million or more in Metropolitan Melbourne or for statewide projects, or \$1 million or more for projects in regional Victoria.

MPSG applies to all construction projects valued at \$20 million or more. The MPSG guidelines and VIPP guidelines will continue to apply to MPSG-applicable and VIPP applicable projects respectively where contracts have been entered prior to 15 August 2018. During the 2023–2024 reporting period, DHSV commenced projects that meet the Local Jobs First policy value threshold. The projects were the School Dental Program Water Bottles and RDHM Ground Floor remodel.

## Projects completed – Local Jobs First Standard

During the 2023–2024 financial reporting period, DHSV completed one Local Jobs First Standard project, totalling \$3,792,962 million. The project scope covered the replacement of the thermal plant (boilers and chillers) for both DHSV's corporate office and RDHM, and to upgrade the fresh air delivery system in the Day Surgery department. The Industry Capability Network (ICN) advised over 40 contestable items including, paint, flanges, access panels, actuators, mechanical exhaust fans and electrical switchboards.

## Financial Management Compliance

I David Stevenson, on behalf of the Responsible Body, certify that the Dental Health Services Victoria has no Material Compliance Deficiency with respect to the applicable Standing Directions under the *Financial Management Act 1994* and Instructions.



David Stevenson  
Chair, Board of Directors  
Dental Health Services Victoria Carlton VIC

29 August 2024

## Data Integrity

I, Susan McKee, certify that Dental Health Services Victoria has put in place appropriate internal controls and processes to ensure that reported data accurately reflects actual performance. Dental Health Services Victoria has critically reviewed these controls and processes during the year.



Susan McKee  
Chief Executive Officer  
Dental Health Services Victoria Carlton VIC

29 August 2024

## Integrity, fraud and corruption

I, Susan McKee, certify that Dental Health Services Victoria, has put in place appropriate internal controls and processes to ensure that integrity, fraud and corruption risks have been reviewed and addressed at Dental Health Services Victoria during the year.



Susan McKee,  
Chief Executive Officer  
Dental Health Services Victoria Carlton VIC

29 August 2024

## Risk Management Framework and Processes

I, Susan McKee, certify that Dental Health Services Victoria has complied with Ministerial Direction 3.7.1 – Risk Management Framework and Processes. The Dental Health Services Victoria Audit and Risk Committee has verified this.



Susan McKee,  
Chief Executive Officer  
Dental Health Services Victoria Carlton VIC

**29 August 2024**

## Conflict of Interest

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



Susan McKee,  
Chief Executive Officer  
Dental Health Services Victoria Carlton VIC

**29 August 2024**

## HealthShare Victoria purchasing policies

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



Susan McKee,  
Chief Executive Officer  
Dental Health Services Victoria Carlton VIC

**29 August 2024**

## Public Interest Disclosures Act 2012

DHSV is committed to the aims and objectives of the Act. DHSV does not tolerate improper conduct by employees, nor the taking of reprisals against people who come forward to disclose such conduct. DHSV is not a public organisation prescribed under the Act to receive a protected disclosure, therefore disclosures about DHSV, its directors and employees must be made directly to the Independent Broad-based Anti-Corruption Commission. Although DHSV is not able to receive disclosures, DHSV has a procedure in place (as required under section 58 of the Act), which sets out how DHSV will protect people against detrimental action that might be taken against them in reprisal for making a protected disclosure or cooperating in an investigation into a protected disclosure complaint.

## Freedom of Information

The Victorian Freedom of Information (FOI) Act 1982 provides members of the public the right to apply for access to information held by DHSV. The majority of applications under Freedom of Information are requests by patients for access to their own personal dental records. DHSV received 301 requests during the year and all requests were granted in full.

## Competitive neutrality

DHSV applies competitive neutral pricing principles to all of its identified business units in accordance with the requirements of the government policy statement, Competitive Neutrality Policy Victoria and subsequent reforms.

## Asset Management Accountability Framework (AMAF) Maturity Assessment

The following section summarises DHSV's assessment of maturity against the requirements on the Asset Management Accountability Framework (AMAF).

The AMAF is a non-prescriptive, devolved accountability model of asset management that aims to assist Victorian Public Sector agencies manage their asset portfolios and provide better services for Victorians. The requirements for AMAF can be found on the Department of Treasury and Finance website. The overall DHSV target maturity rating is 'competence' and no material compliance deficiencies were noted. The majority of systems and processes are in place and being consistently applied throughout the organisation meeting the requirements of AMAF, with plans for improvement in any developing areas.

## WORKFORCE BREAKDOWN

	June 2024						June 2023					
	All employees			Ongoing			All employees			Ongoing		
	Number (head count)	FTE	Full-time (head count)	Part-time (head count)	FTE	Fixed-term and casual	Number (head count)	FTE	Full-time (head count)	Part-time (head count)	FTE	Fixed-term and casual
<b>Gender</b>												
<b>Women</b>	510	380	169	249	308	92	453	333	134	216	257	103
<b>Men</b>	178	125	68	62	93	48	170	118	58	62	82	50
<b>Self-described</b>	-	-	-	-	-	-	-	-	-	-	-	-
<b>Total</b>	<b>688</b>	<b>505</b>	<b>237</b>	<b>311</b>	<b>401</b>	<b>140</b>	<b>623</b>	<b>451</b>	<b>192</b>	<b>278</b>	<b>339</b>	<b>153</b>
<b>Age</b>												
<b>15-24</b>	36	27	7	7	12	22	26	19	3	8	9	15
<b>25-34</b>	149	113	57	40	76	52	134	99	39	31	54	64
<b>35-44</b>	183	121	54	102	101	27	163	112	44	84	85	35
<b>45-54</b>	153	114	50	79	95	24	149	106	48	81	91	20
<b>55-64</b>	129	105	58	56	92	15	113	89	47	48	75	18
<b>65+</b>	38	25	11	27	25	-	38	26	11	26	25	1
<b>Total</b>	<b>688</b>	<b>505</b>	<b>237</b>	<b>311</b>	<b>401</b>	<b>140</b>	<b>623</b>	<b>451</b>	<b>192</b>	<b>278</b>	<b>339</b>	<b>153</b>
<b>Classification</b>												
<b>Administration &amp; Clerical</b>	276	241	143	60	184	73	252	215	111	58	150	83
<b>Specialist Dentist</b>	65	23	-	57	19	8	60	19	-	51	16	9
<b>Dentist</b>	67	37	5	42	26	20	57	35	5	31	20	21
<b>Dental Assistant</b>	153	122	51	80	102	22	130	102	42	68	88	20
<b>Other*</b>	121	76	38	72	70	11	117	73	34	70	65	13
<b>Executive</b>	6	6	-	-	-	6	7	7	-	-	-	7
<b>Total Active Employees**</b>	<b>688</b>	<b>505</b>	<b>237</b>	<b>311</b>	<b>401</b>	<b>140</b>	<b>623</b>	<b>451</b>	<b>192</b>	<b>278</b>	<b>339</b>	<b>153</b>
												<b>112</b>

This table discloses the headcount and full-time equivalent (FTE) of all active DHSV employees.

\*Other includes Nurses, Dental Technicians, Dental Therapists and other medical and non-medical staff.

\*\*Active employees refers to staff that were paid based on hours worked and those that were on paid leave during the last full pay periods of June 2023 and June 2024.

## WORKFORCE INFORMATION

DHSV applies the classification guidelines as set down by the Victorian Public Sector Commission for all workforce data collection purposes.

### Employment principles

DHSV is committed to equal opportunity (including equal employment opportunity) and inclusive, fair, and reasonable processes in all human resource management procedures. DHSV applies a framework that incorporates the employment principles outlined in the *Public Administration Act 2004*.

Our recruitment and selection processes apply the principles of merit and equity, relevant award and statutory requirements and best practice public sector approaches.

The principles of natural justice and procedural fairness underpin our procedures for handling staff complaints and grievances, which seek to achieve an effective resolution of issues that contribute to positive workplace relationships.

We have in place policies and procedures addressing legislative requirements in the areas of bullying, harassment and discrimination, occupational health and safety and other areas of government policy governing employment terms and conditions. All policies and procedures and associated documentation are accessible for staff via the staff portal.

### Organisational values and staff code of conduct

DHSV's core values of respect, accountability, collaboration, and transformation, provide both a guide for employee behaviour and a framework for fostering a respectful workplace culture that promotes employee engagement and performance. Our ethos, The DHSV Way, forms part of our Code of Conduct. It incorporates a suite of above and below the line behaviours for each of the core DHSV values.

### Safety and wellbeing

DHSV is committed to developing and nurturing a safety culture that is focused on zero harm and a mindset that goes beyond simple compliance to genuine care, both for our staff and the community to whom we provide treatment.

In accordance with our 2024–26 People Plan, we continue to provide a range of health and wellbeing initiatives aimed at creating a well workforce and a safe workplace, including our Mental Health First Aid Officer network, wellbeing webinars, and numerous support services and referral pathways, including our Employee Assistance Program.

We have also provided staff with critical incident training, including specialised Occupational Violence and Aggression De-escalation training for clinical and front-facing staff.

Our Occupational Health and Safety management system provides a robust framework for risk management, ensuring compliance with relevant legislation.

We conducted a comprehensive review of our injury management processes and systems to better support injured workers, including the ongoing expansion of our return-to-work task library.

## CONTINUOUS QUALITY IMPROVEMENT AT RDHM

DHSV is committed to the continuous improvement of care to provide safe, high-quality care to our patients.

During 2023–24, we implemented a quality framework that supports RDHM's strategic plan and DHSV's clinical government framework. Through this framework, RDHM:

- monitors the safety and quality of care provided through a strengthened performance monitoring report. This enables us to identify and action opportunities to improve
- has developed the 2024 RDHM Quality Plan, which identifies key improvement objectives and activities to improve the care we provide.

The quality framework also ensures that we meet accreditation requirements. We are assessed against the National Safety and Quality Health Service Standards (NSQHSS), a set of nationally consistent standards established by the Australian Commission on Safety and Quality in Healthcare (The Commission) to set minimum care expectations.

We were last assessed by the Australian Council on Healthcare Standards against the NSQHSS in March 2022 and were awarded full accreditation for three years. The short notice accreditation assessment program was introduced from 1 July 2023. RDHM will next be assessed during the second half of 2024.

DHSV supports all public community dental agencies to successfully maintain accreditation with the NSQHSS for dental practices. DHSV continues to provide updated resources, advice, and ongoing support to the community dental agencies.

### Key activities

- Reduced the average complaint response time to 9 days, down from an average response time of 74 days in 2022–23.
- Strengthened our feedback process, improving the way we capture and disseminate compliments and positive feedback from our patients. This has resulted in our compliment to complaint ratio improving to 5 compliments for every 1.69 complaints, which is in line with customer service benchmarks that suggest aiming for a 5:1 ratio.
- Our Patient Reported Experience Measures results remained positive, with 92 per cent of patients stating they would recommend our service to their family and friends.
- Hand hygiene results that were above the state benchmark of 85 per cent for all 3 audit periods and were above the statewide average of 86.6 per cent in two audit periods, achieving 86, 91 and 88 per cent.
- Introduced a process and tools to support staff in managing patients with unacceptable behaviours. This process provides guidance to staff and managers to deal with patients who demonstrate aggressive, threatening, intimidating, racist, or sexist behaviours.

- Commenced 'safety and quality walk arounds' in all clinical areas of RDHM. The purpose of these regular walks is to provide staff with an informal avenue to speak up and raise any safety concerns regarding either patients or staff.

Occupational violence statistics	2023–24
WorkCover accepted claims with an occupational violence cause per 100 FTE	0
Number of accepted work cover claims with lost time injury with an OVA cause per 1,000,000 hours worked	0
Number of occupational violence incidents reported	25
Number of occupational violence incidents reported per 100 FTE	4.12
Percentage of occupational violence incidents resulting in a staff injury, illness or condition	0%
OH&S statistics	
Number of reported hazards/incidents for the year per 100 full-time equivalent staff members	18.31
The number 'lost time' standard claims for the year per 100 full-time equivalent staff members	0.66
The average cost per claim for the year 2024 – payments to date (as of 30 June 2024)	\$156,793
An estimate of outstanding claim costs as advised by WorkSafe	\$1,393,310
A minimum of two prior years' data on these indicators and explanations for significant variations from one year to the next; and two prior years' data (actual)	
• 2021–22 Average claims cost (payments made)	\$27,315
• 2022–23 Average claims cost (payments made)	\$400,423
• 2023–24 Average claims cost (payments made)	\$156,793
• Premium projection based on current claims	\$1,979,422
Significant variations:	
In the event of a fatality, a discussion of the circumstances that led to the fatality and the preventative measures that have been taken to prevent recurrence. If the fatality is under investigation or subject to an inquiry, a statement to that effect shall be included.	N/A

## FEES AND CHARGES

### Eligible adults:

- a fee of \$31 per visit if you hold a Pensioner Concession Card or Healthcare Card. The most eligible adults will need to pay for a complete general course of care is \$124
- a flat fee of \$31 for an emergency course of care, which includes assessment and treatment of the tooth/gums/denture that is causing pain
- \$74.50 per denture capped at \$149 for a full upper and lower denture.

### Children aged 0 to 12 years who are not healthcare or pensioner concession card holders or not dependants of concession card holders:

- free of charge for an emergency course of care
- a flat fee of \$37 per child for a general course of care, which includes an examination and all general dental treatment. Fees per family will not exceed \$148.

### Fees for specialist services (RDHM only):

- depend on the treatment. It will not be more than \$378 for a course of care.

## FEE EXEMPTIONS

### Exemption from fees for public dental services apply to:

- Aboriginal and Torres Strait Islander peoples\*
- people without homes and people at risk of homelessness
- refugees and people seeking asylum
- all children and young people aged 0–17 years who hold a health care or pensioner concession card, or who are dependants of concession card holders
- all children and young people up to 18 years of age in out-of-home care provided by the Department of Families, Fairness and Housing (including kinship and foster care)
- all people in youth justice custodial care
- people registered with mental health and disability services, supported by a letter of recommendation from their case manager or staff of special development schools
- those receiving care from undergraduate students
- those experiencing financial hardship.

\*Fee exemption is not applicable to specialist services at RDHM for non-concession card holding Aboriginal clients over the age of 12.

## QUALITY RESOURCES

DHSV develops a range of educational and informative written materials and resources for public dental patients, oral health and other health professionals and members of the public. These resources include training packages, video resources, brochures, and flyers. All written materials can be obtained via the DHSV website or by contacting the DHSV Brand and Communications team via [communications@dhsv.org.au](mailto:communications@dhsv.org.au).

## STATEMENT OF AVAILABILITY OF OTHER INFORMATION

Compliant with the requirements of the Standing Directions of the Minister for Finance, details in respect of the items listed on the right have been retained by DHSV and are available to the relevant ministers, Members of Parliament, and the public on request (subject to the freedom of information requirements, if applicable):

- a) a statement of pecuniary interests has been completed
- b) details of shares held by senior officers as nominee or held beneficially
- c) details of publications produced by the Department about the activities of DHSV and where they can be obtained
- d) details of changes in prices, fees, charges, rates, and levies charged by DHSV
- e) details of any major external reviews carried out on DHSV
- f) details of major research and development activities undertaken by DHSV that are not otherwise covered either in the Report of Operations or in a document that contains the financial statements and Report of Operations
- g) details of overseas visits undertaken including a summary of the objectives and outcomes of each visit
- h) details of major promotional, public relations and marketing activities undertaken by the entity to develop community awareness of DHSV and its services
- i) details of assessments and measures undertaken to improve the occupational health and safety of employees
- j) general statement on industrial relations within DHSV and details of time lost through industrial accidents and disputes, which is not otherwise detailed in the Report of Operations
- k) a list of major committees sponsored by DHSV, the purposes of each committee and the extent to which the purposes have been achieved
- l) details of all consultancies and contractors including consultants/contractors engaged, services provided, and expenditure committed for each engagement.



# ENVIRONMENT PERFORMANCE REPORT

DHSV is committed to continuous improvement in sound environmental practices. DHSV procures energy, water, and waste services via the HealthShare Victoria collective agreements, which also serve as the primary source of data for these reports. Additionally, a significant portion of our vehicles are leased and managed by VicFleet. This

data is collected centrally through fuel cards, encompassing all DHSV vehicles, whether leased or owned. We are dedicated to continuous improvement in reducing our environmental impact, and we are actively working towards enhancing the reporting of this data in the future.

## Electricity use

EL1 Total electricity consumption segmented by source [MWh]		
	2023–24	2022–23
Purchased	2702.77	2774.79
<b>EL1 Total electricity consumption [MWh]</b>	<b>2702.77</b>	<b>2779.79</b>

## Stationary energy

F1 Total fuels used in buildings and machinery segmented by fuel type [MJ]		
	2023–24	2022–23
Natural gas	6,416,515.90	9,791,297.60
<b>F1 Total fuels used in buildings [MJ]</b>	<b>6,416,515.90</b>	<b>6,459,535.90</b>

F2 Greenhouse gas emissions from stationary fuel consumption segmented by fuel type [Tonnes CO2-e]		
	2023–24	2022–23
Natural gas	330.64	504.55
<b>F2 Greenhouse gas emissions from stationary fuel consumption [Tonnes CO2-e]</b>	<b>330.64</b>	<b>504.55</b>

## Transportation energy

T1 Total energy used in transportation (vehicle fleet) within the Entity, segmented by fuel type [MJ]		
	2023–24	2022–23
Petrol	278,481.94	388,141.48
Diesel	2,065,575.31	1,879,444.61
<b>Total energy used in transportation (vehicle fleet) [MJ]</b>	<b>2,344,057.26</b>	<b>2,267,586.09</b>

T2 Number and proportion of vehicles in the organisational boundary segmented by engine/fuel type and vehicle category		
	2023–24	2022–23
Petrol	8 (7%)	6 (5%)
Diesel	109 (93%)	110 (95%)

T3 Greenhouse gas emissions from transportation (vehicle fleet) segmented by fuel type [tonnes CO2-e]		
	2023–24	2022–23
Non-executive fleet–Gasoline	N/A	N/A
Petrol	16.06	28.00
Non-emergency transport (Health service operated)–Diesel	N/A	N/A
Non-executive fleet–Diesel	N/A	N/A
Diesel	173.77	158.30
<b>Total Greenhouse gas emissions from transportation (vehicle fleet) [tonnes CO2-e]</b>	<b>189.84</b>	<b>186.30</b>

## Total energy use

E1 Total energy usage from fuels, including stationary fuels (F1) and transport fuels (T1) [MJ]		
	2023–24	2022–23
Total energy usage from stationary fuels (F1) [MJ]	6,416,515.90	9,791,297.60
Total energy usage from transport (T1) [MJ]	2,344,057.26	2,267,586.09
<b>Total energy usage from fuels, including stationary fuels (F1) and transport fuels (T1) [MJ]</b>	<b>8,760,573.16</b>	<b>12,058,883.69</b>

E2 Total energy usage from electricity [MJ]		
	2023–24	2022–23
Total energy usage from electricity [MJ]	9,729,985.60	9,989,230.32

E3 Total energy usage segmented by renewable and non-renewable sources [MJ]		
	2023–24	2022–23
Renewable	1,829,237.31	1,877,975.33
Non-renewable (E1 + E2 - E3 Renewable)	14,317,264.19	17,902,552.59

E4 Units of Stationary Energy used normalised		
	2023–24	2022–23
Energy per unit of LOS [MJ/LOS]	6,628.28	8,783.54
Energy per unit of Separations [MJ/ Separations]	6,628.28	8,783.54
Energy per unit of floor space [MJ/ m2]	882.42	1,081.02



## Sustainable buildings and infrastructure

B1 Discuss how environmentally sustainable design (ESD) is incorporated into newly completed entity-owned buildings		
	2023–24	2022–23
	N/A	N/A
B1 Discuss how environmentally sustainable design (ESD) is incorporated into newly completed entity-owned buildings		
	2023–24	2022–23
	N/A	N/A
B2 Discuss how new entity leases meet the requirement to preference higher-rated office buildings and those with a Green Lease Schedule		
	2023–24	2022–23
	N/A	N/A
B3 NABERS Energy (National Australian Built Environment Rating system) ratings of newly completed/occupied Entity-owned office buildings and substantial tenancy fit-outs (itemised)		
	2023–24	2022–23
	N/A	N/A
B4 Environmental performance ratings (eg. NABERS, Green Star, or ISCAIS rating scheme) of newly completed Entity-owned non-office building or infrastructure projects or upgrades with a value over \$1 million		
	2023–24	2022–23
	N/A	N/A

## Water use

W1 Total units of metered water consumed by water source (kl)		
	2023–24	2022–23
Potable water [kL]	9,616.08	8,782.82
<b>Total units of water consumed [kl]</b>	<b>9,616.08</b>	<b>8,782.82</b>
W2 Units of metered water consumed normalised by FTE, headcount, floor area, or other entity or sector specific quantity		
	2023–24	2022–23
Water per unit of LOS [kL/LOS]	3.95	3.90
Water per unit of Separations [kL/Separations]	3.95	3.90
Water per unit of floor space [kL/m2]	0.53	0.48

## Waste and recycling

WR1 Total units of waste disposed of by waste stream and disposal method [kg]		
	2023–24	2022–23
<b>Landfill (total)</b>		
General waste	261,931.28	266,257.20
<b>Offsite treatment</b>		
Clinical waste – incinerated	223.56	263.80
Clinical waste – sharps	430.37	237.60
Clinical waste – treated	16,367.57	15,122.28
<b>Recycling/recovery (disposal)</b>		
Cardboard	8,437.59	14,872.44
Commingled	7,896.92	12,165.12
Grease traps	N/A	N/A
Paper (confidential)	7,134.08	8,952.17
Paper (recycling)	9,528.41	4,202.50
Paper (recycling)	4,202.50	2,363.91
<b>Total units of waste disposed [kg]</b>	<b>316,152.28</b>	<b>322,073.11</b>
WR2 Percentage of office sites covered by dedicated collection services for each waste stream		
	2023–24	2022–23
Printer cartridges	N/A	N/A
Batteries	N/A	N/A
e-waste	N/A	N/A
WR3 Total units of waste disposed normalised by FTE, headcount, floor area, or other entity or sector specific quantity, by disposal method		
	2023–24	2022–23
Total waste to landfill per patient treated (kg general waste)/PPT	53.76	59.12
Total waste to offsite treatment per patient treated (kg offsite treatment)/PPT	3.49	3.47
Total waste recycled and reused per patient treated (kg recycled and reused)/PPT	6.77	8.92
WR4 Recycling rate [%]		
	2023–24	2022–23
Weight of recyclable and organic materials [kg]	32,997.00	40,192.23
Weight of total waste [kg]	311,949.79	322,073.11
<b>Recycling rate [%]</b>	<b>10.58%</b>	<b>12.48%</b>
WR5 Greenhouse gas emissions associated with waste disposal [tonnes CO2-e]		
	2023–24	2022–23
tonnes CO2-e	362.54	366.33

## Greenhouse gas emissions

G1 Total scope one (direct) greenhouse gas emissions [tonnes CO2e]		
	2023–24	2022–23
Carbon Dioxide	329.81	503.27
Methane	0.64	0.98
Nitrous Oxide	0.19	0.29
<b>Total</b>	<b>330.64</b>	<b>504.55</b>
<b>GHG emissions from stationary fuel (F2) [tonnes CO2-e]</b>	<b>330.64</b>	<b>504.55</b>
<b>GHG emissions from vehicle fleet (T3) [tonnes CO2-e]</b>	<b>N/A</b>	<b>N/A</b>
G2 Total scope two (indirect electricity) greenhouse gas emissions [tonnes CO2e]		
	2023–24	2022–23
Electricity	1,777.67	1,906.14
<b>Total scope two (indirect electricity) greenhouse gas emissions [tonnes CO2e]</b>	<b>1,777.67</b>	<b>1,906.14</b>
G3 Total scope three (other indirect) greenhouse gas emissions associated with commercial air travel and waste disposal (tonnes CO2e)		
	2023–24	2022–23
Waste emissions	362.54	366.33
Indirect emissions from Stationary Energy	245.13	284.76
Indirect emissions from Transport Energy	N/A	N/A
Any other Scope 3 emissions	16.14	14.88
<b>Total scope three greenhouse gas emissions [tonnes CO2e]</b>	<b>623.81</b>	<b>665.97</b>

# STATEMENT OF PRIORITIES

## PART A: STRATEGIC PRIORITIES

In 2023–24, Dental Health Services Victoria will contribute to the achievement of the Victorian Government's commitments by:

### Mandatory: Excellence in clinical governance

*We aim for the best patient experience and care outcomes by assuring safe practice, leadership of safety, an engaged and capable workforce, and continuing to improve and innovate care.*

#### Goals

- Develop strong and effective relationships with consumer and clinical partners to drive service improvements.
- Reduce low value care and duplication to achieve better outcomes for people and improved safety and quality.

DHSV Deliverables	Annual Results
Work with community dental agencies to improve service delivery models utilising the principles of value-based health care.	Adult Service Delivery Model: Collation of patient feedback survey in progress. Developing initial prevention interventions for adults to pilot with agencies who have utilised the Oral Health Questionnaire.
Continue the implementation of the value-based health care framework in the Royal Dental Hospital of Melbourne (RDHM).	Value-based health care principles have been incorporated into the improvement framework across RDHM. Current focus areas include: <ul style="list-style-type: none"><li>• development of the Primary Care service delivery model to improve the care delivery across general and emergency care</li><li>• implementation of improved integrated care pathways across RDHM to coordinate patient care between specialities</li><li>• implementation of a conscious sedation model in the Day Surgery Unit as an alternative to general anaesthetic for appropriate patients.</li></ul>
In collaboration with the Department of Health, continue to reduce low value care through the ongoing review of item codes to incentivise prevention and early intervention and decrease funding for low value care.	A review of previous changes to item code funding indicates a decrease in low value care being delivered. A further review of low value care will commence in 2024.
In collaboration with the Department of Justice implement a model of care including appropriate referral pathways to deliver emergency and specialist services to youth and adults within the justice system.	Referral pathways have been developed for emergency and specialist care and people within the justice system are accessing appropriate care when it is required.

### Mandatory: Working to achieve long term financial sustainability

*Ensure equitable and transparent use of available resources to achieve optimum outcomes.*

#### Goals

- Development of a health service financial sustainability plan in partnership with the Department of Health, with a goal to achieving long-term health service safety and sustainability.
- Co-operate with and support department-led reforms, that look towards reducing waste and improving efficiency to address financial sustainability, operational and safety performance, and system management.

DHSV Deliverables	Annual Results
Continue the implementation of the Beacon on the Hill strategy to improve efficiency, performance and financial sustainability of the RDHM.	The Beacon on the Hill workplan for 2024 is in place and tracking to plan. The improvement work across RDHM has achieved an increase of 11% in activity in RDHM for FY24 compared to FY23. This has resulted in additional 7,000 patient visits to RDHM compared to FY23 (of which, 4,000 accessed specialised care including an additional 500 to the Day Surgery Unit).
In collaboration with the Department, contribute to national dental reform, including input to the development of funding frameworks, outcomes measures and funding models that support a shift to value-based health care to achieve system wide funding reform.	<p>DHSV is contributing to 5 Commonwealth long-term reform working groups (low-income adult dental scheme, National Oral Health Plan, dental services costing study, national minimum data set, CDBS reform).</p> <p>DHSV continues to work with National Dental Directors and the Department of Health to engage with the Commonwealth Department of Health on reform.</p> <p>Submissions made to Victorian, national and international plans and policy consultations (e.g. World Health Organization consultation on the Prevention and Control of NCDs) to promote oral health integration/prioritisation and a value-based health care approach.</p>
Ongoing development and implementation of the strategy to increase the use of the Child Dental Benefits Schedule to optimise all available funding sources and increase service capacity across the sector.	<p>A Child Dental Benefits Schedule implementation plan is in place.</p> <p>The process has been significantly improved with the establishment of an electronic consent process in Smile Squad.</p> <p>Child Dental Benefits Schedule uptake continues to be monitored.</p> <p>Further opportunities to increase uptake are being considered.</p> <p>Discussions ongoing with Commonwealth Government to improve submission and payment processes.</p>

### **Mandatory: Improving equitable access to healthcare and wellbeing**

*Ensure that Aboriginal people have access to a health, wellbeing and care system that is holistic, culturally safe, accessible, and empowering.*

*Ensure that communities in rural and regional areas have equitable health outcomes irrespective of locality.*

#### **Goals**

- Strengthen programs that support Aboriginal people to access early intervention and prevention services.
- Enhance the provision of appropriate and culturally safe services, programs and clinical trials for and as determined by Aboriginal people, embedding the principles of self-determination.
- Address service access issues and equity of health outcomes for rural and regional people including more support for primary, home-based community and virtual care services.

DHSV Deliverables	Annual Results
Continue the rollout of Smile Squad and specialised services to support rural and regional Victoria to access oral health care. This includes implementing the change to delivery of Smile Squad to government secondary schools from annual to biennial, commencing from term 1 2024.	<p>From July 2023 to June 2024:</p> <ul style="list-style-type: none"> <li>• 60,213 students have received clinical services</li> <li>• 15,862 students have received treatment</li> <li>• 508 schools have received a Smile Squad visit</li> <li>• 191,000 dental packs have been distributed.</li> </ul> <p>Alternate service delivery models continue to be trialled and enhanced. Commenced provision of face-to-face group oral health education sessions for junior secondary school students. Training program for primary school nurses being rolled out state-wide; 5 regions completed, 10 more scheduled.</p> <p>A manual to support primary school nurses to conduct a 'lift the lip' check has been updated and is being reviewed by the Department of Education.</p> <p>Regional Hubs:</p> <ul style="list-style-type: none"> <li>• Bendigo: Services being provided. Agreement under review for next year</li> <li>• Barwon: Agreement signed, and services being provided</li> <li>• Latrobe Community Health Service: Agreement signed, and equipment installed for services to commence later in 2024.</li> </ul>
Develop and implement a second Reconciliation Action Plan.	Following feedback from Reconciliation Australia, the final draft was updated and resubmitted in early June 2024 and has now been conditionally approved.
In partnership with VACCHO (Victorian Community Controlled Health Organisations), complete the development of the statewide model of care for Aboriginal people to improve oral health outcomes through a focus on prevention, early intervention and system enhancements.	Awaiting further information on next steps from the project control group.
Continue roll out of Aboriginal Health Practitioner-led Fluoride Varnish program in participating Aboriginal Community Controlled Health Organisations (ACCHOs).	<p>Round 2 training was held from 30 April to 3 May 2024. Six eligible Aboriginal Health Practitioners participated and are completing their required assessment tasks. Final workplace assessment task is scheduled for mid-July 2024.</p> <p>Continued implementation of Aboriginal-led fluoride varnish models at Round 1 ACCOs is underway.</p> <p>Abstract on the AHP Fluoride Varnish Program has been accepted for presentation at the first ADOHTA and DHAA National Congress 2024.</p>
Support the outcomes of the Smile Squad Refugee Advisory Group to improve access to oral health care for these communities.	DHSV representative attends meetings regularly. Feedback from the Refugee Advisory Group is being incorporated into a review of the consent form.



## Mandatory: A stronger workforce

*There is increased supply of critical roles, which supports safe, high-quality care. Victoria is a world leader in employee experience, with a focus on future roles, capabilities and professional development. The workforce is regenerative and sustainable, bringing a diversity of skills and experience that reflect the people and communities it serves. As a result of a stronger workforce, Victorians receive the right care at the right time closer to home.*

### Goals

- Improve employee experience across four initial focus areas to assure safe, high-quality care: leadership, health and safety, flexibility, and career development and agility.
- Explore new and contemporary models of care and practice, including future roles and capabilities.

DHSV Deliverables	Annual Results
Develop and commence the implementation of the Workforce Culture and Engagement Strategy 2024–2027.	Successful co-design and Board endorsement of the 2024–2027 Culture and Engagement Strategy with a staff launch in April 2024. Year 1 actions rolled out on time and within budget parameters.
Continue the implementation of DHSV's state-wide workforce strategy.	DOHT Graduate program developed and launched with 36 graduates in intake 1. OHT Graduate coaching program developed and launched with 25 coaches in intake 1. Procure and implement 2 people systems – recruitment (ATS) and engagement (Employee Experience) to support workforce programs. Developed Employee Experience Framework across all workforce programs. Refugee Talent Scholarship developed and launched. Launched Sprint Campaign to source hard-to-fill roles across state. Created bespoke OHT Capability Framework to support learning for graduates. Developed and launched Inclusive Leadership program for leaders of workforce program participants. Developed regional incentives to support relocation for hard-to-fill locations across state. Developed partnership with professional associations (ADOHTA / DHAA) supporting continuous learning and connection for OHT graduates.
Develop and commence implementation of a new service model for the delivery of clinical placements across the sector.	Draft report on Review of Clinical Placement Model received in June 2024. Final report due end of July 2024.
Oversee and deliver actions as part of the Smile Squad Accelerated Delivery Action Plan (ADAP).	As stated above (workforce strategy), other actions included: <ul style="list-style-type: none"> <li>• continual monitoring of regional incentives (relocation, attraction)</li> <li>• leadership uplift – inclusion training and leader as coach model (retain)</li> <li>• development of bespoke OHT Capability Framework for graduates (attract, retain).</li> </ul> Template developed for workforce reporting to SDP Project Control Group. On track to achieve Clinical Placement and Graduate Program targets.

Continue the delivery of the Dental Assisting Traineeships Initiative (DATI).

Completion of 4 intakes for DATI program across the state. Employed 87 trainees as at end of June 2024 – 39 regional, 62 metro.

Supported priority job seekers to obtain employment and build careers in public oral health sector.

24% attrition rate with participants exiting due to personal circumstances, and salary.

83% conversion rate from trainee to ongoing employee.

Development of Inclusive Leadership Program – launched and socialised to leaders across program.

Development of connection activity – Connection Day held August 2023 with 36 trainees across the state.

Victorian Public Health Care Awards – Submission for “Celebrating a strong and sustainable workforce.”

### Mandatory: Moving from competition to collaboration

*Share knowledge, information and resources with partner health and wellbeing services and care providers. This will allow patients to experience one health, wellbeing and care system through connected digital health information, evidence and data flows, enabled by advanced interoperable platforms.*

#### Goals

- Partner with other organisations (for example community health, ACCHOs, PHNs, General Practice, private health) to drive further collaboration and build a more integrated system.
- Engage in integrated planning and service design approaches, whilst assuring consistent and strong clinical governance, with partners to join up the system to deliver seamless and sustainable care pathways and build sector collaboration.

DHSV Deliverables	Annual Results
Maintain active collaboration with VACCHO in line with the Memorandum of Understanding.	<p>DHSV continues to meet regularly with VACCHO staff to explore collaboration opportunities, such as the option to include an oral health skill set into their Aboriginal and Torres Strait Islander Health Practice course.</p> <p>VACCHO is a member of the DHSV RAP Working Group.</p>
Partner with Aboriginal Controlled Community Health Organisations with community dental services to achieve and sustain better oral health outcomes and deliver culturally appropriate oral health promotion resources.	<p>GEGAC, Rumbalara, and VAHS are members of the DHSV RAP Working Group. In addition, the Western District ACCO Collective (WDAC) and the Loddon Mallee Aboriginal Reference Group (LMARG) are members of the RAP Working Group, providing a broader connection with ACCOs that do not have dental services funded by DHSV.</p> <p>An ACCO engagement plan is being drafted, which is a deliverable of the draft Reconciliation Action Plan 2024–2026. The engagement plan aims to build and nurture partnerships and relationships with all Victorian ACCOs and work together to improve health outcomes and services for Aboriginal and Torres Strait Islander peoples across Victoria.</p> <p>First meeting with WDAC is scheduled for 23 July 2024.</p>

Continue implementation of the Oral Cancer Screening and Prevention Program, including the roll-out of the oral cancer education and training for non-oral health professionals, such as general practitioners.	<p>The National GP Oral Cancer Learning Module (CPD accredited) launched via The Royal Australian College of General Practitioners' website to ensure GPs have the tools they need to detect oral cancer earlier. This e-module empowers GPs to identify people at risk of oral cancer, detect earlier through screening and talk to patients about prevention. Since its launch in November 2023, over 190 GPs have completed it.</p> <p>The Oral Cancer Screening &amp; Prevention Program (OCSPP) including the Oral Cancer Learning Hub (<a href="https://www.oralcancerhub.org.au/">https://www.oralcancerhub.org.au/</a>) for oral health professionals has been visited by more than 15,060 users since its launch in May 2021. The hub also includes a CPD quiz which has been completed by more than 1,170 oral health professionals – boosting their knowledge and confidence.</p> <p>The inaugural edition of biannual OCSPP e-news was published and sent out to 748 subscribers.</p> <p>A statewide oral cancer webinar was successfully delivered in June 2024 (in collaboration with VIC-TAS PHNs) and attended by around 45 GPs and nurse practitioners.</p>
Partner with the Australian Dental Association Victoria Branch and private providers to increase oral health capacity to support the care of our eligible clients.	Scope and Project Brief development in progress.
Partner with Victorian universities on oral health research that can contribute to improved oral health outcomes for Victorians.	<p>Established Research and Evaluation Strategy Committee to set DHSV research agenda and support strong engagement with the university sector.</p> <p>Partnering with Melbourne Dental School on vaping research projects.</p> <p>Multiple Victorian universities engaged to share population oral health research at the DHSV Public Oral Health Conference 2024.</p> <p>Published 3 papers in peer-reviewed journals on oral health promotion, value-based health care and oral health policy with a further 2 papers accepted for publication.</p>

## Elective: Empowering people to keep healthy and safe in the community

*Support individual health and mental wellbeing by giving people the tools and information they need to stay healthy and well. Work with the local government to respond to health threats and empower the community to proactively respond to health risks.*

### Goals

- Collaborate with local organisations and communities to better understand local health priorities and deliver collective and collaborative preventative health, mental health and wellbeing services and programs, where all people, sectors and communities have an important role to play in enabling people to live their best lives.
- Improve the health and wellbeing of our communities, families and individuals by focusing on areas of healthy eating, climate change impacts, increased physical activity, and reduced rates of harmful drug, alcohol and substance behaviours including vaping.
- Enhance health literacy and promote high-quality health information so that the local community, including those in priority cohorts, can apply this knowledge to their own circumstances.

DHSV Deliverables	Annual Results
<p>Increase the reach of capacity building initiatives to non-oral health professionals to promote oral health in their communities, through programs like Health Families, Healthy Smiles.</p>	<p>During 2023–24, Healthy Families, Healthy Smiles provided professional development to 303 professionals, including:</p> <ul style="list-style-type: none"> <li>• maternal and child health nurses, and early parenting centre clinicians</li> <li>• Aboriginal Health Practitioners and disability support workers</li> <li>• supported playgroup facilitators, early childhood educators, and librarians</li> <li>• 26 midwives have completed the Midwifery Initiated Oral Health (MIOH) Education Program via scholarships.</li> </ul> <p>Established a pharmacy working group to progress a joint national Pharmacy Position Statement.</p> <p>Partnered with Casey Early Parenting Centre, resulting in two new Oral Health Champions positions at the centre.</p> <p>Partnered with Department of Families, Fairness and Housing (Loddon Region) to support oral health activities and dry toothbrushing program in the community, which provided 500 junior tooth packs and 5000 printed oral health promotion resources.</p> <p>An abstract on capacity building programs in oral health has been accepted for presentation at the first ADOHTA and DHAA National Congress 2024.</p>
<p>Increase the reach of Smiles for Miles program to kindergartens with high-risk children.</p>	<p>To support local celebrations of the Smiles 4 Miles 20-year anniversary, 12 Smiles 4 Miles organisations received grants in June 2024 to be used during the month of August 2024 coinciding with Dental Health Week. These grants will allow Smiles 4 Miles coordinators to celebrate this important milestone locally and recognise the vital role of early childhood services in promoting the oral health of children.</p> <p>With the support of 34 local community services, the team continued to deliver Smiles 4 Miles, a settings-based award program, to 60,657 pre-school aged children (and their families) via 775 early childhood services in 55 LGAs – reaching an additional 3,700 children since 2022.</p> <p>Tooth packs were also distributed to each child through the program, enabling good oral health behaviours to continue from the educational setting into the home.</p>

Support the implementation of the Victorian Action Plan to Prevent Oral Disease 2020–30.	<p>Partnered with Department of Health to develop new LGA oral health action guide and updated LGA oral health profiles are being developed.</p> <p>Commenced coordination of annual VAPPOD progress report and summary.</p> <ul style="list-style-type: none"> <li>• Ongoing delivery of Smile Squad (priority areas 1, 2, 3, 4)</li> <li>• Ongoing delivery of Smiles 4 Miles in 775 early childhood services (priority areas 1, 2, 3, 4)</li> <li>• Ongoing delivery of Healthy Families Healthy Smiles (priority areas 1, 3, 4)</li> <li>• Ongoing delivery of the Oral Cancer Screening and Prevention Program (priority area 4).</li> </ul> <p>Continued to promote water fluoridation by updating DHSV resources (website and factsheet) and contacting local councils, water agencies and community dental agencies outlining opportunities to support water fluoridation.</p> <p>New partnership established with North Western Melbourne PHN and joint project on preventable dental hospitalisations in progress.</p> <p>Developed 2022–23 annual VAPPOD report and summary. Commenced coordination of annual VAPPOD progress report and summary for 2023–24.</p>
Continue DHSV's campaign to reduce the rates of vaping particularly in school aged children.	Two of the four vaping research and health promotion projects are underway, in partnership with Melbourne Dental School.

### Elective: Care close to home

*Primary and community care is accessible and reduces avoidable escalation in acuity of health conditions. When appropriate, hospital care is delivered in the home, including through digital care and connection, to deliver virtual care, telehealth, and other advanced models of care.*

#### Goals

- Improve pathways through the health system and implement models of care to enable more people to access care closer to, or in their homes.
- Identify and develop clinical service models of care that can be delivered via virtual care (videocall, telehealth, remote monitoring) where safe and appropriate to enable care closer to home.

DHSV Deliverables	Annual Results
Work with community dental agencies to ensure delivery of Statement of Priority targets and Smile Squad services.	<p>A 2-year Purchasing Agreement was issued in August 2023 to community dental agencies, including activity targets and Smile Squad.</p> <p>State and FFA targets were met for 2023–24.</p> <p>A variation to the Purchasing Agreement is being finalised, including Smile Squad activity goals set for all agencies for 2024–25.</p>
Further enhance DHSV's tele-dentistry service to support community dental agencies, Smile Squad and State-wide Specialised Services.	A telehealth pilot for increasing access to Smile Squad for children in secondary schools commenced in November and has been extended to Term 1 and 2 in 2024. Communication and engagement tools were revised and developed to target secondary school aged children.
Implement 3 regional Smile Squad specialised services hubs to deliver on the Specialised Services Strategy Initiative.	<p>Regional Hubs:</p> <ul style="list-style-type: none"> <li>• Bendigo: Services being provided. Agreement under review for next year</li> <li>• Barwon: Agreement signed, and services being provided</li> <li>• Latrobe Community Health Service: Agreement signed, and equipment installed for services to commence later in 2024.</li> </ul>



## PART B: PERFORMANCE PRIORITIES

### High quality and safe care

Key Performance Measure	Target	Actual
Infection prevention and control		
Compliance with the Hand Hygiene Australia program	85%	<b>88%</b>
Percentage of healthcare workers immunised for influenza	94%	<b>97%</b>
Patient experience		
Patient satisfaction at the Royal Dental Hospital of Melbourne, as measured by the Patient Reported Experience Measure Survey (PREMS)	85% positive experience	<b>93%</b>

### Strong governance, leadership, and culture

Key Performance Measure	Target	Actual
Organisation culture		
People Matter survey – Percentage of staff with an overall positive response to safety culture survey questions (overall engagement)	62%	<b>68%</b>

### Timely access to care

Key Performance Measure	2023–24 Agencies Target	2023–24 Actual (Q4)	2023–24 RDHM Target	2023–24 Actual (Q4)	2023–24 Statewide Target	2023–24 Actual (Q4)
Emergency Care						
Percentage of Dental Emergency Triage Category 1 clients treated within 24 hours	90%	<b>92%</b>	90%	<b>93%</b>	90%	<b>92%</b>
Percentage of Dental Emergency Triage Category 2 clients treated within 7 days	80%	<b>93%</b>	80%	<b>90%</b>	80%	<b>92%</b>
Percentage of Dental Emergency Triage Category 3 treated within 14 days	75%	<b>92%</b>	75%	<b>82%</b>	75%	<b>91%</b>

Key Performance Measure	2023–24 Agencies Target	2023–24 Actual (Q4)	2023–24 RDHM Target	2023–24 Actual (Q4)	2023–24 Statewide Target	2023–24 Actual (Q4)
General and Denture Care						
Number of hospital-initiated postponements per 100 scheduled appointments.	-		3	3.7	-	
Waiting time for prosthodontics, endodontic, and orthodontics specialist services patients (months)	-		15	10	-	
Waiting time for other dental specialist services patients (months)	-		9	6	-	
Waiting time for general care (months)	-		-		23	16
Waiting time for denture care (months)	-		-		22	12
Waiting time for priority denture care (months)	-		-		3	3
Activity						
Total number of individuals treated	-	-	-	-	365,000	286,669
Priority and emergency clients treated 2	-	-	-	-	273,800	219,871
Dental Weighted Activity Units 1&2	-	-	-	-	351,488	339,295

## School Dental Program

Key Performance Indicator	Target	Actual (Q4)
Schools visited by Smile Squad (annual to December)	200	523
Students examined by Smile Squad (annual to December)	50,000	48,626
Students receiving treatment by Smile Squad (annual to December)	7,500	12,960

## Participation in oral health promotion

Key Performance Measure	2023–24 Statewide Target	Actual (Q4)
Oral Health Promotion Program		
Children participating in Smiles 4 Miles	50,000	60,657

## Effective financial management

Key Performance Indicator	Target	Actual (Q4)
Operating result (\$m)	0.00	<b>0.49</b>
Average number of days to pay trade creditors	60 days	<b>38 days</b>
Average number of days to receive patient fee debtors	60 days	<b>17 days</b>
Adjusted current asset ratio	0.7 or 3% improvement from health service base target	<b>0.93</b>
Actual number of days available cash, measured on the last day of each month	14 days	<b>20 days</b>
Variance between forecast and actual Net result from transactions (NRFT) for the current financial year ending 30 June	Variance ≤ \$250,000	<b>&gt;\$250,000</b>

# FINANCIAL OVERVIEW

The DHSV operating result for the financial year was a surplus of \$492k. The net entity result was a deficit of \$6.3 million. The deficit was due to depreciation and the purchase of dental equipment on behalf of dental agencies (\$6.7 million) exceeding capital grants received during the year.

Total revenue remained largely consistent to prior year and included capital grants recognised of \$10.4 million – up 27% on 2023. Total expenses decreased by \$9.8 million due to grants to other health services and community agencies reducing by \$24.8 million reflecting the impact of vouchers not taken up. This was mainly offset by increases in employee expenses of \$5.8 million, in amounts paid for the purchase of dental equipment on behalf of dental agencies of \$5.5 million, and in other operating expenses of \$2.5 million.

Cash and cash equivalents reduced by \$14.0 million due to investing activities of \$9.7 million and cash flow used in operating activities of \$4.5 million.

The total equity increased by \$17.8 million as a result of land and building revaluations by Valuer-General Victoria as at 30 June 2024. This was partly offset by the entity deficit for the year.

The key operational and financial objectives at DHSV are documented in the Statement of Priorities 2023–24.

Detailed financial statements are available in the back cover of this report.

Summary of financial results					
	2024	2023	2022	2021	2020
	\$'000	\$'000	\$'000	\$'000	\$'000
Total revenue	255,483	269,299	210,998	217,964	214,583
Total expenses	(261,645)	(271,492)	(212,350)	(213,152)	(216,513)
Other economic flows included in the net result	(176)	(542)	309	(804)	(1,487)
Net result for the year	(6,338)	(2,735)	(1,043)	4,008	(3,417)
Operating result*	492	(125)	(48)	2,714	140
Total assets	259,961	257,330	270,058	214,350	162,460
Total liabilities	109,343	124,506	141,821	85,070	40,756
Net assets	150,618	132,824	128,237	129,280	121,704
Total equity	150,618	132,824	128,237	129,280	121,704

\*The operating result is the result which DHSV is monitored against in its Statement of Priorities.

## Details of Information and Communication Technology (ICT) Expenditure

The total ICT expenditure incurred during 2023–24 is \$6,948 million (excluding GST) with the details shown below:

Business As Usual (BAU) ICT expenditure	
Total (excluding GST)	\$5,192,643
Non-Business as Usual (non-BAU) ICT expenditure	
(Total=Operational expenditure and capital expenditure) (excluding GST)	\$1,756,227
Operational expenditure (excluding GST)	
Total	\$272,256
Capital expenditure (excluding GST)	
Total	\$1,483,971

## Consultancies

### Details of consultancies (under \$10,000)

In 2023–24, there were 31 consultancies where the total fees payable to the consultants were less than \$10,000.

The total expenditure incurred during 2023–24 in relation to these consultancies were \$120,208 (excl. GST).

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

In 2023–24, there were 20 consultancies where the total fees payable to the consultants were \$10,000 or greater.

The total expenditure incurred during 2023–24 in relation to these consultancies were \$968,241 (excl. GST).

Details of individual consultancies can be viewed at [dhsv.org.au](https://dhsv.org.au).

# DISCLOSURE INDEX

The annual report of DHSV is prepared in accordance with all relevant Victorian legislation. This index has been prepared to facilitate identification of the Department's compliance with statutory disclosure requirements.

Legislation	Requirement	Page reference
<b>Ministerial directions</b>		
<b>Report of Operations</b>		
<b>Charter and purpose</b>		
FRD 22	Manner of establishment and the relevant Minister	3
FRD 22	Purpose, functions, powers and duties	23
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FRD 22	Details of consultancies over \$10,000	50
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Reporting obligations under the <i>Safe Patient Care Act 2015</i>		Nil return
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# GLOSSARY

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<b>ACDL</b>	Aboriginal Community Development Lead
<b>AHP</b>	Aboriginal Health Practitioner
<b>ALO</b>	Aboriginal Liaison Officer
<b>AMAF</b>	Asset Management Accountability Framework
<b>BAU</b>	Business as Usual
<b>CDBS</b>	Child Dental Benefits Schedule
<b>CLiP</b>	Clinical Leadership in Practice Committee
<b>DHSV</b>	Dental Health Services Victoria
<b>DWAU</b>	Dental Weighted Activity Unit
<b>EOHR</b>	Electronic Oral Health Record
<b>FOI</b>	Freedom of Information
<b>FTE</b>	Full time equivalent
<b>GPs</b>	General Practitioners
<b>GST</b>	Goods and services tax
<b>ICT</b>	Information and Communication Technology
<b>MARAM</b>	Multiagency Risk Assessment and Management
<b>NSQHSS</b>	National Safety and Quality Health Service Standards
<b>OHS</b>	Occupational health and safety
<b>OVA</b>	Occupational Violence and Aggression
<b>RDHM</b>	The Royal Dental Hospital of Melbourne
<b>RAP</b>	Reconciliation Action Plan
<b>SHRFV</b>	Strengthening Hospital Responses to Family Violence
<b>VACCHO</b>	Victorian Aboriginal Community Controlled Health Organisation Inc
<b>VAGO</b>	Victorian Auditor General's Office



**DENTAL HEALTH  
SERVICES VICTORIA**

**ABN: 55 264 981 997**

**DHSV.ORG.AU**



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services victoria  
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# **DENTAL HEALTH SERVICES VICTORIA**

## **FINANCIAL STATEMENTS**

**30 JUNE 2024**

## DENTAL HEALTH SERVICES VICTORIA

Dental Health Services Victoria (DHSV) has presented its audited general purpose financial statements for the financial year ended 30 June 2024 in the following structure to provide users with the information about DHSV's stewardship of the resources entrusted to it.

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## Dental Health Services Victoria

### Board Member's, Accountable Officer's and Chief Financial & Accounting Officer's declaration

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

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

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

We authorise the attached financial statements for issue on 9 September 2024.

David Stevenson  
Board Chair

Carlton  
9 September 2024

Susan McKee  
Chief Executive Officer

Carlton  
9 September 2024

Nigel McCormick  
Interim Chief Financial Officer

Carlton  
9 September 2024



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[www.dhsv.org.au](http://www.dhsv.org.au)

# Independent Auditor's Report

## To the Board of Dental Health Services Victoria

<b>Opinion</b>	<p>I have audited the financial report of Dental Health Services Victoria (the health service) which comprises the:</p> <ul style="list-style-type: none"> <li>• balance sheet as at 30 June 2024</li> <li>• comprehensive operating statement for the year then ended</li> <li>• statement of changes in equity for the year then ended</li> <li>• cash flow statement for the year then ended</li> <li>• notes to the financial statements, including material accounting policy information</li> <li>• board member's, accountable officer's and chief finance &amp; accounting officer's declaration.</li> </ul> <p>In my opinion the financial report presents fairly, in all material respects, the financial position of the health service as at 30 June 2024 and their financial performance and cash flows for the year then ended in accordance with the financial reporting requirements of Part 7 of the <i>Financial Management Act 1994</i> and applicable Australian Accounting Standards.</p>
<b>Basis for Opinion</b>	<p>I have conducted my audit in accordance with the <i>Audit Act 1994</i> which incorporates the Australian Auditing Standards. I further describe my responsibilities under that Act and those standards in the <i>Auditor's Responsibilities for the Audit of the Financial Report</i> section of my report.</p> <p>My independence is established by the <i>Constitution Act 1975</i>. My staff and I are independent of the health service in accordance with the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 <i>Code of Ethics for Professional Accountants</i> (the Code) that are relevant to my audit of the financial report in Victoria. My staff and I have also fulfilled our other ethical responsibilities in accordance with the Code.</p> <p>I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.</p>
<b>Other Information</b>	<p>The Board of the health service is responsible for the Other Information, which comprises the information in the health service's annual report for the year ended 30 June 2024 but does not include the financial report and my auditor's report thereon.</p> <p>My opinion on the financial report does not cover the Other Information and accordingly, I do not express any form of assurance conclusion on the Other Information. However, in connection with my audit of the financial report, my responsibility is to read the Other Information and in doing so, consider whether it is materially inconsistent with the financial report or the knowledge I obtained during the audit, or otherwise appears to be materially misstated. If, based on the work I have performed, I conclude there is a material misstatement of the Other Information, I am required to report that fact. I have nothing to report in this regard.</p>
<b>Board's responsibilities for the financial report</b>	<p>The Board of the health service is responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards and the <i>Financial Management Act 1994</i>, and for such internal control as the Board determines is necessary to enable the preparation of a financial report that is free from material misstatement, whether due to fraud or error.</p> <p>In preparing the financial report, the Board is responsible for assessing the health service's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless it is inappropriate to do so.</p>

**Auditor's  
responsibilities  
for the audit of  
the financial  
report**

As required by the *Audit Act 1994*, my responsibility is to express an opinion on the financial report based on the audit. My objectives for the audit are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with the Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of this financial report.

As part of an audit in accordance with the Australian Auditing Standards, I exercise professional judgement and maintain professional scepticism throughout the audit. I also:

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

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



MELBOURNE  
4 October 2024

Dominika Ryan  
*as delegate for the Auditor-General of Victoria*

**DENTAL HEALTH SERVICES VICTORIA**  
**Comprehensive Operating Statement**  
**For the financial year ended 30 June 2024**

	<b>Note</b>	<b>Total 2024 \$'000</b>	<b>Total 2023 \$'000</b>
<b>Revenue and income from transactions</b>			
Operating activities	<b>2.1</b>	241,290	257,847
Non-operating activities	<b>2.1</b>	14,193	11,452
<b>Total revenue and income from transactions</b>		<b>255,483</b>	<b>269,299</b>
<b>Expenses from transactions</b>			
Employee expenses	<b>3.1</b>	(61,206)	(55,415)
Supplies and consumables	<b>3.1</b>	(4,710)	(4,701)
Grants to other health services and community agencies	<b>3.1</b>	(156,724)	(181,491)
Depreciation and amortisation	<b>4.3</b>	(10,380)	(9,113)
Other operating expenses	<b>3.1</b>	(21,390)	(18,868)
Other non-operating expenses	<b>3.1</b>	(7,235)	(1,904)
<b>Total expenses from transactions</b>		<b>(261,645)</b>	<b>(271,492)</b>
<b>Net result from transactions - net operating balance</b>		<b>(6,162)</b>	<b>(2,193)</b>
<b>Other economic flows included in net result</b>			
<b>Items that may be reclassified subsequently to net result</b>			
Net loss on sale of non-financial assets	<b>3.5</b>	(88)	(301)
Net loss on financial instruments at fair value	<b>3.5</b>	(180)	(29)
Other gain / (loss) from other economic flows	<b>3.5</b>	92	(212)
<b>Total other economic flows included in net result</b>		<b>(176)</b>	<b>(542)</b>
<b>Net result for the year</b>		<b>(6,338)</b>	<b>(2,735)</b>
<b>Other economic flows - other comprehensive income</b>			
<b>Items that will not be reclassified to net result</b>			
Changes in property, plant and equipment revaluation surplus	<b>4.1(f)</b>	24,132	9,042
Changes in contributed capital	<b>4.1(b)</b>	-	(1,720)
<b>Total other comprehensive income</b>		<b>24,132</b>	<b>7,322</b>
<b>Comprehensive result for the year</b>		<b>17,794</b>	<b>4,587</b>

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

# DENTAL HEALTH SERVICES VICTORIA

## Balance Sheet

As at 30 June 2024

	Note	Total 2024 \$'000	Total 2023 \$'000
<b>Current assets</b>			
Cash and cash equivalents	6.2	85,708	99,749
Receivables	5.1(a)	2,877	9,772
Inventories	4.4	657	854
Prepayments		2,147	1,971
<b>Total current assets</b>		<b>91,389</b>	<b>112,346</b>
<b>Non-current assets</b>			
Receivables	5.1(a)	1,947	1,689
Property, plant and equipment	4.1(a)	163,521	141,469
Intangible assets	4.2	3,104	1,826
<b>Total non-current assets</b>		<b>168,572</b>	<b>144,984</b>
<b>Total assets</b>		<b>259,961</b>	<b>257,330</b>
<b>Current liabilities</b>			
Payables	5.2	93,386	109,449
Borrowings	6.1	309	389
Provisions	3.3	12,750	12,057
<b>Total current liabilities</b>		<b>106,445</b>	<b>121,895</b>
<b>Non-current liabilities</b>			
Borrowings	6.1	1,493	1,329
Provisions	3.3	1,405	1,282
<b>Total non-current liabilities</b>		<b>2,898</b>	<b>2,611</b>
<b>Total liabilities</b>		<b>109,343</b>	<b>124,506</b>
<b>Net assets</b>		<b>150,618</b>	<b>132,824</b>
<b>Equity</b>			
Property, plant and equipment revaluation surplus	4.1(f)	138,566	114,434
Contributed capital		50,885	50,885
Accumulated deficits		(38,833)	(32,495)
<b>Total equity</b>		<b>150,618</b>	<b>132,824</b>
Commitments for expenditure	6.3		
Contingent assets and contingent liabilities	7.2		

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



**DENTAL HEALTH SERVICES VICTORIA**  
**Statement of Changes in Equity**  
**For the financial year ended 30 June 2024**

<b>Total</b>		<b>Property, plant &amp; equipment revaluation surplus \$'000</b>	<b>Contributed capital \$'000</b>	<b>Accumulated surpluses / (deficits) \$'000</b>	<b>Total \$'000</b>
	<b>Note</b>				
<b>Balance at 30 June 2022</b>	<b>4.1(f)</b>	<b>106,487</b>	<b>52,605</b>	<b>(30,855)</b>	<b>128,237</b>
Net result for the year		-	-	(2,735)	(2,735)
Other comprehensive income for the year	<b>4.1(f)</b>	9,042	-	-	9,042
Transfer to accumulated surplus/deficit	<b>4.1(f)</b>	(1,095)	-	1,095	-
Reduction of contributed capital	<b>4.1(b)</b>	-	(1,720)	-	(1,720)
<b>Balance at 30 June 2023</b>	<b>4.1(f)</b>	<b>114,434</b>	<b>50,885</b>	<b>(32,495)</b>	<b>132,824</b>
Net result for the year		-	-	(6,338)	(6,338)
Other comprehensive income for the year	<b>4.1(f)</b>	24,132	-	-	24,132
<b>Balance at 30 June 2024</b>	<b>4.1(f)</b>	<b>138,566</b>	<b>50,885</b>	<b>(38,833)</b>	<b>150,618</b>

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

# DENTAL HEALTH SERVICES VICTORIA

## Cash Flow Statement

For the financial year ended 30 June 2024

	Note	Total 2024 \$'000	Total 2023 \$'000
<b>Cash flows from operating activities</b>			
Operating grants from government		219,270	201,332
Capital grants from government		11,187	3,742
Patient fees received		4,466	4,388
Donations and bequests received		-	50
GST received from the Australian Taxation Office		12,824	11,341
Interest and Investment Income received		3,770	3,225
Other receipts		8,364	7,439
<b>Total receipts</b>		<b>259,881</b>	<b>231,517</b>
Employee expenses paid		(60,163)	(54,427)
Payments for supplies and consumables		(4,728)	(4,712)
GST paid to the Australian Taxation Office		(730)	(604)
Grant payments to other Health Services and Community Agencies		(156,944)	(160,242)
Purchase of inventories for resale		(12,523)	(8,570)
Other payments		(29,254)	(22,387)
<b>Total payments</b>		<b>(264,342)</b>	<b>(250,942)</b>
<b>Net cash flow used in operating activities</b>	<b>8.1</b>	<b>(4,461)</b>	<b>(19,425)</b>
<b>Cash flows from investing activities</b>			
Purchase of non-financial assets		(8,286)	(5,945)
Purchase of intangible assets		(1,333)	(1,565)
Proceeds from disposal of non-financial assets		(45)	71
<b>Net cash flow used in investing activities</b>		<b>(9,664)</b>	<b>(7,439)</b>
<b>Cash flows from financing activities</b>			
New/(Repayment) of borrowings		84	(353)
<b>Net cash inflow/(outflow) from financing activities</b>		<b>84</b>	<b>(353)</b>
<b>Net decrease in cash and cash equivalents held</b>		<b>(14,041)</b>	<b>(27,217)</b>
Cash and cash equivalents at beginning of financial year		<b>99,749</b>	<b>126,966</b>
<b>Cash and cash equivalents at end of financial year</b>	<b>6.2</b>	<b>85,708</b>	<b>99,749</b>

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

## DENTAL HEALTH SERVICES VICTORIA

### Notes to the Financial Statements for the year ended 30 June 2024

#### Note 1: Basis of preparation

These annual financial statements represent the audited general purpose financial statements for Dental Health Services Victoria (DHSV) for the year ended 30 June 2024. The report provides users with information about DHSV's stewardship of resources entrusted to it.

This section explains the basis of preparing the financial statements and identifies the key accounting estimates and judgements.

##### Note 1.1: Basis of preparation of the financial statements

These financial statements are presented in Australian dollars (the functional and presentation currency of DHSV) and the historical cost convention is used unless a different measurement basis is specifically disclosed in the note associated with the item measured.

All amounts shown in the financial statements have been rounded to the nearest thousand dollars, unless otherwise stated. Minor discrepancies in tables between totals and sum of components are due to rounding.

The financial statements, except for cash flow information, have been prepared on an accrual basis, whereby assets, liabilities, equity, income and expenses are recognised in the reporting period to which they relate, regardless of when cash is received or paid.

##### (a) Statement of compliance

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

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

DHSV is a not-for-profit entity and therefore applies the additional AUS paragraphs applicable to not-for-profit health services under the AASBs.

##### (b) Reporting entity

The financial statements include all the controlled entities of DHSV (of which there are none).

DHSV's principal address is:  
The Royal Dental Hospital of Melbourne  
720 Swanston Street  
CARLTON Victoria 3053

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

##### (c) Basis of accounting preparation and measurement

Accounting policies are selected and applied in a manner which ensures that the resulting financial information satisfies the concepts of relevance and reliability, thereby ensuring that the substance of the underlying transactions or other events is reported.

The accounting policies have been applied in preparing the financial statements for the year ended 30 June 2024, and the comparative information presented in these financial statements for the year ended 30 June 2023.

The financial statements are prepared on a going concern basis (refer to Note 8.8 Economic Dependency).

The annual financial statements were authorised for issue by the Board of DHSV and its controlled entities on 09 September 2024.

## **DENTAL HEALTH SERVICES VICTORIA**

### **Notes to the Financial Statements for the year ended 30 June 2024**

#### **Note 1.2: Goods and Services Tax (GST)**

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

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

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

Commitments are presented on gross and net basis, taking into account an estimated GST recoverable.

#### **Note 1.3: Equity**

##### **Contributed Capital**

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

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

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

#### **Note 1.4: Material accounting estimates and judgements**

Management make estimates and judgements when preparing the financial statements.

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

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

The material accounting policies and significant management judgements and estimates used, and any changes thereto, are identified at the beginning of each section where applicable.

## DENTAL HEALTH SERVICES VICTORIA

Notes to the Financial Statements for the year ended 30 June 2024

### Note 2: Funding delivery of our services

DHSV's overall objective is to deliver programs and provide quality healthcare to improve the oral health of all Victorians, particularly vulnerable groups and those most in need.

DHSV is predominantly funded by accrual based grant funding for the provision of outputs. DHSV also receives income from the supply of goods and services.

#### Structure

**2.1:** Revenue and income from transactions

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

**2.3:** Other income

#### Key judgements and estimates

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

## DENTAL HEALTH SERVICES VICTORIA

Notes to the Financial Statements for the year ended 30 June 2024

### Note 2.1: Revenue and income from transactions

	Total 2024 \$'000	Total 2023 \$'000
<b>Operating activities</b>		
<b>Revenue from contracts with customers</b>		
Government grants (State) - Operating <sup>(i)</sup>	195,344	217,025
Patient fees	4,460	4,410
Commercial activities <sup>(ii)</sup>	7,915	7,094
<b>Total revenue from contracts with customers</b>	<b>207,719</b>	<b>228,529</b>
<b>Other sources of income <sup>(iii)</sup></b>		
Government grants (State) - Operating	31,972	27,881
Other revenue from operating activities	428	426
Assets received free of charge	1,171	1,011
<b>Total other sources of income</b>	<b>33,571</b>	<b>29,318</b>
<b>Total revenue and income from operating activities</b>	<b>241,290</b>	<b>257,847</b>
<b>Income from non-operating activities <sup>(iii)</sup></b>		
Government grants (State) - Capital	10,403	8,211
Donations	-	50
Other sources of income	3,790	3,191
<b>Total income from non-operating activities</b>	<b>14,193</b>	<b>11,452</b>
<b>Total revenue and income from transactions</b>	<b>255,483</b>	<b>269,299</b>

<sup>(i)</sup> Government grants (State) - Operating includes the impact of vouchers (see Note 5.2) which are also recorded as grants to other health services and community agencies (see Note 3.1) with a nil impact on the net result.

<sup>(ii)</sup> Commercial activities represent business activities which DHSV enter into to support its operations.

<sup>(iii)</sup> Other sources of income, and Income from non-operating activities are recognised as income for not-for-profit entities (AASB 1058).



# DENTAL HEALTH SERVICES VICTORIA

## Notes to the Financial Statements for the year ended 30 June 2024

### Note 2.1: Revenue and income from transactions (continued)

#### How we recognise revenue and income from transactions

##### Government operating grants

To recognise revenue, DHSV assesses whether there is a contract that is enforceable and has sufficiently specific performance obligations in accordance with AASB 15: *Revenue from Contracts with Customers*.

When both of these conditions are satisfied, DHSV:

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

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

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

The types of government grants recognised under AASB 15: *Revenue from Contracts with Customers* include:

Government Grant	Performance Obligation
Activity Based Funding (ABF) paid as Dental Weighted Average Units (DWAUs)	<p>The performance obligations for ABF are the number of DWAUs generated in providing dental services to patients in accordance with levels of activity agreed to with the Department of Health (DoH) in the annual Statement of Priorities (SoP).</p> <p>Revenue is recognised at a point in time, which is when a patient is provided dental services and in accordance with the DWAAU activity for each treatment type. The performance obligations align with funding conditions set out in the Policy and Funding Guidelines issued by the DoH.</p>
Other grants	Funding conditions for various recurrent and one-off grants that contain enforceable and sufficiently specific performance obligations.

##### Capital grants

Where DHSV receives a capital grant, it recognises a liability for the excess of the initial carrying amount of the financial asset received over any related amounts (being contributions by owners, lease liabilities, financial instruments, provisions, revenue or contract liabilities arising from a contract with a customer) recognised under other Australian Accounting Standards. Income is recognised progressively as the asset is constructed which aligns with DHSV's obligation to construct the asset.

Grants received for building upgrades and ICT infrastructure are recognised progressively as the projects are completed, as per AASB 1058. The progressive method is used as this most closely reflects the progress to completion, as costs are incurred as the works are done (see Note 5.2(a)).

## DENTAL HEALTH SERVICES VICTORIA

### Notes to the Financial Statements for the year ended 30 June 2024

#### Note 2.1: Revenue and income from transactions (continued)

The following are other transactions that DHSV has determined to be classified as revenue from contracts with customers in accordance with AASB 15.

##### Patient Fees

The performance obligations related to patient fees are dependent on type of treatments and number of visits. These performance obligations have been selected as they align with the terms and conditions of the provision of dental services. Revenue is recognised at a point in time when the performance obligation (provision of service) is satisfied.

##### Commercial activities

Revenue from commercial activities is predominantly from sales of goods and services to community agencies including the provision of technical support and fees for training courses. Performance obligations are satisfied when goods and services are delivered to and accepted by the customers. Revenue is recognised when, or as, the performance obligations for the sale of goods and services to the customer are satisfied:

- Customers obtain control of goods at a point in time when the goods are delivered to and have been accepted at their premises.
- Revenue from rendering of services is recognised at a point in time when the performance obligation is satisfied through the completion of the service; and over time when the customer simultaneously receives and consumes the services as it is provided.
- Historically, refund obligations were not material.
- Consideration received in advance of recognising the associated revenue from the customer is recorded as a contract liability (Note 5.2(b)). Where the performance obligations are satisfied but not yet billed, a contract asset is recorded (Note 5.1(c)).

##### Other Revenue from Operating Activities

Other income is recognised as revenue when earned. Other income includes expense recoveries from The University of Melbourne and RMIT associated with tenancy agreements, recoveries for salaries and wages and external services provided.

#### Note 2.2: Fair value of assets and services received free of charge or nominal consideration

	<b>Total 2024 \$'000</b>	<b>Total 2023 \$'000</b>
Personal Protective Equipment (PPE) from Health Share Victoria	556	738
Cash and capital donations	-	50
Non-cash revenue from DoH - Insurance	357	222
Non-cash revenue from DoH - Long Service Leave	258	51
<b>Total fair value of assets and services received free of charge</b>	<b>1,171</b>	<b>1,061</b>

## DENTAL HEALTH SERVICES VICTORIA

### Notes to the Financial Statements for the year ended 30 June 2024

#### Note 2.2: Fair value of assets and services received free of charge (continued)

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

##### **Donations and bequests**

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

##### **Personal protective equipment**

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

##### **Non-cash contributions from the Department of Health**

The Department of Health (DoH) makes some payments on behalf of DHSV as follows:

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

## DENTAL HEALTH SERVICES VICTORIA

Notes to the Financial Statements for the year ended 30 June 2024

### Note 2.3: Other income

	<b>Total 2024 \$'000</b>	<b>Total 2023 \$'000</b>
Interest income	3,790	3,191
Rental income - operating leases	19	18
<b>Total other income</b>	<b>3,809</b>	<b>3,209</b>

#### *How we recognise other income*

##### **Interest income**

Interest income is recognised on a time proportionate basis and takes into account the effective yield of the financial asset, which allocates interest over the relevant period.

##### **Rental and lease income**

Rental income from operating leases previously related to sections of the building leased out to commercial and telecommunication businesses.

Rental income from operating leases is recognised on a straight-line basis over the term of the relevant lease.

All incentives for the agreement of a new or renewed operating lease are recognised as an integral part of the net consideration agreed for the use of the leased asset, irrespective of the incentive's nature or form or the timing of payments.

In the event that lease incentives are given to the lessee, the aggregate cost of incentives is recognised as a reduction of rental income over the lease term, on a straight-line basis unless another systematic basis is more appropriate of the time pattern over which the economic benefit of the leased asset is diminished.

## DENTAL HEALTH SERVICES VICTORIA

Notes to the Financial Statements for the year ended 30 June 2024

### Note 3: The cost of delivering our services

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

#### Structure

**3.1** *Expenses from transactions*

**3.2** *Specific expenses*

**3.3** *Employee benefits and related on-costs*

**3.4** *Superannuation*

**3.5** *Other economic flows*

#### Key judgements and estimates

This section contains the following key judgements and estimates:

Key judgements and estimates	Description
Measuring and classifying employee benefit liabilities	<p>DHSV applies material judgment when measuring and classifying its employee benefit liabilities.</p> <p>Employee benefit liabilities are classified as a current liability if DHSV does not have an unconditional right to defer payment beyond 12 months. Annual leave, accrued days off and long service leave entitlements (for staff who have exceeded the minimum vesting period) fall into this category.</p> <p>Employee benefit liabilities are classified as a non-current liability if DHSV has a conditional right to defer payment beyond 12 months. Long service leave entitlements (for staff who have not yet exceeded the minimum vesting period) fall into this category.</p> <p>DHSV also applies judgement to determine when it expects its employee entitlements to be paid. With reference to historical data, if the health service does not expect entitlements to be paid within 12 months, the entitlement is measured at its present value. All other entitlements are measured at their nominal value.</p> <p>Expected future payments incorporate anticipated future wage and salary levels, duration of service and employee departures, and are discounted at rates determined by reference to market yields on government bonds at the end of the reporting period.</p> <p>All other entitlements are measured at their nominal value.</p>

## DENTAL HEALTH SERVICES VICTORIA

Notes to the Financial Statements for the year ended 30 June 2024

### Note 3.1: Expenses from transactions

		<b>Total 2024 \$'000</b>	<b>Total 2023 \$'000</b>
Note			
Salaries and wages		46,627	42,271
On-costs		12,093	10,914
Agency expenses		643	541
Work cover premium		1,843	1,689
<b>Total employee expenses</b>		<b>61,206</b>	<b>55,415</b>
Drug supplies		341	299
Medical and surgical supplies		4,369	4,402
<b>Total supplies and consumables</b>		<b>4,710</b>	<b>4,701</b>
Grants to other health services and community agencies <sup>(i)</sup>		156,724	181,491
Finance costs		100	64
Medical indemnity and motor vehicle insurance		364	222
Fuel, light, power and water		1,170	1,443
Rental/Office space		307	265
Repairs and maintenance		670	825
Maintenance contracts including preventative maintenance		556	442
Computer expenses		4,210	3,535
Cleaning and laundry expenses		1,456	1,302
Consultancy expenses		1,088	1,187
Outsourced expenses		1,186	347
Motor vehicle expenses		736	835
Expenses related to commercial activities		3,821	3,422
Other administrative expenses <sup>(ii)</sup>		5,680	4,932
Expenses related to leases of low value assets		46	47
<b>Total other operating expenses</b>		<b>21,390</b>	<b>18,868</b>
<b>Total operating expense</b>		<b>244,030</b>	<b>260,475</b>
Assets provided free of charge	2.2	556	738
Specific expenses	3.2	6,679	1,166
<b>Total other non-operating expenses</b>		<b>7,235</b>	<b>1,904</b>
Depreciation and amortisation	4.3	10,380	9,113
<b>Total depreciation and amortization</b>		<b>10,380</b>	<b>9,113</b>
<b>Total non-operating expense</b>		<b>17,615</b>	<b>11,017</b>
<b>Total expenses from transactions</b>		<b>261,645</b>	<b>271,492</b>

<sup>(i)</sup> Grants to other health services and community agencies includes the impact of vouchers (see Note 5.2) which are also recorded as Government grants (State) - Operating (see Note 2.1) with a nil impact on the net result.

<sup>(ii)</sup> Prior year figures have been updated to more accurately reflect material expenditure.



## DENTAL HEALTH SERVICES VICTORIA

### Notes to the Financial Statements for the year ended 30 June 2024

#### Note 3.1: Expenses from transactions (continued)

##### How we recognise expenses from transactions

###### Expense recognition

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

###### Employee expenses

Employee expenses include:

- Salaries and wages (including fringe benefits tax, leave entitlements, termination payments);
- On-costs;
- Agency expenses;
- Work cover premium.

###### Grants and other transfers

Grants and other transfers to third parties are recognised as an expense in the reporting period in which they are paid or payable. They include transactions such as dental grants to other health services and community agencies.

###### Other operating expenses

Other operating expenses generally represent the day-to-day running costs incurred in normal operations and includes such things as fuel, light and power, repairs and maintenance, patient related expenses (i.e. interpreting) and other administrative expenses.

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

###### Supplies and consumables

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

###### Finance costs

Finance costs include finance charges in respect of leases which are recognised in accordance with AASB 16 Leases.

###### Non-operating expenses

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

#### Note 3.2: Specific expenses

##### Specific expenses

Amounts paid for the purchase of dental equipment on behalf of external Dental agencies <sup>(i)(ii)</sup>

##### Total specific expenses

Total 2024 \$'000	Total 2023 \$'000
6,679	1,166
<b>6,679</b>	<b>1,166</b>

<sup>(i)</sup> DHSV receives funding from DoH to provide dental equipment to external dental agencies. This funding is recognised as a specific income in the year it is received. Specific expenses are recognised once dental equipment is provided to the agencies.

<sup>(ii)</sup> This includes a one-off funding expense of \$4.1m to external dental agencies as agreed by DoH for current financial year.

**DENTAL HEALTH SERVICES VICTORIA**  
**Notes to the Financial Statements for the year ended 30 June 2024**

**Note 3.3: Employee benefits and related on-costs**

	<b>Total 2024 \$'000</b>	<b>Total 2023 \$'000</b>
<b>Current provisions</b>		
Employee benefits <sup>(i)</sup>		
Accrued days off		
- Unconditional and expected to be settled wholly within 12 months <sup>(ii)</sup>	352	266
Annual leave		
- Unconditional and expected to be settled wholly within 12 months <sup>(ii)</sup>	3,375	3,038
- Unconditional and expected to be settled wholly after 12 months <sup>(iii)</sup>	543	422
Long service leave		
- Unconditional and expected to be settled wholly within 12 months <sup>(ii)</sup>	1,254	1,323
- Unconditional and expected to be settled wholly after 12 months <sup>(iii)</sup>	5,746	5,658
	<b>11,270</b>	<b>10,707</b>
Provisions related to employee benefit on-costs		
- Unconditional and expected to be settled within 12 months <sup>(ii)</sup>	604	543
- Unconditional and expected to be settled after 12 months <sup>(iii)</sup>	876	807
	<b>1,480</b>	<b>1,350</b>
<b>Total current provisions</b>	<b>12,750</b>	<b>12,057</b>
<b>Non-current provisions</b>		
Conditional long service leave <sup>(i) (iii)</sup>	1,232	1,131
Provisions related to employee benefit on-costs <sup>(iii)</sup>	173	151
<b>Total non-current provisions</b>	<b>1,405</b>	<b>1,282</b>
<b>Total provisions</b>	<b>14,155</b>	<b>13,339</b>
<b>(a) Employee benefits and related on-costs</b>		
<b>Current employee benefits and related on-costs</b>		
Unconditional long service leave entitlements	7,985	7,916
Annual leave entitlements	4,413	3,875
Accrued days off	352	266
<b>Non-current employee benefits and related on-costs</b>		
Conditional long service leave entitlements <sup>(iii)</sup>	1,405	1,282
<b>Total employee benefits and related on-costs</b>	<b>14,155</b>	<b>13,339</b>
<b>Notes:</b>		
<i>(i) Employee benefits consist of amounts for accrued days off, annual leave and long service leave accrued by employees, not including on-costs.</i>		
<i>(ii) The amounts disclosed are nominal amounts.</i>		
<i>(iii) The amounts disclosed are discounted to present values.</i>		
<b>(b) Movements in long service leave</b>		
<b>Balance at start of year</b>	9,198	8,749
Provision made during the year		
- Revaluations	(92)	212
- Expense recognising employee service	1,546	1,523
Settlement made during the year	(1,262)	(1,286)
<b>Balance at end of year</b>	<b>9,390</b>	<b>9,198</b>

## DENTAL HEALTH SERVICES VICTORIA

### Notes to the Financial Statements for the year ended 30 June 2024

#### Note 3.3: Employee benefits in the balance sheet (continued)

##### ***How we recognise employee benefits***

Provisions are made for benefits accruing to employees in respect of accrued days off, annual leave and long service leave for services rendered to the reporting date as an expense during the period the services are delivered.

##### **Provisions**

Provisions are recognised when DHSV has a present obligation, the future sacrifice of economic benefits is probable, and the amount of the provision can be measured reliably.

The amount recognised as a liability is the best estimate of the consideration required to settle the present obligation at reporting date, taking into account the risks and uncertainties surrounding the obligation.

##### **Annual leave and accrued days off**

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

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

- Nominal value - if DHSV expects to wholly settle within 12 months, or;
- Present value - if DHSV does not expect to wholly settle within 12 months.

##### **Long service leave**

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

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

The components of this current LSL liability are measured at:

- Nominal value - if DHSV expects to wholly settle within 12 months, or;
- Present value - if DHSV does not expect to wholly settle within 12 months.

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

##### **On-costs related to employee benefits**

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

## DENTAL HEALTH SERVICES VICTORIA

### Notes to the Financial Statements for the year ended 30 June 2024

#### Note 3.4: Superannuation

	Paid Contributions for the Year		Contributions Outstanding at Year End	
	Total 2024 \$'000	Total 2023 \$'000	Total 2024 \$'000	Total 2023 \$'000
<b>Defined benefit plans:</b> <sup>(i)</sup>				
Aware Super	4	4	-	-
ESS State Super	43	34	1	-
<b>Defined contribution plans:</b>				
Aware Super	2,670	2,585	119	104
HESTA	528	411	25	19
Australian Super	477	320	24	16
Uni Super	278	241	12	10
Other	1,344	1,133	61	50
<b>Total</b>	<b>5,344</b>	<b>4,728</b>	<b>242</b>	<b>199</b>

<sup>(i)</sup> The basis for determining the level of contributions is determined by the various actuaries of the defined benefit superannuation plans.

Employees of DHSV are entitled to receive superannuation benefits and DHSV contributes to both defined benefit and defined contribution plans. The defined benefit plan provides benefits based on years of service and final average salary.

#### How we recognise superannuation

##### Defined benefit superannuation plans

The amount charged to the comprehensive operating statement in respect of defined benefit superannuation plans represents the contributions made by DHSV to the superannuation plans in respect of the services of current DHSV staff during the reporting period. Superannuation contributions are made to the plans based on the relevant rules of each plan, and are based upon actuarial advice.

DHSV does not recognise any unfunded defined benefit liability in respect of the plan because DHSV has no legal or constructive obligation to pay future benefits relating to its employees; its only obligation is to pay superannuation contributions as they fall due. The Department of Treasury and Finance discloses the State's defined benefits liabilities in its disclosure for administered items.

Superannuation contributions paid or payable for the reporting period are included as part of employee benefits in the Comprehensive Operating Statement of DHSV.

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

##### Defined contribution superannuation plans

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

## DENTAL HEALTH SERVICES VICTORIA

Notes to the Financial Statements for the year ended 30 June 2024

### Note 3.5: Other economic flows

	Total 2024 \$'000	Total 2023 \$'000
<b>Net loss on non-financial assets</b>		
Impairment of intangible assets	-	(181)
Impairment of non-financial assets	(43)	(191)
Net gain/ (loss) on disposal of non-financial assets	(45)	71
<b>Total net loss on non-financial assets</b>	<b>(88)</b>	<b>(301)</b>
<b>Net loss on financial instruments</b>		
Allowance for impairment losses of contractual receivables	(180)	(29)
<b>Total net loss on financial instruments</b>	<b>(180)</b>	<b>(29)</b>
<b>Other gain / (loss) from other economic flows</b>		
Net gain/ (loss) arising from revaluation of long service liability	92	(212)
<b>Total net gain / (loss) from other economic flows</b>	<b>92</b>	<b>(212)</b>
<b>Total other losses from economic flows</b>	<b>(176)</b>	<b>(542)</b>

### Net gain/ (loss) on non-financial assets

Net gain/ (loss) on non-financial assets and liabilities includes realised and unrealised gains and losses as follows:

- Revaluation gains/ (losses) of non-financial physical assets (Refer to Note 4.1 Property plant and equipment.);
- Net gain/ (loss) on disposal of non-financial assets; and
- Any gain or loss on the disposal of non-financial assets is recognised at the date of disposal.

### Net gain/ (loss) on financial instruments at fair value

Net gain/ (loss) on financial instruments at fair value includes:

- realised and unrealised gains and losses from revaluations of financial instruments at fair value;
- impairment and reversal of impairment for financial instruments at amortised cost; and
- disposals of financial assets and derecognition of financial liabilities.

### Other gains/ (losses) from other economic flows

Other gains/ (losses) include:

- the revaluation of the present value of the long service leave liability due to changes in the bond rate movements, inflation rate movements and the impact of changes in probability factors.

## DENTAL HEALTH SERVICES VICTORIA

Notes to the Financial Statements for the year ended 30 June 2024

### Note 4: Key assets to support service delivery

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

#### Structure

**4.1** Property, plant & equipment

**4.2** Intangible assets

**4.3** Depreciation and amortisation

**4.4** Inventories

#### Material judgements and estimates

This section contains the following material judgements and estimates:

Key judgements and estimates	Description
Measuring fair value of property, plant and equipment	<p>DHSV obtains independent valuations for its non-current assets at least once every five years.</p> <p>If an independent valuation has not been undertaken at balance date, DHSV estimates possible changes in fair value since the date of the last independent valuation with reference to Valuer-General of Victoria indices.</p> <p>Managerial adjustments are recorded if the assessment concludes a material change in fair value has occurred. Where exceptionally large movements are identified, an interim independent valuation is undertaken.</p>
Estimating useful life and residual value of property, plant and equipment	<p>DHSV assigns an estimated useful life to each item of property, plant and equipment, whilst also estimating the residual value of the asset, if any, at the end of the useful life. This is used to calculate depreciation of the asset.</p> <p>DHSV reviews the useful life, residual value and depreciation rates of all assets at the end of each financial year and where necessary, records a change in accounting estimate.</p>
Estimating useful life of right-of-use assets	The useful life of each right-of-use asset is typically the respective lease term.
Estimating restoration costs at the end of a lease	Where a lease agreement requires DHSV to restore a right-of-use asset to its original condition at the end of a lease, the health service estimates the present value of such restoration costs. This cost is included in the measurement of the right-of-use asset, which is depreciated over the relevant lease term.
Estimating the useful life of intangible assets	DHSV assigns an estimated useful life to each intangible asset with a finite useful life, which is used to calculate amortisation of the asset.
Identifying indicators of impairment	<p>At the end of each year, DHSV assesses impairment by evaluating the conditions and events specific to the health service that may be indicative of impairment triggers. Where an indication exists, the health service tests the asset for impairment. The health service considers a range of information when performing its assessment, including considering:</p> <ul style="list-style-type: none"> <li>- If an asset's value has declined more than expected based on normal use</li> <li>- If a significant change in technological, market, economic or legal environment which adversely impacts the way the health service uses an asset</li> <li>- If an asset is obsolete or damaged</li> <li>- If the asset has become idle or if there are plans to discontinue or dispose of the asset before the end of its useful life</li> <li>- If the performance of the asset is or will be worse than initially expected.</li> </ul> <p>Where an impairment trigger exists, DHSV applies material judgement and estimate to determine the recoverable amount of the asset.</p>



# DENTAL HEALTH SERVICES VICTORIA

Notes to the Financial Statements for the year ended 30 June 2024

## Note 4.1: Property, plant and equipment

### (a) Gross carrying amount and accumulated depreciation

	<b>Total 2024 \$'000</b>	<b>Total 2023 \$'000</b>
<b>Land</b>		
ROU - Land at fair value	32,242	35,547
Accumulated depreciation - ROU - Land	(2,413)	(1,793)
<b>Total land at fair value</b>	<b>29,829</b>	<b>33,754</b>
<b>Buildings</b>		
Buildings at fair value	1,019	835
ROU - Buildings at fair value	84,500	64,103
<b>Total buildings at fair value</b>	<b>85,520</b>	<b>64,938</b>
<b>Leasehold Improvements</b>		
Leasehold improvements at fair value	21,286	15,425
Work in progress	1,061	422
<b>Total leasehold improvements</b>	<b>22,347</b>	<b>15,847</b>
<b>Plant and Equipment</b>		
Plant and equipment at fair value	1,153	1,121
Accumulated depreciation	(846)	(804)
<b>Total plant and equipment</b>	<b>308</b>	<b>317</b>
<b>Medical Equipment</b>		
Medical equipment at fair value	14,660	13,446
Work in progress	1,122	132
Accumulated depreciation	(6,990)	(5,813)
<b>Total medical equipment</b>	<b>8,792</b>	<b>7,765</b>
<b>Computers and Communication</b>		
Computers and communication at fair value	2,741	2,555
Work in progress	166	371
Accumulated depreciation	(2,107)	(1,522)
<b>Total computers and communication</b>	<b>801</b>	<b>1,404</b>
<b>Furniture and Fittings</b>		
Furniture and fittings at fair value	182	158
Accumulated depreciation	(101)	(78)
<b>Total furniture &amp; fittings</b>	<b>81</b>	<b>80</b>
<b>Motor Vehicles</b>		
Motor vehicles at fair value	19,156	19,288
Accumulated depreciation	(4,760)	(3,600)
ROU - Motor vehicles at fair value	2,775	2,695
Accumulated depreciation - ROU - Motor vehicles	(1,326)	(1,019)
<b>Total motor vehicles</b>	<b>15,844</b>	<b>17,364</b>
<b>Total</b>	<b>163,521</b>	<b>141,469</b>

**DENTAL HEALTH SERVICES VICTORIA**  
Notes to the Financial Statements for the year ended 30 June 2024

**Note 4.1: Property, plant and equipment**

**(b) Reconciliations of the carrying amounts of each class of asset**

	Crown Land	ROU Land	Buildings	Buildings	ROU Buildings	Leasehold Improvements	Plant & Equipment	Medical Equipment	Computers & Comm Equipment	Furniture & Fittings	Motor Vehicles	ROU Motor Vehicles	Total
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
<b>Balance at 1 July 2022</b>	1,579	34,374	971	59,862	15,697	92	7,266	893	42	14,790	2,033	137,599	
Additions	-	-	-	7	754	261	3,561	823	57	3,718	49	9,230	
Disposals	-	-	-	-	-	(2)	(18)	-	-	(6)	(22)	(48)	
Work in progress assets movements	-	-	-	-	(103)	-	(1,775)	201	-	(1,734)	-	(3,411)	
Impairment of non-financial assets	-	-	-	-	-	-	(191)	-	-	-	-	(191)	
Revaluation increments / (decrements)	-	-	113	7,334	1,595	-	-	-	-	-	-	9,042	
Net Transfers between Classes	-	-	-	312	(312)	-	-	-	-	-	-	-	
Return of Assets to Victorian Govt <sup>(i)</sup>	(1,579)	-	(141)	-	-	-	-	-	-	-	-	(1,720)	
Depreciation and amortisation (note 4.3)	-	(620)	(108)	(3,412)	(1,784)	(34)	(1,078)	(513)	(19)	(1,080)	(384)	(9,032)	
<b>Balance at 30 June 2023</b>	-	<b>33,754</b>	<b>835</b>	<b>64,103</b>	<b>15,847</b>	<b>317</b>	<b>7,765</b>	<b>1,404</b>	<b>80</b>	<b>15,688</b>	<b>1,676</b>	<b>141,469</b>	
Additions	-	-	-	-	5,091	49	1,504	186	24	(42)	129	6,941	
Disposals	-	-	-	-	-	(2)	(45)	-	-	-	(30)	(78)	
Work in progress assets movements	-	-	-	-	639	-	990	(205)	-	-	-	1,424	
Impairment of non-financial assets	-	-	-	-	-	-	-	-	-	(43)	-	(43)	
Revaluation increments / (decrements) <sup>(i)(ii)</sup>	-	(3,305)	309	24,257	2,871	-	-	-	-	-	-	24,132	
Net Transfers between Classes	-	-	-	(7)	7	-	-	-	-	-	-	-	
Depreciation and amortisation (note 4.3)	-	(620)	(125)	(3,853)	(2,108)	(55)	(1,422)	(585)	(23)	(1,208)	(326)	(10,324)	
<b>Balance at 30 June 2024</b>	-	<b>29,829</b>	<b>1,019</b>	<b>84,500</b>	<b>22,347</b>	<b>308</b>	<b>8,792</b>	<b>801</b>	<b>81</b>	<b>14,395</b>	<b>1,449</b>	<b>163,521</b>	

<sup>(i)</sup> Assets were surrendered to the Victorian Government

<sup>(ii)</sup> The Valuer-General Victoria undertook a revaluation of all DHSV's right of use land and buildings to determine their fair value. The valuation was based on independent assessments. The effective date of the valuation was 30 June 2024.

<sup>(iii)</sup> Land held as right-of-use has been revalued upwards \$5.37m since 2019 which has not been disclosed in these financial statements as it is reported at a consolidated level by the DoH. The \$3.3m adjustment is in respect to a prior year reported figure.

## DENTAL HEALTH SERVICES VICTORIA

### Notes to the Financial Statements for the year ended 30 June 2024

#### Note 4.1: Property, plant and equipment

##### *How we recognise property, plant and equipment*

###### **Initial recognition**

Items of property, plant and equipment are measured initially at cost and subsequently revalued at fair value less accumulated depreciation and impairment loss. Where an asset is acquired for no or nominal cost, the cost is its fair value at the date of acquisition. Assets transferred as part of a merger/machinery of government are transferred at their carrying amounts.

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

The initial cost for non-financial physical assets under lease is measured at amounts equal to the fair value of the leased asset or, if lower, the present value of the minimum lease payments, each determined at the inception of the lease.

The cost of a leasehold improvement is capitalised as an asset and depreciated over the shorter of the remaining term of the lease or the estimated useful life of the improvements.

###### **Subsequent measurement**

Property, plant and equipment (excluding right-of-use assets) are subsequently measured at fair value less accumulated depreciation and impairment. Fair value is determined with regard to the asset's highest and best use (considering legal or physical restrictions imposed on the asset, public announcements or commitments made in relation to the intended use of the asset) and is summarised on the following pages by asset category.

###### **Revaluation**

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

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

An independent valuation of DHSV's property, plant and equipment was performed by the Valuer-General of Victoria (VGV) as at 30 June 2024. The valuation, which complies with Australian Valuation Standards, was determined with reference to the amount for which an orderly transaction to sell the asset or transfer the liability would take place between market participants at the measurement date, under current market conditions for land and used a depreciated replacement cost approach for the buildings.

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

###### **Impairment**

At the end of each financial year, DHSV assesses if there is any indication that an item of property, plant and equipment may be impaired by considering internal and external sources of information. If an indication exists, DHSV estimates the recoverable amount of the asset. Where the carrying amount of the asset exceeds its recoverable amount, an impairment loss is recognised. An impairment loss of a revalued asset is treated as a revaluation decrease as noted above.

Impairment losses are recognised in 'Other economic flows' (refer to Note 3.5).

## DENTAL HEALTH SERVICES VICTORIA

### Notes to the Financial Statements for the year ended 30 June 2024

#### Note 4.1: Property, plant and equipment (continued)

##### *How we recognise right-of-use assets*

Where DHSV enters a contract, which provides the health service with the right to control the use of an identified asset for a period of time in exchange for payment, this contract is considered a lease.

Unless the lease is considered a short-term lease or a lease of a low-value asset (refer to Note 6.1 for further information), the contract gives rise to a right-of-use asset and corresponding lease liability. DHSV presents its right-of-use assets as part of property, plant and equipment as if the asset was owned by the health service.

Right-of-use assets and their respective lease terms include:

Class of right-of-use asset	Lease term
Leased land and buildings	40 years to 99 years
Leased motor vehicles	5 years

##### **Initial Recognition**

When a contract is entered into, DHSV assesses if the contract contains or is a lease. If a lease is present, a right-of-use asset and corresponding lease liability is recognised. The definition and recognition criteria of a lease is disclosed at Note 6.1.

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

- any lease payments made at or before the commencement date
- any initial direct costs incurred, and;
- an estimate of costs to dismantle and remove the underlying asset or to restore the underlying asset or the site on which it is located, less any lease incentive received.

DHSV holds lease agreements which contain significantly below-market terms and conditions, which are principally to enable the health service to further its objectives. The health service has applied temporary relief and continues to measure the right-of-use assets at cost. Refer to Note 6.1 for further information regarding the nature and terms of the concessional lease, and DHSV's dependency on such lease arrangements.

##### **Subsequent measurement**

DHSV depreciates the right-of-use assets on a straight line basis from the lease commencement date to the earlier of the end of the useful life of the right-of-use asset or the end of the lease term. The estimated useful life of the right-of-use assets are determined on the same basis as property, plant and equipment, other than where the lease term is lower than the otherwise assigned useful life. The right-of-use assets are also subject to revaluation, and as at 30 June 2024 right-of-use assets have been assessed for revaluation as per Note 4.1.

Right-of-use land is not reflected in these financial statements as it is reported at a consolidated level by DoH.

# DENTAL HEALTH SERVICES VICTORIA

Notes to the Financial Statements for the year ended 30 June 2024

## Note 4.1: Property, plant and equipment

### (c) Fair value measurement hierarchy for assets

	Note	Carrying amount	Fair value measurement at end of reporting period using:		
			Level 1 <sup>(i)</sup>	Level 2 <sup>(i)</sup>	Level 3 <sup>(i)</sup>
Balance at 30 June 2024		\$'000	\$'000	\$'000	\$'000
Specialised buildings at fair value		1,019	-	-	1,019
<b>Total of buildings at fair value</b>	4.1 (a)	<b>1,019</b>	-	-	<b>1,019</b>
Leasehold improvements at fair value		22,347	-	-	22,347
<b>Total of leasehold improvements at fair value</b>	4.1 (a)	<b>22,347</b>	-	-	<b>22,347</b>
Vehicles	4.1 (a)	14,395	-	33	14,362
Plant and equipment	4.1 (a)	308	-	-	308
Computer and communication	4.1 (a)	801	-	-	801
Furniture and fittings	4.1 (a)	81	-	-	81
<b>Total of plant, equipment and vehicles at fair value</b>		<b>15,585</b>	-	<b>33</b>	<b>15,552</b>
Medical equipment at fair value					
<b>Total medical equipment at fair value</b>	4.1 (a)	<b>8,792</b>	-	-	<b>8,792</b>
Specialised land		29,829			29,829
Specialised buildings		84,500			84,500
Motor vehicles		1,449		1,449	-
<b>Total right of use assets at fair value</b>	4.1 (a)	<b>115,778</b>		<b>1,449</b>	<b>114,329</b>
		<b>163,521</b>	-	<b>1,482</b>	<b>162,038</b>

### Fair value measurement hierarchy for assets as at 30 June 2023

	Note	Carrying amount	Fair value measurement at end of reporting period using:		
			Level 1 <sup>(i)</sup>	Level 2 <sup>(i)</sup>	Level 3 <sup>(i)</sup>
Balance at 30 June 2023		\$'000	\$'000	\$'000	\$'000
Specialised buildings at fair value		835	-	-	835
<b>Total of buildings at fair value</b>	4.1 (a)	<b>835</b>	-	-	<b>835</b>
Leasehold improvements at fair value		15,847	-	-	15,847
<b>Total of leasehold improvements at fair value</b>	4.1 (a)	<b>15,847</b>	-	-	<b>15,847</b>
Vehicles	4.1 (a)	15,688	-	35	15,653
Plant and equipment	4.1 (a)	317	-	-	317
Computer and communication	4.1 (a)	1,404	-	-	1,404
Furniture and fittings	4.1 (a)	80	-	-	80
<b>Total of plant, equipment and vehicles at fair value</b>		<b>17,489</b>	-	<b>35</b>	<b>17,454</b>
Medical equipment at fair value					
<b>Total medical equipment at fair value</b>	4.1 (a)	<b>7,765</b>	-	-	<b>7,765</b>
Specialised land		33,754			33,754
Specialised buildings		64,103			64,103
Motor vehicles		1,676		1,676	-
<b>Total right of use assets at fair value</b>	4.1 (a)	<b>99,533</b>		<b>1,676</b>	<b>97,857</b>
		<b>141,469</b>	-	<b>1,711</b>	<b>139,758</b>

Note

<sup>(i)</sup> Classified in accordance with the fair value hierarchy.

# **DENTAL HEALTH SERVICES VICTORIA**

Notes to the Financial Statements for the year ended 30 June 2024

## **Note 4.1: Property, plant and equipment**

### **(d) Reconciliation of level 3 fair value measurement**

	Note	Crown Land \$'000	ROU Land \$'000	Buildings \$'000	ROU Buildings \$'000	Leasehold Improvements \$'000	Plant & Equipment \$'000	Medical Equipment \$'000	Computers & Comm Eqp \$'000	Furniture & Fittings \$'000	Motor Vehicles \$'000	Total \$'000
<b>Balance at 1 July 2022</b>	4.1 (c)	1,579	34,374	971	59,862	15,697	92	7,266	893	42	14,755	135,531
Addition/(disposals)	4.1 (b)	-	-	-	319	442	259	3,543	823	57	3,712	9,155
Work in progress assets movements		-	-	-	-	(103)	-	(1,775)	201	-	(1,734)	(3,411)
Gains or losses recognised in net result		-	-	-	-	-	-	-	-	-	-	-
- Depreciation	4.3	-	(620)	(108)	(3,412)	(1,784)	(34)	(1,078)	(513)	(19)	(1,080)	(8,648)
- Impairment loss		-	-	-	-	-	-	(191)	-	-	-	(191)
Items recognised in other comprehensive income		-	-	-	-	-	-	-	-	-	-	-
- Revaluation		-	-	113	7,334	1,595	-	-	-	-	-	9,042
- Return of Assets to Victorian Govt		(1,579)	-	(141)	-	-	-	-	-	-	-	(1,720)
<b>Balance at 30 June 2023</b>	4.1 (c)	-	<b>33,754</b>	<b>835</b>	<b>64,103</b>	<b>15,847</b>	<b>317</b>	<b>7,765</b>	<b>1,404</b>	<b>80</b>	<b>15,653</b>	<b>139,758</b>
Addition/(disposals)	4.1 (b)	-	-	-	-	5,091	47	1,459	186	24	(42)	6,764
Reclassification		-	-	-	(7)	7	-	-	-	-	-	-
Work in progress assets movements		-	-	-	-	639	-	990	(205)	-	-	1,424
Gains or losses recognised in net result		-	-	-	-	-	-	-	-	-	-	-
- Depreciation	4.3	-	(620)	(125)	(3,853)	(2,108)	(55)	(1,422)	(585)	(23)	(1,208)	(9,998)
- Impairment loss		-	-	-	-	-	-	-	-	-	(43)	(43)
Items recognised in other comprehensive income		-	-	-	-	-	-	-	-	-	-	-
- Revaluation increments		-	(3,305)	309	24,257	2,871	-	-	-	-	-	24,132
<b>Balance at 30 June 2024</b>	4.1 (c)	-	<b>29,829</b>	<b>1,019</b>	<b>84,500</b>	<b>22,347</b>	<b>308</b>	<b>8,792</b>	<b>801</b>	<b>81</b>	<b>14,360</b>	<b>162,038</b>

## DENTAL HEALTH SERVICES VICTORIA

Notes to the Financial Statements for the year ended 30 June 2024

### Note 4.1: Property, plant and equipment (continued)

#### (e) Fair value determination

Asset Class	Examples of types of assets	Expected fair value level	Likely valuation approach	Significant inputs (Level 3 only) <sup>(i)</sup>
<b>Specialised land</b> <b>Right of use - land</b>	Land subject to restrictions	Level 3	Market approach	- Community Service Obligations (CSO) adjustments <sup>(i)</sup>
<b>Specialised buildings</b> <b>Right of use - buildings</b>	Specialised buildings with limited alternative uses	Level 3	Depreciated replacement cost approach	- Cost per square metre - Useful life
<b>Plant and equipment</b>	Specialised items with limited alternative uses	Level 3	Depreciated replacement cost approach	- Cost per unit - Useful life
<b>Vehicles</b>	If there is an active market	Level 2 & 3	Market and depreciated replacement cost approach	- Cost per unit - Useful life

(i) CSO adjustment of 20% was applied to reduce the market approach value for DHSV's specialised land.

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

#### How we measure fair value

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

For the purpose of fair value disclosures, DHSV has determined classes of assets on the basis of the nature, characteristics and risks of the asset and the level of the fair value hierarchy as explained above.

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

The Valuer-General Victoria (VGV) is DHSV's independent valuation agency.

The estimates and underlying assumptions are reviewed on an ongoing basis.

#### Valuation hierarchy

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

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

#### Identifying unobservable inputs (level 3) fair value measurements

Level 3 fair value inputs are unobservable valuation inputs for an asset or liability. These inputs require significant judgment and assumptions in deriving fair value for both financial and non-financial assets. Unobservable inputs are used to measure fair value to the extent that relevant observable inputs are not available, thereby allowing for situations in which there is little, if any, market activity for the asset or liability at the measurement date. However, the fair value measurement objective remains the same, i.e. an exit price at the measurement date from the perspective of a market participant that holds the asset or owes the liability. Therefore, unobservable inputs shall reflect the assumptions that market participants would use when pricing the asset or liability, including assumptions about risk.



## **DENTAL HEALTH SERVICES VICTORIA**

### **Notes to the Financial Statements for the year ended 30 June 2024**

#### **Note 4.1: Property, plant and equipment (continued)**

##### **Consideration of highest and best use (HBU) for non-financial physical assets**

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

In accordance with paragraph AASB 13.29, DHSV can assume the current use of a non-financial physical asset is its HBU unless market or other factors suggest that a different use by market participants would maximise the value of the asset.

##### **Specialised land and specialised buildings**

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

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

##### **Vehicles**

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

##### **Plant and equipment**

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

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

For all assets measured at fair value, the current use is considered the highest and best use.

# DENTAL HEALTH SERVICES VICTORIA

Notes to the Financial Statements for the year ended 30 June 2024

## Note 4.1: Property, plant and equipment

### (f) Property, plant and equipment revaluation surplus

		<b>Total 2024 \$'000</b>	<b>Total 2023 \$'000</b>
	Note		
<b>Property, plant and equipment revaluation surplus</b>			
Balance at the beginning of the reporting period		114,434	106,487
Transfer of revaluation surplus		-	(1,095)
Revaluation increment			
- ROU - Land <sup>(i)</sup>	4.1 (b)	(3,305)	-
- Buildings	4.1 (b)	309	113
- ROU - Buildings	4.1 (b)	24,257	7,334
- Leasehold Improvements	4.1 (b)	2,871	1,595
<b>Total revaluation increment</b>		<b>24,132</b>	<b>9,042</b>
<b>Balance at the end of the reporting period*</b>		<b>138,566</b>	<b>114,434</b>
* Represented by:			
- ROU - Land <sup>(ii)</sup>		23,897	27,202
- Buildings <sup>(iii)</sup>		114,669	87,232
<b>Total</b>		<b>138,566</b>	<b>114,434</b>

<sup>(i)</sup> Adjustment is in respect to a prior year reported figure.

<sup>(ii)</sup> Revaluation increments are disclosed at a consolidated level with DoH.

<sup>(iii)</sup> This includes ROU Buildings, Leasehold Improvements and Buildings owned by DHSV.

## DENTAL HEALTH SERVICES VICTORIA

### Notes to the Financial Statements for the year ended 30 June 2024

#### Note 4.2: Intangible assets

##### (a) Gross carrying amount and accumulated amortisation

	<b>Total 2024 \$'000</b>	<b>Total 2023 \$'000</b>
Intangible produced assets - software	4,508	4,781
Work in progress assets	3,059	1,785
Accumulated amortisation	(4,463)	(4,740)
<b>Total intangible assets</b>	<b>3,104</b>	<b>1,826</b>

##### (b) Reconciliation of the carrying amount by class of asset

	<b>Total \$'000</b>
<b>Balance at 1 July 2022</b>	<b>342</b>
Work in progress assets	1,746
Impairment of non-financial assets	(181)
Amortisation (note 4.3)	(81)
<b>Balance at 1 July 2023</b>	<b>1,826</b>
Additions/(disposals)	60
Work in progress assets	1,274
Amortisation (note 4.3)	(56)
<b>Balance at 30 June 2024</b>	<b>3,104</b>

#### *How we recognise intangible assets*

Intangible assets represent identifiable non-monetary assets without physical substance, such as computer software.

##### **Initial recognition**

Purchased intangible assets are initially recognised at cost.

Expenditure on research activities is recognised as an expense in the period on which it is incurred.

##### **Subsequent measurement**

Intangible assets with finite useful lives are carried at cost less accumulated amortisation and accumulated impairment losses.

##### **Impairment**

Intangible assets not yet available for use are tested annually for impairment and whenever there is an indication that the asset may be impaired. Intangible assets with finite useful lives are tested for impairment whenever an indication of impairment is identified.

## DENTAL HEALTH SERVICES VICTORIA

Notes to the Financial Statements for the year ended 30 June 2024

### Note 4.3: Depreciation and amortisation

	Total 2024 \$'000	Total 2023 \$'000
<b>Depreciation</b>		
Buildings	125	108
Right of use - Buildings	3,853	3,412
Leasehold improvements	2,108	1,784
Right of use - Land	620	620
Plant and equipment	55	34
Medical equipment	1,422	1,078
Computers and communication	585	513
Furniture and fittings	23	19
Motor vehicles	1,208	1,080
Right of use motor vehicles	326	384
<b>Total depreciation</b>	<b>10,324</b>	<b>9,032</b>
<b>Amortisation</b>		
Intangible assets	56	81
<b>Total depreciation and amortisation</b>	<b>10,380</b>	<b>9,113</b>

#### How we recognise depreciation

All infrastructure assets, buildings, plant and equipment and other non-financial physical assets (excluding land) that have finite useful lives are depreciated.

Depreciation is generally calculated on a straight line basis, at rates that allocate the assets' value, less any estimated residual value over its estimated useful life. Estimates of the remaining useful lives, residual value and depreciation method for all assets are reviewed at least annually, and adjustments made where appropriate.

Right-of use assets are depreciated over the shorter of the asset's useful life and the lease term. Where DHSV obtains ownership of the underlying leased asset or if the cost of the right-of-use asset reflects that the entity will exercise a purchase option, the entity depreciates the right-of-use asset over its useful life.

#### How we recognise amortization

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

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

	2024	2023
Leasehold improvement		
- Structure shell building fabric	8 to 25 years	8 to 25 years
- Site engineering services and central plant	8 to 25 years	8 to 25 years
Central plant		
- Fit out	15 to 30 years	15 to 30 years
- Trunk reticulated building systems	15 to 30 years	15 to 30 years
Relocatable buildings	7 to 14 years	7 to 14 years
Plant and equipment	5 to 20 years	5 to 20 years
Medical equipment	3 to 15 years	3 to 15 years
Computers and communication	3 to 5 years	3 to 5 years
Furniture and fittings	5 years	5 years
Motor vehicles	3 to 15 years	3 to 15 years
Right of Use - Land & Buildings	40 to 99 years	40 to 99 years
Right of Use - Motor Vehicles	5 years	5 years

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

## DENTAL HEALTH SERVICES VICTORIA

### Notes to the Financial Statements for the year ended 30 June 2024

#### Note 4.4: Inventories

	<b>Total 2024 \$'000</b>	<b>Total 2023 \$'000</b>
<b>Medical and surgical lines</b>		
At cost	447	465
Loss of service potential	(10)	(8)
<b>Total medical and surgical lines</b>	<b>437</b>	<b>457</b>
<b>Engineering stores</b>		
Engineering stores	271	442
Loss of service potential	(51)	(45)
<b>Total engineering stores</b>	<b>220</b>	<b>397</b>
<b>Total inventories</b>	<b>657</b>	<b>854</b>

#### *How we recognise inventories*

Inventories include goods that are held for consumption or for distribution at no or nominal cost in the ordinary course of business operations. It excludes depreciable assets.

Inventories held for distribution are measured at cost, adjusted for any loss of service potential. All other inventories are measured at the lower of cost and net realisable value.

Inventories acquired for no cost or nominal consideration are measured at current replacement cost at the date of acquisition.

The basis used in assessing loss of service potential for inventories held for distribution include current replacement cost and technical or functional obsolescence. Technical obsolescence occurs when an item still functions for some or all of the tasks it was originally acquired to do, but no longer matches existing technologies. Functional obsolescence occurs when an item no longer functions the way it did when it was first acquired.

The cost for all other inventory is measured on the basis of weighted average cost.

## DENTAL HEALTH SERVICES VICTORIA

### Notes to the Financial Statements for the year ended 30 June 2024

#### Note 5: Other assets and liabilities

This section sets out other assets and liabilities that arose from DHSV's operations.

##### Structure

##### 5.1 Receivables and contract assets

##### 5.2 Payables and contract liabilities

#### Material judgements and estimates

This section contains the following material judgements and estimates:

Key judgements and estimates	Description
Measuring deferred capital grant income	<p>Where DHSV has received funding to construct an identifiable non-financial asset, such funding is recognised as deferred capital grant income until the underlying asset is constructed.</p> <p>DHSV applies material judgement when measuring the deferred capital grant income balance, which references the estimated the stage of completion at the end of each financial year.</p>
Measuring contract liabilities	<p>DHSV applies material judgement to measure its progress towards satisfying a performance obligation as detailed in Note 2. Where a performance obligation is yet to be satisfied, the health service assigns funds to the outstanding obligation and records this as a contract liability until the promised good or service is transferred to the customer.</p>
Recognition of other provisions	<p>Other provisions include DHSV's obligation to restore leased assets to their original condition at the end of a lease term. The health service applies significant judgement and estimate to determine the present value of such restoration costs.</p>

# DENTAL HEALTH SERVICES VICTORIA

Notes to the Financial Statements for the year ended 30 June 2024

## Note 5.1(a): Receivables and contract assets

	Note	Total 2024 \$'000	Total 2023 \$'000
<b>Current Receivables</b>			
<b>Contractual</b>			
Inter hospital debtors		122	167
Trade debtors		690	592
Patient fees		209	215
Accrued investment income		32	12
Contract assets <sup>(i)</sup>	5.1 (c)	377	233
Amounts receivable from governments and agencies		-	7,509
<b>Less allowance for impairment losses of contractual receivables</b>			
Trade debtors		(26)	(15)
Patient fees		(82)	(79)
<b>Total current contractual</b>		<b>1,322</b>	<b>8,634</b>
<b>Statutory</b>			
GST receivable <sup>(i)</sup>		1,555	1,138
<b>Total current statutory</b>		<b>1,555</b>	<b>1,138</b>
<b>Total current receivables</b>		<b>2,877</b>	<b>9,772</b>
<b>Non-current Receivables</b>			
<b>Contractual</b>			
Long service leave - Department of Health		1,947	1,689
<b>Total non-current receivables</b>		<b>1,947</b>	<b>1,689</b>
<b>Total receivables <sup>(i)</sup></b>		<b>4,824</b>	<b>11,461</b>

<sup>(i)</sup> Financial assets classified as receivables and contract assets (Note 7.1(a)).

Total receivables and contract assets		4,824	11,461
Contract assets		(377)	(233)
GST Receivable		(1,555)	(1,138)
Total Financial Assets	7.1(a)	<b>2,892</b>	<b>10,090</b>

## Note 5.1(b) Movement in the allowance for impairment losses of contractual receivables

	Total 2024 \$'000	Total 2023 \$'000
Balance at beginning of year	94	223
Reversal of allowance written off during the year as uncollectable	(166)	(158)
Increase in allowance recognised in net result	180	29
<b>Balance at end of year</b>	<b>108</b>	<b>94</b>

### (b) Ageing analysis of receivables

Please refer to note 7.1(c) for the ageing analysis of contractual receivables.

### (c) Nature and extent of risk arising from receivables

Please refer to note 7.1(c) for the nature and extent of credit risk arising from contractual receivables.



## DENTAL HEALTH SERVICES VICTORIA

### Notes to the Financial Statements for the year ended 30 June 2024

#### Note 5.1(b): Receivables (continued)

##### How we recognise receivables

Receivables consist of:

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

**Statutory receivables** do not arise from contracts and are recognised and measured similarly to contractual receivables (except for impairment), but are not classified as financial instruments for disclosure purposes. DHSV applies AASB 9 for initial measurement of the statutory receivables and as a result statutory receivables are initially recognised at fair value plus any directly attributable transaction cost.

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

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

DHSV is not exposed to any significant credit risk exposure to any single counterparty or any group of counterparties having similar characteristics. Trade receivables consist of a large number of customers in various geographical areas. Based on historical information about customer default rates, management consider the credit quality of trade receivables that are not past due or impaired to be good.

#### Note 5.1(c) Contract assets

##### Balance at beginning of year

Revenue recognised from performance obligations satisfied in previous period  
Revenue recognised in the period

##### Total contract assets

*Represented by*

##### Current contract assets

##### Non-current contract assets

##### Total contract assets

	<b>Total 2024 \$'000</b>	<b>Total 2023 \$'000</b>
	233	51
	377	233
	(233)	(51)
	377	233
	377	233
	-	-
	377	233

##### How we recognise contract assets

Contract assets relate to DHSV's right to consideration in exchange for goods transferred to customers for works completed, but not yet billed at the reporting date. The contract assets transferred to receivables when the rights become unconditional and at this time an invoice is issued. Contract assets are expected to be recovered during the next financial year.

##### Impairment losses of contractual receivables

Refer to Note 7.1 (c) Contractual receivables at amortised costs for DHSV's contractual impairment losses.

## DENTAL HEALTH SERVICES VICTORIA

### Notes to the Financial Statements for the year ended 30 June 2024

#### Note 5.2: Payables and contract liabilities

		Total 2024 \$'000	Total 2023 \$'000
	Note		
<b>Current Payables</b>			
<b>Contractual</b>			
Trade creditors		3,074	4,429
Accrued wages and salaries		1,793	1,658
Accrued expenses		1,109	1,345
Deferred capital grant revenue <sup>(i)</sup>	5.2(a)	29,296	28,512
Contract liabilities - income received in advance <sup>(i)</sup>	5.2(b)	22,796	37,967
Amounts payable to government and agencies <sup>(ii)</sup>		35,308	35,528
		93,376	109,439
<b>Statutory</b>			
FBT Payable		10	10
		10	10
<b>Total Payables <sup>(iii)</sup></b>		<b>93,386</b>	<b>109,449</b>
<sup>(i)</sup> Financial liabilities classified as payables and contract liabilities			
Total payables		93,386	109,449
Deferred grant income		(29,296)	(28,512)
Contract liabilities		(22,796)	(37,967)
Total Financial Liabilities	7.1(a)	<b>41,294</b>	<b>42,970</b>

<sup>(i)</sup> At 30 June 2023 DHSV recognised \$21.3 million of outstanding vouchers provided to patients for treatment based on 12 month expiry. At 30 June 2024 following system upgrades vouchers were based on expiry by voucher type being 30 or 90 days. The balance at 30 June 2024 was \$8.0 million.

<sup>(iii)</sup> The standard credit period is 30 days. No interest is charged on the other payables.

#### How we recognise payables and contract liabilities

Payables consist of:

- **contractual payables**, classified as financial instruments and measured at amortised cost. Accounts payable and salaries and wages payable represent liabilities for goods and services provided to DHSV prior to the end of the financial year that are unpaid; and
- **statutory payables**, that are recognised and measured similarly to contractual payables, but are not classified as financial instruments and not included in the category of financial liabilities at amortised cost, because they do not arise from contracts.

The normal credit terms for accounts payable are usually net 30 days.

#### Maturity analysis of payables

Please refer to Note 7.1(b) for the maturity analysis of payables.

## DENTAL HEALTH SERVICES VICTORIA

Notes to the Financial Statements for the year ended 30 June 2024

### Note 5.2(a): Deferred capital grant revenue

	<b>Total 2024 \$'000</b>	<b>Total 2023 \$'000</b>
Opening balance of deferred grant income	28,512	32,981
Grant consideration for capital works received during the year	7,898	1,774
Deferred grant revenue recognition due to completion of capital works	(7,114)	(6,243)
<b>Closing balance of deferred grant income</b>	<b>29,296</b>	<b>28,512</b>

#### How we recognise deferred capital grant income

Capital grant consideration was received from DoH for School Dental Program and Building upgrades. The progressive cost incurred is used to recognise income as this most closely reflects the progress to completion as costs are incurred as the works are done (see note 2.1). As a result, DHSV has deferred recognition of a portion of the grant consideration received as a liability for the outstanding obligations.

### Note 5.2(b): Contract liabilities

	<b>Total 2024 \$'000</b>	<b>Total 2023 \$'000</b>
<b>Opening balance of contract liabilities</b>	<b>37,967</b>	<b>73,728</b>
Grants received for obligation not yet fulfilled	39,791	44,997
Other revenue received for obligation not yet fulfilled	384	463
Grants recognised for the completion of performance obligation in prior period	(54,883)	(81,062)
Other revenue recognised for the completion of performance obligation in prior period	(463)	(159)
<b>Total contract liabilities</b>	<b>22,796</b>	<b>37,967</b>
<b>Represented by</b>		
Current contract liabilities	<b>22,796</b>	<b>37,967</b>

#### How we recognise contract liabilities

Contract liabilities predominantly include operating and project grants received in advance from DoH (refer to Note 2.1).

Contract liabilities are recognised as revenue when goods and services are transferred to the customer.

### Note 5.2(c): Grant consideration

Transaction price allocated to the remaining performance obligations from contracts with customers will be recognised in the next 12 months.

In addition, grant consideration was also received from the State Government in support of initiatives to advance the dental health of disadvantaged section of the community. Grant income is recognised as service obligations are met. Differences in the number of some services provided may be adjusted in the funding provided annually. The remaining grant revenue will be recognised when the service obligations are delivered the following year.

## DENTAL HEALTH SERVICES VICTORIA

Notes to the Financial Statements for the year ended 30 June 2024

### Note 6: How we finance our operations

This section provides information on the sources of finance utilised by DHSV during its operations, along with other information related to financing activities of DHSV.

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

#### Structure

##### 6.1 Borrowings

##### 6.2 Cash and cash equivalents

##### 6.3 Commitments for expenditure

### Material judgements and estimates

This section contains the following material judgements and estimates:

Key judgements and estimates	Description
Determining if a contract is or contains a lease	<p>DHSV applies material judgement to determine if a contract is or contains a lease by considering if the health service:</p> <ul style="list-style-type: none"> <li>- has the right-to-use an identified asset;</li> <li>- has the right to obtain substantially all economic benefits from the use of the leased asset; and</li> <li>- can decide how and for what purpose the asset is used throughout the lease.</li> </ul>
Determining if a lease meets the short-term or low value asset lease exemption	<p>DHSV applies material judgement when determining if a lease meets the short-term or low value lease exemption criteria.</p> <p>The health service estimates the fair value of leased assets when new. Where the estimated fair value is less than \$10,000, the health service applies the low-value lease exemption.</p> <p>The health service also estimates the lease term with reference to remaining lease term and period that the lease remains enforceable. Where the enforceable lease period is less than 12 months the health service applies the short-term lease exemption.</p>
Discount rate applied to future lease payments	<p>DHSV discounts its lease payments using the interest rate implicit in the lease. If this rate cannot be readily determined, which is generally the case for the health service's lease arrangements, DHSV uses its incremental borrowing rate, which is the amount the health service would have to pay to borrow funds necessary to obtain an asset of similar value to the right-of-use asset in a similar economic environment with similar terms, security and conditions.</p> <p>For leased plant, equipment, furniture, fittings and vehicles, the implicit interest rate</p>
Assessing the lease term	<p>The lease term represents the non-cancellable period of a lease, combined with periods covered by an option to extend or terminate the lease if DHSV is reasonably certain to exercise such options.</p> <p>DHSV determines the likelihood of exercising such options on a lease-by-lease basis through consideration of various factors including:</p> <ul style="list-style-type: none"> <li>- If there are significant penalties to terminate (or not extend), the health service is typically reasonably certain to extend (or not terminate) the lease.</li> <li>- If any leasehold improvements are expected to have a significant remaining value, the health service is typically reasonably certain to extend (or not terminate) the lease.</li> <li>- The health service considers historical lease durations and the costs and business disruption to replace such leased assets.</li> </ul>

## DENTAL HEALTH SERVICES VICTORIA

### Notes to the Financial Statements for the year ended 30 June 2024

#### Note 6.1: Borrowings

	<b>Total 2024 \$'000</b>	<b>Total 2023 \$'000</b>
<b>CURRENT</b>		
Lease liability <sup>(i)</sup>	309	389
<b>Total current borrowings</b>	<b>309</b>	<b>389</b>
<b>NON CURRENT</b>		
Lease liability <sup>(i)</sup>	1,493	1,329
<b>Total non current borrowings</b>	<b>1,493</b>	<b>1,329</b>
<b>Total borrowings</b>	<b>1,802</b>	<b>1,718</b>

<sup>(i)</sup> Secured by the assets leased. Leases are effectively secured as the rights to the leased assets revert to the lessor in the event of default.

Total cash outflow for leases in the reporting period was \$208k (including \$100k of interest).

#### ***Maturity analysis of borrowings***

Please refer to Note 7.1(b) for the maturity analysis of borrowings.

## DENTAL HEALTH SERVICES VICTORIA

Notes to the Financial Statements for the year ended 30 June 2024

### Note 6.1: Borrowings (continued)

#### 6.1 (a) Lease liabilities

Repayments in relation to leases are payable as follows:

	Minimum future lease payments		Present value of minimum future lease payments	
	2024	2023	2024	2023
	\$'000	\$'000	\$'000	\$'000
Not later than one year	374	441	309	389
Later than 1 year and not later than 5 years	1,616	1,374	1,493	1,329
Minimum lease payments	<b>1,991</b>	<b>1,815</b>	<b>1,802</b>	<b>1,718</b>
Less future finance charges	(189)	(97)	-	-
<b>TOTAL</b>	<b>1,802</b>	<b>1,718</b>	<b>1,802</b>	<b>1,718</b>
Included in the financial statements as:				
Current borrowings - lease liability	309	389	309	389
Non-current borrowings - lease liability	1,493	1,329	1,493	1,329
<b>TOTAL</b>	<b>1,802</b>	<b>1,718</b>	<b>1,802</b>	<b>1,718</b>

The weighted average interest rate implicit in the lease is 4.08% (2023: 3.45%)

#### How we recognise lease liabilities

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

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

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

DHSV's lease arrangements consist of the following:

Type of asset leased	Lease term
Leased land and buildings	40 years to 99 years
Leased motor vehicles	5 years

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

Type of payment	Description of payment
Low value lease payments	Leases where the asset's fair value, when new, is no more than \$10,000

## DENTAL HEALTH SERVICES VICTORIA

### Notes to the Financial Statements for the year ended 30 June 2024

#### Note 6.1: Borrowings (continued)

##### Separation of lease and non-lease components

At inception or on reassessment of a contract that contains a lease component, the lessee is required to separate out and account separately for non-lease components within a lease contract and exclude the amounts when determining the lease liability and right-of-use asset amount.

##### Initial measurement

The lease liability is initially measured at the present value of the lease payments unpaid at the commencement date, discounted using the interest rate implicit in the lease if that rate is readily determinable or DHSV's incremental borrowing rate.

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

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

##### Subsequent measurement

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

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

##### Presentation of right-of-use assets and lease liabilities

DHSV presents right-of-use assets as 'property plant equipment' in the balance sheet. Lease liabilities are presented as 'borrowings' in the balance sheet.

##### Short-term leases and leases of low value assets

DHSV has elected to account for short-term leases and leases of low value assets using the practical expedients. Instead of recognising a right of use asset and lease liability, the payments in relation to these are recognised as an expense in profit or loss on a straight line basis over the lease term.

##### Leases with significantly below market terms and conditions

DHSV holds lease arrangements which contain significantly below-market terms and conditions, which are principally to enable the health service to further its objectives. These are commonly referred to as a peppercorn or concessionary lease arrangement.

The nature and terms of such lease arrangements, including DHSV's dependency on such lease arrangements is described below:

Description of asset	Our dependence on lease	Nature and terms
Leased land and buildings	The leased land and buildings is used for the provision of dental services. DHSV's dependence on this lease is considered to be high.	40 to 99 year leases with annual payments of \$104 (each).



## DENTAL HEALTH SERVICES VICTORIA

### Notes to the Financial Statements for the year ended 30 June 2024

#### Note 6.2: Cash and cash equivalents

	<b>Total 2024 \$'000</b>	<b>Total 2023 \$'000</b>
Cash on Hand and at Bank	10	9
Cash at Bank - Central Banking System	85,698	99,740
<b>Total cash and cash equivalents</b>	<b>85,708</b>	<b>99,749</b>

<b>Represented by:</b>		
Cash for health service operations (as per cash flow statement)	85,708	99,749
<b>Total cash and cash equivalents</b>	<b>85,708</b>	<b>99,749</b>

#### *How we recognise cash and cash equivalents*

Cash and cash equivalents recognised on the Balance Sheet comprise of cash on hand and cash at bank, and deposits at call, which are held for the purpose of meeting short term cash commitments rather than for investment purposes, which are readily convertible to known amounts of cash with an insignificant risk of changes in value.

## DENTAL HEALTH SERVICES VICTORIA

Notes to the Financial Statements for the year ended 30 June 2024

### Note 6.3: Commitments for expenditure

	<b>Total 2024 \$'000</b>	<b>Total 2023 \$'000</b>
<b>Capital expenditure commitments</b>		
Less than 1 year	9,420	4,799
Longer than 1 year but not longer than 5 years	2,468	536
<b>Total capital expenditure commitments</b>	<b>11,888</b>	<b>5,335</b>
<b>Operating expenditure commitments</b>		
Less than 1 year	1,743	2,651
Longer than 1 year but not longer than 5 years	1,541	3,342
5 years or more	71	-
<b>Total operating expenditure commitments</b>	<b>3,355</b>	<b>5,993</b>
<b>Total commitments for expenditure (inclusive of GST)</b>	<b>15,243</b>	<b>11,328</b>
Less GST Recoverable from ATO	(1,386)	(1,030)
<b>Total commitments for expenditure (exclusive of GST)</b>	<b>13,857</b>	<b>10,298</b>

Future lease payments are recognised on the balance sheet, refer to Note 6.1 Borrowings.

#### ***How we disclose our commitments***

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

#### **Short term and low value leases**

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

## **DENTAL HEALTH SERVICES VICTORIA**

**Notes to the Financial Statements for the year ended 30 June 2024**

### **Note 7: Risks, contingencies & valuation uncertainties**

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

#### **Structure**

**7.1** *Financial instruments*

**7.2** *Contingent assets and contingent liabilities*

## DENTAL HEALTH SERVICES VICTORIA

Notes to the Financial Statements for the year ended 30 June 2024

### Note 7.1: Financial instruments

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

#### (a) Financial instruments: categorisation

		Financial assets at amortised cost \$'000	Financial liabilities at amortised cost \$'000	Total \$'000
<b>2024</b>	Note			
<b>Contractual financial assets</b>				
Cash and cash equivalents	6.2	85,708	-	85,708
Receivables and contract assets	5.1(a)	2,892	-	2,892
<b>Total financial assets <sup>(i)</sup></b>		<b>88,600</b>	<b>-</b>	<b>88,600</b>
<b>Financial liabilities</b>				
Payables	5.2	-	41,294	41,294
Borrowings	6.1	-	1,802	1,802
<b>Total financial liabilities <sup>(i)</sup></b>		<b>-</b>	<b>43,096</b>	<b>43,096</b>
		<b>Contractual Financial assets at amortised cost \$'000</b>	<b>Contractual Financial liabilities at amortised cost \$'000</b>	<b>Total \$'000</b>
<b>2023</b>	Note			
<b>Contractual financial assets</b>				
Cash and cash equivalents	6.2	99,749	-	99,749
Receivables and contract assets	5.1(a)	10,090	-	10,090
<b>Total financial assets (i)</b>		<b>109,839</b>	<b>-</b>	<b>109,839</b>
<b>Financial liabilities</b>				
Payables	5.2	-	42,970	42,970
Borrowings	6.1	-	1,718	1,718
<b>Total financial liabilities (i)</b>		<b>-</b>	<b>44,688</b>	<b>44,688</b>

(i) The carrying amount excludes statutory receivables (i.e. GST receivable) and statutory payables (i.e. FBT payable).

## DENTAL HEALTH SERVICES VICTORIA

Notes to the Financial Statements for the year ended 30 June 2024

### Note 7.1: Financial instruments (continued)

#### Categories of financial assets under AASB 9 *Financial Instruments*

##### Financial assets at amortised cost

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

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

These assets are initially recognised at fair value plus any directly attributable transaction costs and subsequently measured at amortised cost using the effective interest method less any impairment. DHSV recognises the following assets in this category:

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

*Derecognition of financial assets:* A financial asset (or, where applicable, a part of a financial asset or part of a group of similar financial assets) is derecognised when the rights to receive cash flows from the asset have expired; or DHSV retains the right to receive cash flows from the asset, but has assumed an obligation to pay them in full without material delay to a third party under a 'pass through' arrangement; or DHSV has transferred its rights to receive cash flows from the asset and either:

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

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

##### Financial liabilities at amortised cost

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

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

DHSV recognises the following liabilities in this category:

- Payables (excluding statutory payables and contract liabilities)
- borrowings, and
- other liabilities

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

When an existing financial liability is replaced by another from the same lender on substantially different terms, or the terms of an existing liability are substantially modified, such an exchange or modification is treated as a derecognition of the original liability and the recognition of a new liability. The difference in the respective carrying amounts is recognised as an 'other economic flow' in the comprehensive operating statement.

##### Reclassification of financial instruments

Subsequent to initial recognition reclassification of financial liabilities is not permitted.

Financial assets are required to be reclassified between fair value through net result, fair value through other comprehensive income and amortised cost when and only when DHSV's business model for managing its financial assets has changed such that its previous model would no longer apply.

##### Impairment of financial assets under AASB 9 *Financial Instruments*

DHSV records the allowance for expected credit loss for the relevant financial instruments in accordance with AASB 9: *Financial Instruments* 'Expected Credit Loss' approach. Subject to AASB 9 *Financial Instruments*, impairment assessment includes DHSV's contractual receivables, statutory receivables and its investment in debt instruments.

Equity instruments are not subject to impairment under AASB 9. Other financial assets mandatorily measured or designated at fair value through net result are not subject to impairment assessment under AASB 9. While cash and cash equivalents are also subject to the impairment requirements of AASB 9, the identified impairment loss was immaterial.

# DENTAL HEALTH SERVICES VICTORIA

Notes to the Financial Statements for the year ended 30 June 2024

## Note 7.1: Financial instruments (continued)

### (b): Maturity analysis of financial liabilities as at 30 June

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

#### Maturity analysis of financial liabilities as at 30 June

			Maturity Dates			
Note	Carrying amount \$'000	Nominal amount \$'000	Less than 1 month \$'000	1 - 3 months \$'000	3 months - 1 year \$'000	1 - 5 years \$'000
2024						
Financial liabilities						
At amortised cost						
Payables 5.2	41,294	41,294	41,294	-	-	-
Borrowings 6.1	1,802	1,802	25	77	206	1,494
Total financial liabilities	43,096	43,096	41,319	77	206	1,494
2023						
Financial liabilities						
At amortised cost						
Payables 5.2	42,970	42,970	42,970	-	-	-
Borrowings 6.1	1,718	1,718	32	65	292	1,329
Total financial liabilities	44,688	44,688	43,002	65	292	1,329

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

## DENTAL HEALTH SERVICES VICTORIA

### Notes to the Financial Statements for the year ended 30 June 2024

#### Note 7.1: Financial instruments (continued)

##### (c) Contractual receivables at amortised costs

		Less than 1 month	1 - 3 months	3 months - 1 year	1 - 5 years	Total
<b>1 July 2023</b>	<b>Current</b>					
Expected loss rate	0.27%	10.00%	25.00%	63.81%	100.00%	
Gross carrying amount of contractual receivables	735	70	63	104	2	974
Loss allowance	2	7	16	67	2	94
<b>30 June 2024</b>	<b>Current</b>					
Expected loss rate	0.31%	9.95%	23.44%	59.63%	100.00%	
Gross carrying amount of contractual receivables	636	201	64	109	8	1,018
Loss allowance	2	20	15	71	-	108

##### Contractual receivables at amortised cost

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

On this basis, DHSV determines the opening loss allowance on initial application date of AASB 9 and the closing loss allowance at end of the financial year as disclosed above.

## **DENTAL HEALTH SERVICES VICTORIA**

### **Notes to the Financial Statements for the year ended 30 June 2024**

#### **Note 7.1: Financial instruments (continued)**

Credit loss allowance is classified as other economic flows in the net result. Contractual receivables are written off when there is no reasonable expectation of recovery and impairment losses are classified as a transaction expense. Subsequent recoveries of amounts previously written off are credited against the same line item.

In prior years, a provision for doubtful debts is recognised when there is objective evidence that the debts may not be collected and bad debts are written off when identified. A provision is made for estimated irrecoverable amounts from the sale of goods when there is objective evidence that an individual receivable is impaired. Bad debts considered as written off by mutual consent.

#### **Statutory receivables at amortised cost**

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

Statutory receivables are considered to have low credit risk, taking into account the counterparty's credit rating, risk of default and capacity to meet contractual cash flow obligations in the near term. As a result, the loss allowance recognised for these financial assets during the period was limited to 12 months expected losses.



## DENTAL HEALTH SERVICES VICTORIA

### Notes to the Financial Statements for the year ended 30 June 2024

#### Note 7.2: Contingent assets and contingent liabilities

Details of estimates of maximum amounts of Contingent Assets or Contingent Liabilities are as follows:

	<b>Total 2024 \$'000</b>	<b>Total 2023 \$'000</b>
<b>Contingent assets</b>		
<b>Quantifiable</b>		
Guarantees and indemnities	406	25
<b>Total quantifiable contingent assets</b>	<b>406</b>	<b>25</b>
	<b>Total 2024 \$'000</b>	<b>Total 2023 \$'000</b>
<b>Contingent liabilities</b>		
<b>Quantifiable</b>		
Guarantees and indemnities	97	32
<b>Total quantifiable contingent assets</b>	<b>97</b>	<b>32</b>

#### How we measure and disclose contingent assets and contingent liabilities

Contingent assets and contingent liabilities are not recognised in the balance sheet but are disclosed and, if quantifiable, are measured at nominal value.

Contingent assets and liabilities are presented inclusive of GST receivable or payable respectively.

#### Contingent assets

Contingent assets are possible assets that arise from past events, whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the health service.

These are classified as either quantifiable, where the potential economic benefit is known, or non-quantifiable.

#### Contingent liabilities

Contingent liabilities are:

- possible obligations that arise from past events, whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the health service, or
- present obligations that arise from past events but are not recognised because:
  - It is not probable that an outflow of resources embodying economic benefits will be required to settle the obligations, or
  - the amount of the obligations cannot be measured with sufficient reliability.

## DENTAL HEALTH SERVICES VICTORIA

### Notes to the Financial Statements for the year ended 30 June 2024

#### Note 8: Other disclosures

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

##### Structure

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

**8.2** *Responsible persons disclosures*

**8.3** *Remuneration of executives*

**8.4** *Related parties*

**8.5** *Remuneration of auditors*

**8.6** *Ex-gratia expenses*

**8.7** *Events occurring after the balance sheet date*

**8.8** *Economic dependency*

**8.9** *Changes in accounting policy and revision of estimates*

**8.10** *AASBs issued that are not yet effective*

**8.11** *Glossary of terms and style conventions*

## DENTAL HEALTH SERVICES VICTORIA

Notes to the Financial Statements for the year ended 30 June 2024

### Note 8.1: Reconciliation of net result for the year to net cash outflow from operating activities

		<b>Total 2024 \$'000</b>	<b>Total 2023 \$'000</b>
	Note		
<b>Net result for the Year</b>		(6,338)	(2,735)
<b>Non-cash movements:</b>			
Depreciation and amortisation	4.3	10,380	9,113
Impairment of intangible assets		-	181
Impairment of non-financial assets		43	191
Allowance for impairment losses of contractual receivables	5.1(b)	180	29
<b>Movements included in investing and financing activities:</b>			
Net gain from disposal of non-financial physical assets		45	(71)
<b>Movements in assets and liabilities:</b>			
Change in operating assets and liabilities			
Decrease/(increase) in receivables		6,457	(8,112)
Increase in other assets		(178)	(1,034)
Decrease in payables		(16,063)	(17,857)
Increase in employee benefits		816	888
Decrease/(increase) in inventories		197	(18)
<b>Net cash outflow from operating activities</b>		<b>(4,461)</b>	<b>(19,425)</b>

## DENTAL HEALTH SERVICES VICTORIA

### Notes to the Financial Statements for the year ended 30 June 2024

#### Note 8.2: Responsible persons disclosures

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

	Period	
<b>Responsible ministers:</b>		
The Honourable Mary-Anne Thomas MP Minister for Health	1/07/2023	30/06/2024
<b>Governing Board</b>		
Mr David Stevenson (Chair)	1/07/2023	30/06/2024
Mr Antony Tobin	1/07/2023	30/06/2024
Ms Susan Banks	1/07/2023	30/06/2024
Mr John Gavens	1/07/2023	30/06/2024
Ms Candice Charles	1/07/2023	30/06/2024
Mr Charles Power	1/07/2023	30/06/2024
Ms Nicole Bartholomeusz	1/07/2023	30/06/2024
Ms Katherine Stevens	1/07/2023	30/06/2024
Mr John Donovan	1/07/2023	30/06/2024
<b>Accountable officer</b>		
Ms Susan McKee (Chief Executive Officer)	1/07/2023	30/06/2024

#### Remuneration of responsible persons

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

Income band	2024 No.	2023 No.
\$20,000 - \$29,999	8	8
\$50,000 - \$59,999	-	1
\$60,000 - \$69,999	1	-
\$380,000 - \$389,999	-	1
\$390,000 - \$409,999	1	-
<b>Total numbers</b>	<b>10</b>	<b>10</b>
	<b>2024</b>	<b>2023</b>
	<b>\$'000</b>	<b>\$'000</b>
<b>Total remuneration received or due and receivable by Responsible Persons from the reporting entity amounted to:</b>	<b>695</b>	<b>662</b>

Amounts relating to Responsible Ministers are reported within the State's Annual Financial Report.

**DENTAL HEALTH SERVICES VICTORIA**  
**Notes to the Financial Statements for the year ended 30 June 2024**

**Note 8.3: Remuneration of executives**

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

Remuneration of executive officers	Total Remuneration	
	2024 \$'000	2023 \$'000
Short-term employee benefits	1,949	1,558
Post-employment benefits	199	168
Other long-term benefits	69	47
Termination benefits	119	130
<b>Total remuneration <sup>(i)</sup></b>	<b>2,336</b>	<b>1,903</b>
<b>Total number of executives</b>	<b>8</b>	<b>8</b>
<b>Total annualised employee equivalents (AEE) <sup>(ii)</sup></b>	<b>8.00</b>	<b>8.00</b>

*Notes:*

*(i) The total remuneration and the total number of executive officers includes persons who meet the definition of Key Management Personnel (KMP) of the health service under AASB 124 Related Party Disclosures and are reported within Note 8.4 Related Parties.*

*(ii) Annualised employee equivalent is based on working 38 ordinary hours per week over the reporting period.*

*Total remuneration payable to executives during the year included additional executive officers.*

**Short-term employee benefits**

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

**Post-employment benefits**

Pensions and other retirement benefits paid or payable on a discrete basis when employment has ceased.

**Other long-term benefits**

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

**Termination benefits**

Termination of employment payments, such as severance packages.

## DENTAL HEALTH SERVICES VICTORIA

Notes to the Financial Statements for the year ended 30 June 2024

### Note 8.4: Related parties

DHSV is a wholly owned and controlled entity of the State of Victoria. Related parties of DHSV include:

- All key management personnel and their close family members;
- Cabinet Ministers and their close family members; and
- All Health Services and public sector entities that are controlled and consolidated into the whole of the State's consolidated financial statements.

KMPs are those people with the authority and responsibility for planning, directing and controlling the activities of DHSV, directly or indirectly.

The Board of Directors and the Executive Directors of DHSV are deemed to be KMPs.

Entity	Key Management Personnel	Position title
Dental Health Services Victoria	Mr David Stevenson	Chair of the Board
Dental Health Services Victoria	Mr Antony Tobin	Board member
Dental Health Services Victoria	Ms Susan Banks	Board member
Dental Health Services Victoria	Mr John Gavens	Board member
Dental Health Services Victoria	Ms Candice Charles	Board member
Dental Health Services Victoria	Mr Charles Power	Board member
Dental Health Services Victoria	Ms Nicole Bartholomeusz	Board member
Dental Health Services Victoria	Ms Katherine Stevens	Board member
Dental Health Services Victoria	Mr John Donovan	Board member
Dental Health Services Victoria	Ms Susan McKee	Chief Executive Officer
Dental Health Services Victoria	Mr Tim Hogan	Chief Financial Officer (until 28 June 2024)
Dental Health Services Victoria	Mr Nuno Goncalves	Chief Information Officer
Dental Health Services Victoria	Mr Mark Sullivan	Chief Operating Officer
Dental Health Services Victoria	Ms Rebecca Patterson	Chief Operating Officer, RDHM
Dental Health Services Victoria	Adj. Assoc. Prof Werner Bischof AM	Chief Oral Health Advisor (Acting)
Dental Health Services Victoria	Ms Stephanie Milione	Chief Strategy and Engagement Officer
Dental Health Services Victoria	Ms Rania Spooner	Chief Strategy and Engagement Officer (Acting)
Dental Health Services Victoria	Ms Zemeel Saba	Chief People and Culture Officer

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

	Total 2024 \$'000	Total 2023 \$'000
<b>Compensation - KMPs</b>		
Short-term employee benefits	2,576	2,167
Post-employment benefits	255	221
Other long-term benefits	81	47
Termination benefits	119	130
<b>Total <sup>(i)</sup></b>	<b>3,031</b>	<b>2,565</b>

(i) KMPs are also reported in Note 8.2 Responsible Persons or Note 8.3 Remuneration of Executives.

## DENTAL HEALTH SERVICES VICTORIA

### Notes to the Financial Statements for the year ended 30 June 2024

#### Note 8.4: Related parties (continued)

##### Significant transactions with government-related entities

DHSV received funding from the DoH of \$242.6 million (2023: \$205.0 million).

Expenses incurred by DHSV in delivering services and outputs are in accordance with Health Purchasing Victoria requirements.

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

The Standing Directions of the Assistant Treasurer require DHSV to hold cash (in excess of working capital) in accordance with the State's centralised banking arrangements.

##### Transactions with KMPs and other related parties

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

During the year, DHSV had transaction expenses with the following government-related entities:

	Total 2024	Total 2023
Agency <sup>(i)</sup>	\$'000	\$'000
Monash Health	13,079	15,064
Barwon Health	9,863	9,882
Peninsula Health	6,700	7,917
Ballarat Health Services (Grampians Health)	6,742	5,593
Bendigo Health <sup>(iii)</sup>	5,306	4,720
Other Transactions <sup>(ii)(iii)</sup>	28,916	28,353
<b>Total</b>	<b>70,606</b>	<b>71,529</b>

<sup>(i)</sup> The above transactions relate to dental grants provided to the government-related entities.

<sup>(ii)</sup> Other transactions relates to dental grants to 21 other agencies, where transactions with each agency is below \$5 million.

<sup>(iii)</sup> Prior year figures have been restated for comparative purposes.

The following KMPs are also KMPs of other agencies that are funded by DHSV.

Entity	Key Management Personnel	Position Title
Cohealth Ltd	Ms Nicole Bartholomeusz	Chief Executive Officer
DPV Health	Mr Mark Sullivan	Director

Other than as disclosed above, there were no related party transactions that involved key management personnel, their close family members and their personal business interests. No provision has been required, nor any expense recognised, for impairment of receivables from related parties. There were no related party transactions with Cabinet Ministers required to be disclosed in 2024.

##### Aggregated disclosure note

During the year, related parties of key management personnel were provided dental grants on terms and conditions equivalent for those that prevail in arm's length transactions under the State's procurement process. The transactions involved the provision of grants to treat eligible patients in their catchment areas with an aggregated value of \$23.7 million (including GST).

## DENTAL HEALTH SERVICES VICTORIA

Notes to the Financial Statements for the year ended 30 June 2024

### Note 8.5: Remuneration of auditors

	Total 2024 \$'000	Total 2023 \$'000
<b>Victorian Auditor-General's Office</b>		
Audit of financial statements	40	38
<b>Total remuneration of auditors</b>	<b>40</b>	<b>38</b>

### Note 8.6: Ex-gratia expenses

	Total 2024 \$'000	Total 2023 \$'000
DHSV has made the following ex gratia expenses:		
Compensation for economic loss	26	204
<b>Total ex-gratia expenses</b>	<b>26</b>	<b>204</b>

Includes ex-gratia for both individual items and in aggregate that are greater than or equal to \$5,000.

### Note 8.7: Events occurring after the Balance Sheet date

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

### Note 8.8: Economic dependency

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

### Note 8.9: Changes in accounting policy and revision of estimates

There are no material changes to accounting policy to report.



## DENTAL HEALTH SERVICES VICTORIA

### Notes to the Financial Statements for the year ended 30 June 2024

#### Note 8.10: AASBs issued that are not yet effective

Certain new Australian accounting standards have been published that are not mandatory for the 30 June 2024 reporting period. Department of Treasury and Finance assesses the impact of all these new standards and advises DHSV of their applicability and early adoption where applicable.

As at 30 June 2024, the following standards and interpretations had been issued by the AASB but were not yet effective. They become effective for the first financial statements for reporting periods commencing after the stated operative dates as detailed in the table below. DHSV has not and does not intend to adopt these standards early.

Standard/ Interpretation	Summary	Applicable for annual reporting periods beginning on	Impact on DHSV's financial statements
AASB 2022-5 <i>Amendments to Australian Accounting Standards – Lease Liability in a Sale and Leaseback</i>	This Standard amends AASB 16 to add subsequent measurement requirements for sale and leaseback transactions that satisfy the requirements in AASB 15 Revenue from Contracts with Customers to be accounted for as a sale.	1 Jan 2024	The standard is not expected to have a significant impact on DHSV.
AASB 2022-9 <i>Amendments to Australian Accounting Standards – Insurance Contracts in the Public Sector</i>	This Standard amends AASB 17 Insurance Contracts (July 2017) and AASB 1050 Administered Items (Decemehr 2007) to include modifications related to the application of AASB 17 by public sector entities.	1 Jan 2026	The standard is not expected to have a significant impact on DHSV.
AASB 2022-10 <i>Amendments to Australian Accounting Standards – Fair Value Measurement of Non- Financial Assets of Not-for-Profit Public Sector Entities</i>	This Standard amends AASB 13 Fair Value Measurement (August 2015), including adding authoritative implementation guidance and providing related illustrative examples, for application by not-for-profit public sector entities.	1 Jan 2024	The standard is not expected to have a significant impact on DHSV.
AASB 2023-5 <i>Amendments to Australian Accounting Standards – Lack of Exchangeability</i>	AASB 2023-5 amends AASB 121 and AASB 1 to address accounting and disclosure requirements for non-exchangeable currencies. Entities must assess exchangeability and determine appropriate exchange rates when currencies are non-exchangeable, with enhanced disclosures for transparency. The amendments extend certain exemptions for Tier 2 entities, aligning with AASB 1060	1 Jan 2025	The standard is not expected to have a significant impact on DHSV.

## DENTAL HEALTH SERVICES VICTORIA

### Notes to the Financial Statements for the year ended 30 June 2024

#### Note 8.11: Glossary of terms and style conventions

##### ***Actuarial gains or losses on superannuation defined benefit plans***

Actuarial gains or losses are changes in the present value of the superannuation defined benefit liability resulting from

- (a) experience adjustments (the effects of differences between the previous actuarial assumptions and what has actually occurred); and
- (b) the effects of changes in actuarial assumptions.

##### ***Amortisation***

Amortisation is the expense which results from the consumption, extraction or use over time of a non-produced physical or intangible asset.

##### ***Associates***

Associates are all entities over which an entity has significant influence but not control, generally accompanying a shareholding and voting rights of between 20 per cent and 50 per cent.

##### ***Comprehensive result***

The net result of all items of income and expense recognised for the period. It is the aggregate of operating result and other comprehensive income.

##### ***Commitments***

Commitments include those operating, capital and other outsourcing commitments arising from non-cancellable contractual or statutory sources.

##### ***Current grants***

Amounts payable or receivable for current purposes for which no economic benefits of equal value are receivable or payable in return.

##### ***Depreciation***

Depreciation is an expense that arises from the consumption through wear or time of a produced physical or intangible asset. This expense reduces the 'net result for the year'.

##### ***Effective interest method***

The effective interest method is used to calculate the amortised cost of a financial asset or liability and of allocating interest income over the relevant period. The effective interest rate is the rate that exactly discounts estimated future cash receipts through the expected life of the financial instrument, or, where appropriate, a shorter period.

##### ***Employee benefits expenses***

Employee benefits expenses include all costs related to employment including wages and salaries, fringe benefits tax, leave entitlements, redundancy payments, defined benefits superannuation plans, and defined contribution superannuation plans.

##### ***Ex gratia expenses***

Ex-gratia expenses mean the voluntary payment of money or other non-monetary benefit (e.g. a write off) that is not made either to acquire goods, services or other benefits for the entity or to meet a legal liability, or to settle or resolve a possible legal liability, or claim against the entity.

## DENTAL HEALTH SERVICES VICTORIA

### Notes to the Financial Statements for the year ended 30 June 2024

#### Note 8.11: Glossary of terms and style conventions (continued)

##### **Financial asset**

A financial asset is any asset that is:

- (a) cash;
- (b) an equity instrument of another entity;
- (c) a contractual or statutory right:
  - to receive cash or another financial asset from another entity; or
  - to exchange financial assets or financial liabilities with another entity under conditions that are potentially favourable to the entity; or
- (d) a contract that will or may be settled in the entity's own equity instruments and is:
  - a non-derivative for which the entity is or may be obliged to receive a variable number of the entity's own equity instruments; or
  - a derivative that will or may be settled other than by the exchange of a fixed amount of cash or another financial asset for a fixed number of the entity's own equity instruments.

##### **Financial instrument**

A financial instrument is any contract that gives rise to a financial asset of one entity and a financial liability or equity instrument of another entity. Financial assets or liabilities that are not contractual (such as statutory receivables or payables that arise as a result of statutory requirements imposed by governments) are not financial instruments.

##### **Financial liability**

A financial liability is any liability that is:

- (a) A contractual obligation:
  - (i) to deliver cash or another financial asset to another entity; or
  - (ii) to exchange financial assets or financial liabilities with another entity under conditions that are potentially unfavourable to the entity; or
- (b) A contract that will or may be settled in the entity's own equity instruments and is:
  - (i) a non-derivative for which the entity is or may be obliged to deliver a variable number of the entity's own equity instruments; or
  - (ii) a derivative that will or may be settled other than by the exchange of a fixed amount of cash or another financial asset for a fixed number of the entity's own equity instruments.

##### **Financial statements**

A complete set of financial statements comprises:

- (a) Balance sheet as at the end of the period;
- (b) Comprehensive operating statement for the period;
- (c) A statement of changes in equity for the period;
- (d) Cash flow Statement for the period;
- (e) Notes, comprising a summary of significant accounting policies and other explanatory information;
- (f) Comparative information in respect of the preceding period as specified in paragraph 38 of AASB 101 Presentation of Financial Statements; and
- (g) A statement of financial position at the beginning of the preceding period when an entity applies an accounting policy retrospectively or makes a retrospective restatement of items in its financial statements, or when it reclassifies items in its financial statements in accordance with paragraphs 41 of AASB 101.

## DENTAL HEALTH SERVICES VICTORIA

### Notes to the Financial Statements for the year ended 30 June 2024

#### Note 8.11: Glossary of terms and style conventions (continued)

##### ***Grants and other transfers***

Transactions in which one unit provides goods, services, assets (or extinguishes a liability) or labour to another unit without receiving approximately equal value in return. Grants can either be operating or capital in nature.

While grants to governments may result in the provision of some goods or services to the transferor, they do not give the transferor a claim to receive directly benefits of approximately equal value. For this reason, grants are by the AASB as involuntary transfers and are termed non-reciprocal transfers. Receipt and sacrifice of approximately equal value may occur, but only by coincidence. For example, governments are not obliged to provide commensurate benefits, in the form of goods or services, to particular taxpayers in return for their taxes. Grants can be paid as general purpose grants which refer to grants that are not subject to condition is regarding their use. Alternatively, they may be paid as specific purpose grants which are paid for a particular purpose and/or have conditions attached regarding their use.

##### ***General government sector***

The general government sector comprises all government departments, offices and other bodies engaged in providing services free of charge or at prices significantly below their cost of production. General government services include those which are mainly non-market in nature, those which are largely for collective consumption by the community and those which involve the transfer or redistribution of income. These services are financed mainly through taxes, or other compulsory levies and user charges.

##### ***Intangible produced assets***

Refer to produced assets in this glossary.

##### ***Intangible non-produced assets***

Refer to non-produced assets in this glossary.

##### ***Interest expense***

Costs incurred in connection with the borrowing of funds includes interest on bank overdrafts and short-term and long-term liabilities, amortisation of discounts or premiums relating to liabilities, interest component of finance leases repayments, and the increase in financial liabilities and non-employee provisions due to the unwinding of discounts to reflect the passage of time.

##### ***Interest income***

Interest income includes unwinding over time of discounts on financial assets and interest received on bank term deposits and other investments.

##### ***Investment properties***

Investment properties represent properties held to earn rentals or for capital appreciation or both. Investment properties exclude properties held to meet service delivery objectives of the State of Victoria.

##### ***Joint Arrangements***

Joint arrangement is an arrangement of which two or more other parties have joint control. A joint arrangement has the following characteristics:

- (a) The parties are bound by a contractual arrangement.
- (b) The contractual arrangement gives two or more of those parties joint control of the arrangement.

A joint arrangement is either a joint operation or a joint venture.

## DENTAL HEALTH SERVICES VICTORIA

### Notes to the Financial Statements for the year ended 30 June 2024

#### Note 8.11: Glossary of terms and style conventions (continued)

##### **Liabilities**

A liability is a present obligation of the entity arising from past events, the settlement of which is expected to result in an outflow from the entity of resources embodying economic benefits.

##### **Net acquisition of non-financial assets (from transactions)**

Purchases (and other acquisitions) of non-financial assets less sales (or disposals) of non-financial assets less depreciation plus changes in inventories and other movements in non-financial assets. It includes only those increases or decreases in non-financial assets resulting from transactions and therefore excludes write-offs, impairment write-downs and revaluations.

##### **Net result**

Net result is a measure of financial performance of the operations for the period. It is the net result of items of income, gains and expenses (including losses) recognised for the period, excluding those that are classified as 'other comprehensive income'. Net result from transactions/net operating balance is a key fiscal aggregate and is income from transactions minus expenses from transactions. It is a summary measure of the ongoing sustainability of operations. It excludes gains and losses resulting from changes in price levels and other changes in the volume of assets.

##### **Net worth**

Assets less liabilities, which is an economic measure of wealth.

##### **Non-financial assets**

Non-financial assets are all assets that are not 'financial assets'. It includes inventories, land, buildings, infrastructure, road networks, land under roads, plant and equipment, investment properties, cultural and heritage assets, intangible and biological assets.

##### **Non-produced assets**

Non-produced assets are assets needed for production that have not themselves been produced. They include land, subsoil assets, and certain intangible assets. Non-produced intangibles are intangible assets needed for production that have not themselves been produced. They include constructs of society such as patents.

##### **Non-profit institution**

A legal or social entity that is created for the purpose of producing or distributing goods and services but is not permitted to be a source of income, profit or other financial gain for the units that establish, control or finance it.

##### **Payables**

Includes short and long term trade debt and accounts payable, grants, taxes and interest payable.

##### **Produced assets**

Produced assets include buildings, plant and equipment, inventories, cultivated assets and certain intangible assets. Intangible produced assets may include computer software, motion picture films, and research and development costs (which does not include the start up costs associated with capital projects).

##### **Public financial corporation sector**

Public financial corporations (PFCs) are bodies primarily engaged in the provision of financial intermediation services or auxiliary financial services. They are able to incur financial liabilities on their own account (e.g. taking deposits, issuing securities or providing insurance services). Estimates are not published for the public financial corporation sector.

## DENTAL HEALTH SERVICES VICTORIA

Notes to the Financial Statements for the year ended 30 June 2024

### Note 8.11: Glossary of terms and style conventions (continued)

#### **Public non-financial corporation sector**

The public non-financial corporation (PNFC) sector comprises bodies mainly engaged in the production of goods and services (of a non-financial nature) for sale in the market place at prices that aim to recover most of the costs involved (e.g. water and port authorities). In general, PNFCs are legally distinguishable from the governments which own them.

#### **Receivables**

Includes amounts owing from government through appropriation receivable, short and long term trade credit and accounts receivable, accrued investment income, grants, taxes and interest receivable.

#### **Sales of goods and services**

Refers to income from the direct provision of goods and services and includes fees and charges for services rendered, sales of goods and services, fees from regulatory services and work done as an agent for private enterprises. It also includes rental income under operating leases and on produced assets such as buildings and entertainment, but excludes rent income from the use of non-produced assets such as land. User charges includes sale of goods and services income.

#### **Supplies and services**

Supplies and services generally represent cost of goods sold and the day-to-day running costs, including maintenance costs, incurred in the normal operations of DHSV.

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

#### **Taxation income**

Taxation income represents income received from the State's taxpayers and includes:

- payroll tax; land tax; duties levied principally on conveyances and land transfers;
- gambling taxes levied mainly on private lotteries, electronic gaming machines, casino operations and racing;
- insurance duty relating to compulsory third party, life and non-life policies;
- insurance company contributions to fire brigades;
- motor vehicle taxes, including registration fees and duty on registrations and transfers;
- levies (including the environmental levy) on statutory corporations in other sectors of government; and
- other taxes, including landfill levies, license and concession fees.

#### **Transactions**

Transactions are those economic flows that are considered to arise as a result of policy decisions, usually an interaction between two entities by mutual agreement. They also include flows in an entity such as depreciation where the owner is simultaneously acting as the owner of the depreciating asset and as the consumer of the service provided by the asset.

Taxation is regarded as mutually agreed interactions between the government and taxpayers. Transactions can be in kind (e.g. assets provided/given free of charge or for nominal consideration) or where the final consideration is cash.

#### **Style conventions**

Figures in the tables and in the text have been rounded. Discrepancies in tables between totals and sums of components reflect rounding. Percentage variations in all tables are based on the underlying unrounded amounts.

The notation used in the tables is as follows:

- zero, or rounded to zero

(xxx.x) negative numbers

202x year period

202x-2x year period



**DENTAL HEALTH  
SERVICES VICTORIA**

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